



Spring in Exmoor National Park, UK
Photo by Amrish Baidjoe

Editorial

Board 2017/2018

Dear EAN friends,

As spring continues to make its entry, the board continues full of new inspiration after our face-to-face meeting in Barcelona. We generated a few new ideas, that we will share with you all soon. Most ideas are revolving on getting closer with our members (you!), regional partner networks and organising some additional interesting activities focussing on career development for your post-FETP career. In addition, we will try to make humble steps towards further professionalising the EAN.

In this newsletter you can find exit interviews with two long time EPIET coordinators: Chris Williams and Kostas Danis. We also hear from Jane Whelan in our 'Where are you now?' and current fellows tell us about their experiences at ECCMID in Madrid.

Furthermore, we offer you some insights in the EMPHNET (Eastern Mediterranean Public Health Network) regional scientific conference in Jordan which hosted Field Epidemiologists from several countries in the Eastern Mediterranean region. A region dealing with their own set of challenging circumstances. In the future we would like to explore how we can create more mutual insights of regional approaches in field epidemiology and public health microbiology and how we can support each other as partner networks. We make an informal introduction to TEPHINET and its director Dr. Dionisio Jose Herrera Guibert and what TEPHINET offers to current and graduated FETP fellows and the EAN.

We also look into two workshops organised by EAN members. A Rapid Risk Assessment workshop organised in Senegal by EPIET alumni working for WHO and the R Epidemics Consortium meeting in London in which many EPIET and EUPHEM alumni participated.

Finally, we would like to announce our next mini-module; Field-epi analytics in R, 19-20 November in Malta (right before ESCAIDE). We hope to see you there!

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“Where are you now?” Jane Whelan - Cohort 2009

First of all, a bit of background. Could you please tell me something about yourself? Where are you from, what did you study, when and where did you do EPIET?

I am from Ireland and studied Medicine in University College, Dublin. After graduating, I worked in clinical medicine for 3 years, one of which I spent in Canterbury, New Zealand. Whilst working there, endless cardiology outpatient clinics (and an inspiring Professor of Medicine) helped me to understand the importance of preventive medicine. I returned to Ireland and undertook a 4-year specialist training in Public Health Medicine. One of the central aspects of my training was outbreak control and vaccination for infectious disease prevention. I realised that EPIET would afford me the opportunity to formalise my knowledge of epidemiology, and learn the tools and their application, to improve infectious disease control. After a very motivating telephone call with Harold Noel (an EPIET fellow at RIVM at the time), I was sold... RIVM in the Netherlands was where I wanted to go for EPIET! I was truly delighted to be accepted.

What happened after EPIET, where have you worked and how did you like it?

I was keen to build on the Epi experience gained through EPIET at RIVM and was very happy to be offered the role of research-physician at the Department of Infectious Disease Control at the municipal health service in Amsterdam (GGD). The role allowed me to combine some of my previous public health / clinical experience with ongoing Epi research. With the support and encouragement of colleagues at the GGD, I completed my PhD as an external candidate in infectious disease epidemiology at Amsterdam Medical Centre in 2013. The GGD was a wonderful experience – my dream job in many ways, but my Dutch fluency (or lack of it) made it quite challenging for me at times. After 3 years at the GGD and a chance conversation with my previous EPIET supervisor at RIVM, Mirna Robert, I was ready to try something new... this led me to industry.

Let’s talk about the main topic for this interview: where are you now?

I am currently working in Clinical Research and Development at GlaxoSmithKline (GSK) Vaccines in Amsterdam, previously Novartis Vaccines. From the Amsterdam site we report to GSK Vaccines R&D headquarters in Siena, Italy and Wavre, Belgium.

What do you do?

I am a senior epidemiologist working on the newly licensed meningococcal B vaccine, Bexsero. Many aspects of my day-to-day work are similar to what I was doing at both RIVM and the GGD: leading population-based Epi studies on burden of disease, vaccine effectiveness and vaccine safety among others, with public health partners (institutes, universities, hospitals) in many countries. Clearly, vaccine research and development are commercially focused and this is a fundamental difference. As I deeply believe in the societal importance of vaccination, I saw this as an

opportunity to learn more about the vaccine development process and to be exposed to vaccine innovation – this really excited me and continues to do so.

What EPIET skills do you need or use in your current job?

I use a whole range of skills I learned during EPIET. The technical skills around disease surveillance and study design are fundamentally important of course, but the most valuable experience I gained was about people: communicating effectively across cultures, professions, languages and backgrounds. The applied nature of EPIET training gives us a unique insight that I don’t think you can easily experience elsewhere.



Jane Whelan

How did you get this job?

I was aware that there was a vacancy and so I applied. I was interviewed by the Head of Epidemiology, members of the wider Epi team and HR.

What do you like about it?

The most motivating factor for me is the proximity to vaccine innovation. In an era of mass movement of people (due to both travel and migration), climate change, growing antibiotic resistance, and new and emerging ID threats, our ability to prevent disease through vaccination is as important as ever. For a vaccine to ultimately reach the people who need it, a whole range of stakeholders must collaborate: industry, government, academia, healthcare providers, patients and the public. I’m privileged to work directly on some innovations that, if ultimately effective, could have a profound impact on people’s lives.

Could you describe a typical day at work?

GSK is very much a team-based, multinational workplace. My team is distributed across the globe, in the Netherlands, Belgium, Italy, US, and I frequently meet with external public health partners from all over the world. To support the vaccine development plan, a research project is sometimes initiated internally and begins with just an idea

and a blank page, and sometimes is initiated by external partners who just require some support. The day is typically punctuated by team meetings by telephone or videoconference to evolve together the projects that we are working on. Industry is highly regulated, and this requires strict adherence to standard operating procedures and quality protocols. Project plans, timelines and deliverables are clearly laid out and this plays a central role in day-to-day work.

Are you still connected to the current fellowship or with the EPIET network in general?

I am very fortunate to have built some lifelong relationships and friendships through EPIET, though I'm not as connected to the network as I would like to be. Life has gotten in the way a bit in the last few years, not least since the arrival of a little girl called Elsie :). I like to think that, 'once in EPIET, always in EPIET' so I hope when I have a bit more time (and more sleep) I will be a more involved.

Contribution of the current fellows – ECCMID conference 2018

Simulations of outbreaks and career opportunities are just two good reasons to take 5 minutes and get a summary from the happenings at the ECCMID conference and the Public Health Microbiology study group.



What is ECCMID?

ECCMID – Conference on Microbiology and Infectious Diseases with >13,000 participants from public health, medicine, academia and industries. It's arguably the most important conference on the subject of infection microbiology worldwide. Over the course of 4 days, various sessions, symposia, workshops and group meetings are organised covering epidemiology, diagnostics, microbiology, vaccinology, public health, etc.

Who organises it?

ESCMID – European Society of Clinical Microbiology and Infectious Diseases. It has strong connections with WHO, ECDC and basically all of the other usual suspects. You do

Do you have anything to say, any tips or advice for current fellows with regards to their future careers, in field epidemiology or elsewhere?

I see Epidemiology as a core science, not just in infectious disease control, but right across the healthcare spectrum. What makes us unique as epidemiologists, is that we typically work at the interface between specialties. In addition to our technical skills, this requires openness, flexibility and an ability to communicate with people across all walks of professional life. These are skills that I hope artificial intelligence can't replicate any time soon! My tip would be to keep an open mind to where you can contribute. It's not always obvious and sometimes, you just have to go for it! Based on my experience, the journey can be interesting, challenging, fun and fulfilling – and doesn't always take you in the direction you expected.

not have to become a member to attend the conference or to attend any of the study groups (more info below).

Important piece of information: for EUPHEMs and EPIET fellows below 40 years, conference registration fees are 175€ and you can register up to 1 day before start of the conference. ESCMID membership fees are 45€ per anno.

What has EUPHEM/EPIET to do with it?

A lot! Whatever projects you are working on, you will most probably find presentations on the same subjects here, so a good opportunity to compare analyses, to gain new insights and to drain knowledge from other brains. Many sessions are exactly in the scope of EUPHEM, some in the scope of EPIET and a lot are on developments on diagnostics (MALDI, NGS, you name it). Networking is also an important part of it, not only for EUPHEM projects but also for the time after the fellowship. We had plenty of opportunities to exchange ideas with other microbiologists, alumni, public health consultants, WHO staff, etc. One easy way to make others aware you exist is to join one of the study groups, for example food/water borne diseases, migrant health, zoonosis, respiratory viruses or public health microbiology.



ECCMID 2018 was held at the IFEMA – Feria de Madrid in Madrid, Spain

What is a study group?

Study group members are experts in their field. Meetings are in small business rooms where everybody sits around a table. Your participation is very much welcome, and all the study groups are eager to have “young scientists” joining them. You can look up the range of study groups on the ESCMID website and one email is enough to become study group member – even if you have no intention to become ESCMID member. Study groups are not only an interactive network and potential recruitment pool for international assignments, they also propose the symposia and workshops for next year’s ECCMID. They also organise courses outside ECCMID.

Do I want to become a member of the study group “Public Health Microbiology”?

Yes, you probably do. This group was launched just now and was created by Titia Kortbeek and Silvia Herrera Leon (EUPHEM supervisors). They aim to interact with all other study groups and offer microbiological, diagnostic and public health support. That is basically EUPHEM stuff, meaning they will promote us and we can even personally benefit like getting a project on outbreak investigation or maybe meet our next boss. For next ECCMID, this study group wants to create a 4 hour workshop on outbreak simulation. Additionally, the group aims to provide travel grants (500€ max) for ECCMID to support fellows to come to the conference. We also sat down with Marc Struelens (Chief Microbiologist from ECDC) during the conference to emphasise again our arguments why ECDC itself should support their fellows to attend ECCMID. It’s unfortunate that abstracts have to be withdrawn because fellows can’t go, which happened this year.



Cohort 2017 EUPHEM fellow Adriana Cabal Rosel presenting “Whole-genome sequencing based characterization of clinical *L.monocytogenes* isolates from Austria, 2010-2017”

Can I design my own outbreak for ECCMID 2019?

Oh yeah (but only for simulation purposes)! The simulation exercise will need your input and active participation as a study group member. In the exercise you will have different roles from epidemiologist to clinical microbiologist and from WHO to ECDC or national/local authorities. They want EUPHEM to be a big part of it and so far, not even the pathogen for the simulation is defined so you can be creative. If interested, become a study group member of Public Health Microbiology.

Is there a deadline?

Not really. Deadline to submit proposals for ECCMID activities are in mid-May but you can become a member anytime you like. You only have to hurry if you want to be active in shaping next year’s ECCMID. If you have a great idea for an exercise or other symposia, contact your cohort rep.

OK, I got that! But what was ECCMID 2018 all about?

Time for science! Here are just a few SOCOs of this year’s sessions and presentations. The aim of the list below is to show you the variety (there were many more topics):

- *Epidemiology of influenza epidemic 2017/2018*: No single dominant type – instead all 4 human influenza viruses were circulating which was never seen before and created temporal as well as geographical heterogeneity even in single countries. A new influenza B-type was detected with potential to differentiate into a 5th human influenza virus.

- *Antimicrobial stewardship*: For its success, every party from patient to clinician has to agree on the problem of unnecessary antibiotic overuse.

- *Measles epidemics 2013 to 2017*: 37,365 cases, 81% unvaccinated, greatest number of death in youngest patients: 1y-olds are 6-times more likely to die than 2yr-olds and below 1y-olds are even 7-times more likely to die.

- *Finding plasmids in your NGS data*: the tool PlasmidID was presented, a mapping based online tool to identify plasmids from sequencing data.

- *Point-of-care diagnostics*: Clinical microbiology landscape will change in coming years. Should we integrate PoC in the clinical labs or leave it to private laboratories? How do we guarantee access to data of private PoC for surveillance?

- *Making use of the human microbiome*: Discussions on its potential as biomarker for a pre-infection phase, insights into successes & challenges of faecal transplantations.

#8000daysofEPIET: Interview with the photo contest winner - Thomas Waite

On Saturday 30th September 2017, fellows and alumni from all over the world met up to celebrate a very special event: 8000 Days of EPIET. About 8000 days ago, in October 1995, the very first EPIET introductory course was organised in Veyrier-du-Lac. Since then, the programme has grown and currently we have over 500 members in the EPIET (and EUPHEM/EAP) Alumni Network. For that day, we organised a photo contest “#8000daysofEPIET” and the winner was...Thomas Waite! His photo was about his preparation to join an international assignment.

Hi Thom, first some details about you, where are you from, where are you based and from which cohort are you, and what did you do before your training?

I'm from the UK based at Public Health England in London. I'm the interim lead for the Extreme Events and Health Protection team who work on the health impacts – and protective interventions – of weather and climate change hazards. I was in UK-FETP C2013 and prior to EPIET I was on the Public Health specialty training scheme as part of my medical training.



Thomas Waite, winner of the #8000DaysOfEPIET photo contest

What was the international assignment about? Where did you go and what were the objectives of the mission?

The international assignment was to the Caribbean region after the two devastating hurricanes in mid-2017. Specifically, I went to the Turks and Caicos Islands to work with the National Epidemiology and Research team there on rapidly evaluating the surveillance system and stepping up where needed.

What were your roles and responsibilities?

I designed and led the evaluation and reported back to the CMO at the end of the mission. We identified strengths and weaknesses in GI and VBD surveillance as well as longer term plans for defining post-disaster response in epidemiology for the country. With a population of just 35,000 people spread over several islands, the risk of widespread power outages and subsequent infectious disease was a serious issue.

What did you achieve during your international assignment?

We employed a more sensitive case definition and more rapid reporting system once we had established no outbreak had yet commenced and we recommenced contact with all inhabited islands. Crucially we worked with the health care facilities on the main island to ensure the proposed short-term changes to the system were acceptable.

Who did you work for and who did you work with? I went as part of the UK government response to support the region. Turks and Caicos is a UK Overseas Territory. I worked with the six-strong team that makes up the National Epidemiology and Research Unit who, between them, are responsible for all epidemiology activity in the country.

What did your days look like?

Varied! Every day was different in such a short mission and involved a lot of travel between and around the islands. The amount of damage was on a scale I've never seen before.

What did you learn yourself?

I was struck by the colossal impact on everyday infrastructure and how much everything we do is dependent on things like a functioning power network and communications. Finding ways around the absence of power in many places and the difficulties getting around was a challenge.

How did you like it? Would you go again?

Yes – it was a privilege and a wonderful learning opportunity. I'd very much like to visit now the country is building back as I've not spent much time in that part of the world.



The winning picture from Thomas Waite: “I'm sure I'm not the only one spending #8000DaysOfEPIET preparing for the next mission... greetings to all from sunny London!”.

Exit interviews with two EPIET coordinators

In this section of the newsletter the board would like to offer some reflections and recommendations from exiting coordinators. This time we share the reflections of both Chris Williams and Kostas Danis, both long time EPIET coordinators and familiar faces in the EPIET family.

Chris Williams

Chris, thanks for taking the time to share some reflections with us. You were an EPIET fellow yourself from Cohort 2006. As a recent exiting coordinator, do you feel the fellowship has changed over the years looking back at the time you were a fellow yourself?

It's a lot bigger - at my first module (MVA) we had two cohorts but still easily fitted into a medium sized room. There were fewer teaching staff but it felt like a more direct connection with the lecturer, and I can still remember what and how he taught (thanks David Prieto!).



Do you feel the methodologies and required skill sets changed?

I think the methods are similar - some things are easier to do descriptively, such as mapping and network diagrams, but the main issue is still getting data from the real world, requiring human cooperation. You still need to know what methods will be applied before translating them into Stata or R code, and also why you are applying them epidemiologically and statistically. People have more technical skills but some leadership is needed to make an outbreak investigation (or research study) work.

What about the post-graduate FETP world?

Brexit is a great sorrow from my point of view- I won't say any more. I think member states still need skilled professionals to undertake good surveillance and outbreak investigations. EPIET can and does provide these but I'm not sure that this always works out - most people in these roles at national and regional level are not FETP trained, so we have to see ourselves in this context. Fellows have often taken on international roles, such as in WHO or ECDC, after the fellowship. This may be due to their preferences and the international exposure in the fellowship, but also

perhaps because the national and regional-level roles are not available or suitable.

Looking forward, what would you like to see changed or further developed in the fellowship?

I'd like to make sure that fellows are placed in sites that are able to offer genuine research studies, outbreak investigations and surveillance and teaching projects. This does not always happen, unfortunately. I would also like to see more of an emphasis on teaching modern methods and contexts, underpinned by good epidemiology (and possibly new developments) in the fellowship. There seems to have been an increasing focus on checking and monitoring paperwork for fellows and teachers, and on internal discussions within the fellowship, and this distracts from the real needs of fellows and sites.

You have guided, supervised and worked in teams with many fellows. How would you describe the ideal EPIET fellow for the fellowship in today's world? What advice would you give to potential future applicants of the fellowship?

I admit a personal bias towards fellows who have gained experience of surveillance and epidemiology by working in a state (regional or national) setting but want to leap further to properly investigate outbreaks and have exposure to international missions and colleagues from other countries. However, the requirements (and selectors) do not always fit with this profile!

Where can we find you today, what type of activities are you engaged in?

Usually at my desk in Cardiff at Public Health Wales, but next week I'll be in a Cardiff school recruiting students for a meningococcal carriage study.

How has your experience as a coordinator benefited you in your current day-to-day activities?

I've really enjoyed learning about systems and methods from other countries through being a coordinator, through fellow projects, site visits, project review modules and ESCAIDE. Where possible I try to apply this learning (and pass it on) to our department in Wales.

Are there things you would have done differently as a coordinator? What advice would you give future coordinators?

Be enthusiastic and keep in contact with your fellow- even in small communications. If I had the chance again I would try to be more timely in some situations, and also to be more flexible in letting fellows answer questions for themselves first. Working with the fellows on projects has

been fantastic, and especially where we could find a project (perhaps where the site had not been able to) that the fellow was able to take away and progress much further than I'd imagined.

If you would have stayed a coordinator, but by divine intervention found yourself to be the head of the programme, what changes would you propose to the fellowship?

As above - I would stop monitoring fellows so stringently but instead give them the opportunities (through ensuring good sites and supervisors) and the means (training and

resources) to develop and complete really good projects, with public health impact.

As the EAN we are constantly thinking on ways to move forward and to better connect with our members. Any advice you would like to share with us?

Keep moving forward to becoming a professional network and possibly a standard-setting body - you are more powerful and relevant than you think, and no-one else is going to develop the profession of field epidemiologist/public health microbiologist. Keep up the good work (and the fee payments!).

Kostas Danis

Thanks for taking the time to share some reflections with us. You were an EPIET fellow yourself in 2002 and have worked as an EPIET coordinator for the last 6 years. As a recent exiting coordinator, do you feel the fellowship has changed over the years looking back at the time you were a fellow yourself?

EPIET was created and guided by visionary and talented epidemiologists more than 20 years ago. Member states, supervisors and training sites were motivated, actively participated, endorsed the management and quickly took ownership of the programme. It was a very dynamic environment, with a spirit of open feedback and constructive attitude. Funding also came directly from sending or receiving countries. For example, my fellowship was funded by an Irish organization and I spent one year in Dublin and one year in Belfast, as a way to enhance collaboration between the north and the south of Ireland. We were only 8 fellows in my cohort (cohort 8 in 2002), a small family.

The methods have not changed a lot, since then, but over the years, EPIET has grown and has evolved to address additional needs. In 2008-09, the EUPHEM programme was created to train for the first time public health microbiologists and in 2011, a new EPIET track was created (Member State track) aimed originally to address needs in countries with less public health capacity. I think that the creation of the One Fellowship programme (merging EPIET and EUPHEM) brought many challenges and a change in management approach that has had negative effects on the programme and the EPIET spirit.



Your work has been highly appreciated by the fellows, supervisors and coordinators. You were a very popular coordinator. Why did you leave?

This was a very painful decision for me. I have loved working for EPIET and with the fellows. Trying to guide talented young epidemiologists was a dream job for me. However, I feel that the direction that the fellowship programme is going in currently might not be the best to fulfil its mandate to train field epidemiologists and build public health capacity in Europe. I think that the current management of the programme has shifted attention from the core programme elements (scientific content, developing technical skills, building and maintaining a network, strategic vision) to formalities/structures and bureaucracy with insufficient consideration of the long-term implications for the programme and the mandate to build public health capacity.

The spirit of EPIET has always been to encourage open feedback and constructive criticism. In my role as a Scientific Coordinator, and as an EAN member, I have tried very hard to advocate for the programme and raise concerns when I thought that the programme was moving in the wrong direction. I think that the fellowship programme needs a clear strategic vision and a strong leadership to address the current challenges.

Where do you work these days and what type of activities are you engaged in?

I have started working in the unit of vaccine preventable and respiratory diseases in the French public health institute (Santé Publique France). I am now also the primary supervisor of one EPIET fellow who is based in Santé Publique France.

How has your experience as a coordinator benefited you in your current day-to-day activities?

My experience as a coordinator was extremely useful and fulfilling. Through fellows' work, I had an overview of different projects, surveillance systems and methods in many different countries. I learned a lot from working with the big variety of fellows' projects.

What advice would you give future coordinators?

To respond to fellows' needs and support them as much as they can both scientifically and pastorally. Coordinators are there to support their fellows and this should be their main priority. I'm glad that the current EPIET coordinator team functions well as a unit. However, I think that the coordinators should be more respected for their expertise and experience: they have a role in leading the programme and should be able to share openly their opinions and ideas about the content and structure of EPIET. Unfortunately, the current climate leaves many people afraid to speak out. As well, coordinators based in different institutes only have annual contracts, something that does not encourage long-term thinking.

What changes would you propose to the fellowship?

This is a big discussion. Let me think of a few points:

- Develop alternative models of capacity building in countries that have not benefited from EPIET. Some countries do not benefit from EPIET, because the proposed training models are not adapted to their needs and public health experience. Alternative models need to be developed to strengthen capacity in those countries with limited resources and public health capacity. This could include different 'levels' of training (i.e. not the full 2-year programme), but components of it, and the long-term deployment of senior epidemiologists/advisors to strengthen the capacity in some countries. Also, ECDC could explore aspects of online training with tutoring for specific projects. With current internet and technology options, there are plenty of exciting novel ways for training.
- Promote opportunities for field assignments, within country and internationally, and ensure the quality

of training sites to offer those opportunities in addition to good technical supervision. Frontline public health work, in Europe or internationally, offers on the ground learning experiences for fellows and are the reason why they want to join a field epidemiology training programme.

- Adapt the curriculum to the current public health environment. We are now in the era of 'big data' and new laboratory techniques that will modify the way we are working. I believe that this will reinforce the need for more epidemiologists who can work across disciplines and think critically in the future.

As the EAN we are constantly thinking of ways to move forward and to better connect with our members. Any advice you would like to share with us?

EAN is a unique and strong network of skilled and enthusiastic field epidemiologists and public health microbiologists in Europe. People who have gone through the programme have seen how it has shaped their careers, and EAN members continue to provide public health service. The EAN Board has a unique perspective to maintain the network alive and active and connect to the global TEPHINET networks. It has a critical role in bringing together new and old alumni, through organising get-together events, trainings, career opportunities sessions for fellows etc. It can liaise fellows and alumni with the network of experts. It also has a crucial role to play in informing members of what is happening with the programme and safeguarding the quality of EPIET and EUPHEM. I think that the board is doing a really good and important job to keep the EPIET and EUPHEM spirit alive.

EAN mini-module announcement

With great pleasure we would like to announce the next EAN-mini module. A two-day workshop on the use of R in infectious disease data analytics for field-epidemiologists which will be organised in collaboration with the R Epidemics Consortium (RECON) and with support of our colleagues at the Maltese public health institute.

RECON

Where? Malta, exact location TBA.

When? 19-20th of November, right before ESCAIDE

What? A two-day workshop in using R for epidemiological data analyses. The exact curriculum will depend on your interest.

How do I register? Keep an eye out for the official announcement which will arrive in your inbox by mid-May

EPIET/EUPHEM modules Dinner & Drinks

During the face-to-face meeting in Barcelona last February, the Board unanimously agreed to strengthen the relationships among EAN members and between members and current EPIET/EUPHEM fellows. As a result, we started organising a get-together series of events, our famous EAN Drinks & Dinner events that will be happening during EPIET/EUPHEM modules and other significant moments in field epidemiology and microbiology.

So in April, we organised a get-together in beautiful Madrid, Spain

during the ECCMID Conference. We realised many fellows and alumni were attending the conference and one of our alumni was very enthusiastic in helping us organise (big thank you to Stine Nielsen, who unfortunately could not attend herself!). We enjoyed a nice evening of tapas and drinks with 12 fellows and EAN members, and even had a small birthday celebration!

The next EAN Drinks & Dinner events will take place in Athens, Greece on 16 May during the RAS module and

in Cardiff, UK during the Vaccinology module in June (venues and date TBC, check our Facebook page or our website). We hope to see as many of you as possible there!



EAN members during the EAN Drinks & Dinner at ECCMID, Madrid

TEPHINET; an introduction to EAN

You might have heard of TEPHINET (Training Programs in Epidemiology and Public Health Intervention Network). In this newsletter we offered the Director of TEPHINET the opportunity to introduce the organisation to the EAN members and provide an outlook on their activities.



What is TEPHINET?

TEPHINET (Training Programs in Epidemiology and Public Health Interventions Network) is a global network of field epidemiology training programs (FETPs) and field epidemiology and laboratory training programs (FELTPs) and those with veterinarian education components. These are programs that build capacity in health service agencies by providing training in field epidemiology and other public health competencies in the context of health service delivery systems. With a secretariat (administrative office) based in Atlanta, Georgia, TEPHINET is the only global network of FETPs and spans multiple regional FETP networks, sub-regional programs, and national programs. In addition, and related, to its role in connecting and strengthening FETPs globally, the TEPHINET Secretariat supports public health initiatives through funded projects with specific deliverables and outcomes around the world, share news and opportunities, and discuss public health projects and topics. TEPHINET also provides support to individual FETP trainees and graduates through awarding mini-grants in support of proposed projects aimed at improving local health surveillance systems.

What does TEPHINET do for FETP graduates and current fellows?

TEPHINET's mission is to empower and mobilise a competent field epidemiology workforce to serve all people through standardised training, experiential learning, training program quality improvement, mentoring, and knowledge exchanges in order to connect epidemiologists better, faster and with quality across the globe.

To this end, TEPHINET provides opportunities for FETP graduates and fellows to share the results of their work at scientific conferences and provides access to a repository of online training materials. FETP graduates can sign up for TEPHINETConnect, an online and mobile networking platform exclusively for the FETP alumni community in order to connect with other alumni.

How could TEPHINET and EAN work together?

TEPHINET and EAN can work together to support FETP quality improvement through the accreditation program ([TEPHINET is seeking qualified FETP graduates to serve as volunteer accreditation reviewers](#)), to support TEPHINET

scientific conferences and promote the ESCAIDE conference, to support training and professional development opportunities for FETP trainees and graduates through developing a continuous learning strategy, [to work together in TEPHINETConnect](#) – TEPHINET's online and mobile networking and resource-sharing platform for FETP alumni —and other activities.

During 2017-2020, TEPHINET will:

- Improve the understanding of TEPHINET's mission and role among stakeholders, hopefully the publication in the EAN newsletter is a step towards it
- Strengthen the quality of FETPs and their graduates
- Support continuous learning within the global FETP community
- Increase peer-to-peer assistance
- Facilitate workforce mobilization in response to global disease threats
- Elevate TEPHINET's voice and profile as a thought leader

Who is Dionisio?

Prof. Dionisio Herrera Guibert is the Director of TEPHINET located in Atlanta, Georgia, since 2009. He is a medical doctor with a PhD and a master's degree in applied field epidemiology. He serves on the boards of many organisations. Dr. Herrera's role is to oversee a global network of 69 FETPs with a presence in more than 100 countries working to improve the capacity of developing countries to detect changes in disease and injury patterns and respond appropriately. Prior to joining TEPHINET, he was the director of the Spain FETP, university Professor, and medical doctor in Guinea Bissau, Zambia, Cuba, Mexico and Spain.



Prof. Dionisio Herrera Guibert, Director of TEPHINET

The 6th EMPHNET Scientific conference; an introduction to EAN

EMPHNET Continues to Work Towards Enhancing Knowledge Exchange and Adapting Innovative Approaches

The Eastern Mediterranean Region's most influential epidemiologists, healthcare professionals, policymakers, and FETP graduates and residents assembled in Amman during the period 27-29 March 2018 for EMPHNET's Sixth Regional Conference, which convened under the theme "Innovative Approaches: Adapting to the Current EMR Context".



Following three days of abstract presentations, pre-conference workshops, and round table discussions, the conference was successfully concluded with a total of 111 oral presentations and 36 poster presentations. These presentations were given by the region's Field Epidemiology Training Program (FETP) graduates, residents, and other public health professionals.

Building on previous years of experience, the conference featured experts representing FETP programs across the public health landscape. Together, they examined the possibilities of knowledge exchange, the impact of mobile technologies, fellowship programs, policy change and collaboration and engagement of further networks in other regions. The aim was to make a difference for the people everywhere. In this respect, the EAN represented by its president Amrish Baidjoe gave a presentation about the activities of the network, and the challenges it faces. He gave this presentation within a preliminary meeting held as part of the conference's agenda during which talks were made about the establishment of an alumni network for the EMPHNET partners.



This initial interaction between EMPHNET and EAN served as a prelude for the exploration of different ways in which both networks can facilitate the exchange of experiences between FETPs in the EMR and Europe. Some avenues for collaborations may include joint workshops, joint conferences, internship exchanges, and research.

Despite the current challenges faced in the region, EMPHNET has been active in supporting regional training workshops that bring FETP residents and alumni together in one space, as it also hosts regional conferences which allow public health professionals to network, exchange experiences and share achievements even in conflict and fragile states. To this end, EMPHNET has also been utilising digital technology to break down geographical borders and to make discussions and collaborations across the region easier.

Within this goal, EpiShares, a networking platform was launched during the Conference to ensure a mechanism for sharing information and experience. In addition, EMPHNET continues to communicate through social media channels to share knowledge relevant to public health.



EAN's President Amrish Baidjoe giving a presentation on EAN at the EMPHNET Conference

Attendees at the EMPHNET's Sixth Regional Conference, Amman, Jordan

Responding to major challenges confronted in the region, EMPHNET is committed to work with partners to maintain and expand the field epidemiology training program and overcome the obstacles related to timely response to outbreaks relevant to countries' specific situations and sustain the career enhancement during emergencies.

Working within challenging environment makes partnership inevitable to ensure access to health services as a basic human right to all.

Post-fellowship; where alumni meet and collaborate

As the EPIET Alumni Network grows we see more graduates in different settings during public health conferences or jointly organised workshops. In our newsletter we would like to highlight two activities in which EPIET/EUPHEM alumni took part or jointly organised with their current employers.

The [first partner meeting](#) of the [R Epidemics Consortium](#) was held in London at the 22nd and 23rd of March 2018. The meeting was organised by Thibaut Jombart (founder of RECON) and Amrish Baidjoe (EUPHEM cohort 2015 alumnus and the current coordinator of RECON). The aim of the meeting was to bring together a range of stakeholders from different organisations (FETP representatives, global partners in outbreak response like WHO-(GOARN) and MSF, and experts in data analytics within academic partners (RKI, Imperial College London, London School of Hygiene and Tropical Medicine) and many others. Jointly they exchanged views on the next generation of tools required for outbreak analytics in R and the development of required [training](#) to facilitate the transition to R for data analytics. Over 20 EPIET and EUPHEM alumni and current fellows and facilitators participated in this meeting. The main outcomes were that R offers a lot of potential as a software suite for outbreak and surveillance analytics. The development of easy to use descriptive tools will be led by a core group of interested members. For a list of current pending topics see [GitHub](#).

Ashley Sharp (UK-FETP cohort 2016), Patrick Keating (cohort 2015), Lisa Hansen (EPIET coordinator) at the R Epidemics Consortium Workshop, London.

The Health Emergency Information and Risk Assessment (HIM) Programme Area of the World Health Emergency (WHE) Programme conducted a capacity building training workshop on rapid risk assessment (RRA) and health emergency information management from 22nd to 26th January 2018 in Dakar, Senegal. The objectives of the training workshop were to enhance capacity of WHO staff in the African and Eastern Mediterranean Regions to conduct RRA of health events, prepare key health emergency information products, monitor and document response to public health events; and broaden the understanding of the WHE HIM programme area. The 5-day training workshop was attended by 30 participants from 29 countries (18 from the African Region and 11 from the Eastern Mediterranean Region). The participants comprised of country focal persons for disease prevention and control, health security and emergency officers and health information officers. The training workshop was facilitated and moderated by technical officers from WHO Headquarters, Pan American Health Organization (PAHO), WHO Eastern Mediterranean Regional Office (EMRO), Public Health England (PHE), and WHO Regional Office for Africa (AFRO). The workshop was organised and coordinated by the AFRO WHE HIM team.



Alex Spina (cohort 2015), Giovanna Jaramillo Gutierrez (cohort 2010),



The facilitators were (from left to right): Olivier Le Polain (C2009), Annika Wendland (C2013), and Patricia Ndumbi (C2015) at the workshop.

In the next EAN newsletter

As the temperatures will be increasing we are already looking forward to the next EAN Summer edition newsletter in which some of the following subjects and much more will be featured:

- Interview with new coordinators
- An all new “Where are you now?”
- A “Story from the field”
- Member contributions (want to share something with the Network? Let us know)
- More details on the R-analytics workshop in the days before ESCAIDE in Malta



EAN Membership

The annual membership fee is now €30 / £28.

There is a 10-year membership available at €250 / £230.

Fellows in their first and second year of training are exempt from paying membership fees, according to the accepted statutes change at the 2012 General Assembly.

The details for how to transfer fees by online banking are on the EAN webpage; if you require any further information on membership payment, we kindly ask you to contact the

EAN board (eanboard@gmail.com), putting “membership payment” in the subject line.

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). Thank you for your support!

EURO ACCOUNT (€30 per annum)

Bank: HSBC UK
Address: 18 London Street, Norwich, NR2 1LG, UK
Account holder: Epiet Alumni Network
Account Number: 71822755
Sort code: 40-05-15
IBAN: GB11MIDL40051571822755
BIC/Swift: MIDLGB22

GBP ACCOUNT (£28 per annum)

Bank: HSBC UK
Address: 18 London Street, Norwich, NR2 1LG, UK
Account holder: Epiet Alumni Network
Account Number: 43922782
Sort code: 40-35-09

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