

EAN News

Newsletter of the EPIET Alumni Network



www.epietalum.net

March 2011

Editorial

Dear EAN Friends,

Spring is coming! The light is back, the birds are singing, the flowers are starting to bloom and easter eggs have gone on sale! All of that, plus this new special edition of the EAN Newsletter!

On January 12 2010, a violent earthquake (Richter scale: 7.0), followed by hundreds of aftershocks, struck western Haiti, and especially the capital city of Port-au-Prince, causing 222,500 deaths, injuring 300,000 people and resulting in one million homeless people, living in camps. The earthquake seriously weakened the country's infrastructures and organization.

On 14 October the first case of cholera appeared at Meille near Mirebalais (Department of Center). The microbiological analyses performed on samples from the first cases confirmed the presence of cholera on Haitian soil on October 21. The typing of the strain involved then showed that this was the *Vibrio cholerae* O1, serotype Ogawa, biotype El Tor. This strain of cholera is known to be particularly virulent with a high ability for survival in humans and the environment and an increased resistance to antibiotics.

Cholera had been absent in Haiti for more than 100 years prior to this moment. This rendered the local population completely susceptible to its infection, something which was potentially catastrophic in a country with a poorly developed health infrastructure, limited access to latrines and sanitation, a lack of medical human resources and recently destroyed by the earthquake. The epidemic quickly spread to all 10 departments of the country.

By March 9th 2011, 258,084 cases and 4,717 deaths were reported by the Ministère de la Santé Publique et de la Population (MSPP), with a global case fatality rate of 1.8%, ranging from 0.8% to 8% in the more remote areas.

In this special issue of the EAN newsletter, we have tried to collect different stories from persons involved in the cholera response in Haiti, all of whom have some link to EAN. Their stories address the use of the data collected within the cholera treatment centers, the coordination of responses to alerts at the national and regional levels, developing retrospective mortality surveys to assess the impact of the outbreak and personal experiences and lessons learnt. Also, we have included experiences from people working for WHO and for NGOs. One thing that is clear from these stories is that being part of a network like EAN, facilitated much of the communication and collaboration between the different actors in Haiti. It established immediate links and bonds, a common language for work and a common objective - to prevent further cases and deaths of cholera in Haiti.

We hope the newsletter informs and inspires you!

The EAN Board

From the EAN Board

EAN Board Annual Meeting 2011

From 21-23 January, 2011, the EAN Board met in Paris for their Annual Board meeting. In addition to covering a wide variety of topics during this meeting (EAN statutes, EPIET training, bank accounts, job descriptions, mini-modules, website maintenance etc.), the Board managed to meet up with current EPIETs and EAN members for a nice social evening. Thanks a lot to Marc for opening his apartment for an EAN Board invasion during this weekend and for arranging the social event.



The EAN Board in Paris...



Florian shows us how to travel in style, anonymously...



EAN Members Nathalie El Omeiri (Cohort 12) and Sandra Cohuet (Cohort 12), mix with Helen and Lorenzo (EAN Board) and Nico Moulard (husband of EAN Member Marta Valenciano)

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).

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: MT41MMEB44853000000085110443451

BIC/Swift: MMEBMTMT *Delete the blanks!*

Sort code: 44853

EAN statutes change reminder

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).

All about EVE

EAN activities frequently need additional manpower beyond that of the board members. It may range from distributing EAN-flyers at ESCAIDE to organising a night out with visiting fellows at your hosting city, from preparing a talk for an EAN mini-module to updating country files.

Enter EVE. An EAN Volunteer Envoy (EVE) is an EAN member who supports EAN activities either regularly or on a single event base. Georgia Ladbury (C16) and Ricardo Mexia (C15) are natural EVEs because they took the responsibility of representing their cohort. More Eves are lining up for the GIS-mini-module.

But don't be afraid, there remain lots of things to do which require the gentle care of EVEs (ideally one per country)! If you think you might have some spare time here and then, drop us a line at eanboard@gmail.com, subject "EVE". We would keep that in mind and contact you for upcoming EAN-supported activities (ESCAIDE, mini-modules, etc).

Stories from the Field

Haiti: Paradise lost ?

By the EPIET and EUPHEM fellows *deployed with GOARN*

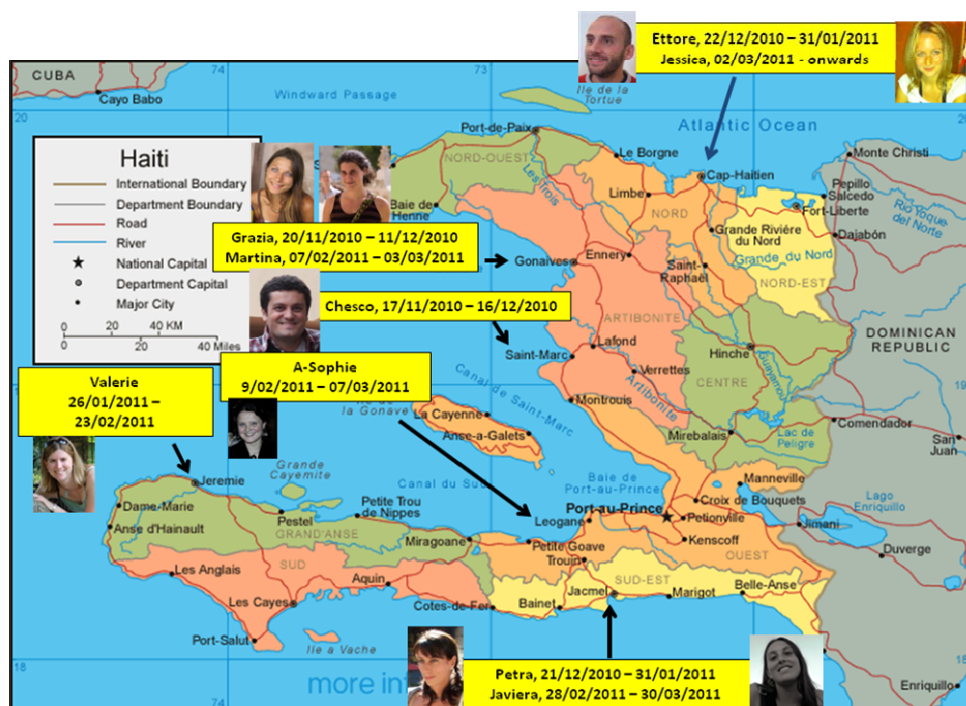
On 20th October 2010, after more than a century without the disease, a cholera outbreak hit an earthquake-devastated Haiti. The first cases were reported in the Artibonite region and soon cholera had spread to all ten regions. The WHO/PAHO outbreak response focuses on reducing cholera morbidity and mortality by supervising the domains of epidemiology, cholera treatment actions, and Water, Sanitation and Hygiene (WASH) activities. Until March 2011, the Global Outbreak Alert and Response Network (GOARN) had deployed eight EPIET fellows and one EUPHEM fellow as field consultants to be responsible for supporting the assessment, surveillance and reporting activities, they included: Grazia M. Caleo (Cohort 15), Francisco Nogareda (Cohort 16), Petra Matulkova (Cohort 16), Ettore Severi (Cohort 16), Valérie Decraene (Cohort 15), Martina Escher (Cohort 15), Anne-Sophie Barret (Cohort 15), Jessica Vanhomwegen (EUPHEM Cohort 2), and Javiera Rebolledo (Cohort 16).

The fellows worked as members of PAHO field teams, alongside the MSPP (Ministère de la Santé Publique et de la Population) authorities and field partners, to support the cholera response coordination.

The PAHO field teams received, documented, and responded to alerts in regions and supported or mobilised teams for rapid outbreak investigation. They helped with gathering and analysing epidemiological data. In addition, they evaluated case management and identified the main needs and gaps at all levels of the cholera response system. They did their best to accomplish the goals of the mission using their skills, training and expertise but quickly learned that it would also take them through a wide range of feelings and emotions...

Grazia M. Caleo Gonaive, Artibonite Department

In Haiti you feel Africa's spirit, far away from Africa. At the beginning, work feels like a never-ending task, especially when you try to deal with it on your own. Then, you discover that what was supposed to be a challenge turns out to be an opportunity to share. In this sense, PAHO offered us the chance to weave a web with different NGOs and health actors. The opportunity to meet and work with the World Food Programme (WFP), MSF, Cuban Medical Brigade, International Medical Corps (IMC), Action against Hunger (ACF), the Ministry of Health (MoH) and the local health workers on the same *stage* to build a joint response for a common aim: reduce cholera fatality and prevent the occurrence of new clusters of diseases in the remote communities.



The WFP promptly provides food to small and remote Cholera Treatment Centers (CTCs) full of malnourished patients. MSF relentlessly manages CTCs. The Cuban Medical Brigade, a simple but strong group of medical workers, carries medical supplies, tents and water by foot with the help of local people to reach remote patients. The IMC responds to new clusters overcoming the language barrier and local beliefs. The MoH health workers, who in the first weeks of the epidemic were alone to deal with this new scary epidemic, do their best and always welcome us even if sometimes we are too late...

All of these actors have contributed equally to the cholera response, learning to be open to adjust their individual plans in a common landscape.

On the *back stage* of this huge response there is the local population, Caribbean African, speaking Creole, who believe that cholera is due to an obscure conspiracy, seeking the guidance of ancestral spirits, taking water from the river, walking long distances' by donkey to reach unfurnished health centers, willing to stay and vote for Haiti, despite all.



Francisco Nogareda. Saint Marc. Artibonite

6 am: Hytson (logistician) and Vincent (driver) were waiting for me outside the hotel with the car loaded with medical and water and sanitation supplies. We are ready to go to Perodin, a small village situated in the Bas Artibonite Region, three hours walk from the nearest Cholera Treatment Centre (CTC) in Petite Riviere de l'Artibonite managed by MSF-Belgium. The day before, the chief of the *Unité Communale de Santé* called to inform me of an increasing number of cases and deaths reported by the dispensary located in Perodin.

After 3 hours driving, we arrived at the point beyond which the road was impassable by car. People from the village came to this point to help us carry all the supplies and show us the way. We walked along beautiful landscapes, crossing rivers and villages for almost three hours. No one spoke French, just Creole, but I understood people were friendly and grateful. We finally reached the dispensary, an austere centre with no more than 4 beds and limited access to electricity. The village leader (Casec) received us in his house and explained how people are worried about this unknown disease. We spent all day there; we had lunch together, we visited the school and took advantage of the time to talk to the people and play with the children...I realized how hard a single day is, far from the rest of the world. But at the

same time I could see some good things that we have forgotten in our busy life in Europe.

It's getting dark, we have to go: - Really nice to meet you, *merci en pile* et bon courage.

On the way back to the car, we found an ill woman being carried by people from the village. We offered to bring her to the CTC.

8pm: Hytson and Vincent dropped me off at the hotel.

Petra Matulkova, Jacmel, the South East Region

A sudden peak of cholera epidemic hit the South East region at the beginning of December 2010. And even though it descended as quickly as it ascended, it resulted in excess community deaths due to higher susceptibility and poor cholera awareness at that time.

An alert describing a high case fatality rate contrasting with a low attack rate was responded to by the deployment of my team. The South East region greeted us with wonderful natural scenery - sunny Caribbean coast rising up into a mountainous relief - like a paradise, in hell.

We arrived during the calm Christmas period when the cholera epidemic seemed to be stabilised. New cholera treatment units were established to cover most of the region and good case management was applied. Sensitization for preventive behavior, good hygiene practice and prompt treatment took effect. Probably the low population density and the fact that local people do not tend to move or travel prevented the epidemic from spreading.

I was surprised by the friendly atmosphere in Jacmel. I concluded that local people made an effort for better tomorrows without aggressiveness, unlike Haiti, and international field workers were enthusiastic and helpful. I must confess it made my work more enjoyable.

Apart from casual alerts, the cholera incidence remained low during our deployment, no other death excess was reported. However, local people continue to drain sewage into streams and estuaries and at the same time use the contaminated water for washing and bathing which will allow cholera to be present for a long time.

I relished the field work and in the end I really wished to stay longer. It was a challenging time, an amazing experience indeed, both professionally and personally. Since I have got back, not a single day has passed that I have not thought of Haiti, in many ways.



Ettore Severi. Cap Haitien, Department du Nord.

My mission started a bit weird, leaving London by bus to Paris after being stuck for three days by a snowstorm. I reached Port au Prince just before Christmas but because of the delay and the administration, my deployment to the field had to wait for one more week. Nonetheless, that unexpected week in PauP was nice and useful. With Patricia, our coordinator (Cohort 10), we worked on a preliminary analysis of data from the national cholera surveillance system. That helped me a lot when I moved to Cap Haitien, in the Department du Nord.

During the following five weeks I had a dynamic and intense life, going up and down the department with Dade (the logistician) and Arcangel (the driver). Our team moved in good harmony, spending the many hours of the car trips chatting about the work, the country and our personal lives. It was nice to discover Haiti through their stories and to know their views about the political situation, the future of the country, the voodoo...

I also spent a lot of time collaborating with my partners, trying to coordinate their different responses to the epidemic. MSF and the Brigadas Medicas Cubanas did most of the job and were very efficient in responding to any alert. Unfortunately, for silly reasons, they were resistant to speak to each other. I felt so satisfied when I managed to put them at the same table and saw them starting to collaborate. That was definitely worthy: I gained invitations to all the MSF parties!

Finally Dr. Carol, the Ministry of Health Regional Epidemiologist, and his extremely hot office with a fan shooting on our faces from half a meter distance, deserved a place of honour among my best Haitian memories. We met very often to review and improve the regional cholera surveillance system. His patience with my French was admirable.

Just another day in Grande Anse, by Valérie Decraene

On my third day, after the usual cold shower at 6am, I headed off for a day in the field. Fast forward 2

hours and we are stuck in the middle of a crowd of Haitians on foot, on motorbikes and in trucks. The road is impassable because the local population have chopped down trees and dug ditches in protest to the poor and dangerous condition of the roads. If they can't get from A to B, no one else should be allowed either! After much negotiation we are given permission to pass and our driver skilfully manoeuvres our 4WD over all obstacles and across a river. We strap a car load of supplies to a donkey and set off on foot to the remote village of Tiparis to respond to an alert that there had been 19 cases, including 1 death the day before. Because of the delays on the road, we set off under the scorching heat of the midday sun - perfect timing for a pale Belgian girl! The warm, friendly but slightly bewildered looks and greetings we received will stay with me forever. Finally, after a gruelling 2 hour hike uphill, the cholera treatment unit of Tiparis came into view. As always in Haiti, 20-30 people materialised out of thin air - eager to see what we had brought with us. Frustratingly, despite prior verification by an NGO partner, the alert turned out to be false; we only saw one true cholera case. This was to be my first (but not last!) lesson learned in Haiti. Nevertheless, it was not a wasted trip since we provided much needed training and supplies - now they would be ready for cases.

The following weeks were equally event-filled: I shared my time between responding to more alerts (true ones!), evaluating treatment centres, improving the surveillance, doing epi analysis, coordinating the activities of NGO partners and of course sampling the local food and beer! And I left thinking: when can I go back?

Martina Escher. Gonaïves, Artibonite.

On the third day, after having read the TOR for the fifth time, I finally left for the "field". Direction: Gonaïves, Artibonite. Composition of the team: a musicaholic driver, a LOG/WASH, (both Haitians) and me.

Some worries were crossing my mind: no one had been in Artibonite since mid-December (no idea of the epidemiological situation and the partners); I had to lead a team; I was with two Haitians and I didn't want to be fussy with the food.

This last issue was immediately solved. First lunch: some food bought in a local market. A booster for my antibody collection and a reminder that I had to accept being a fragile Italian expatriate!

For the other worries I had to wait some days and many phone calls. In particular, the turning point of my mission was the meeting with the renowned "Madame La Directrice" of the Health Department. In

30 minutes I found myself outside the office with the task of organizing the “Grande reunion de coordination Cholera/DSA”: the first cluster santé meeting in 2 months. After 5 days of phone calls and e-mails without replies, finally the agenda was defined. The “meeting” took place, all the local and international partners were there, the agenda wasn’t respected at all, and the reunion turned out to be the “Madame la Directice” political show: I was exhausted, but all the partners seemed satisfied. Seventeen days in the field in Haiti correspond to 2 months of normal life. I learned plenty of things. In particular: diplomacy-flexibility-deep breaths are essential to represent the WHO; Cuba-USA tensions have an impact even in Haiti; the setting up of a CTC is difficult but its closing down is even harder; in Haiti there are even more acronyms than in France; Haitian traffic is the best example of anarchy I can think about!



Anne-Sophie Barret, Leogane, Département de l'Ouest

As part of the GOARN mission, I was deployed to Leogane with a team including a WASH engineer and a driver.

Leogane was the epicentre of the earthquake that hit Haiti in January 2010. The earthquake scars are still evident... the city is a mix of ruins, camps for displaced persons and houses under construction. Surprisingly, things have not really changed that much even though there are plenty of international organisations working there. It is therefore easy to understand the frustration and anger that Haitian people can have sometimes... But despite all the difficulties that the population of Leogane had to face during this past year, they always warmly welcomed me and they keep smiling and hoping. This is expressed in the everyday life, through music, dance, food and their great hospitality.

My work mainly involved coordinating the health partners in the cholera response. This was completely new for me and quite challenging! I must admit that it was a bit scary at the beginning to be the only health “representative” in the area (as the ministry was acting as a ghost...) but after a few days, I managed to establish a good relationship with partners and they were always very kind and helpful to me.

The mission needed a good dose of flexibility and diplomacy, as it is not always easy to make international organisations and national authorities work together. It was also frustrating to stay for such a short time... One month was just enough to get familiar with the situation/partners, understand how problematic the health care system is and that it would take some months/years of presence to be able to support concrete projects to improve the health system. Nevertheless, this experience was very rewarding both personally and professionally and it definitely made me want to come back to Haiti again. ☺



Javiera Rebolledo, Jacmel, South East Department

I arrived in Jacmel, a beautiful town next to the beach and surrounded by mountains, on March 3rd 2011. At that time the epidemic was relatively under control and the number of new cases was low and stabilized. Many NGOs were departing, handing over management of cholera activities to local staff, training them and leaving supplies for a few months. Now it was a turn of the Haitian Ministry of Health (MSPP) to take charge of this task and keep the Cholera Treatment Centers (CTCs) and Units (UTCs) running with the added challenge of getting them ready for the rainy season.

Some days ago there was short and intermittent rain, and few days later some of the CTCs and UTCs reported a sudden and drastic increase in the number of cases. We quickly responded to this alert and

went to visit the CTC with the highest number of cases reported in the last 2 days. The former MSF CTC was now a MSPP CTC run by local staff. In two days the CTC went from having 2 beds occupied to 31 beds with new cases still coming. Five local personnel were working there and Miss Martine, the nurse in charge, told us that they had not been paid since they took over the CTC about 2 months ago.... But they were at work anyway. They were doing well all day long, treating, rehydrating, bathing, taking care of the patients but also cleaning and managing the CTC, cooking, reporting, etc...

I realized how fragile and vulnerable the "stability" of the epidemic is, but also how committed and dedicated the Haitians are to their communities. I must leave Haiti soon and I don't really know what is going to happen when the rainy season or other unexpected events come. In any case I hope and I wish that everything goes well for them...



The GOARN deployment of EPIET fellows to Haiti was a successful experience. The collaboration with WHO/PAHO gave the possibility to understand and participate in fieldwork as part of the response to a major cholera outbreak in a complex humanitarian setting with unstable and volatile security. Although some fellows felt the need for more supervision, a clearer job description and a longer length of stay, everybody considered the experience to be an excellent learning process and a very useful and helpful opportunity to practice field epidemiology.

Haiti, mon rêve mon amour!

By Sara Santos Sanz (PEAC, Cohort 15)

Hi everybody! Let me start introducing myself, I have finished the Field Epidemiology training Programme (PEAC) in Spain in October 2010. Before the programme, I followed the four year training of

Preventive Medicine and Public Health in Valladolid before joining a research group on Risk behaviors and HIV unit at the National Centre of Epidemiology . After the FETP programme, my interest in field epidemiology increased, and I had the opportunity to join Médecins Sans Frontières Spain (MSF-E) as epidemiologist for two months on the cholera epidemic in Haiti.

If we considered his natural 's course, the duration of a cholera epidemic is estimated to be around three months. I had the opportunity to work there most of that time and participated in most of the phases of the epidemic. I arrived on 15th on December , when 114 497 cases and 2 535 deaths had been reported. In Port au Prince, the second wave peak had just started after the dramatic and violent events that took place in the capital due to the political elections.

The first thing I learned in this experience was that the main objective in a cholera intervention is to avoid people dying. It is a very easily cured disease and as such, death among cases is most of the time avoidable. In the first phase of the epidemic the quick increase of cholera cases urged MSF to set up cholera treatment centers and Units (CTC and UTC) "toupatou" (*everywhere in creole*) and case management was the basic of the interventions. The main task of the epidemiologist was to collect data from these CTC and UTC in order to do the "Person Time Place description" as much complete as possible. The results of the daily and weekly epidemiological analyses helped guiding the coordination team to take decisions regarding the cholera response in terms of treatment and preventive measures. So my first work was to go to the CTC and UTC to organize the collection of the information in order to create systematic and real information to suggest the evolution of the epidemic. I traveled to the south, southeast and the central departments of the country. A long time ago, Haiti was a touristic place and I realized how beautiful was the country inside the Caribbean islands. I got in touch with the persons responsible for the registers and the doctors in the CTCs. Haitian people are very kind, strong and hard workers and their point of views, impressions and work were essential to improve the collect data, so their contact was very important!

Second, the mapping of the cases is crucial to have a good picture of the epidemic and to assess how real the possible peaks and decreases waves inside the

epidemic are. Surprise! I had to learn some creole language to understand the name of some village and I tried to understand the mentality of Haitians to know the population divisions and names of the countries, in many cases they were repeated in different departments! We had the opportunity to meet a Google Earth expert. He came to show us a simple way to make the mapping in the evolution of an epidemic with an informatics programme that they made especially for Haiti cholera epidemic. But besides this, we create a systematic way to collect information by time and place inside the register to know in real time where the new cases were coming from. Getting as many geographical, political and informal maps as possible for the designated areas as well as recent population data are very important and this is one of the first things you have to think as starting the epidemiological work.

Finally, the summary of all the information had to be put together with the other sites in Haiti with the overall information of all country. It was very important to share information with the other partners working on the response to the epidemic as well as to attend to the coordination meetings organized by OMS/OPS and other international organizations to have a global view of the evolution and response activities carried out. Every week I was attending the OMS meeting and the epidemiological coordination meeting for MSF carried out by Epicentre, where trends of epidemic and specific problems on water and sanitation responses were discussed and put together.



Sara, working hard

All this work has been done thanks to the work of other epidemiologist of the rest of MSF sections, other NGO's and international organizations, and I learned a lot about the task of an epidemiologist from the epidemiological experts I worked with such as Anne Perrocheau. As I hope you can understand from these lines, these two months have been an amazing experience, and I do hope to work again in

this kind of missions in the future. They make you grow up in a professional but even more in a personal way. I only have to say: **Mesi Anpil!**

Going back to Haiti

By Marta Valenciano (Cohort 3)

Personal mission context

I worked in Haiti from 1996 to 1997 (just before my EPIET fellowship). Part of my heart stayed there and since then, I have tried to support some projects in the country and kept in touch with good Haitian friends.

Following the GOARN call to support the Cholera response EpiConcept seconded me for four weeks to coordinate the PAHO Alert and Response (A&R) teams in Haiti (*merci EpiConcept!*).

It was a special "trip back mission" combining different tasks of my previous jobs... I was not only going back to Haiti but also working again for WHO (where I worked for 4 years) and supervising EPIET and Canada FETP who were part of the A&R team. Having some information about the situation before my departure was easy thanks to the EPIET family: my two predecessors in the A&R coordination were two "ESSSSPANISH" EPIET alumni with whom I have worked before ☺: Carmen Aramburu (in Haiti in November and December), Patricia Santa-Olalla (in Haiti in December and January). In addition, before my departure it was already planned that Roberta Andraghetti (EPIET alumna and currently PAHO regional adviser for IHR), was going to replace me for 3 weeks and that Patricia was coming back mid March for nine months. The four of us knew each other very well and therefore, thanks to the EPIET network, the communication, exchange and handover was much easier.



Anne-Sophie Barret (cohort 15), Marta and Rowan Cody (WHO)

Main activities

When the first cases of cholera were identified, the Haitian Ministry of Health, (Ministère de la Santé

Publique et des Populations, MSPP) put in place a cholera surveillance system. Cholera Treatment Centers (CTC) and Units (CTUs) report to the corresponding Department Directorate of Health the number of cholera cases seen and hospitalized and the number of deaths. Data are aggregated at Department level and sent to the National level.

The system enables to follow trends but cannot identify rapidly hotspots where immediate actions are needed. Therefore, PAHO supported the MSPP to develop an A&R system to complement cholera surveillance by detecting, verifying and responding to cholera events requiring immediate action ("alerts"). Partners in the field (national, international agencies) report by telephone, email or in person, to PAHO/MSPP rumours or verified "alerts". PAHO/MSPP organise in collaboration with all partners the response (i.e. verification of the alert, sending medical and WASH supplies, setting up CTC or CTUs, training).

Since November 2010, to support the A&R system PAHO deployed field teams covering the ten Haitian Departments. In principle, each team is composed by an epidemiologist and one logistician or water, sanitation and hygiene (WASH) expert (in practice, not all teams had permanently a logistician or a WASH expert).

My main tasks were to coordinate the field teams and to liaise with the MSPP, other UN agencies and NGOs to implement the appropriate response

The A&R system showed to be a simple mechanism to detect timely alerts triggering immediate actions. The system has detected not only cholera hotspots but also other health events representing a public health risk such as cases of Acute Flaccid Paralysis, methanol poisoning, diphtheria cases. PAHO is currently working with the MSPP to make the system evolve to a permanent Early Warning System integrated as an essential function of the epidemiological surveillance system.



Meeting with a field team in Port au Prince

Frustrations

Haiti is in a much worse situation than ten years ago. The political instability, the earthquake, the cholera outbreak have killed the hope that my Haitian friends had 15 years ago... They came back to Haiti from the exile ready to rebuild the country after the Duvaliers' dictatorships. Now they are frustrated, disappointed and feel "occupied" by the international community.

Port-au-Prince is still in ruins after more than one year of the earthquake. Most of the country (including health structures) don't have access to clean water, latrines, sanitation systems. One wonders what the international aid, present in the country for so many years, has done so far. The deployment of humanitarian aid after the earthquake has had probably some good results. However it is also having a negative impact in the economy and is contributing to increase the social gap... The presence of expatriates results in an incredible rise of prices. The big Haitian families owning most of the country (land, houses, business) are making a lot of money while most of the population is hit by the inflation. We are repeating the same errors than in past emergencies... Classical situations to which we come back over and over such as:

- International organisations paying rents much higher than in Europe and Haitians unable to afford the cost of leaving;
- Government loosing valuable professionals as international organisations' salaries are much higher;
- Arrival of international products killing the national production;
- International organisations seeing as a parallel, powerful population with little contact with the local population.

What I most liked in this mission

Not all were frustrations and as any mission, it had good learning epi, management, coordination points that will help me in future projects/missions.

I especially liked

- The interaction and collaboration with the epidemiologists from the MSPP;
- Interaction, exchanges with the field teams;
- Feeling that the A&R system built during the crisis could contribute to strengthen epidemiological surveillance and response in Haiti.

I believe that all the fellows and EPIET alumni (from National Institutes, Epicentre, EpiConcept) who have participated in the response in Haiti should discuss with EPIET coordinators and ECDC on how these kinds of missions can contribute to the EPIET objectives, issues that should be changed and positive things to be strengthened... I would be happy to contribute to this discussion.

Story from the field... Written in the field!

By Marie Amélie Degail (Cohort 15) and Marc Rondy (Cohort 14)

Here we are on MSF's earthquake shelter. We arrived 2 days ago and since then haven't stopped organising and refining the study material, questionnaire, training documents and logistical aspects.

It all started over a month ago. The MSF France emergency coordination in Haiti asked Epicentre to develop a retrospective mortality survey in the places where they had organised a response to the cholera outbreak. They wanted to have an idea of the mortality associated to cholera in the general population and were interested in the impact of their different intervention strategies on this mortality. We would be in charge of the urban side of the study: Gonaïves. So after a month of waiting for the ethical committee decision, GPS points sampling, meetings and questioning, here we are on the field. Presumably, all set for an exciting field study.

We soon realised that the logistical aspects of the study required further work; but no time to feel sorry for ourselves, this study will happen and we're determined to make it right.

Epicentre relying on MSF's logistics we have to make sure with the coordinating team here that the daily programme of MSF in Gonaïves is not affected by the study. After a constant period of decrease in the incidence of cholera in this area, it seems that it is increasing again and MSF activities have to follow. As a consequence, we will need to hire a short term logistician who will organise car movements, printing, food, general survey material, etc. So here we are working on a job offer in order not to burden the field with yet another urgent task. The job offer will be placated tomorrow, and the recruitment has to take place the day after tomorrow.

The second uncovering now that we have sampled the GPS points which will designate our clusters' starting points all around Gonaïves, is that there are places in the city where even the Minustah doesn't set foot and definitely not MSF, because of major security problems. Defining these areas as well as an acceptable strategy for replacement will be our priority once we'll get to Gonaïves tomorrow. The selection bias generated by not reaching areas no one can go, could be significant... however, on the field, "representativity" comes second after security.

We are now quite eager to leave although the earthquake shelter is an amazing place to work from... Tomorrow a kiss to meet Gonaïves, and then...



Marie-Amélie and Marc under the earthquake shelter

A word from Eurosurveillance

Dear EAN board members,

We analysed our stats for Eurosurveillance in 2010 and I like to share those with you. We currently have nearly 13,000 subscribers to our online version and on average we receive 20,000 visitors to our website weekly. Among the 10 most downloaded articles are six that were published in 2010 and downloaded more than 5,000 times. Overall, influenza and vector-borne diseases beat the rest. However, the second of the top ten downloads (7,858 times) covers the Increasing prevalence of ESBL-producing Enterobacteriaceae in Europe

<http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19044> and was published in November 2008. The table below shows the top six downloads for papers published in 2010.

I take this opportunity to ask for your support and remind you that 2011 is an important year for Eurosurveillance: all papers published in 2009 and 2010 cited in 2011 count for our first Impact Factor. It would be great if you could pass on this message so that our supporters do not forget to cite us where appropriate.

Kind regards,

Ines Steffens and team

Upcoming Conferences

- 26th Annual International Union Against Sexually Transmitted Infections (IUSTI) Europe Conference on STIs and HIV/AIDs and the 10th BADV Congress will be held on September 8-10, 2011 in Riga, Latvia. For more information visit: www.iusti-europe2011.com
- The ISID-Neglected Tropical Diseases Meeting (ISID-NTD) will be in Boston, USA, July 8-10, 2011. For more information visit: www.NTD.ISID.org

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:

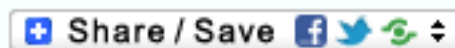
<http://epietalum.net/conferences>

Epi Tools



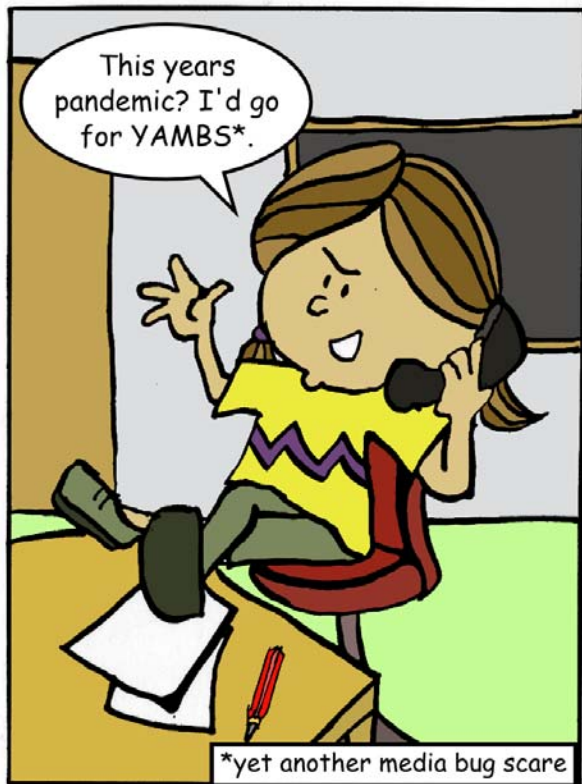
At last, you can make EAN your “friend” on facebook now. As there are plenty of EANs on facebook, we put the link here: <http://www.epietalum.net/facebook>

We have also “socialised” the EAN-website by adding a little button on the bottom of each page:



Clicking on it allows you to immediately tag that page with the social media service of your choice. Try it out with our Haiti stories!

Epi Cartoon



Disrespectful Lucy in a recent phone interview
(drawing by Esther, text by disrespectful 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.