

EAN News

Newsletter of the EPIET Alumni Network



www.epietalum.net

March 2012

Dear EAN Friends,

It is spring again. Days are longer and the EAN is in a frenzy of activities.

We have finally opened a bank account in EAN's name. This is great news administratively since it means that the bank account can be kept constant even when the EAN board changes.

The preparations for ESCAIDE 2012, which will be in Edinburgh this year, have started.

Finally, as you can see from the EPI-cartoon, the race for the EPIET fellowship is underway. Good luck to all participants!

You can also see that during the winter EAN has not been in hibernation, as usual.

We have organized a very successful GIS minimodule in Stuttgart. If you have missed it, do not worry! We are making sure that the course will be uploaded to our website following the "open access" principle.

In the "Stories from the Field" section Katharina Zakikhany (EPIET/EUPHEM fellow cohort 16/3) recounts her mission in Tajikistan to support laboratory surveillance for vaccine preventable diseases.

Also, a new Epi-Tool has been developed by some remarkable EAN members (Karin Nygard, Steen Ethelberg, and also Annick Lenglet - our secretary) to investigate food- and water-borne outbreaks.

You can find all this (and more) in the March 2012 (with a slight delay) EAN Newsletter.

Enjoy your read and happy Easter break!

The EAN Board

Lorenzo, Florian, Helen, Chris, Annick and Marc

From the EAN Board

EAN Membership

EAN is currently comprised of 327 members. The EAN is not only comprised by alumni of the EPIET and the EUPHEM. 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.

New bank account

Finally we have a new bank account! Thanks to Chris' long standing business relationships with HSBC UK they granted the EAN an account for an association. It can now be transferred from old board to new board by signing mandates.

Thanks Chris, well done! And thanks again to Gianfranco for putting up with transfers and balance checks over the past years!

EAN membership fees

The annual membership fee is €20 and runs from January until December. Fellows in their first and second year of training are exempt from paying membership fees, according to the accepted statute's change at the 2011 General Assembly.

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).

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 UK

Bank address: HSBC UK, 18 London Street, Norwich NR2 1LG, UK

Account Holder: Epiet Alumni Network

Account number: 71822755

Sort code: 400515

IBAN: GB11MIDL40051571822755

BIC/Swift: MIDLGB22

NB: the account is in the UK so also payments in GBP are allowed. In case GBP is your preferred currency contact the EAN Treasurers at eanboard@gmail.com.

ESCAIDE

ESCAIDE 2011: Travel Grant Recipient

We have one more account about ESCAIDE 2011 from one of the recipients of the EAN Travel Grant.

Lilit Avetisyan, Armenia

At first let me give my gratitude for the opportunity to participate in the conference, which was a great experience for me. That gave a capability to learn about the experience of other countries, as we often do not have a similar chance. After the conference I use the abstract book in ESCAIDE website, because I haven't an opportunity to be present at all sessions.

All sessions which I participated were very interesting and instructive. I am particularly impressed by the plenary session of parasite diseases. This topic gave me a reason to think about a recommendation on more serious investigation in this area in my country to strength the existing Surveillance system of parasitic diseases. I think the attention of many countries to this disease has decreased, but the burden of these diseases continues to be high.

The special plenary session regarding EHEC/HUS was also very important for me. I learned about useful EHEC investigation methods. I learned the investigation process in Germany during the outbreak of hemolytic uremic syndrome caused by STEC O104, associated with sprouts. I think it is very important that we have the Abstract book of the conference as it gives an opportunity to study the abstracts in details in the future.

I was interested in zoonoses infectious diseases issues. Many serious researches were presented during the conference, but as for me the most interesting and important point was the presentation of new approaches of this area. Within the conference it was possible to acquire the small versions of all presentations, and it gives an opportunity to present the all materials to my colleagues. The results of the presented investigations were very educational and it is possible to compare them with the results in our countries and get acquainted with the experience of other countries.

The topics of the conference were clearly separated. The plenary sessions also were correctly selected. There was also a moment which I would like to mention: poster presentations were organized very well and there were tables with different materials that gave us an opportunity to take them to our countries and present them to our colleagues.

In conclusion I would like to appreciate the EAN for the given opportunity to participate in such interesting and useful meeting.

ESCAIDE 2012: Work in progress

As every year EAN is part of the ESCAIDE Scientific Committee. The preparation work for the conference has started in February. We do not have dates yet (sometime in November as usual), but we know the place. ESCAIDE 2012 will be held in Edinburgh!

As EAN we are planning to provide Travel Grants and also to keep the tradition of the EAN prize. This year we also would like to explore a more artistic side for ESCAIDE. We are considering organizing a photo contest with pictures from the field. For now this is just an idea, but if you are interested watch this space!

Request to Members (especially based in Scotland): You may be aware that the EAN travel grants are funded by organizations external to EAN (the list of last year's contributors can be found here: <http://www.epietalum.net/content/sources-funding-and-declaration-interest-0>). Last year we were particularly grateful to the Anders Gustav foundation (a Swedish organization) for contributing to the travel grants since the conference was held in Stockholm. This year, we are looking if similar contributions can be found to fund travel to Edinburgh. For this reason we are asking anyone who might have ideas about organizations in Scotland (and also elsewhere), which could contribute to the EAN travel grants for ESCAIDE 2012. We appreciate any advice you might have about this.

Stories from the Field

Seroepidemiology in Tajikistan

By *Katherina Zakikhany*, *EPIET/EUPHEM fellow cohort 16/3*

Early 2010, a nationwide outbreak of polio occurred in Tajikistan, 8 years after the region had been certified as polio free by the World Health Organization (WHO) Regional Office for Europe. More than 650 cases of acute flaccid paralysis (AFP) were reported, suggesting suboptimal population immunity to polio. In order to put strategies in place for further immunisation efforts in Tajikistan, WHO/Europe and US Centers for Disease Control and Prevention (CDC) conducted a seroprevalence survey to assess population immunity levels to poliovirus. In addition, this opportunity was used to assess the population immunity to other vaccine preventable diseases (VPDs), such as measles, tetanus, rubella and diphtheria.



Statue of Ismail Somoni (849-907), who is considered the father of the Tajik nation.

My contribution to this project was 3 fold: Firstly, to contribute to the laboratory analysis for tetanus and diphtheria of approximately 2800 serum samples which were shipped to the WHO collaborating Laboratory for Diphtheria (located at the HPA). Secondly, to contribute to the evaluation and analysis of the seroprevalence of tetanus and diphtheria antibodies amongst the surveyed population of Tajikistan and thirdly, to discuss and share the results of the serosurvey with the Ministry of Health (MoH) of Tajikistan. And whilst the parts 1 and 2 were performed in the UK, the last part of the project obviously required travelling to Tajikistan....



With the measles & rubella counterpart (Dr Valikhodjaeva) in the lab.

On 24 September 2011 I arrived in Dushanbe, the capital of Tajikistan (TJK) at approx. 1:45 am. The airport is tiny. Nevertheless, it took more than 2 hours until I obtained all the stamps, signatures, visas and approvals needed to enter the country. A WHO driver was waiting for me at the airport and drove me through the quiet streets of Dushanbe. Armies of women were sweeping the broad streets which were still colourfully decorated for the occasion of the 20th anniversary of Tajikistan's independence which was celebrated on the 9th of the month.

Tajikistan is one of the poorest countries in the world and the life expectancy is the second lowest in the WHO European region (61 years). Hygienic and sanitary conditions are poor across the country and levels of respiratory and gastrointestinal diseases (e.g. typhoid fever) are high. Bottled water was provided in the bathroom of the hotel room as it was not even recommended to use local tap water for tooth brushing.

In the morning I met with Dr. Martin (WHO/EURO) and Dr. Khetsuriani (CDC) for the first short briefing. Later, a WHO car collected the three of us to go to the WHO country office-TJK to meet with Dr. Ursu, Head of the WHO country office. Dr. Ursu updated the team on recent developments in the country regarding communicable disease surveillance and other related issues, such as child registration, mother/child care and other general health care issues.

Tajikistan has a major lack of medical doctors and well-trained medical staff. Tajikistan, as many other low-income countries in Central Asia, suffers fundamentally from *brain drain*: young and well educated mainly male professionals leave the country to work in Russia or central Europe where they earn considerably more than in Tajikistan. A fully trained medical doctor working full time earns approx. 60-100 USD per month (after tax) which is not sufficient to feed an average sized Tajik family of approx. 7 members. Additionally, the few doctors in the

country are not equally distributed throughout the regions but are almost exclusively located in the capital Dushanbe (personal communication).

The team also met with the General Director of the Republican Centre for Immunophrophlaxis (RCIP), and later with a representative of the Tajik Institute for Prophylaxis Medicine who was involved in the measles and rubella part of the serosurvey. As I learnt quickly: in Tajikistan no meeting is held without being served the traditionally chai: tea (green or black) together with delicious almonds, fruits from the region and chocolate.

The next day, the Round table/Meeting was held “To update the Ministry of Health of Tajikistan, international partners and WHO country office on the result of the serosurvey for vaccine preventable diseases and discuss next steps to prevent future VPI outbreaks”. The meeting was opened by the Deputy Minister of Health Dr. Mirzoev.

The conducted serosurvey in Tajikistan was a significant success for the country. Immunity gaps were identified across the population and in all regions. These results provided the basis for important public health implications such as the strengthening of routine vaccination programmes, implementation of surveillance and strengthening of laboratory capacity in the country. Tajikistan experienced a major diphtheria outbreak during the 1980s (~10000 reported cases) and implementation of routine vaccine programmes are crucial to prevent further outbreaks. The MoH of Tajikistan is aware of standing issues around immunophrophlaxis in the country, but efforts to address these issues are strongly impaired by the economic situation, the lack of infrastructure and the lack of registration systems. Additionally, the geographical situation (mainly remote and rural areas) alongside with extreme social mobility hampers access to the population.

ТЕРМИ ИСПОЛЗУЕМЫЕ В СИСТЕМЕ ИДЕНТИФИКАЦИИ

| ВИД КОРМОВОЙ | ПРЕДНАЗНАЧЕНИЕ | РАСПОЗНАНИЕ | | | | ЭПИТОПОВЫЙ |
|-----------------------|----------------|-------------|---|---|---|------------|
| | | + | + | - | + | |
| <i>C. diphtheriae</i> | + | + | + | - | + | |
| <i>C. diphtheriae</i> | + | + | + | - | + | |
| <i>C. ureticus</i> | + | + | + | - | + | |
| <i>C. hofmanni</i> | - | - | - | + | + | |
| <i>C. xerosis</i> | - | + | - | - | + | |

Impression from a lab in Tajikistan.

The success of the conducted serosurvey and meeting was celebrated with a reception later the same day. Stakeholders, aid organisations, country representatives and ambassadors were invited and the Minister of Health himself, Dr. Salimov, together with the representatives of WHO expressed their gratitude towards all parties which contributed to this group effort.

If I had to describe the (very limited, obviously) impressions from this country with one picture, I would probably describe my hotel room. The room, or suite, I stayed in was, hands down, the biggest hotel room I have ever seen and stayed in my life: approx. 3 times as big as my apartment in London. Three massive rooms, 2 massive bathrooms, each room equipped with a flat screen TV, conference facilities, huge beds, massive flordid oil paintings, heavy red velvet curtains and ceiling high mirrors: Soviet flair.

Trying to get any of the TVs working: failed, trying to charge my phone: difficult, plugs would fall off the wall. Trying to brush the teeth with tap water: well, better not. Using the instant coffee packages provided in the room: expired - 4 years ago. View from my window: basic wooden shelters with people sleeping on bare ground: Tajik reality...



The team (left to right): Dr. Martin (WHO/EURO), Dr. Khetsuriani (CDC), Dr. Zakikhany (HPA), Dr. Ursu (WHO/TJK)

In this former soviet socialistic republic the legacy of the former superpower is omnipresent. On the other hand: after the fall of the Soviet Union the country has been shaken by a devastating civil war (1992 - 1997), famine and extreme poverty and during the last years, religious and conservative groups have grown in the country. Women are increasingly deprived of education and school in order to be

trained as housewives at home until they find a suitable husband. However, most young men leave the country as soon as they can to find work in Russia or elsewhere. And what starts with a regular pay check sent home to wife and children ends in many cases with a new family in the new country and a family left behind in Tajikistan with no income and no social or financial perspective whatsoever...

Despite the rather short duration of my stay in Tajikistan I am still deeply impressed by this rewarding and interesting experience. I was given a wonderful opportunity to meet and get to know interesting people and learn about a country and a culture which I was not familiar with before. A big thank you to all people involved from the WHO Global Collaborating Centre for Diphtheria, London, WHO-EURO, CDC Atlanta, WHO-TJK country office, MoH-TJK and ECDC.

EAN Minimodule

The EAN Minimodule on GIS, February 25th-26th, Stuttgart.

By Florian Burckhardt, EAN Vice-President



We really made it. After five years, lots of personal effort, perseverance and a bit of luck we managed to organise another EAN GIS minimodule.

On February 25th-26th, 15 lucky EAN members met at N 48° 48'04" E 9° 11'22", aka Landesgesundheitsamt Baden-Württemberg (LGA), to learn the secrets of descriptive and analytic spatial epidemiology and geographical information systems from the GISorcerers Fran Luquero, Thomas Seyler and Arnaud LeMenach.

Saturday started with a general introduction into mapping epidemiological data and its perils, projection methods and basic GIS-concepts and continued with an excellent practical for using Quantum-GIS, a free and powerful GIS-Software in a hypothetical Legionella outbreak. Adding raster images (=satellite pics), making new map-layers based on selecting features from existing layers and adding data from external spreadsheets were all taught with great patience and skill. Beautiful, print-ready geographical maps were the result.

Sunday belonged to our EAN-Stats-Blackbelt Fran who kicked off with a short introduction to R-Stats package, continued with the crucial kernel-function and then finally blew our brains with the density of case-control kernel calculations. The last part will be given more time in the next GIS MiniModule, hopefully.

Postcards from the field

<http://ecdc.europa.eu/en/epiet/postcards/Pages/postcards-field.aspx>



The EPIET Programme Office has launched a section on its website dedicated to "Postcards from the field" where you can read short updates from current and former fellows on their field experiences.

Epi-Tool

Toolkit for investigation and response to Food and Waterborne Disease Outbreaks with an EU dimension

Food- and waterborne disease (FWD) outbreaks in European Member States are important causes of morbidity and economic loss because of their frequent occurrence and also their occasional severity - as exemplified by the German outbreak with STEC O104 that occurred in May 2011.

Well conducted investigations of such outbreaks are important in order to stop the outbreaks and prevent re-occurrence of similar outbreaks. Their investigation may sometimes be challenging and outbreaks affecting several European Member States may be particularly difficult to manage and require a coordinated international approach. The responsibility hereof may lie with the country that is most affected by an outbreak or with the ECDC or another international organisation.

The purpose of this Toolkit is to provide investigators with a series of tools that can be useful during an investigation of a European FWD outbreak, i.e. an outbreak that involves at least two EU Member States. The primary purpose is to provide material that can be helpful when coordinating European FWD outbreak investigations. However, the ECDC also have wished to develop tools that could be of use for investigators at the Member State level.

The Toolkit contains two different types of material:

- Documents, guidelines and explanatory texts that may be needed for international outbreak investigations;
- The other consists of a functionality developed in the software EpiData. Optimal use of these tools requires some degree of familiarisation with the software. The EpiData functionality is still under development, independent of the Toolkit. New features will therefore be available in the coming years. Please note that although downloading this software is necessary in certain parts of the toolkit, ECDC assumes no liability for any damage or loss arising from its use.

You can download the toolkit at this address: re: http://ecdc.europa.eu/en/healthtopics/food_and_waterborne_disease/toolkit/Pages/index.aspx



The location, coffee breaks and lunch were excellent, many thanks to the preparation of LGA-staff (and ex-staff). The LGA is one of the German EPIET hosting sites and lends strong support to EAN. Since we all behaved nicely, we might be able to host another GIS-module there...



The module has been recorded on video and will be put on youtube once all editing is done (<http://www.youtube.com/user/eanboard>). This will allow everyone to self-teach the course together with the published lectures and practicals. Once the videos are online end of April, there will be a notice on <http://www.epietalum.net/gis>, so stay tuned.



Again, many thanks to Fran, Thomas, Arnaud, Annick, Stefan, Florian, Christiane, Ms Zöllner and Mr. Pfaff (LGA) for making this a very successful EAN MiniModule.

Epi-Cartoon



Contribute to the next EAN Newsletter!

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