

EAN News

Newsletter of the EPIET Alumni Network



www.epietalum.net

July 2011

Editorial

Dear EAN Friends,

A busy time for many epidemiologists in Europe, as a new(ish) variant of VTEC exposes the complex food supply chains connecting the countries of the region. This was a good example of the need for networking between countries in which EAN members play an important part.

EAN also has an important role in the smooth running of the EPIET programme itself. With many members being recent graduates or still in the programme, EAN members and the board may be the recipient of reported concerns from fellows or supervisors.

While EPIET has its own mechanisms for governance, our mixture of external and internal views can be very valuable and we are pleased to be able to provide feedback to the EPIET organisational groups. While this is sometimes difficult, EAN is happy to continue as a (sometimes) critical friend to EPIET.

Another part of this close link with EPIET fellows and organisation, EAN provides access to information on host countries via the country files available at: Some of these have been recently updated and we'd like to thank all contributors to these important documents - also to Florian for enabling the rapid posting of new material on the EAN website.

We hope the newsletter informs and inspires you!

The EAN Board

Lorenzo, Annick, Marc, Florian, Helen and Chris

From the EAN Board

Treasurer's plea: where the money is.

From the point of view of a treasurer, our main problem has been opening a bank account in the name of the organisation (rather than in the name of the treasurer). We feel that it is important for transparency and probity that EAN funds should not

sit in personal bank account - but as a non-profit making organisation with a relatively low turnover, commercial banks are not breaking down our door to sign us up.

UK banks appear customer-friendly, but being outside the Eurozone charge unacceptable amounts of money for transfers in and out of the account. German banks appear overly bureaucratic- until you encounter the French banking system. And an Irish bank I contacted refused to "get out of bed" for less than 1 million Euros.

At present, France appears to be our best bet, despite having been rejected by HSBC without explanation. However, it requires that a French national is always the accountable officer- perhaps a difficult condition to meet year on year.

If anyone has any suggestions (or perhaps owns a friendly bank) on how we could open an account both easily and cheaply, we would be most grateful.

EAN travel grants 2011

As usual EAN will offer travel grants for presenters at ESCAIDE. The criteria will be the same as in 2010 but the amounts available are limited as always. Details will be posted on the ESCAIDE and EAN websites after August 16th.

EAN Membership

EAN is currently comprised of 280 members. All graduates and current fellows of European Field Epidemiology Training Programmes can join the EAN. External applications from colleagues working in public health epidemiology are also very welcome; they need to be endorsed by 2 EAN members. If you want to join, please send an email to eanboard@gmail.com to request the application form. Our statutes specify that external members may not exceed 10% of the regular members; therefore there is a waiting list for external members.

EAN membership fees

The annual membership fee is €20. New fellows are exempt from this for the first year of their fellowship. Starting from the second year of fellowship every member should pay the fee. We kindly ask you to contact the EAN board (eanboard@gmail.com) in case you want to get information on your membership payment (put in the subject: **membership payment**).

We will shortly send out reminders to members owing 20, 40, 60, 80 and even more than 80 Euros (you know who you are- now!). Please keep an eye on your inbox and help us by paying as soon as possible. We are always happy to assist with information on bank transfers.

For the time being we are using our bank account in Malta. Please indicate your name and membership year as reference in the bank transfer and also send an email to eanboard@gmail.com to inform us about your payment (sometimes names are not correctly transmitted with the transfer).

Name of Bank: HSBC Malta

Account Holder: Epiet Alumni Network

Account number: 85110443451

IBAN: MT41MMEB4485300000085110443451

BIC/Swift: MMEBMTMT Delete the blanks!

Sort code: 44853

EAN statutes change reminder (again)

Please take some time and read through the suggested statutes changes and make comments online at <http://www.epietalum.net/content/ean-statutes-rewrite> (login required, EAN members only). We should start the debate as early as possible (no, not during EAN GA at ESCAIDE 2011).

Stories from the Field

Migrant health in Greece

Anoek Backx and Camille Escadafal

Migration into the European Union is a pressing issue, with recent exacerbations caused by social and political upheaval in North Africa. Anoek Backx and Camille Escadafal travelled to Greece as part of an ECDC mission to set up a communicable disease early warning system in this context, but found that this population has more pressing needs.

By: Anoek Backx EPIET fellow cohort 15

Taking the *Navette* (shuttle bus) in Marseille to go to the airport, I felt that this trip would be different. I was staring out of the window as we left *Gare St. Charles* and saw a big suitcase left behind on the

platform. 'I am so lucky that I have never lost my luggage.' I remember thinking. In Munich I stared out of the airplane window to see my bag being offloaded as one of the very first. Upon arrival in Alexandroupoli, I was the last passenger staring at an empty turning transporter band: Lost luggage!

At the airport: no driver. The Greek contact did not answer the phone due to a mix-up of contact details, and the ECDC expert could not make the connection in Athens and was forced to spend the night at the airport. But the driver had not abandoned us, arriving a little later. 'Just a tiny taste of what lies ahead of us, and giant peanuts in comparison to what the people entering Greece by crossing the Evros River must have been through' ... crossed my mind before falling asleep.

The next day, both Greek project manager Assimoula Economopoulos and 'our' ECDC expert Jas Mantero arrive. We enter the car of outspoken and lively KEELPNO driver Dimitris. We head first for PEDI (the regional public health office and laboratory) in Alexandroupolis. Alex/polis, a town with two predominant populations: students and army. Army, because of the proximity of the Turkish border: the river Evros with its delta sheltering hundreds of bird species and ...army lookouts.

From PEDI we hit the road again to head straight for the border area and its migrant detention centres. The surroundings are beautiful at this time of year: lush and flowery glowing hills under a warm and soothing sun. In the centre of the village Feres we turn to find the police station.

We enter another world. This is one of the three police stations in Evros region turned into a migrant detention centre. In addition there are two 'real' detention centres in the region. We speak with some of the detainees, most of whom are strong, healthy looking, young men. We learn later that the majority of the male detainees in Feres are traffickers, people smugglers that help migrants crossing the border for large sums of money, whereas the other centres detain migrants crossing the border without documents only.



Migrants just after crossing the Evros River, waiting for entry formalities at the railroad of Tychero.

We meet the medical/psycho-social teams from both Feres and Poros here, consisting of a physician, nurse and translators each, and a psychologist for Feres. Each detention centre has its own team to screen incoming migrants medically and psycho-socially. The majority of staff have been deployed since the start in March of a 5 months EU funded project to support third-country nationals in Evros region of Greece. Besides the entry screening, the teams are there to give care and attention to detained migrants upon request.

In the following days we visit the detention centres of Tychero, Soufli, Filakio and Venna, and the entry transit point Poros. We have some time to speak with the teams, and to speak with the detained people. We witness the procedures for new arrivals. We see very young children and their mothers, and unaccompanied minors that came by foot all the way from Pakistan or Afghanistan. But most of the people who arrive are young men, too tired to keep their eyes open, in dirty cloths and with very few possessions in a daypack.



First visit to Poros, a transit point for entry screening at the Greek-Turkish border. Assimoula Economopoulo, Jas Mantero, Anthi (nurse), Rodanthi (translator), police man, Wajid (translator), Dimitris (physician), and newly arrived Pakistani migrants.

Some faces open up with a smile when a Farsi translator makes them laugh, offering them some release. Others, relieved to have made it into the EU, not fully realising what still lies ahead. Not everywhere the police commanders allow us to have a peek in the cells, but I think we have seen enough to get the picture.

Even though those first visits were relatively short in time, they have branded a deep and impressive mark that was not changed by future visits. It was shocking to see people crowded and crammed into a space that was never meant to 'house' so many persons, with very few and poor sanitary facilities, locked-in behind bars, sometimes being shouted at by the police, with little or no access to sunlight and fresh air. It is the sad and lost look in the eyes of some of them that stays with me the most: 'We are less than animals.'



Physician at work: a physical examination during entry screening with help from Sachsa (translator)

It is clear that an Early Warning system for communicable diseases is not the only thing that is needed here, and probably also not the most imminent one. To prevent disease outbreaks basic changes to avoid overcrowding and to improve hygiene could work wonders. But that is beyond our power and ToR. We are here to set up an early warning system based on syndromic case definitions and we set out to work: trying to find workable solutions under the given conditions. How to ask for *active surveillance* if the police don't allow the physician and psychologist in the cells for security reasons? Together with EUPHEM Camille, Jas and I start to discuss and write. Litres of frappé's later a close to finalised protocol is born. New challenge: implementation.

Time for a break, a Greek flavoured one: seafood platters, melanzane, alpha beers, Greek salads, pita bread, souflaki's, and more frappé, listening to stray dogs barking at cars crossing 'their' square, men playing back-gammon in the street while flicking their *coboloy's*. The only real sightseeing feature of Alexandroupolis, its lighthouse, sees down on it's crowds of army, students, Bulgarian and some Turkish tourists- and one ECDC expert, one EUPHEM and one EPIET fellow on a quest for a 'floupi'.

It is almost time to handover to Alper and to pack my luggage again. My thanks go out to the sweet people of PEDI, keeping me from my work with endless stories on the region, the river and its delta, feeding me everyday with homemade pastries and Greek coffees. My smiles for the man who can do five things at the same time with two hands: sipping on a frappé, smoking a cigarette, speaking on his phone, driving his car and flipping his *begleri*. I thank KEELPNO (Assimoula and Andreana) for their cooperation, and Evelyn for her ever presence and very useful remarks. Camille and perfect Jas, thanks for sharing this experience and for the hard work n our laughter, posh teases and pink jokes. My deepest respect goes out to all the Dafni's and Wajid's out there, who work under very difficult conditions themselves, and who make a change by making the lives of the detainees a little more bearable with their listening ear, respect, smiles and endless positivity and inventivity!

This leaves me only to wish for a changing global situation; wherein people won't feel forced any longer to leave their countries out of fear or desperate hope to provide something better for themselves and their families. 'I wish you luck' now has a profound meaning and goes out to them.

Για όλους όσους συνάντησα: Είμαι ευγνώμων για το χρόνο που περάσαμε μαζί



Camille Escadafal with translators Khaled and Wajid.

Camille Escadafal EUPHEM Cohort 2

First mission specifically assigned to a EUPHEM fellow and I am the one to go! I am so happy and excited! My mission is short, just one week but anyway this is such an incredible opportunity.

After giving the most condensed Lab module for epidemiologists in Berlin and 3 planes later, I realize how wide Europe can be and arrive in Alexandroupoli. I am driven to a "grande classe" hotel (still not getting used to that) and meet my wonderful team: Aniek Backx, EPIET fellow and Jas Montero, ECDC expert. We go directly out for a drink and meet persons in charge of the program started in March by the Hellenic Centre of Disease Control and Prevention. View on the sea, glass of wine and apparent relaxed atmosphere but I can already feel the communication and collaboration with Greek authorities will be challenging.

All the week, from breakfast until lunch (at 6 pm) we would eat hundreds of kilometres of Greek road from one detention centre to another.

Difficult to describe the feeling that takes over when you face so much despair and misery condensed in one place. A part of me wants to protect myself and be strong while another part wants to know, listen and get caught by the flow of tragic destinies flashing by the eyes of the migrants. Hope may be their last luxury and some seem they cannot afford it anymore. The dream of a better life turns into a battle for survival and dignity.

I look in their eyes and tears flow inside of me. The power of emotions crumbles me down and it hurts but I am happy I can feel all this, grateful to be capable of humanity.

Ancient history tells us we are all brothers and modern history is now making us all neighbours. So why are we so afraid of each other, incapable of sharing anything: land, food, work, money? Not even humanity. I heard lots of reasons but none is convincing to me.

I also feel sad for myself because I am so useless. They call me, ask who I am, try to figure out if I could help them. I say I am no one, I cannot help. They are not upset. I guess they had enough disillusion for a lifetime. So we just talk: professional ambitions, administrative confusions, unbearable conditions, friendly companions, growing frustrations, fading illusions and shared incomprehension about this whole situation.

I wish I could help... As a person I am so grateful for such an unforgettable and rewarding experience but as a EUPHEM fellow on a first international mission, as a public health microbiologist, I am frustrated. I could not visit any labs and could only give little input during the set-up of the early warning system. Anyhow I know I did my best during my time there and I will keep doing my best at my modest level of human being.

Tale from Congo: poliomyelitis outbreak September 2010 - February 2011

By: Arnaud Le Menach, EPIET fellow cohort 16

In response to a polio outbreak which was officially declared November 4, 2010 in the Republic of the Congo, Epicentre and Médecins sans Frontières (MSF) sent me as part of a team this same month to Pointe-Noire, the centre of the epidemic. Pointe-Noire is the economic capital with slightly less than one million inhabitants located west of the country. I went there with Augusto Llosa, a senior epidemiologist at Epicentre to support national health authorities and MSF. The size of the epidemic was unique, as more than 300 people had been reported infected with Acute Flaccid Paralysis symptoms when we got there. MSF had deployed a team to support case management.

There, we were in charge of conducting an outbreak investigation and to implement a quick risk factor survey in order to better understand the conditions which favoured the spread of the virus within the city. Our first activities were to meet with local health authorities, gathering information on the outbreak prior to analyzing it.

A great portion of our time was dedicated to cleaning and harmonizing several sources of data in conjunction with representatives of WHO, CDC and Ministry of health. These sessions also provided a great opportunity to share findings and ideas about the nature of the outbreak and how the organizations cooperated. It synergistically allowed for a better and faster description of the outbreak pattern. The second part of the mission was dedicated to implement the cross-sectional survey, formulating a questionnaire, training interviewers, supervising field activities prior to entering data and analyzing the collected information.

The MSF team was extremely welcoming. They had arrived a couple of days before, and it was a fascinating experience to witness MSF in action responding to the crisis. In a matter of days they were able to manage and overcome many logistical and technical issues. Local health authorities were also very helpful and transparent about the outbreak. They were eager to provide as much help as they could to better understand why the epidemic struck the city and what they could do to stop it. I felt a great sense of dedication among the staff at the Ministry of health, at the hospitals and in local health care centres to prevent the outbreak from spreading and to provide the best care to affected people.

One aspect which really struck me was the severity of the disease. Polio was though to be an old disease belonging to the past as eradication efforts had shown great successes. But new issues arise. Here, approximately 40% of infected people died, which had never been seen before in any other polio outbreaks.

While we were conducting the rapid risk factor survey, we met by chance a former polio patient who was suffering from paralytic symptoms for two months. He could neither feel his legs nor walk. As he was asking for advice, we sat down and talked about physiotherapy provided at the hospital and trying to figure out how a way he could attend the sessions. And then he started to talk about the challenges he was facing, about his future with his wife and children. When would he be able to work again? What if he could never walk again? How will he provide for his family? What will be his future life? He had so many questions nobody could really answer and we did not find the strength to tell him he may stay paralysed his whole life. The only thing we could do is to put him in direct contact with the physiotherapy service. He was the face of the epidemic, which we tend to forget while struggling with numbers in STATA

and wondering what colours our epicurve should be. I still remember him, his face, his smile, his fears, his hope, his energy and trust in his future.

We worked non-stop from early morning till late at night. One night though I had a bit of free time and saw the beach while eating at the restaurant with colleagues from WHO and CDC. I enjoyed this moment of quietness and peacefulness in the midst of the emergency listening to the waves breaking up on the shore. I stayed three weeks in Pointe-Noire and it was short, too short but I am hopeful we helped the health authorities as best as we could. I could never thank the people I met in Congo and France enough: staff at the Congolese ministry of health, CDC, WHO, Epicentre, and MSF colleagues. They all were key actors during the outbreak. This international mission was very rewarding and fascinating in terms of professional and personal experience and I hope I will experience it again.

Upcoming Conferences

- July 26-28 2011, International Conference on Modeling in Medicine and Biology, Riga, Latvia.
- August 7-11 2011, IEA World Congress on Epidemiology, Edinburgh, Scotland
- September 5-9 2011, Epidemiological Methods and Analysis, Prague, Czech Republic
- September 15-16 2011, 2nd International Symposium on Hepatitis care in substance users, Brussels, Belgium
- September 26th - Oct 7th 2011, Public Health pre-deployment course; Hammamet, Tunisia

For an update on relevant conferences and events being held internationally with some relevance to field epidemiology, please regularly check the EAN website for details:

<http://epietalum.net/conferences>

Event

Microscope to Telescope: the launch of the Research Network for Health Systems and Infection

By Lorenzo Pezzoli (EAN Board)

The research network for Health Systems and Infection (RNHSI) aims to foster collaboration amongst academics, policy makers and service

delivery professionals with a shared interest in health systems and infectious diseases.

The RNHSI was officially launched from London on 17th May 2011 with the conference “Microscope to Telescope” sponsored by the London School of Hygiene and Tropical Medicine (LSHTM) and the Public Library of Science (PLoS).

The theme of this conference was the need for public health to have increasingly broad horizons. The conference was opened by Greg Reilly, funding member of RNHSI, who explained how this network is aiming to fulfil this need, not as a research centre but as a contact point for different professionals to share ideas and support positive actions.

The first invited speaker, Prof Peter Piot, talked about “Communicable diseases and the health ecosystem: lessons from AIDS”. Prof Piot described the challenges of translating discovery into policy, reminding that the population and their right to health is the most important aspect of any network. He concluded describing how public health is a triangle framed by science, policy and programmes.

Prof David Heyman (“Getting past the vertical and horizontal in a new era of disease control”) stressed out the importance of disease eradication as an opportunity to then concentrate on other problems. In this sense he offered the example of how the experience gained by the polio epidemiologists can be used to control and eventually eradicate other infectious diseases.

Prof Anne Mills talked about the economics of disease control and the problem of equity in accessing treatment. Prof Mills reminded to the epidemiologists in the audience how economic sciences are very useful tools to “talk” to policy makers about the importance of public health.

The conference was closed by a multidisciplinary roundtable with experts from epidemiology, clinical medicine, and health economics, who discussed about why sometimes health systems fail (e.g. the recent polio outbreak in Tajikistan) and what can we do to prevent this (e.g. improving the quality of data).

RNHSI seeks to accomplish its aims through the profiling of relevant research, the encouragement of discussion and debate, and the provision of opportunities for trans-disciplinary networking across multiple institutions. Increasing training opportunities is also a very important component of the network. It goes without saying that EAN fully supports the RNHSI. EAN members who are interested in taking part of this network are encouraged to contact OC.RNHSI@gmail.com

The launch of the RNHSI was also covered by the BMJ, available at:

<http://www.bmj.com/content/342/bmj.d3156.full>

Epitools

Epi Tools

We had no epi tool submitted by our readers, so we made up one ourselves. It does not really qualify as a tool at first sight but might become one of your favourites...

We have given the registration process to our website a major overhaul and added 13 fields to include more professional and epidemiological information which allow us to know more about ourselves.

Ourselves = EANs. Being an alumni association makes it all the more important to keep in touch with each other and to find, say, an expert in GIS or lot-sampling-technique when you need him/her. Or to just check up with your cohort comrades!

You have full control of any data that you give-entries can be edited or deleted as you wish. Your registration information is stored safely on a paid server.

Here is how you update your account:

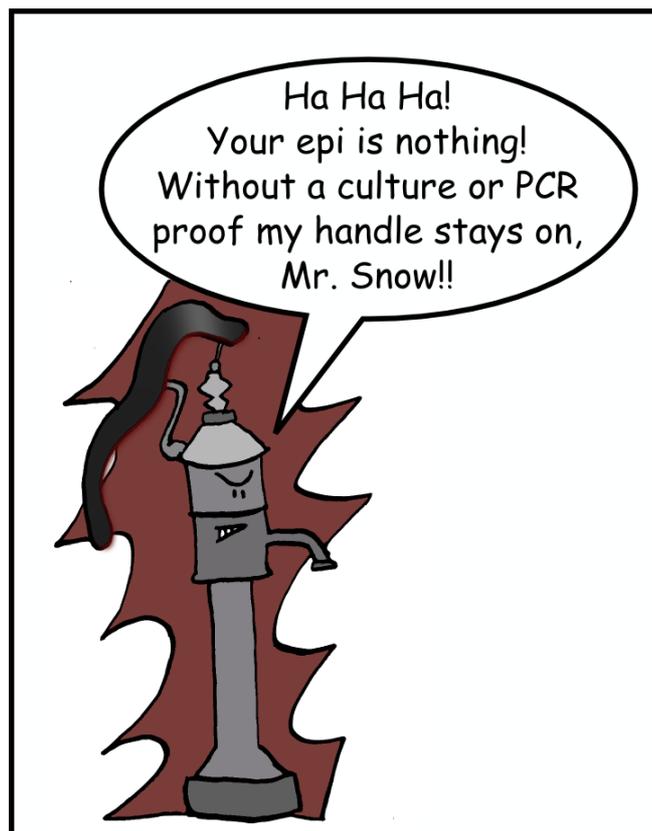
1. Log in.
2. Click on "My account" at the top right menu.
3. A new page opens. Above your name, click on "edit".
4. Fill out the new fields as you like. Some fields are not used anymore but kept for compatibility.
5. Click "save". Done.

Also see: <http://www.epietalum.net/content/new-personal-account-launched>

One field deserves special mentioning: "EAN yearbook". This field is part of our project "Dynamic Yearbook". Once we have figured out the technical details, we will create an EAN-only online yearbook on this site where you can look up your buddies, jump directly to their profiles or mail them.

Looking forward to your account updates!

Epi Cartoon



(drawing by Esther, text by Christopher and Florian).

Contribute to the next EAN Newsletter!

We are currently looking for contributions for the next newsletter. Would you like to share an interesting experience? Are you doing an exciting job somewhere in the world and beyond? Please e-mail your story to EANboard@gmail.com.