

The most beautiful 'spring' on earth:
Jacaranda trees in bloom (Tanzania)

Editorial

Spring is in the air! New life. Longer days. The Spring EAN newsletter is full of interesting and exciting news from our network.

Ariane Halm (EPIET C13/2007) is the coordinator of the Indian Ocean FETP and tells us all about it in "Where are you now?". We have an exciting "Story from the Field" from Alex Spina (EPIET MS, C2015) about a mission to Chad for a large hepatitis E outbreak.

We have a suggested field epi reading list and a list of must-see outbreak epidemiology movies for you. Some dates for your diaries, including an upcoming EAN mini-module organised in Germany on "Nosocomial infections".

We are living in politically turbulent times. Distinguishing facts from fables seems more important than ever before. Amrish Baidjoe (EUPHEM, C2015) writes about scientific facts and public health in an increasingly fact-resistant world.

On the brighter side of life we have a unique celebration to look forward to. In September 2017 we will celebrate a very special event: #8000DaysOfEPIET. You are all invited! Don't miss out!

So grab yourself a blanket and cup of tea. Broaden your mind while relaxing the body. What more to wish for? Have a wonderful Spring!

The EAN Board

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Where are you now?

For this “Where are you now” the EAN Board interviewed Ariane Halm (cohort 13/ 2007), who is a pharmacist by training and became a field epidemiologist with a very inspiring career path.



Ariane with a ringtail lemur in Andasibe-Mantadia national park

Ariane, could you please tell us something about yourself. Where are you from, what did you study, when and where did you do EPIET?

“I am originally German but grew up in Latin America and have lived most of my life outside of Germany (although this year we will move to Berlin – I am very much looking forward to this!).

I studied pharmacy and worked in development aid in Africa (Guinea, Sahrawi refugee camps in Algeria), and then at *Médecins Sans Frontières* Holland where I spent four years being the pharmacy specialist of the Public Health Department. During this time, I did the Epicentre “response to epidemics” course, during which I decided that I wanted to become an epidemiologist. A decision I will never regret. I first did an MSc in epidemiology at the London School of Hygiene and Tropical Medicine. Towards the end of the Masters, I realised that EPIET was the best way to give the academic grounding the practical experience I wanted. I was delighted to be accepted into the EPIET program, and started in cohort 13 (2007-9) based at the National Centre for Infections in Colindale of today’s Public Health England (then the Health Protection Agency).”

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

At the end of my EPIET training, I was approached by the epidemiology department of *EpiConcept* who were expanding at the time. With them, I worked mainly on vaccine-preventable diseases (rotavirus, human papillomavirus, influenza) around effectiveness and impact studies and also did some teaching.

Working with the EPIET-father Alain Moren, with Marta Valenciano, as well as the other very competent and extremely personable epidemiologists of *EpiConcept* was truly wonderful. They form a small dynamic department where science and sound methodology are the priority and everything is shared, exchanged and discussed openly.

During this time, I also managed to have two children, buy a house, get married and generally settled in London. Until a dream opportunity came up...”

So the big question is: where are you now?

“Since December 2013 I am based in Antananarivo, Madagascar, from where I coordinate the regional Indian Ocean Field Epidemiology Training Programme (FETP-OI). It is one component of a health project that *EpiConcept* has been coordinating since 2009, which is how I got involved. The programme includes fellows from four countries that could hardly be more diverse in terms of size, economy, culture, religion and healthcare: the Comoros, Madagascar, Mauritius and Seychelles. It is similar to EPIET in its objectives and milestones, except for the fact that fellows also do two 3-months internships (at the regional Santé Publique France unit in La Réunion and at the Madagascar Pasteur Institute). These allow them to integrate and understand the functioning of other epidemiology units and get some laboratory insight and practical experience. We are now in the second year of the 3rd cohort (when I arrived we started the 2nd) who will finish in November 2017. This cohort for the first time includes veterinarians, and we have been able to implement or plan a One Health approach (combining animal and public health) for some projects (rabies surveillance, antimicrobial resistance). This has been extremely interesting and will hopefully increase collaboration between the different experts and ministries.”



Indian Ocean FETP diploma ceremony for cohort 2, October 2015, Mauritius

What are your day to day activities?

“My role is diverse. I do the day-to-day supervision of the fellows, help them with various aspects of their work projects, organise and give all FETP training courses together with regional and *EpiConcept* colleagues, and collaborate with regional partners. My working days are therefore also varied. I mostly work in a Ministry of Health office where several of my fellows are based, but I also regularly visit the fellows at the Pasteur Institute, attend meetings about surveillance or other projects, and visit the fellows in the other countries to support them in their activities.

It is great to be able to apply my EPIET training in this fascinating context, and I have learned a lot about surveillance systems and general opportunities and difficulties in the region.

I also learned about pathogens and subjects I have never 'dealt with' before (such as plague, dengue, leptospirosis, Newcastle disease, chelonitoxism, African swine fever, tetanus)."

What skills are most important in your job?

"My most important skills here are coaching and supervision, and a lot of my time is spent giving constructive feedback on fellows' work. Being able to communicate effectively with fellows, their host site supervisors and other experts involved in the FETP, who are all from very different backgrounds and cultures, is key. In terms of technical skills, our main focus has been on fellows becoming able to perform good descriptive analyses, although we try to do more and more analytical studies."



Latest FETP training course, October 2016, Comoros

What do you like about your current position?

"It is great to see how the fellows, with their highly diverse skill sets and backgrounds, progress in their epidemiology and scientific competences making them more confident. Some of my fellows have had the opportunity to come to the ESCAIDE conference in 2015 and 2016. To watch them present their work in their third language in front of such a big scientific audience were proud moments for me.

Looking at the larger picture, it is nice to see how the FETP is helping to enhance the regional network here, where communication and exchange of information is increasing. I enjoyed learning so much through supporting and teaching fellows over these past 3.5 years, even if at times I missed having my own projects. During EPIET, the intensive time spent together during courses but also beyond work was crucial for cementing the close personal bonds within the European network, and it is similar here. The programme has occasionally had its personal, political and cultural challenges for the fellows and me. However, that was more than compensated, not least by singing and making music together, pétanque games, group dancing and that firm regional favourite, karaoke - all this enhancing the bond between field epidemiologists in the Indian Ocean region."

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

"The science of epidemiology is fantastic (almost) regardless of the topic or in which context you work in. To my mind, the methodology is what makes the beauty and appeal of our chosen field.

I would not be where I am now without EPIET, and we are fortunate that the training has a high standing in the European epidemiology field and that EPIET graduates are in general quite sought after on the job market. Probably the EPIET programme has changed since I did it ten years ago. From our perspective here in the Indian Ocean, my fellows and colleagues are inspired by the massive network that EPIET has created in Europe, and its recognition in terms of work possibilities and reputation. Hopefully, here in the region we will get there too in the future.

Besides building on technical and communication skills, my advice is to maintain and expand the network you are building; it will last you a lifetime.

Last but not least, Madagascar is an absolute gem and must-visit not only for nature lovers!"

Thank you Ariane!

New ECDC Director

Congratulations to Dr Andrea Ammon (EPIET Cohort 1 and EAN Member) who was elected as the new Director of ECDC for 2017-2022 by ECDC's Management Board on 22 March 2017.

Andrea Ammon joined ECDC as the Head of the Surveillance Unit in 2005, coming from the Robert Koch-Institute, Germany, where she was the Head of Department for Infectious Disease Epidemiology. From April 2011 to April 2015, she was Deputy to the Director of ECDC and Head of Unit for Resource Management

and Coordination. She took over as Acting Director on 1 May 2015.



Andrea Ammon addressing the graduating cohort of EPIET and EUPHEM fellows at ESCAIDE 2016 © Aileen Kitching, EAN Board

Dr Daniel Reynders, Chair of the Management Board, said that “the Board was impressed with her vision and plans to take the Centre forward. Her experience of infectious disease surveillance and outbreak response, coupled with her knowledge of the organisation, both at a professional and personal level, will serve the Centre well for the next five years”.

The EPIET Alumni Network would like to congratulate Andrea on her appointment! She has made us all proud.

We wish her many years of continued success in her role!

All the best from the EAN, Andrea!



#8000DaysOfEPIET

In October 1995 the very first EPIET introductory course was organised in Veyrier-du-Lac. Since then the program has grown and as of May 2017 we have over 500 members in the EPIET and EUPHEM alumni network.

To celebrate this success the EAN Board would like to organise a special event for all our members worldwide. On **Saturday 30 September 2017** at 20:00h local time (wherever you are) we will celebrate **8000 days of EPIET!**

The idea is this: all over the world alumni, fellows, friends and partners of the EPIET, EUPHEM and EPIET associated programs (e.g. PAE, UK FETP) organise their own get-together. In your institute, in your city, in your country, during the Introductory Course of the Cohort2017 fellows: we will celebrate globally!!

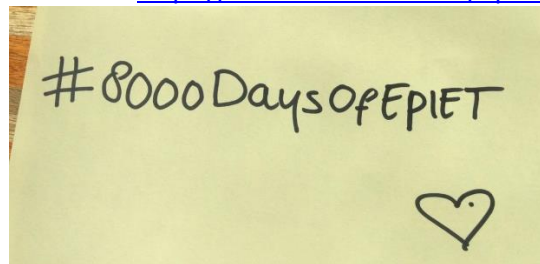
You can host your own party in a bar, in a house or at the beach. It does not matter.

As long as you get together with one or more ‘family members’ and post a photo on the EAN social media with the hashtag #8000daysofEPIET. Make sure you show a white paper with the hashtag and your location in the photo.

The most original contribution will win a prize. Details about this competition will be announced in the Summer newsletter.

Twitter: <https://twitter.com/EANBoard>

Facebook: <https://www.facebook.com/epiet.ean>



Field epi books and movies

In March we asked EAN members and friends on Facebook to share with us their favourite field epidemiology books and infectious disease outbreak related movies. Here are the results! As with any list, these lists are far from complete, but this will hopefully give you a kick start in reading and watching more about the field that we love. Enjoy!

BOOKS

- | | |
|---------------------------------|------------------|
| - Ghost Map | Steven Johnson |
| - Medical Detectives | Berton Roueché |
| - Spillover | David Quammen |
| - Betrayal of Trust | Laurie Garret |
| - The AIDS Pandemic | James Chin |
| - The Invisible Cure | Helen Epstein |
| - The Fever | Sonia Shah |
| - The Great Influenza | John Barry |
| - The Wisdom of Whores | Elizabeth Pisani |
| - Rats, Lice and History | Hans Zinsser |
| - Guns, Germs and Steel | Jared Diamond |

MOVIES

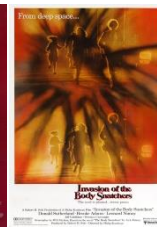
- **World war Z.** [2013; A former UN employee traverses the world in a race against time to stop the Zombie pandemic that is toppling armies and governments]
- **Perfect Sense** [2011; A chef and a scientist fall in love as an epidemic begins to rob people of their sensory perceptions]
- **Contagion** [2011; Healthcare professionals, government officials and everyday people find themselves in the midst of a worldwide epidemic as the CDC works to find a cure]
- **Blindness.** [2008; A city is ravaged by an epidemic of instant white blindness]
- **Les Temoins.** [2007; Paris, 1984: A group of friends contend with the first outbreak of the AIDS epidemic]
- **The painted veil** [2006; A British medical doctor fights a cholera epidemic in a small Chinese village, while being trapped at home in a loveless marriage]
- **Outbreak** [1995; Extreme measures are necessary to contain an epidemic of a deadly airborne virus. But how extreme, exactly?]

Field epi books and movies_continued

- **And the band played on.** [1993; The story of the discovery of the AIDS epidemic and the political infighting of the scientific community hampering the early fight with it].
- **Invasion of the Body Snatchers** [1978; In San Francisco, a group of people discover the human race is being replaced one by one, with clones devoid of emotion]
- **The Andromeda Strain** [1972; A group of scientists investigate a deadly new alien virus before it can spread]
- **Flight into danger** [1956; Canadian TV Movie. While on a flight from Toronto to Vancouver, the pilots at the

controls of a Canadair North Star, a large commercial airliner, fall victim to food poisoning]

- **Panic in the streets** [1950; A doctor and a policeman in New Orleans have only 48 hours to locate a killer infected with pneumonic plague]



EAN Mini Module: Nosocomial infections

SIGN UP For: the next EAN Mini Module!

The EAN organises a 2-day workshop on “Introduction to nosocomial infections: Surveillance, prevention and outbreak response” on Friday 30th June and Saturday 1st July 2017 in Würzburg, Germany.

Participation is free of charge for EAN members! There is a limited amount of available spaces and registration will follow a first-come-first-served basis.

Several international speakers will give presentations on hospital acquired infections (HAI), prevention and control measures, multi-resistant organisms and screening, nosocomial outbreak management and HAI surveillance. Also, participants will have the chance to present their own nosocomial outbreak investigations or discuss ongoing problems.

If you are not yet convinced to attend the module: on Friday night there will be the chance to have dinner at a Franconian wine festival!

Check your weekly Jobs bulletin and the EAN website for details!! Come join us in Würzburg!!



Würzburg with cathedral and city hall © Wikipedia

Story from the Field

Alex Spina (EPIET MS-track Cohort 2015) talked to the EAN Board about his experience working with MSF responding to a Hepatitis E outbreak in Chad.

First some details about you, where are you from, what did you do before EPIET and where are you based?

I am part British, part Canadian but mostly grew up in Vienna, Austria. Initially I studied biochemistry and then did a Master's in public health at the University of Warwick in the UK. I have been working at the Austrian Agency for Health and Food Safety (AGES), department for infectious disease epidemiology and surveillance, for the past four years and am currently doing EPIET MS-track as part of cohort 2015. Before AGES/EPIET I did a couple of short internships and academic research posts.



Doing a population census in an outlying village using T-squares © Andrea Irwin, MSF

What was the mission about?

The mission was with Médecins sans Frontières in response to an outbreak of acute jaundice syndrome caused by hepatitis E in Am Timan, Chad.

What were your roles and responsibilities during the mission? To support the established surveillance system by training outreach workers on active case finding and doing regular and systematic analysis of the surveillance data to give updates to MSF project staff and stakeholders on the evolving outbreak situation.



Mass distribution of hygiene kits to 10,000 households, © Alexandra Chen, MSF

Who did you work with?

We had quite a large team within MSF. I reported to a Medical and Project Coordinator but worked with teams of outreach nurses, water and sanitation (WATSAN) specialists, hospital doctors, laboratory technicians, and logisticians. All of these teams were managing several hundred local staff that did an incredible amount of legwork! I also worked with our data entry manager, Djibrine, who was a really great guy – I've never seen such Jedi-level accuracy in entering so much data!

On top of that I was supervised by EPIET-alumna Annick Lenglet (Cohort 10/2004) from the operational centre in Amsterdam, who was really incredible and supportive. In addition, we liaised with counterparts at the hospital management, district health authorities, and WHO Country Office levels.

What did your days look like?

Unsurprisingly, no two days were the same. On the day that I arrived in Am Timan we did a mass distribution of hygiene kits to over 10,000 households – so I was lugging around big buckets of soap and jerry cans; which is not what you would expect to be doing as a number crunching epi, but it was awesome!

Some mornings I would spend with outreach teams doing active case finding and mortality surveys and the afternoon in the office sorting through surveillance data. Other days I would spend at the hospital trying to make sure that the information flow on cases and laboratory data went efficiently and correctly.

One day we did a population census of an remote village where a lot of cases had been reported. Then for a survey on the effectiveness of WATSAN interventions, we spent a day training field workers on random sampling, research ethics and testing water for chlorine. Other days we would go out to villages around Am Timan to discuss with local leaders and health centres to see if there were jaundice cases, see the WATSAN situation and also the possibility of extending surveillance activities in the region.

Towards the end of my mission, WHO consultants from Geneva arrived and we had several technical meetings and presentations with local and national health authorities.

What did you achieve or finalise during your mission?

I wrote weekly outbreak reports. I managed to write up the WATSAN evaluation survey, which showed some interesting findings on the effectiveness of chlorination in stored water, which our team will be presenting at the MSF Scientific Days in London in May.

What did you learn yourself?

It was a really great opportunity to apply all of the things learnt during the EPIET Rapid Assessment and Survey methods (RAS) module as well as going through an outbreak investigation in a resource limited setting. I think the most important thing I learnt though was science communication. At scientific and technical meetings everyone tries to make their work sound the most important and complex – but in this setting it was important to be able to explain complex concepts in the clearest way possible. For example when training field workers on the importance of random sampling, or when explaining to people the importance of finding jaundice cases, why this outbreak is dangerous and what epidemiology even is.

Would you go again? Absolutely! It was amazing – both personally and professionally.

Thank you Alex!



Enjoying Christmas presents – celebrating in the field was really a different experience! © Alexandra Chen, MSF

In this newsletter, Amrish Baidjoe, EUPHEM fellow based at Institute Pasteur in Paris, writes about scientific facts and public health in an increasingly fact-resistant world.

Science as a candle in the dark*

Access to information, regardless of its validity is easier than it ever was in the history of mankind; any blogger or media personality can be an ‘expert’ with a ‘google certified diploma’ and vouch for the damage that vaccines cause and which master cleansing diets are most beneficial for any type of ailment. We have politicians who strongly argue that climate change is not real since we can still throw snowballs, and that refugees bring in dangerous diseases, therefore we should close our borders. “*The university of google, is where individuals derive their statements from*” [\[link\]](#).

For too long we tended to laugh it away from the comfort of our ivory tower, to ridicule persons making such statements instead of countering them with arguments of translated reason. Because who would take this seriously, surely only the less educated? But with recent changes in the political trend we are harshly reminded that even reasonable people have accredited some degrees of credibility to the statement of the charlatan. The laughing has stopped. The bamboozle has settled into the beliefs and daily lives of more than a few people. A study conducted by English researchers shows that an increasingly large group of younger people disregard the belief that vaccines protect against disease and believe that they might be harmful to their health. Not surprisingly this unjustified scepticism was found to be lower among elderly people, who might have clearer recollection of the nasty images that vaccine preventable diseases caused during their youth [\[link\]](#).

The collapse of the scientists’ status quo.

We as a community of public health experts attempt to do an excellent job when it comes to generating compelling and convincing scientific data, and relaying these results especially within our community of experts. But clearly this is not enough. I am paraphrasing Marcia McNutt, a foremost geophysics’ expert and chief editor of the Science family of journals who wrote the following “in these times it’s important that science becomes more than a body of facts.” [\[link\]](#)

What responsibility do we have as a public health community? That responsibility must certainly be larger than generating expert opinions, reports and recommendations? As scientists, we let data speak, we hope to uphold ethical and moral standards fortified by international law. However, reflecting on scientific data and international law one cannot

conclude anything else than a massively failing towards large vulnerable groups of fellow human beings.

A prospective vision based on data, yet limited action

Currently we are facing a crisis of human displacement in Europe that we haven’t seen in decades. The prognoses are not optimistic at all, displacement of communities will increase, not only because of current conflict but the rise of new conflicts and the possibility of certain areas in the world not being able to support the current residing populations. Climate change will amplify this. This has and will have many foreseen and somewhat unforeseen consequences for everybody inhabiting our terraqueous globe. A more recent published paper in PNAS by Colin Kelley et al. suggested that increasing droughts might have had a contribution in the instigation of the current conflict in Syria. [\[link\]](#)

Last year temperatures in Iraq peaked at around 53 degrees Celsius. Every year the Sahara Desert nibbles away portions of the green fertile soils of the sub-Saharan stretch of Africa. [\[link\]](#) Rising sea levels, have already put many island communities like Kiribati at risk of disappearing. [\[link\]](#) Where will the people of these lands disappear to? If we, in Europe, at our border regions cannot even provide a roof over the heads of the current displaced people, provide them with basic clean water and a meal, what do we expect will happen when the influx increases? If people, if children live in such conditions, and if we let them endure such conditions, what type of adults do we expect them to grow into? [\[link\]](#) Such data require prospective action, yet we fail to mobilize to a sufficient degree.

Some of us might argue that this is not strictly our domain, that the implementation of recommendations belongs to the domain of politicians, but ask yourself the question, what is a politician? Is it not someone who represents, someone who advocates for groups of people? If data sketches a dark scenario before us, don’t we have an inherent ethical and moral responsibility to act more strongly, to enter the political domain and facilitate the required changes?

Indeed, in the end for us as PH scientists the extent to which we traverse on the political plain is a highly personal one, as it should. At the same time, public health is one of the scientific disciplines that harbours policy at its core and a lot of our recommendations hinge on inducing changes in behaviour and practices regulation and legislation. A degree of comfort in the political arena is required to engage in such efforts otherwise it might cause more harm rather than good.

It might feel like that, at our peak of a multi-actor globalization, an age where the charlatan has risen high as a star onto the stage, that we as a scientific community have lost our status quo. In some cases, it might paralyze us driven by the feeling that we might be unable to steer in no degree in such complicated processes, that speaking out might have repercussions, that we would lose credibility. [\[link\]](#)

Forward, critical reflection and educating ourselves

Yet, ask yourself this question; who will advocate, protect and promote health, to prevent disease and injury, especially of those populations in turmoil, those most vulnerable, with science as a guide? If the answer to that question does leave you with a feeling of satisfaction, you have possibly not too much to worry about. If it doesn't, it might be time to step it up a few notches, it might as well be you we have been waiting for.

I would not argue for scientists to become politicians *en masse*, please don't. But I would argue that we could start taking our roles as educators and advocates of scientific data more seriously. By having access and understanding of unique data, we have been given the sole responsibility to illustrate the stories that the data is telling us.

The late Hans Rösling who founded [Gapminder](#) is an excellent role model to follow. He realised very well that for numbers to make sense you need to place them in context, and that context is different for every group of people you might be addressing. To our employers, our teachers, I would argue to give us time, space and accreditation for activities that stimulate us to conduct activities related to scientific outreach outside our public health bubble, like our local communities and schools. Provide us with adequate training in science communication and advocacy that utilizes rationality as its fundament but includes empathy to break the walls that cause fact resistance, especially to those of us that are still at the early footsteps of our career, like our EPIET and EUPHEM fellows.

**the title is borrowed from Carl Sagan's 'A Demon Haunted world – Science as a candle in the dark. An amazing work of literature from 1995 urging us to take our fight against pseudo-science more seriously by stepping off our high horse, a work every scientist and science enthusiast should have read.*

Disclaimer:

This article represents the opinion of the author and may not necessarily reflect the views of the EPIET Alumni Network.

ESCAIDE – 6-8 November 2017

The ESCAIDE Scientific Committee have announced the key dates for ESCAIDE 2017, taking place this year from Monday 6 to Wednesday 8 November, at the well-known Waterfront Congress Centre in Stockholm, Sweden.

- Call for abstracts: 3 April – 19 May 2017 (closes at 19:00 CET). Don't miss to send yours!
- Early bird registration: 3 April - 21 August 2017
- Online registration: 3 April - 27 October 2017
- Call for late breaker abstracts: 21 August - 18 September 2017

For updates and information, visit the ESCAIDE website www.escaide.eu, subscribe to email updates at escaide.conference@ecdc.europa.eu, check the [ESCAIDE Facebook](#) page and follow ESCAIDE on Twitter [@ESCAIDE](https://twitter.com/ESCAIDE).



If you are not yet up to date with your membership fee: you will find the EAN bank details for your fee transfer here below!

Do not forget that you can also pay directly on our EAN website, with only one click on the PayPal button (payments through personal PayPal accounts are not accepted). Note that PayPal payments (through the EAN website) are automatically processed and you will therefore have access to all EAN website features and EAN services directly after payment.

Fellows in their first and second year of training are exempt from paying membership fees.

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.

When making a transfer, please do not forget to 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!

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