Newsletter of the EPIET Alumni Network

EAN NEWS

May 2008

From the EAN Board

Intro

Spring is here, and in some parts of Europe the weather already feels summery. Several initiatives related to applied field epidemiology have been shaping in recent times with the active involvement of the EPIET Alumni Network. We hope to see and continuously share the results with you in the current newsletter and over the coming months.

We welcome any feedback – please share this with us by e-mailing to EANboard@gmail.com.

From the board

The EAN board, Noordwijk, The Netherlands, Jan 2008

From left to right: Marion, Mirna, Gianfranco, Barbara and Agnes. Chris is not on the picture since he was organising his moving back from Germany to the UK.

EAN board meeting in Noordwijkerhout, The Netherlands, January 2008

The current EAN board held a meeting in the Netherlands from 12-13 January. Many thanks to Mirna and her parents for letting us stay in their summer house and turn it to a busy EAN headquarters for two days.

For part of the discussions we were joined by Susan Hahné, former president of the EAN board and Arnold Bosman, former EPIET chief co-ordinator and current head of the epidemiology training section at the ECDC.

We touched upon several administrative and organisational matters. EAN, being established under French law, has a postal address in France; however, the residence of board members is diverse and subject to change. We are investigating the legal basis for setting up a proxy address for EAN at the ECDC to improve the routes for official correspondence.

The network is growing with around 20 new members each year, and EAN is increasingly involved in collaborating with other partners in field epidemiology. We talked about options to further develop the functions of our "webface", the EAN website (www.epietalumnet.org) to make it more attractive and actively used by members and visitors.

EAN is represented in the scientific committee of the ESCAIDE 2008. In addition to the duties in the conference planning, the board is taking over the role of the EPIET Programme Office on the overall management of travel grants. EAN will need to operate in a transparent manner when fulfilling this responsibility.

A survey among members was designed to identify possible topics for EAN training modules in 2008 (see the results on next page). Besides our current role in training (modules given to and by EAN members), we discussed strategic plans including the accreditation of EAN modules (e.g. eligibility for Continuous Medical Education [CME] credits), the pros and cons of moving towards a more professional network, and our contribution to the future teaching and training activities of the ECDC.

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 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: MT41MMEB44853000000085110443451
BIC/Swift: MMEB MT MT
Sort code: 44853

News and activities

Survey on topics for EAN modules in 2008

Forty-two members (25%) replied to the questionnaire which included 13 possible themes for EAN modules. Thank you for your answers and additional suggestions!

Members could indicate their interest level on a 1-to-5 scale, ranging from not interested to very interested. We summarised the highest scores 4 and 5 for each topic and ranked them accordingly: geographic information system - advanced (61%), qualitative data management and analysis (58%), training the trainers (53%), didactic skills for epidemiologists (50%), development of case studies (50%), modelling in infectious diseases (50%), time series analysis - advanced (50%), time series analysis - basic (47%), behavioural surveillance (47%), environmental epidemiological studies (45%), source attribution of human zoonotic infections (41%), health economics (44%), syndromic surveillance (37%).

A decision has been made to organise the GIS II module in the Netherlands in autumn 2008, and grasp the opportunity of organising training-the-trainers type of workshops at the coming ESCAIDE.

ESCAIDE, 19-21 November, 2008, Berlin, Germany

The 2nd European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE) will take place in Berlin in 2008. This conference will bring together professionals involved in applied infectious disease epidemiology. A wide range of topics related to applied infectious disease epidemiology will be covered, including migration and communicable diseases in Europe, expansion of vector-borne diseases in Europe, special needs in communication to reach risk groups as well as challenges related to old and new vaccines.

Abstracts can be submitted in the area of applied public health research, outbreak investigations and evaluation of public health surveillance, but also in other areas of applied epidemiology or public health practice in which results are linked to public health action. The ESCAIDE website has been launched and will be updated regularly: http://www.escaide.eu/

We hope to see many EAN alumni at the ESCAIDE and at the EAN General Assembly! EAN is also involved in the preparation of one-day pre- or post ESCAIDE training workshops.

ESCAIDE pre- and post-conference workshops

EAN has joined efforts with EPIET/ECDC, FETP-Canada, and TEPHINET to organise training-of-trainers workshops to be held within the frame of this year's ESCAIDE in Berlin.

There will be two pre-conference workshops and two post-conference workshops. The Robert Koch Institute has offered to host all four of them. A big thank-you to Gérard and Katharina and the whole RKI team for this initiative!

The following workshops will be offered:
1) Dynamic Facilitation
2) Designing Case Studies
3) Methods for Coaching & Supervising Adult Learners
4) Critical Review of Scientific Manuscripts

These workshops are targeted at trainers, supervisors, and coordinators of field epidemiology training programmes or those that are planning to become so in the near future.

EAN will be co-organising the "Dynamic Facilitation" workshop with the Canadian Field Epidemiology Program and fully organising the "Critical Review of Scientific Manuscripts" workshop. For our module, we are happy to announce two specialists in this field, Susan Hahné and Prof. Harald Herkner, who will be facilitating in this workshop. Susan is now editor of Epidemiology and Infection and Prof. Harald Herkner is editor of the Cochrane Anaesthesia Review Group and statistical editor since 2002.

Soon we will be advertising the workshops in more detail on the ESCAIDE website and opening up for registration. So please, be on the look-out for these workshops if you are interested, as places are limited and capacity is determined by the type of workshop being offered (20-25 participants / workshop).

Marion Muehlen (cohort 9)

Experiences from the ICEID, 16-19 March, 2008, Atlanta, US

From 16-19 March the International Conference on Emerging Infectious Diseases (ICEID) was held in sunny Atlanta, one day after a tornado had hit downtown, leaving a lot of damage. Luckily this did not disturb the thousands of public health professionals that had travelled from around the globe to encourage the exchange of scientific and public health information on global emerging infectious disease issues. The full program included plenary and panel sessions with invited speakers as well as oral and poster presentations on emerging infections. Major topics included were surveillance, epidemiology, research, communication and training, bioterrorism, prevention and control of emerging infectious diseases and late-breaker sessions. The ICEID is held once in two years. There were few participants from European countries, but the remarkable thing was that we easily found each other in the poster session room, and in the evening we were kindly invited by Marc-Alain to enjoy dinner at his house sitting outside on the porch as one big family. It was great seeing you all again!!!

Barbara Schimmer (cohort 10)

Interview

A new EPIET co-ordinator team was introduced last year. We interviewed Viviane Bremer (chief co-ordinator), Brigitte Helynck, Alicia Barrasa and Marion Muehlen about their interests in epidemiology and views on EPIET. As you may know, Richard Pebody stepped down from the team to take on a full-time role in vaccine-preventable diseases at the HPA, London. Good luck to all with the new-old work!!!

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

VB: I started out with general public health, because I liked the idea of prevention a lot. Infectious disease epidemiology fascinated me more than other topics, especially for the large impact infectious diseases have on a society. For example, nobody would have foreseen in the early days of the HIV epidemic what impact the disease would have had in African countries. Our work seems sometimes insignificant, but can be of crucial importance for the health of whole populations.

BH: I have first worked as a medical doctor in Africa and quickly realized that to aim at a better health for the people the best way was maybe not only the clinical work but more the public health actions. Epidemiology was a way to assess health situations and propose appropriate solutions.

MM: Well, my life has always been going on in crazy circles. Since I studied medicine in Brazil, infectious diseases were the natural everyday life of a doctor. After my studies I worked for a year with rural field workers (farmers) where we investigated intoxications with various pesticides, herbicides, and insecticides and trained them in their use. I moved to Germany to specialize in occupational health but went over to clinical drug trials and pharmacology quite soon thereafter. I worked for many years in this field but was starting to feel frustrated. When I attended a lecture on the pharmacology of tuberculostatic drugs, I realised with disbelief that in the field of TB treatment, nothing new had come up in the last 15 or 20 years. This made me want to go into the field of tropical medicine and clinical drug trials of tropical diseases. I started an MSc in international health and soon became interested in the methodology of investigating these diseases, which would of course lead me to infectious disease epidemiology and to EPIET. And I believe I have finally found my place in life! :-)

AB: When I finished my degree at the Chemist University I really needed to work no matter in what, and I found a position at the TB surveillance unit at the Instituto de Salud Carlos III, my occupation was mainly helping with the databases but there was where I was first faced to the epidemiology and when I felt immediately in love with it! With the help of my boss I was admitted into the Spanish FETP (I might proudly say that I've been the first no-medical-no-vet to do the program) and then I started working for the HIV/AIDS surveillance unit and continued helping the FETP fellows with the outbreak investigation and the evaluation of systems. Then I could apply for the FETP coordination position (I love teaching) and finally here I am, EPIET coordinator. And all this in ten years… Oh my God I'm getting older!

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

VB: EPIET has changed in many ways since the "old years". Just to name a few changes: First of all, the move of EPIET to ECDC has given the program a financial base it was missing for a number of years. Also, the number of salaries and fellows has increased (doubled!), and therefore the EPIET family is constantly growing from an intimate family to a large lively network.

BH: I have known EPIET at its beginning in Veyrier-du-Lac where the introductory course used to overlap with the French epi course. In these years to get the project to go on was a challenge by itself; the EPIET cohorts were quite small and the willingness of building the European network relied on few "epi-activists". Nowadays, as a proof of success, the programme has become institutionalized; the challenge is probably to manage cohorts that are getting bigger each year and to meet the needs of all the new European countries.

MM: I am not so long with EPIET but what I can say is that from year to year it is becoming more active and busy. When I started the office had just moved to SMI in Stockholm and I remember the older fellows commenting on how wonderfully everything was working now Sweden was in charge. The office continues in Stockholm, but things have become even more different now that we are under the ECDC roof. EPIET started small and it was important to stick together and fight for recognition. We have become bigger, we have definitely achieved recognition. This means that invariably changes will follow, and yet, still, the EPIET spirit of sticking together has remained. I can only hope this will stay this way for a very long time...

AB: Since I was a FETP fellow things have change in the sense that now fellows are younger and maybe with less experience so our modules have had to adapt which was a challenge in where I think we succeed. And since I am EPIET coordinator just two month ago… I only can say that things are changing, for sure, we are growing, and I hope I can help.

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

MM: The future is here already. We have alumni working in many different institutions, public and private. All over the world. If we keep the network spirit, the more we disperse and intermingle, the better. That is where EAN comes in, to keep the spirit. But what I would really like to see is fellows giving back into EPIET what they got out of it, wherever they work. I would like to see more alumni involved in EPIET and EAN activities and working as multiplicators in the same spirit, wherever they are.

VB: I believe that EPIET graduates should use the skills acquired in their training to continue working in European national and regional public health institutes. There is still an enormous need of trained epidemiologist in many EU countries. We have to identify more ways to attract EPIET graduates to these posts, especially in low-income countries.

AB: EPIET graduates are lucky to choose between working in their countries of origin, their hosting countries or at a wide European level, and in whatever place, they also can choose between the real field epidemiology and other levels of decision. Their backgrounds and the EPIET experience allow them that. The most important thing is that wherever they are, the network spirit exists.

BH: I think the aim of EPIET remains the same: to build the European network by having qualified persons in position of responsibility in the national institutes or at the European level. The risk I see is that some countries are more attractive than others and I hope that exchanges of qualified EPIET graduates may be in all directions and with time will benefit to every country.

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

VB: We train young and promising persons as epidemiologists. A large proportion of the graduates are in key positions in the EU MS. The impact of EPIET becomes more and more visible as the number of graduates is growing. Also, EPIET has contributed in many ways to link epidemiologists from different countries and create trust between them. Although it is difficult to measure, the presence of the network has simplified the work in many institutes.

BH: EPIET is important to build the European network: sharing common epidemiological methods, getting to know other public health systems and professionals then facilitate the exchanges; all this allows to reinforce public health surveillance at the national and European levels and to promote data based public health policies.

MM: The common experience of EPIET creates a bond among fellows and alumni that can not easily be dismissed. For me, it is one of the strongest assets of EPIET and the reason why so many high rank professionals, past and present, put so much effort into making it work. This network is made of people and is real, tangible. It is not an agreement signed on paper and easily put away in a drawer. It is the basis of a network of professionals that learn and work together toward a common goal and communicate in a common language. And EPIET has been conceived in such a way that it attracts exactly those people who believe in creating a common Europe.

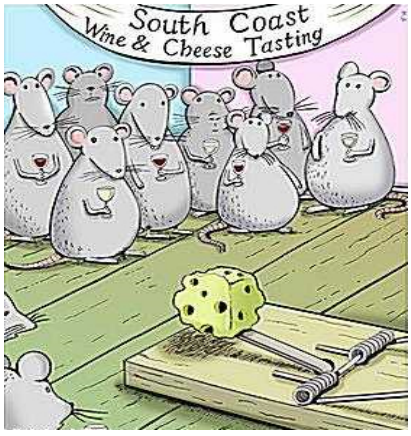
AB: Precisely because of the network, further because of the possibility of training people from different countries in different countries. This creates a group of professionals with a scope of European knowledge and future.

UPCOMING CONFERENCES AND COURSES

13th International Congress on Infectious Diseases
19-22 June 2008, Kuala Lumpur, Malaysia
www.isid.org

The Third European Influenza Conference
14-17 September 2008, Sevilla, Spain
http://www.eswi.org/

Epi cartoon



Utilization of Cost-Benefit Analysis in Decision Making

From the field

Mumps Mission to Moldova

In October 2007, an outbreak of mumps was notified in the Republic of Moldova. On 4 February, 2008, we (Susan Hahné, Helen Bernard and Norbert Schwarz) went to Moldova where we met Chinara Aidyralieva from the WHO country office of the Russian Federation in Moscow. Together we formed the team supporting Moldovan epidemiologists in the outbreak investigation. Susan and Chinara stayed in Moldova for one week, Helen for four and Norbert for five weeks. By mid April 2008, about 26 000 mumps cases had been registered in Moldova, which has a population of 4.2 million.

What do you know about Moldova?

Yes, you're right, it is in the heart of (Eastern) Europe. We did not know much more about it either so before starting our Moldovan mumps mission we had to look on the map (don't know if we really had to because one expects the pilot of the airplane to know the way, but one wants to be prepared, just in case). To find Moldova on the map at first you need one that reaches as far east as the Black Sea. You just go to the Walachia region in Romania, cross it, turn left… there it is!

Moldova is a former Soviet Republic and a former former part of Romania so the main languages are Romanian and Russian. Romanian is very close to other Romanic languages especially Italian, so it was more or less possible for us to decipher written texts. As you probably all know, Romania recently joined the European Union. Moldova however didn't. Plans to reunify with Romania after the fall of the Soviet Union were soon abandoned, mainly because of a political dispute concerning the "Transnistria region", a part of Moldova east of the Dnjestr river that keeps closer bonds to Russia and does not recognise the government in Chisinau, the Moldovan capital.

When talking about Moldova you sooner or later have to talk about wine. Moldovan wine culture reaches back to the 8th century B.C., although most historians connect the rise of wine culture in Moldova with the Roman invasion. In 1359, when the Moldovan Feudal State was formed wine cultivation was widespread. Stephan cel Mare (Stephan the Great, 1433-1504) one of the most prominent Moldovan kings who still is omnipresent and well known in nowadays Moldova, paid great attention to the import of high quality seedlings and good production.

In case you imagine us sitting on the beach of the Black Sea: Moldova has no seashore. All it has are about 500 metres contact to the Danube shortly before it reaches the Black Sea. Anyway, you would not like to sit on the beach in rainy and sometimes snowy February. After all we were there for work and not for fun… (on the other hand, you know: if it is not fun it is not epidemiology).

Upon arrival we were picked up at the airport of Chisinau by Dr Melnic, the head of the epidemiological department at the National Scientific and Practical Centre for Preventive Medicine (NSPCPM).

The next day he introduced us to the national surveillance data on mumps, usually available monthly, but now put on weekly reporting because of the outbreak. He also provided information on mumps vaccination in Moldova, and we discussed the progress of the planned MMR vaccine procurement for a supplementary vaccination campaign.

Most of the cases had received at least one dose of mumps vaccine, so we assumed vaccine failure had played a bigger role than failure to vaccinate. During the first week a lot of official visits were scheduled reaching from the Ministry of health to peripheral health centres. During this first week we decided to conduct a cohort study at educational institutions in order to further explore reasons for the outbreak, namely primary and secondary vaccine failure.

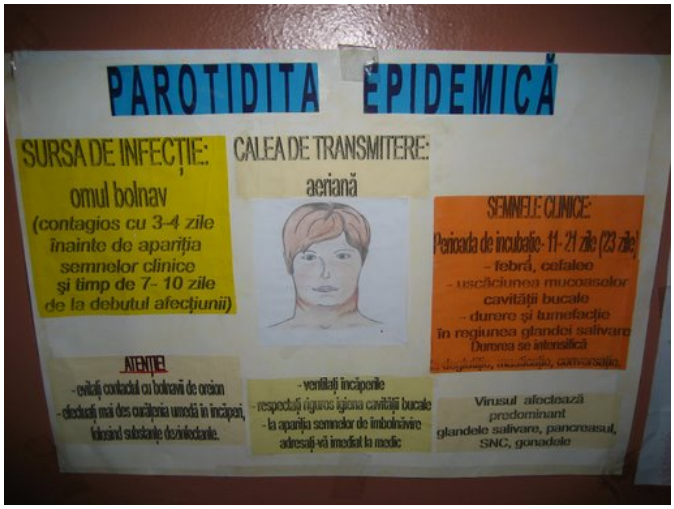
Maybe some of you are eager to hear a bit more about the reason we went there: mumps. You all know it as the second M in the MMR vaccination and some of you may have had it as a childhood disease. A painful swelling of the parotid gland makes you look like you have just come back from the dentist. The parotid gland is just under your ear lobe behind your lower jaw and you hardly take notice of it unless there is something wrong about it. Unfortunately mumps can also affect the ears, ovaries and testicles. The risk of long lasting hearing impairment or infertility after mumps is very limited for the individual, but in former times, when most of the population were infected at some time and when two thirds suffered from symptoms, it was one of the most important reasons for deafness or infertility.

In the pre-vaccine era, mumps epidemics occurred every 4-5 years with 5-7 year old children mainly affected. Infection confers life long immunity so there were hardly any mumps cases in adolescents or adults. (Actually that is not a 100% true: historically, mumps was first recognised as a disease emerging in military or similarly crowded settings. Later, with increased urbanisation mumps became known as a childhood disease). Mumps vaccination dramatically decreased the number of mumps cases, however, there have been recent outbreaks of mumps in countries vaccinating against it, e.g. in the US, Canada, UK, Spain, and Bulgaria. In these outbreaks, adolescents and young adults were mainly affected, something we also observed in the current Moldovan mumps outbreak.

There were evenings we spent working with our computers, but on other occasions sat together with Moldovan colleagues eating good Moldovan food (for example “Mămăligă” which is a corn dish served with “brynca”, a strong sheep cheese) and drinking Moldovan wine while listening to or telling anecdotes.

When visiting educational institutions in provincial cities and villages to choose sites for our planned cohort study we always received a very warm and friendly welcome.

At one school a Valentine’s party was in full swing when we arrived, bringing boys and girls closer together (nice!) and allowing the mumps virus to spread (not so nice!).



The same day we visited several other schools and health centres. At around three in the afternoon we were already totally exhausted and hungry and were still on our way to the regional health centre where we expected another marathon of meetings and data exchange… Luckily Moldovan people are always good for positive surprises: When entering the supposed meeting room our eyes fell on tables laden with good food and Moldovan wine and ten minutes later we were all sitting around the tables having our “meeting" in a slightly less formal way than expected.

A widespread custom is called “La botul calului”: Before leaving the guest is served the last wine glass “near the horse” to make sure that the departing person takes a part of the host’s hospitality, warmth and tenderness along the road. If the guests do not travel by horse this customs applies for a Minibus just as well.

Cheers, Moldova!

Helen, Norbert (cohort 12) and Susan (cohort 5)