

# EAN News

Newsletter of the EPIET Alumni Network



[www.epietalum.net](http://www.epietalum.net)

December 2010

## Editorial

Dear EAN friends,

Whether you are just about to catch your plane to go home for the holidays, to put on your cross country skis or to go to your institute because you are on duty - bring your copy of the EAN December Newsletter with you and you will notice how it may come in handy during the Christmas season.

The printout of Jaran's picture of the beautiful landscape of Tajikistan makes a perfect gift wrapping - but STOP! First read about how he helped fighting polio in the Caucasus region and casually found out that he had been sent to the most beautiful country he has ever been to.

You prefer a bright red wrapping? Dafina's and Ricardo's photo of their ride with the bombeiros is just what you need. By the way, in their article they introduce us to the world of Goa trance festivals and remind those who miss the sun of how warm the Portuguese summer can be.

We also have news for you on who won The EAN Presidents' Prize at the last ESCAIDE in Lisbon, who the EAN supported with a travel grant and who is new on the EAN board. Read Vladimir's contribution on the FEMwiki, check Florian's and Esther's considerations on seasonal drinks in their new EpiCartoon and finally rack your brains over this year's X-mas riddle.

So as you can see this December issue contains plenty of visual art and special features to kill time at airports, not to mention great stories and interesting news. A big thank you to all contributors!

We wish you a peaceful winter and Christmas season and look forward to see you all healthy in 2011, enjoy your reading!

The EAN Board

PS. Those in far-away countries missing winter, please note the snow white page background as a special feature of this edition.

## From the EAN Board

### New board members!

Three vacant EAN Board positions were to be filled at the last GA. The new EAN board composition is as follows:

*President:* Lorenzo Pezzoli

*Vice president:* Florian Burckhardt (also webmaster)

*Treasurers:* Christopher Williams, Helen Bernard

*Secretary:* Annick Lenglet

*Deputy Secretary:* Marc Rondy

Welcome to the new Board members Florian, Annick and Marc!

Once more we would like to thank our interim vice president Andreas Gilsdorf for his great work for EAN!



**Florian Burckhardt**

I complemented my MSc Biology (Munich) with an MSc Epidemiology (Edinburgh) and embraced Cohort 12 as German FETP at RKI (Berlin) in 2006. My interests lie in surveillance, vaccine preventable diseases (esp. Pneumococci) and modelling. Right after my FETP in

Summer 2008 I went to the State Health Department of Rhineland Palatinate (a German State) where I head the (two and a half person) Infectious Diseases Unit. Fortunately, my wife is a medical specialist in microbiology so I have a living library for the really complicated cases.



**Annick Lenglet**

I am an EPIET from Cohort 10 and trained in Madrid. Since EPIET I worked in Laos for 2 years with WHO and am now working at ECDC in the preparedness and response unit. I think I primarily bring my dutch organisation skills to the board. But also see a new need in putting the

human face back into the network and between EAN

members as we continue to grow. I have a few ideas on how to start making this happen and hope this will strengthen the pretty unique network that EAN has become.



#### Marc Rondy

After graduating a master degree in Epidemiology in Bordeaux (France), I worked for a while at the InVS. I then had the great chance to enter the EPIET programme (Cohort 14), based in the Netherlands. Since I finished EPIET in September 2010, I have been working as a consultant from Paris. Over the past years, I have been working a lot on drug related

infectious diseases and a bit on LQAS with our president!

### EAN Membership

EAN is currently comprised of 282 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](mailto: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](mailto:eanboard@gmail.com)) in case you want to get information on your membership payment (put in the subject: **membership payment**).

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](mailto: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

IBAN: MT41MMEB4485300000085110443451

BIC/Swift: MMEBMTMT *Delete the blanks!*

Sort code: 44853



EAN was involved in the organization of the 4<sup>th</sup> European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE), which took place in Lisbon, Portugal, on 11-13 November 2010.

### EAN Travel Grants

Eleven people received the 2010 EAN travel grants in order to be able to participate in ESCAIDE:

Agnes Hajdu (Hungary)  
Aleksandra Januszkiewicz (Poland)  
Aleksandra Polkowska (Poland)  
Ayten Hajiyeva (Azerbaijan)  
Delia Herghea (Romania)  
Demet Sevindi (Turkey)  
Ewa Mosiej (Poland)  
Olufemi Ajumobi (Nigeria)  
Otar Chokoshvili (Georgia)  
Sujan Marahatta (Nepal)  
Viktor Zöldi (Hungary)

Following the conference, EAN asked people who received them to kindly provide a short text describing their experience. Here are two reports we received:

#### Agnes Hajdu (Cohort 11, National Center for Epidemiology, Hungary)

Let me start my travel report by saying that it was a great conference experience for me, both professionally as well as socially.

The plenary sessions' topics were well-chosen. Among the novel methods to identify and assess infectious disease threats, I was impressed by the outline of the German online geographic surveillance system for invasive meningococcal disease, [www.episcangis.org](http://www.episcangis.org).

I checked the website later and was pleasantly surprised to find English pages and publicly accessible, up-to-date data. The plenary on the flu pandemic deemed promising. After the factual overviews it was stimulating to hear a personal view from Preben Aavitsland. His presentation focussed on the importance (and missed opportunities) of proper risk assessment that should guide strategy and measures, as well as proper risk communication between experts, decision-makers and the public. This was in accordance with the content of another plenary session, dissecting the evidence base for public health action.

My focus is on hospital epidemiology and infection control, and unfortunately the offer in this field was less than moderate; there was only one related parallel session (antimicrobial resistance). I found the presentation on a program of audit of AMR and compliance to treatment guidelines in intensive care units especially useful (Sweden). Having national or local guidelines to combat AMR and nosocomial infections is crucial, but the knowledge is often very limited on their implementation and the impacts.

From other sessions, among other things, I learned how grocery bills can give hints to food-borne OB investigations (Austria), the importance of listeriosis prevention in the view of mortality data and potential years of life lost (Germany), how a tuberculosis triage system based on a dynamic risk assessment model can provide a simple and straightforward method for detection, management and prevention of the disease (UK), and the use of social network mapping in identifying special venues in STI outbreaks as an add on to conventional contact tracing (Canada).

There were numerous well-prepared posters, and there was one from which I learned that matching is feasible not only in case-control but also in cohort studies. At the stands, the Field Epidemiology Manual Wiki was introduced. The site ([www.femwiki.com](http://www.femwiki.com)) provides a set of core training materials reflecting the essential competencies required by intervention epidemiologists - and the good thing is that registered members can contribute to or comment on the materials online.

Last, but not least it was very nice to meet so many alumni friends, some not seen in a long time. I would like to thank the EAN again for making my travel possible, and stress the importance of travel grants which are indispensable to help professionals from EU countries with increasingly limited institutional budgets stay in the loop.

#### **Aleksandra Januszkiewicz and Ewa Mosiej (National Institute of Public Health, Poland)**

We are a microbiologists working at the National Institute of Public Health - National Institute of Hygiene in Warsaw where we also doing our PhD studies. Receiving EAN travel grants gave us opportunity to take part in ESCAIDE 2010. Attending to ESCAIDE was a great experience for us. We extended our knowledge about applied infectious disease epidemiology and epidemiological methods used to approach public health issues. We are impressed by a large number of oral and poster presentations regarding to different topics. The most interesting for us were two oral presentations, first about transmission of *Cryptosporidium* and VTEC O157 at petting farms in England and Wales presented by Fraser Gormley and second about pertussis in Europe presented by Sabrina Bacci. During poster sessions we had a great opportunity to present results of our scientific investigations and to share our laboratory experience with people from different countries regarding molecular methods using in epidemiology investigation and antimicrobial resistance problems.

#### **The EAN Presidents' Prize**

The former and current EAN presidents and the EAN board have joined forces this year to organise the awarding of the EAN Presidents' prize for best oral and poster presentation at ESCAIDE. All participants to ESCAIDE were provided voting forms at the start of the conference. The winners of the 2010 EAN Presidents' Prize were:

**Olivier le Polain de Waroux** (EPIET fellow, Cohort 15) for his oral presentation "Trends in Invasive Meningococcal Disease in London between 2000 and 2010 following the introduction of the Meningococcal C conjugated Vaccine" (co-authors S.J. Gray, E.B. Kaczmarski, H. Maguire)

**Mónica Nunes** for her poster "Leptospira in Azorean Rodents versus Human Infection Risk" (co-authors A.T. Gonçalves, T. Carreira, M.L. Vieira, M. Collares-Pereira)

**Joana Dias** for her poster "Surveillance of School Absenteeism in the Northern Region of Portugal - 2007/2008" (co-author A. Correia)

Congratulations!

## **Stories from the Field**

### **Fighting a polio epidemic in Tajikistan**

By Jaran Eriksen (EPIET fellow, Cohort 14)

The European Region of the World Health Organization (WHO EURO) has experienced the first importation of wild poliovirus into the Region since it was certified as polio free in 2002. In March and early April 2010, a sharp increase of acute flaccid paralysis (AFP) cases prompted Tajikistan's government to contact WHO EURO and request support to further investigate this event. The WHO Regional Reference Laboratory for polio in Moscow confirmed wild poliovirus type 1 as the cause of the outbreak on 23 April 2010 and genetic sequencing revealed that the poliovirus was most closely related to a virus from Uttar Pradesh, India. The WHO deployed a team of experts to investigate the outbreak in Tajikistan, and as an EPIET fellow I was sent to work as part of the team for a month!



*My team in Kulyab: Kourban-Ali, myself and Barno*

I did not know much about Tajikistan before I was told about the mission, but I came to think of it as one of the most beautiful places I have ever been. Tajikistan is a relatively small country in Central Asia, home to almost 7 million people. It is located in the



Western parts of the Himalayas and the nature is spectacular. After gaining independence from the Soviet Union in 1991 the country was raged by a civil war that lasted until 1997. During the war Tajikistan suffered greatly, this of course also included the health care system. DTP3 coverage during this period was estimated at about 64-80%, with slightly higher coverage reported since. However, surveys have estimated vaccination coverage to be much lower than this in parts of the country.

By the time I arrived in Tajikistan in June this year, 212 cases of polio (of 616 AFP cases) had been confirmed by the reference lab in Moscow, a number that would increase to 458 cases (of 709 AFP cases) by the end of November 2010. The day after my arrival the fourth round of polio vaccination campaigns started. After being introduced to the great WHO team in Dushanbe I was immediately set to work and was sent to Kurgan-Tyube region in the south-western part of Tajikistan to spend the next four days observing the vaccination campaign.

Apart from the initial days observing the vaccination campaign, the main part of my work was to perform active case finding. I was assigned 10 districts in the Kulyab section of Kurgan-Tyube region, which had a total of 64 reported cases by the time I started my work there. My team consisted of my interpreter, Barno, the driver, Kourban-Ali, and myself. Together we spent 10 intensive days searching hospitals and health centres for patients that could possibly have (or have had since 1 January 2010) AFP and we found almost 40 AFP cases that had not been reported to the national level.



*Nurse administering OPV in Kurgan-Tyube region*

I encountered several challenges during the field-work. Although I had an excellent interpreter it would have been an advantage to speak a bit of Russian - or even better some Tajik! I quickly had to learn to read Cyrillic to be able to compare patient names between different lists but I had to leave reading through patient records to the interpreter. It was even more difficult to reach all the districts. There had been severe spring floods and some of the roads were in bad shape. The last bridge we needed to

cross a river separating us from the capital "town" of Baldzhovan had completely disappeared. However, with the help of some friendly locals we managed to find a place where the river was shallow enough to drive through and we reached our destination in the end!



*Children's finger nails are coloured with a permanent marker after vaccination*

Back in Dushanbe I had to report to members from the Immunoprophylaxis department and the State Sanitary Epidemiological Surveillance Service of the Ministry of Health (MoH) that almost 40% of the AFP cases in "my" 10 districts had not been reported to the national level. After this the MoH decided to ask WHO for additional support to evaluate the surveillance system, and measures to strengthen reporting were put in place.

Professionally, the 4-week long stay in Tajikistan was a fantastic opportunity. To work as part of an experienced team on a polio eradication mission taught me more than I had expected. I had never seen a case of AFP when I arrived in Tajikistan, but now I have examined and assessed several. I have also learnt a lot about vaccination campaigns and surveillance systems and, not least, about the diplomacy surrounding these sometimes quite sensitive issues. It was also nice to see how well the WHO and the Tajik government collaborated, and to see that the work I did actually had an impact!

I still think that Tajikistan is probably the most beautiful country I have been to. And what made the trip even more worthwhile were its wonderful inhabitants! Wherever we went we were met with such hospitality and openness. I have never been invited to so many people's homes or been considered, and treated, as a guest sent by God.

As you have hopefully understood, I thought the month in Tajikistan was an amazing experience, and I do hope that this kind of collaborative mission between WHO and ECDC/EPIET will be possible also in the future.

## Boom festival 2010 - infectious disease surveillance at one of the biggest techno festivals in Europe

By Dafina Dobрева and Ricardo Meixa (EPIET fellows Cohort 15)

### The Beginning (by Dafina)

The call for participation in the Epidemiology surveillance team came up in March 2010 when Dr. Eugenio Cordeiro - Senior Epidemiologist from the Health Centre in Coimbra - informed us about the event. A gastroenteritis outbreak at the 2008 festival raised the concern about the increased human influx and possible health problems among the regional health authorities as well as in the General Directorate of Health. The expected number of participants at the festival was about 30 000. The health centre at Idanha-a-Nova had personnel of 12 nurses and 7 physicians, who provide health care services to the local population of about 10 000 people. The nearest hospital is located at 37 km in Castelo Branco. It was back in April 2010 when we started gathering data on the communicable diseases reported in the region over the last few years and drafting a syndromic surveillance plan focusing on gastrointestinal, respiratory, neuro, urinary, and skin infections.



For me the project was interesting and challenging at the same time since I did not know very well the organization and structure of local health care in Portugal. The preparations began in May with meetings including all stakeholders from the area and the venue

organization. Even though I was presented to the festival management, the president of the municipal chamber, the chief of the local health centre, the police, civil protection, firemen squat, the first meetings seemed to me confusing and excessively long. No one seemed to know what we were talking about - epidemiological surveillance? And weren't we causing just some extra work during the vacation season? Then on 1st of June things started to get real when we visited the place near the dam "General Carmona". There the grass was very green, the cows peacefully grazing and the air fresh. The construction of the performance stages had not yet begun and only the entrance and exit routes had been appointed -

each about 30-40 minutes car ride from Idanha-a-Nova.

At the next meetings the surveillance plan was already raising some interest and we started putting the pieces together one by one. We collected preliminary information about the festival participants and the organization of health care at the venue. At a visit to the local health centre and the hospital in Castelo Branco we presented the project to the staff and informed the chiefs of ER and lab about possible influx of festival participants. At these visits the most important thing was building rapport with the colleagues some of which were going to be collaborators in the data collection. We also had to make sure they had enough testing kits available e.g. for stool samples in case outbreaks occurs. To my understanding personal contact was a key thing in our work and morning coffee chat was not just a courtesy but a tool in the data collection as it occurred further on.

At the next visit I accompanied the environmental health technicians and engineers on their inspection to the festival site. The construction was still going but we could check the workers' dining place, all sources of potable water, bathrooms, showers and sewage system - all ecologically friendly (made from wood and recycled material, using bio-degradable detergents, and utilizing aerobic decomposition to process the sewage down to water and nitrates; more info:

<http://www.boomfestival.org/boom2010/ecology-sustainability/composting-toilets>.

At our lunch in the "most Portuguese village" of Monsanto we discussed the plan and procedures of this type of inspections that were going to happen from now on till the last day of the event. It seemed like a lot of work since the restaurants and the main structures were not ready yet and according to the organizers the majority of them as well as the recreational fountains and sprinklers were to be put in place almost at the last day before the opening.

### There is something special about Boom (by Ricardo)

I had the opportunity to join the team when we finally we got to the field! After settling in, the priority was visiting the data collection sites to set up the surveillance system, and making sure that all the people responsible were aware of what was needed. Two of the data collection sites were regular health care providers (one a primary health care centre, the other a hospital) so they are quite trained in filling in forms, so we thought it would be easy. Still, it took some persistence to make sure that they filled the questionnaires. Then, we were facing the real challenge: data collection in a Goa Trance Festival...

To actually get to the festival you had to drive there, since it was a 27km road trip to get there. They also provided us with a car, which had long ago seen its glory days... The gearbox was so worn out that we practically had to "hammer" the second gear in. And the Festival is not only far away, it is also in such a secluded place that actually the best way to get



there is ... by boat! The alternative was a dirt road, full of rocks and dust. And there was a trade of because our car didn't have AC: If you close the window, the heat inside the car is unbearable; if you open the window you will still be finding dust in your ears during the next week... So, in the beginning and whenever we could, we would get a ride in one of the fire departments' boats across the dam.



Once you arrive there, you can find small pieces of art everywhere, from huge metal statues to small gardens, not forgetting the bamboo covered water taps (not the best for sanitation, though). Each of the stages is also a work of art, all built in a sustainable way, either using recycled materials from other festivals or using terracotta. It is indeed a feast for the eyes, just to walk around the festival area. But you need to be careful because of the scorching heat and the rugged terrain. The most prized accessory (and that we need to add to the epidemiologists backpack) was certainly a torch, since the floor was highly irregular. Not to mention that through our surveillance system we learned there were many cases of scorpion bites reported!

Though you knew you were in Portugal, it felt like being in some sort of a Babylon, because there were so many different nationalities and cultures. Just crowd watching was simply amazing. Among the 20.000 participants, you could easily see a thirty-something Japanese yuppie dancing side by side with a sixty-something Colombian Rastafarian. Given the sort of festival we are describing I guess most people would already know there is a very high consumption of recreational drugs. But though you know this, the festival actually sends very good vibes and everyone is quite eager to engage in a conversation. And there are also many families. They even have one tent specifically for children, amusingly called Baby Boom.

Anyway, back to work and trying to set up the surveillance system on site. There was something called "Boom Medical Team" but no actual medical doctors. It was run by a British nurse who would fit easily amidst the crowd and it would not be easy distinguishing him from any other participant. After we asked him to just fill in a one sheet questionnaire for each patient his reply was simply: "Man, this is like

Vietnam here! We just run from one patient to the other, no time to fill in forms!"...

There was an area called Kosmicare where people going through the acute psychotic phases of drug consumption are taken so they do not harm themselves or others (in liberal terms, if they experience "a bad trip").

And finally we managed to set up the surveillance system in the "Field Hospital" the Fire Department had set up. It was a huge tent where everyone could resort to in case they needed health care. It received the bulk of the patients and they had an electronic registering system, which was quite helpful to upload the data to our database, though it required roughly 2 hours of daily data cleaning and recoding. Our daily routine included participating in the briefing meeting, where all the stakeholders gave an update on the situation on their specific field. It was very useful since you could really have an overview of everything and correct any problems that might be happening.



It was quite a calm festival health wise. There were more than 2000 people that requested health care attention but only a small proportion of the complaints were connected with infectious diseases. Most were small traumatic events like small cuts and bruises in the feet. Our surveillance system was able to detect one measles case, and we were quite worried that he would still be in the festival, but when we finally managed to talk with the case ourselves, we learned that he had left the festival right after the first symptoms. Though we asked the data collection sites to be more alert, no further cases were reported.

In short we believe this was a quite interesting learning (and personal) experience. Taking a look at the website <http://www.boomfestival.org/boom2010> can give you a hint of what the festival is, but one thing that is important to remember about the Boom festival is that no matter how well you can describe it, nothing beats the experience of being there!

## EPI Tools

### The field epidemiology manual (FEM) wiki: a collaborative eLearning online portal

By Vladimir Prikazsky (EDCD Stockholm)

A field epidemiology manual (FEM) training resource, the FEM wiki project, has been developed to support the European Programme for Intervention Epidemiology Training (EPIET) and to serve as resource for any training in intervention epidemiology. The project ([www.femwiki.com](http://www.femwiki.com)) is the result of a collaboration between a team of experts from the City ehealth Research Centre (CeRC) of the School of Community and Health Sciences (SC&HS) in London and the European Centre for Disease Prevention and Control (ECDC). FEM wiki was formally launched and opened to the public at the European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE) on 11-13 November 2010 in Lisbon, Portugal.

The aim of the FEM wiki project is to make the training manual available online using a collaborative Web 2.0 platform that takes advantage of user-generated input while simultaneously certifying the scientific content through an editorial and review process. An editorial board consisting of field epidemiology experts has been established to convert the existing single document chapters, created by EPIET trainers, scientific coordinators and facilitators, into a set of hyperlinked wiki pages, each describing key epidemiological concepts. The training structure of the original chapters is preserved, and linked to a set of fora that support commenting and discussion.

The portal structure ensures the ECDC-recognised peer-reviewed content, approved by the editorial board, is available alongside user-generated and organically expanding pages.

The aim is to gather resources and to offer a collaborative space for creation of training material with a diversity of formats and to provide a meeting point for opinions. The target audiences include the EPIET community; the wider field epidemiology training community, the European Public Health Microbiology Training Programme (EUPHEM) fellows and anyone working in disciplines related to epidemiology.

The vision for the portal is that it will serve as key resource for training delivered by ECDC and will attract a large online community of experts, expanding the content in subjects and translated versions to establish it as the key online resource for epidemiologists around the world.

See also the article on the FEM wiki recently published in Eurosurveillance:

<http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19701>.

## EPI Cartoon



This edition's Epi Cartoon is kindly provided by Esther Kissling and Florian Burckhardt from their [www.disease-detectives.org](http://www.disease-detectives.org) initiative.

## EPI X-mas Riddle 2010

What is the probability of rolling at least two sixes with six six-sided dice?

Have a go and compare your solution at: <http://www.epietalum.net/forum/21>

## 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](mailto:EANboard@gmail.com).

## Upcoming Conferences and Courses

All conferences are listed on the EAN website:

[www.epietalum.net](http://www.epietalum.net)

- January 27-30 2011, 1st International Conference on Controversies in Vaccination in Adults (CoVAC), Berlin, Germany
- February 4-7 2011, Third International Meeting on Emerging Diseases and Surveillance (IMED 2011), Vienna, Austria
- April 1-4th 2011, Society for Healthcare Epidemiology of America (SHEA) Annual Scientific meeting, Dallas, Texas
- May 12-14 2011, 1st European Conference of Microbiology and Immunology, Budapest, Hungary
- May 26-27 2011, European Conference of National Strategies for Chlamydia trachomatis and Human Papillomavirus, Jurmala, Latvia
- June 7-11th 2011, 29th Annual Meeting of the Paediatric Infectious Diseases (ESPID), The Hague
- August 7-11 2011, IEA World Congress on Epidemiology, Edinburgh, Scotland