



Editorial

Dear EAN Friends,

Summer 2016 is about to end *sadly*. We are welcoming the new season by bringing to you another hot issue full on EAN news!

We have included an update on the EPIET – EUPHEM training programme. It is a personal piece by Kostas Danis and Aileen Kitching.

Arnord Bosman has kindly written a piece for EAN giving a farewell after 15 years with EPIET!

We have also included an update on the EAN mini module which took place in Brussels this summer, themed “Refugee and Migrant health”.

EAN also wanted to congratulate one of its members for becoming the next director of Nigerian DCD (check out who he is!). We are so proud of him!

Enjoy the read!

Yours,

The EAN Board

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One Fellowship Programme

Should two become one? Does the ECDC One Fellowship Programme approach herald the end of EPIET?

Kostas Danis (1), Aileen Kitching (2)

1. EPIET coordinator based in Public Health France
2. EPIET Alumni Network (EAN) President

First, some history! In 1995, the first Introductory Course was held, marking the start of the first cohort of fellows in the now 21 year old European Programme for Intervention Epidemiology Training (EPIET). EPIET has grown considerably since then, and was integrated into the core activities of ECDC in 2006. Then, in 2008, almost 14 years after the first EPIET cohort, EUPHEM was initiated by ECDC, based on the successful EPIET model. This new programme adopted all the EPIET components that were considered relevant, but also developed new elements specific to the public health microbiology discipline.

As a result, despite many commonalities, the two programmes have several differences, including: i) different core competencies, ii) different learning objectives and scientific guides, iii) different Scientific Coordinators (epidemiologists for EPIET, microbiologists for EUPHEM), and iv) different entry criteria for fellows (generally relatively junior public health professionals for EPIET compared to more senior microbiologists with PhDs for EUPHEM). While some differences are historical as the programmes have different longevity, many differences are justified by the discipline-specific components of the programmes and the differing requirements of Member States in building capacity in field epidemiology and public health microbiology.

In April 2016, the ECDC Senior Management Team produced a paper [\(link\)](#) proposing the integration of EPIET and EUPHEM into 'One Single Fellowship Programme', with the same discipline-specific learning objectives within epidemiology & microbiology strands, common circular

Disclaimer: the article represents the opinions of the authors and may not necessarily reflect the views of the EPIET Scientific Coordination Team or the EPIET Alumni Network

processes, one Programme scientific guide/manual, one Training Site Forum, and one selection process with discipline specific criteria. This proposal was brought for information/discussion initially at the EPIET and EUPHEM Training Site Fora on 21-22 April 2016, when concerns about the proposal and/or the lack of transparency in the decision-making process were raised by various Training Site Representatives and the EAN (EPIET & EUPHEM representatives); and subsequently to the National Focal Points for Training & the Advisory Forum in May meetings, when concerns about the proposal were also raised.

The new ECDC Public Health Strategy has already started being implemented, with a rebranding of the programme and aligning of all processes ongoing, and the first cohort of the new Programme expected to start in 2017. The ECDC EPIET webpage now advertises the "ECDC Fellowship Training Programme [which] includes two distinct curricular pathways: one for Intervention Epidemiology Training (EPIET) and one for Public Health Microbiology Training (EUPHEM)" [\[link\]](#). However, despite the rapid progression of this approach, neither the rationale for these dramatic changes nor details of this merging are clear.

Advocates of the 'One Programme' approach argue the following rationale for implementation:

1. **Inter-disciplinary work is key to disease prevention and control, and, as epidemiology is increasingly based on molecular data, close co-operation between epidemiology and microbiology is increasingly necessary in surveillance & outbreaks.** *However,* enhanced cooperation is already in place in the institutes, and through EPIET and EUPHEM, although the programmes remain distinct. Co-operation with different disciplines alone cannot justify the merging of programmes that teach two distinct disciplines. Unless, the decision makers consider that with the evolution of molecular techniques, there will be no need for field epidemiologists or for public health microbiologists in the near future and therefore those disciplines need to be merged? Is this a realistic projection of the future?

One Fellowship Programme

2. **Single fellowship programme with discipline-specific paths (and competency based) could include additional disciplines in future.** *However*, epidemiologists do not need to work closely only with microbiologists (and vice versa), but professionals of many other different disciplines such as biostatisticians, environmental health officers, hospital hygienists, veterinarians etc. Do field epidemiologists (or public health microbiologists) also need to merge with all those? If new disciplines are included, will this come with new/additional resources? A clear vision for the coming years needs to be stated and agreed with all the stakeholders.
3. **The need for the harmonization of the administrative processes between the two fellowships.** *However*, since EUPHEM was initiated in 2008, most of those processes have admittedly already been harmonized. Does the streamlining of administrative processes really require the merging of two fellowships?

We question if the **implications and risks** of this merging have been properly analysed, and suggest that some of those include the following:

1. All multi-disciplinary **core competencies of both fellowships will be harmonized.** Core Competencies for field epidemiologists (in 2007) and public health microbiologists (in 2011) were previously determined. The curricula of both programmes are based on those competencies. New artificially merged competencies may lead to big and unnecessary changes in the training objectives of each fellowship. Unless, the strategy implies that the competencies of a field epidemiologist are the same as those of a public health microbiologist? Would this be a valid and realistic assumption?
2. **New brand name.** To date, EPIET has been used as the umbrella name for both programmes, EPIET and EUPHEM. With the proposed merge, the EPIET brand name is likely to be lost. This name has reflected a successful and relevant public health training programme for the past 21 years, highly valued by both European public health institutes, international organisations and NGOs, and provided job opportunities to alumni. Why change such a successful name?

"There is nothing wrong in change, if it is in the right direction. To improve is to change, so to be perfect is to have changed often" - Churchill, 23 June 1925 (cited in Langworth, Churchill: In His Own Words)

3. Long standing **co-operation with the EPIET Associated Programmes (EAPs)** - including the German, UK and Austrian FETPs - may be affected. Those programmes have the same curricular processes as EPIET, but not EUPHEM. The merging of EPIET and EUPHEM will lead to changes that are not compatible with the current EAP-agreed processes. EAPs have not been involved in the decision making of this new strategy.
4. Risk of **over harmonization using oversimplified approaches.** Both programmes used the best practices adapted to them over the years. In the name of merging, it is likely that the fellowships will be forced to harmonize artificially in components that are not relevant to their distinct disciplines, which may prove detrimental for both fellowships.

The decision making process (and the accountability of that process) for this new strategy is not clear. The programmes are owned not only by ECDC, but also by the European Member States, and there are many other stakeholders (including EAN, Training Site Fora, EPIET Associated Programmes, Scientific Co-ordination team) that contribute substantially to the fellowships. Decision-makers should respect the differences of the two different disciplines, consider the risks of this merging, and provide evidence that would convince stakeholders about the benefits. They should state a clear vision in a transparent way following in-depth discussion, and full and formal consultation and agreement with all those stakeholders before making any final decisions that have serious implication for both EPIET and EUPHEM fellowships.



*by Arnold Bosman, Public Health Consultant,
Transmissible™*

When I asked Marc Sprenger, back in spring 1998, on what training I could best spend the prize money of the 'best thesis 1997 award', his reply was swift and short: 'EPIET Introductory Course'. When I travelled to Veyrier-du-Lac that autumn by train and joined the fourth course as an external, self-funded participant, I was yet unaware how this would influence my career path.

EPIET Spirit

Those three weeks of exposure to this group of enthusiastic epidemiologists infected me chronically with the EPIET Spirit. The group that I found myself in was having clear fun and joy in unleashing an insatiable appetite for discovering new knowledge and skills, having an open, critical, constructive attitude during professional debates and demonstrating generosity in sharing information and data. Politics were kept at distance; professional ethos was on stage. And while the variance in background of all 36 EU participants was great, solidarity ruled. No one was allowed to 'drop out of the boat' during the ride and people that visibly had large amounts of experience and knowledge showed modesty, dedication and enthusiasm sharing knowledge and experience with others.

It probably says a lot about where I came from, but this was so very different from previous training experiences. And I loved it. Still do!

After returning to Rotterdam Port Health Authority, it was inevitable to make a change and move back to the National Institute for Public Health to further work in and discover national & international intervention epidemiology.

Attached to training and rates of change

Returning to EPIET was only to be expected, and meeting Cohort 7 as facilitator was the beginning of my attachment to public health training. And that sort of work never disappointed. The EPIET spirit is a strong force and source of energy. That energy was also needed to deal with an ever changing context.

Europe is in continuous flux for improvement and a programme like EPIET is an exponent of that. The enlargement of the EU in 2004 was a major game changer, increasing the variance in terms of public health knowledge and experience. A year later ECDC started operations and yet another year later, I was in Stockholm facilitating the transition of EPIET 'from project to programme'. And back then I thought that the administrative troubles of the programme would be behind us, and other challenges would replace them. Boy, was I wrong!

In ECDC we have learned that having an EU administration does not guarantee to administer an EU programme smoothly. However, that did not stop us to continue to 'explore new frontiers and new civilisations'. In 2008 we started EUPHEM and with help from the EU network of public health microbiologists, added a dedicated microbiology curriculum to the fellowship, while ensuring that epidemiologist and microbiologists would still train in one and the same cohort. It is still confusing to some people to understand that fellows who train in the same cohort, not necessarily follow the same content curriculum. The spirit of interdisciplinary training has yet to evolve and spread. The EPIET and EUPHEM fellows feel no barriers, though they are aware they belong to different disciplines. Like Bono wrote 'we are one, but we are not the same'. It seems that the older generations have more trouble seeing that. That too is a characteristic of change.

EPIET has changed a lot, and some part of the spirit too. It probably comes with being institutionalised; you lose some of the 'revolutionary spirit'. Yet the core of what I expressed above is still very much there, and now wider spread. Looking back, it is great to see how well the EPIET spirit dealt with that. However, at the time, when you are in the middle of change and turmoil, this is not always easy to see.

Future of fellowship

The future of the fellowship is in my opinion to further engage in interdisciplinary training. The challenge is to protect the professional disciplinary competency boundaries. This means that curricula still need to be recognisable, distinct and discipline specific. It is the programmatic elements that need to ensure the interaction between professionals in different disciplines to interact. Because in 'real life' we are all expected to work together. There is no large public health problem in this world that can be successfully be addressed by epidemiologists alone. Even though some seem to believe so. Yet beliefs are not the same as facts.

The network will need to follow closely, and critically what happens within the programme. As always. Yet as always, this needs to be done with an open, constructive attitude. Preferably with a touch of humour. In other words: with the EPIET spirit. Destructive comments, such as bashing the relevance of microbiology in the fellowship, is not only completely opposite to the EPIET spirit. It does not convince, without evidence of the argument. And if there is evidence, why not bring in a constructive, positive way?

Another important part of the future of EPIET in my opinion, is to find the best way to benefit from the rapid teaching innovations, in particular E-learning. ECDC is at the forefront with this, despite the modest size of the team, the vision and the technology is strong.

Both areas of change will again affect EPIET profoundly, in terms of format. Yet content (intervention epidemiology) and spirit should remain protected. And this is where the network has a crucial role to play. Keep politics at a distance and keep professional ethos on stage. Not always easy when you are put in a position of governance, I know.

My decision to leave was faster than originally planned, due to personal and family circumstances. Yet after 15 years of being embedded in EPIET, ECDC and public health training, it was high time to hand over to new, fresh visions and energy anyway. The team at ECDC has some of the best people I know to contribute to this. And the network is just a treasure chest of strong competence and constructive spirit.

Enjoy what you do and grow

If the above sounds remotely like an advice, then I apologise. Baz Luhrmann was completely right when he wrote that *'advice is a form of nostalgia, dispensing it is a way of fishing in the past from the disposal, wiping it off, painting over the ugly parts and recycling it for more than it is worth.'*

I just hope that all of those involved in EPIET and EUPHEM will keep enjoying what they do, keep the ambition to learn and grow, also when teaching, and dare to keep moving forward together.

And use sunscreen.



written by

Iro Evlampidou and Javiera Rebolledo

In 2015, more than 1 million refugees and migrants reached Europe through the Mediterranean Sea and Turkey. The vast majority entered Greece and moved northwards through the Balkans to reach Hungary, Austria, Germany and the Scandinavian countries. Ninety-one per cent of the arrivals come from the world's top 10 refugee producing countries. The journey these people undertake is perilous and puts them in increased risk of diseases. Chronic and mental health diseases are also prevalent and need appropriate access to health care and follow up.

In light of this unprecedented number of refugees and migrants on European ground, EAN organized a 2-day workshop on Refugee and Migrant Health on 18 & 19 June 2016. The workshop took place at the Scientific Institute of Public Health (WIV-ISP), in Brussels, Belgium and the venue was offered for free by WIV-ISP. During 2 days, 13 invited speakers presented aspects of refugee and migrant health issues to 28 participants (19 EAN members, EPIET/EUPHEM fellows, 4 from WIV-ISP and 7 external participants) from around Europe. The days consisted of interesting lectures and lively discussions, a plenary discussion, coffees, lunches and a great course dinner.

The workshop aimed to provide to participants:

- **An overview of the socio-demographic and health profile of refugees/migrants entering Europe**
- **An understanding of refugee/migrant related physical and mental health issues**
- **An insight on EU migrant health policies and recommendations and EU citizen's perceptions on refugees**



- **An overview of surveillance systems and health screening programs in EU countries**
- **An understanding of cultural issues related to migrant health**

Participation and content

The morning of **Day 1** started with Ricardo Mexia (EAN Board member) welcoming all attendants and introducing us to the topic of refugee and migrant health. Iro Evlampidou (MSF, Belgium) and Malika Bouhenia (Epicentre, France) presented the socio-demographic profile and medical and mental health problems of refugees and migrants in Greece, Serbia and Calais in France. David Kitching (AudienceNet, UK) talked about the EU citizens' perceptions on refugees and the variety of views held among the European countries.

The day continued more focused on infectious and vaccine preventable diseases in refugees and migrants (Iro Evlampidou). Eric Weerts (Handicap International, Belgium) spoke about the chronic diseases and violent injuries encountered in such populations in their projects and their rehabilitation needs. After lunch we gave special attention to the mental health needs of refugees and migrants (Stella Evangelidou, Universidad Autonoma de Barcelona, Spain). Isabel de la Mata (European Commission, Belgium) and Sofia Ribeiro (WHO Representation to the EU, Belgium) presented EU and WHO activities in relation to refugee and migrant health. Marie Dauvin (Institute of Health and Society, Université Catholique de Louvain, Belgium) highlighted the difficulties refugees and migrants are facing

in accessing health care and Soorej Jose Puthooppambil (International Maternal and Child Health (IMCH), Uppsala University, Sweden) underlined the physical and mental health problems of immigrants and refugees in detention facilities.

The day ended with a Skype session from Adil Qureshi (University Hospital Vall d'Hebron, Spain) about cross-cultural understanding of health needs and cultural mediation in health settings.

Day 2 was more focused on the epidemiology and assessments of refugee health status and needs (Malika Bouhenia, Epicentre) and a lecture on the humanitarian information and surveillance systems for refugee and migrant health (Karin Taus, Austrian Agency for Health and Food Safety (AGES), Austria). Additionally, 10 participants presented aspects of the health checks/screenings (Germany: Dagmar Ziehm, The Governmental Institute of Public Health of Lower Saxony; Belgium: Amber Litzroth & Javiera Rebolledo (Scientific institute of Public Health, Belgium), and surveillance systems for refugees and migrants in their countries of work (Greece: Yorgos Theocharopoulos, Institut de Veille Sanitaire, France; Portugal: Ricardo Mexia, Instituto Nacional de Saúde dr. Ricardo Jorge (INSA), Portugal; Poland: Janusz Janiec, National institute of Public Health, Poland; Austria: Karin Taus, Austrian Agency for Health and Food Safety (AGES), Austria; Germany: Durdica Marosevic, Bayerisches Landesamt für Gesundheit und Lebensmittelsicherheit, Germany; Norway: Bernardo Herrador, Norwegian institute of Public Health, Norway). Finally, Ana Leonor Zamora Sarabia shared with us her experience from a refugee camp in Northern Greece.

At the end of workshop in Day 2, there was a free-style plenary discussion about the challenges and prospects in the monitoring, prevention and

management of refugee/migrant health in EU in 2016. There were lively and interesting discussions which lead to a decision by the members of the workshop to produce a position statement about refugee/migrant health in Europe.



Post-workshop

Overall, 96% of participants who responded to an evaluation survey (n=28, response rate 68%) said they were either “satisfied” or “very satisfied” with the workshop. The majority of responders (over 89%), rated the logistics organization of the workshop as “good” or “very good” and all respondent rated the overall scientific programme and the lectures as “good” and “very good”.

For those of you who couldn't make it, presentations in pdf format are currently available for active members on the EAN website and presentations in video format will be also soon available on the ‘members area’ of the EAN website. We will send the information to the network when the video presentation will be uploaded on the website.

The Board would like to thank the Belgian Institute of Public Health for hosting the workshop and providing help for the logistic and practical things (printing, booklet, coffee breaks, etc.). The Board would like to thank as well Iro Evlampidou (cohort 2012), for accepting to co-organise with Javiera Rebolledo this successful workshop, providing her valuable knowledge on the topic and investing her time in it.

Aside from the fruitful exchanges and inspiring discussions, the workshop was another great

opportunity to get EAN members together, to mingle and strengthen our network. This emphasises that mini-modules are not only a great opportunity to deepen our epi-knowledge but also to strengthen our network.

We asked participants and speakers to tell us their views on the workshop. Here is what they said:

Participants' Testimonies:

"The workshop was a timely and relevant initiative. The presentations and discussion during the two days highlighted (once again) the importance of understanding that we talk about human beings when we are using the 'cold' term migration and migrants. We know that persons who are in need of protection have the right to health and the governments the obligation to ensure the fulfillment of their rights. What the workshop helped us to understand was the role that epidemiologist and public health professionals can play to balance the bureaucracy within national and international bodies."

Ivonne Camaroni, EPIET cohort 4

Speakers' Testimonies:

"EAN's Refugees and migrants health workshop was a well-organized, topical event. Almost all of the presentations were based on practical, rather than theoretical, experiences of the speakers. The best part of the event was the discussion/Q & A sessions where the participants could discuss almost any issue of relevance, practical or theoretical, and get answers and suggestions from colleagues with extensive experience from the field. I would definitely recommend the event to anyone who is interested to know what is happening on the ground and how to tackle those challenges." Soorej Jose Puthooppambal, International Maternal and Child Health (IMCH), Uppsala University, Sweden

"The EPIET Workshop on "Refugee and Migrant Health" has been an enriching experience for me

both as a participant and a speaker of the event. It successfully combined a public health and a patients' needs-centered approach thanks to the multi-disciplinary panel of speakers and the open discussions generated. The excellent organization of the workshop facilitated an adequate environment where participants and speakers had the great opportunity to expose dilemmas and questions and further, address them by proposing multi-level recommendations for action. As a facilitator of the session "Mental Health Needs of Migrants and Refugees" I was pleased to observe the immense interest of epidemiologists and other public health specialists on the protection of mental health and psychosocial well-being of the target population, amidst their multiple needs, with a view to implement efficient mental health and psychosocial needs assessments that are culturally competent." Stella Evangelidou, Transcultural Mental Health & Psychosocial Specialist Autonomous University of Barcelona - Department of Psychiatry; Barcelona, Spain

The success of this workshop strengthens our commitment to continue organising relevant workshops/mini-modules for our network. We therefore encourage you, as EAN members, to contact us if you have ideas for future mini-modules, if you can provide your expertise to organise similar workshops/mini-modules in your own area of expertise or if you (or your institution) can potentially host a mini-module. So, if you are motivated just drop us a line at eanboard@gmail.com. We look forward to hearing from you!

upcoming EAN Travel Grants for ESCAIDE 2016

As every year, EAN will administer two competitive travel grants to allow epidemiologists and public health microbiologists from across the world to attend ESCAIDE. These grants will allow our colleagues from low and middle income countries, who might otherwise be unable to attend ESCAIDE to participate in the conference and make a valuable international contribution.

Please, help us with spreading the word among your network!!

Let your colleagues from around the world know and encourage them to apply for the EAN travel grant.

This year, EAN will support again two travel grants for ESCAIDE to facilitate the attendance of professionals from low-income countries with accepted abstracts at the ESCAIDE. Each grant is only available to applicants who are not able to obtain sponsorship from elsewhere. Since the Travel Grant funds for ESCAIDE 2015 were fully used, with no funding left over, the EAN Board is making efforts to ensure a sufficient amount of grants for ESCAIDE 2016. To ensure funding, every year we fundraise among our network, cohorts, etc. to get external funding to support the travel grants. Last year more than 700 euro was raised by cohort 16. So, if you would like to follow in their footsteps and you are interested in volunteering to fundraise (among your cohort or by contacting possible institutional/company sponsors) or you would like to make a Travel Grant Donation, please do so using the bank details below, and clearly reference the payment as “Travel Grant Donation” so our treasurers are aware what the funds are intended for; or contact the treasurers by sending an email at eanboard@gmail.com.

We are looking for volunteers to help with this challenging but rewarding and hopefully fruitful task!



ActivEpi Web, an electronic textbook for teaching epidemiology, available free on-line

ATLANTA ...ActivEpi Web, a multimedia electronic textbook that provides an interactive resource to learn the fundamentals of epidemiology, is now available on-line at no cost.

David Kleinbaum, Ph.D., professor of epidemiology at Rollins School of Public Health at Emory University, originally developed ActivEpi in 2001 as a CD Rom. Because many computers no longer have CD capability, Kleinbaum converted it to a Web format.

"I consider this text an important educational gift to anyone, anywhere in the world and hope it has a major impact on education in the health, medical and mathematical/statistical fields," said Kleinbaum who has written seven epidemiology textbooks and won numerous teaching awards during his 40-year career. "I hope it provides a clear understanding of how epidemiology links the health and medical sciences with mathematics and statistics."

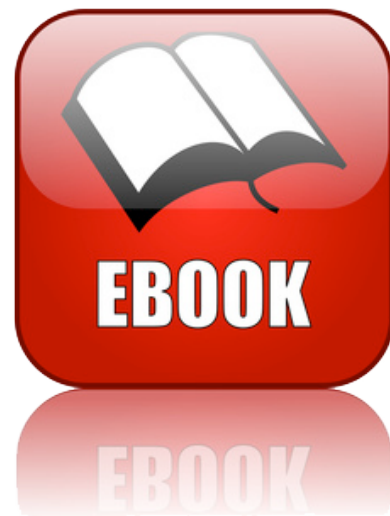
ActivEpi includes 15 lessons with narrated instructional expositions that use video and animation; interactive study questions and quizzes; and homework exercises.

Topics covered include study designs, measures of frequency and effect, potential impact, overview of validity, selection information and confounding bias, effect modification, analysis of 2x2 tables, options for control of variables, stratified analysis, matching and introduction to logistic regression.

Health professionals and students in the United States and abroad have used ActivEpi for standard lecture courses,

online courses and individualized learning. A CD Rom version has been translated into Spanish for the Pan American Health Organization.

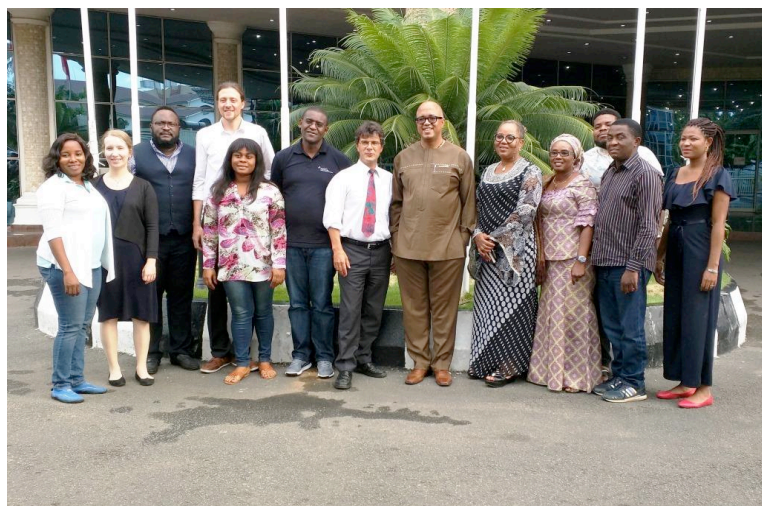
ActivEpi Web can be accessed at <http://activepi.herokuapp.com>. The author's website at www.activepi.com provides further details about ActivEpi Web and includes free Power Point instructional materials



EAN family

Congratulations to EAN alumnus Dr Chikwe Ihekweazu (EPIET Cohort 9/2004-2006) who has taken the position as Director of the Nigerian CDC a few weeks ago! EAN is so proud!

Prof. Gérard Krause sent us a picture as he was the first of the EAN bunch to congratulate Chikwe in person in Abuja!



The picture shows Chikwe on his 5th day in office together with the SORMAS-team while they had a one week design thinking workshop in Abuja that SORMAS organized jointly with NCDC and Nfeltp staff and field public health offers from Nigeria to move forward with the **SORMAS-open** project. SORMAS-open stands for “surveillance, outbreak response management and analysis system”, the open source version of an earlier SORMAS. You may also recognize EPIET-fellow Salla, who Gérard says they are very fortunate to have in the SORMAS team.

If you want to learn more about SORMAS see:

<http://www.sormas.org/index.php/en/>

Annual EAN membership fees

DON'T FORGET!!! The annual membership fee is €20/£18.

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 this page; 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 (€20p.a.)

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 (£18p.a.)

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