

## Summer is here!



Danube river bank, Bratislava



### Editorial

Dear EAN Friends,

The season of renewal had to make room for the splendor of summer sun...

**SUMMER IS HERE!**

Yes, summer! Long planned holiday, sea side, mountains, lakes, city breaks, crowds of tourists, foodborne outbreaks...

And of course, our lovely EAN newsletter to cool down your mind and relax your body!

Annick Lenglet will disclose her story about how she went through EPIET up to her current position at MSF.

Our recent fellow Laure Fonteneau shares her amazing experience during a mission on Chikungunya in Saint Martin. Florian Burckhardt would like to express his opinion on ESCAIDE organization.

But, do not forget to check the piece on EAN travel grants for ESCAIDE!

We also prepared a little surprise for you in the form of an old picture. Who can recognise the faces? ;)

We wish you all lovely holidays with perfect weather!

Yours,  
The EAN Board  
and Zuzie & Suzie  
Editor & Designer



### Board

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### ***What was your first contact with infectious diseases and how did you end up doing EPIET?***

I was trained as a medical entomologist at the London School of Hygiene and Tropical Medicine (LSHTM) after my undergraduate degree and after having spent some time at a laboratory for leishmaniasis-drug development in Brazil. I then worked for about four years in different capacities (research and project management) as an entomologist in Brazil, Bolivia, Congo-Brazzaville, The Netherlands and Afghanistan. All were really exciting experiences, but I felt that I was missing some structure in my thinking and had developed an interest in infectious diseases that were not vector-borne (though these will always stay my favorites!). A friend of mine told me about EPIET. I applied, not thinking they would ever consider an entomologist and got really lucky!

### ***Back to then, what did you expect from the EPEIT fellowship and were they fulfilled?***

I grew up in many different places and only spent 5 years of my life in The Netherlands, so one big personal expectation from EPIET was that it would open the door for me to work in Europe and find my feet again. Professionally, I was interested in receiving formal training in a work-based context in field epidemiology. Also, the fact that EPIET was focused on field epidemiology and not purely academic/research epidemiology was interesting to me as I had already witnessed the importance of field epidemiology in concrete decision making in many of the countries I had worked previously.

### ***What is your best memory of your time as an EPIET fellow in Madrid?***

I have many, but professionally I would say that the best experience was that my supervisors were Fernando Simon and Marta Valenciano! I was given opportunities by both, was guided and learnt a tremendous amount from them, something that I will be eternally grateful for. Personally, I met a few wonderful people, who remain very close friends to this day and perfected my Spanish, even though I have always refused to speak with the 'z[TH]eta'!

### ***What did you learn and took with you into your later professional life?***

What EPIET and the training in Madrid provided me, which is now deeply rooted inside of me, is a framework and sense of logic to think through problems. This framework allows me to approach public health problems of any kind (infectious diseases, mental health, water and sanitation), ask the right questions and formulate a systematic and logical approach to solve them. I use what I learnt through EPIET on a daily basis still. Sometimes when trying to explain concepts to people that I work with, I continue to refer to slides that were used during lectures and remember 'detective' approaches from different case studies to help me address aspects of my daily work. The incredible thing about EPIET, and all other FETP programmes around the world, is that they really teach people to speak a common language and logic. So since EPIET, I always clicked instantly with other colleagues who completed similar training programmes.



***Did EPIET move you forward in your later career? And how did your EPIET fellowship prepared you for your next job?***

I would like to think that I myself had a bit to do with my career after EPIET, but I am convinced that the training I received as a fellow has been invaluable in directing that path. After EPIET I managed to work for almost two years in the country office of WHO in Laos strengthening surveillance, outbreak response and training. These two years were amazing for so many reasons, but primarily because for the first time since leaving university I realized that I had acquired skills in field epidemiology that I was able to transfer to other people. During my time in Laos we did some great things, I learnt an incredible amount from my Lao colleagues, but I also felt that in some way I contributed to the construction of field epidemiology in the country. After my departure, Hannah Lewis (cohort 12) took over from me and built an incredible amount more on the small foundation that I was part of. Moving to ECDC in 2008 was a natural progression in some ways – I wanted to be part of something that was building itself (as ECDC was at that time), and I wanted to be back in Europe. For the next 3.5 years I was part of the outbreak response team and learnt a great deal about the challenges and opportunities that exist in coordinating multi-country outbreak response activities. EPIET played a crucial role in helping me find my space in this European world of epidemiology, it facilitated speaking to people in almost all countries in the EU, because I knew them personally through the network! But then my deeper ‘humanitarian’ calling was activated once again, so when the Epidemiologist position in the Operational Section in Amsterdam for MSF was advertised, I applied; again, thinking that there was no way they would take someone coming from the European system but once again, I got lucky! I now support all countries where MSF-Holland works in projects ranging from surveillance, to community-based surveillance, to outbreak preparedness and response, training and operational research. It is varied and busy, but at the same time I feel like the work I

do has a direct impact on the populations where MSF is working. That is pretty unique.

***We can imagine that moving from Stockholm to Amsterdam (your homeland) has been a great change and challenge. Can you tell us about it?***

Moving from Sweden to anywhere would be a big transition :)! But, yes, I hadn’t lived in the Netherlands for 21 years when I returned, so it was a pretty intense few months. Ultimately though, I have loved it! I haven’t lived in a country for quite some time where the language they speak in the street is actually mine! That has been a great change, I can now order coffee, chat to the bus driver and have random conversations with my neighbours in a language I understand, speak and feel. Amsterdam, to be fair, is a pretty amazing city though. There are people from all over the world here (and have been for centuries), so it has an air of open-mindedness that large cities offer. At the same time it is small enough to feel like a village in some ways (east to west on my bike take 20 minutes!). I have also had a chance to reconnect with my family that lives here, meet some new and wonderful people, and have become best friends with my bike.

***What do you like the most of your current position at MSF Netherlands?***

The transition to MSF from ECDC was a big one, MSF is much more operational than ECDC, people are in activation mode, all the time, 24 hours a day. There is a certain degree of bureaucracy, but essentially anything that gets decided, could be implemented in the field projects within a few days. It makes sense as it is a humanitarian organization running health facilities across more than 20 countries in some of the most complicated contexts in the world. I think what I like most is the fact that you know that everyone that works in the projects and in the headquarters have the same starting point – saving lives, with all possible methods we have available and are able to implement. It makes you feel part of something bigger that transcends cultures, language, countries, and is what I guess we call ‘humanity’. I often tell people that a few months after I had

started with MSF, I realized that I had found my soul again. That sounds really profound and a bit dramatic maybe, but for those people that know me, I think they will understand.

### ***What do you like the least?***

That because of the nature of the work that MSF, and many other organizations do, our staff is never safe. We can do a lot, provide basic and sophisticated health services to the most vulnerable of people in situations such as ethnic conflicts, civil war, repression, natural disasters, etc. At the same time, we are always exposed to higher risks. The knowledge that something bad can happen to your colleagues and you at any time while you are in the field is the part I have the hardest time accepting.

### ***Do you manage to stay connected to EPIET in your current capacity?***

Definitely! Since starting with MSF, we have managed to set up a few field-based opportunities for EPIETs and EUPHEMs, these have included : Max Gertler (refugee crisis, Chad), Pieter Smit (malaria outbreak, Chad), Daniel Eibach (refugee crisis, South Sudan) and Julita Gil (measles vaccination coverage, DRC). I hope that they have gained professional and personally from these experiences, but definitely for MSF they came as surge capacity when we couldn't identify people from our usual pool of field epidemiologists to undertake these urgent missions. I also have been invited to facilitate in the Rapid Assessment in Emergencies course two years in a row now, so hopefully that will continue!

### ***With regard to the EAN board, can you tell us about your EAN board experience?***

I really enjoyed being a part of the board! We had a great team during my 2 years on it! It was a lot more work than I anticipated when I decided to be a Board member, but at the same time, I think that I have gained a tremendous amount from EAN (both during my EPIET time in terms of supervision, as afterwards in getting interesting job opportunities, establishing collaborative projects, etc.) and therefore felt that the Board had a duty to safeguard this network of unique professionals and stimulate the individuals in it to find more

ways of connecting, exchanging and growing together professionally. With the move to Amsterdam, I decided to take a step back so I could focus on other aspects of my life.

### ***Finally, do you have any suggestion for the current EAN board?***

I think that as the network of EAN gets larger, it will become increasingly complicated to allow people to feel part of something. As a network, we have to maximize the opportunities that exist around Europe and beyond to create spaces and moments where EAN members can interact together. This can include planning events (short courses, lecture series, social evenings) around occasions such as ESCAIDE and the Epicentre Scientific Days. Also, we should start identifying other ways to strengthen bonds between Alumni which could include professional exchange systems, linking up EAN members with EPIET/EUPHEM fellows for specific projects outside of their training institutes, etc. I recognize that this is not easy for a board who already have full time jobs and personal lives to maintain. For this reason, the idea, which was mentioned in previous GAs, to identify a professional/paid Board member for this purpose could still be entertained in the near future...



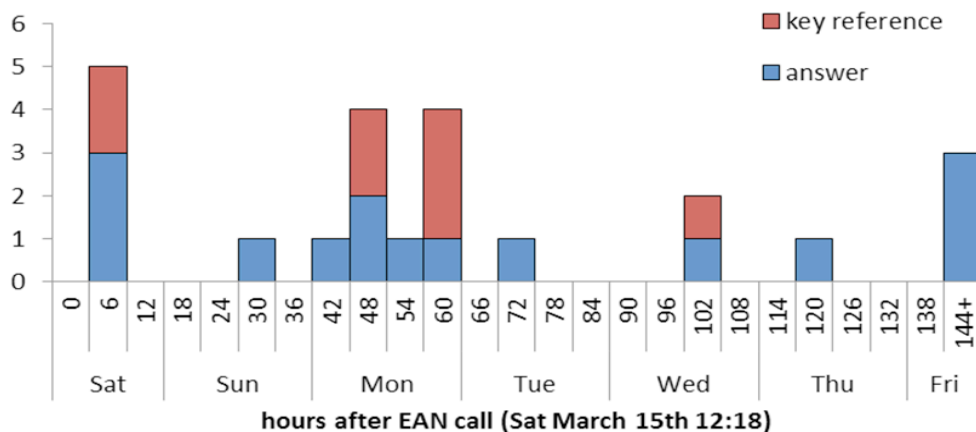
by Florian Burckhardt - Cohort 12  
**Legionella Regulations in Europe**

I sent out a request for help on European Cooling Tower regulations and was literally overwhelmed by the responses and more importantly by their quality. Very quickly, a key-document had been pointed out that, well, sort of answered the question and that somehow had elapsed my –erm- extensive and thorough literature research on the topic.

Responders came from 9 different countries

plus ECDC. Within 24hrs on a weekend I received 5 answers and it took 3hours and 5 minutes for the key document to get mentioned! For a detailed breakdown please refer to the “epicurve” below. My request had been forwarded 13 times which nicely illustrates the “network” part of “ask the network”. Honorable mention goes out to Alvin Bartels of LCHV/RIVM of the Netherlands who helped with a comprehensive advice on regulations based on nationwide experience but also to all the others who took their time to answer my request.

## Response by hour as of June 10th



There was an experts hearing in Germany in May and with any luck Germany will make new and old cooling towers notifiable mandatory in early 2015. Regulations are handled by the Ministry of Environment with strong support from the German Engineering Federation (VDI). The inclusion of Public Health authorities will be quite challenging.



**Cohort 1**  
 Introductory course  
 in Les Pensieres -  
 Veyrier-du-Lac.

30 Oct-17 Nov 1995

Andrea Ammon,  
 Hedwig Carsauw,  
 Natasha Crowcroft,  
 Cristina Furtado,  
 Andrea Infuso,  
 Outi Lyytikainen,  
 Philippe Malfait,  
 Ulrich Vieth,  
 Lucia Visser and  
 Thomas Ziese.

We are looking for more memory lanes. Please send us your old photos of introductory courses, modules, ESCAIDES, or reunions and maybe you will star in the next issue!

On 6th of December 2013 the Cellule Inter-Regionale d'Epidemiologie (CIRE) Antille Guyane reported two autochthonous cases of Chikungunya at the French part of the Caribbean island of Saint Martin. It requested assistance from the French Institute of Public Health Surveillance (InVS) in monitoring the outbreak. That is how I became a part of the team at the fourth departure also with Anne, another epidemiologist from InVS.

real multicultural island. In all, over 120 nationalities can be found, with significant numbers of French, Haitians, Dominicans, Americans and people from other European countries. English, French, Dutch, Spanish, and several kinds of Creole are widely spoken at the island. With its wonderful sand beaches and its crystalline turquoise water, it is also an important luxury travel destination.

This alert was the first report of Chikungunya from western hemisphere. Chikungunya is a viral mosquito-borne disease. The name in Swahili means “that which bends up”, referring to the posture of patients with severe joints pain. And once mosquitos love me, the life in Saint Martin was always with trousers, long sleeves and mosquito repellent used instead of perfume.

In Regional Health Agency I worked with Anne, the public health nurse based in Saint Martin, and also with the team from Regional Epidemiology Unit based in Guadeloupe and Martinique, but by phone. Their availability all along these days was much appreciated.

I and my colleague were responsible for monitoring the outbreak in Saint Martin and Saint Barthelemy. I was involved in data collection from laboratories, hospitals and general practitioners. It is a small territory and it was easy to meet all the surveillance stakeholders. We had many discussions with physicians to explain the changes of the surveillance modalities, to talk about their feelings related to the outbreak and also the characteristics of cases.



covering just 88km<sup>2</sup>, nestled between Atlantic Ocean and Caribbean Sea. By landing I was looking forward to having sunny weather, but on 20th of February 2014 my mission started with a big tropical shower.

A local story says that to divide the island into two parts, the inhabitants had to choose two walkers – one French and one Dutch. Each was placed at one of the two extremities and they had to walk towards the middle of the island. The point, where they met, was chosen as the border, dividing the island into French and Dutch part. The French walker was probably quicker, and that is the reason why the French part is larger.. Unless the French guy cheated?

Recently, Saint Martin has become a



Indeed, since Chikungunya is still not well-known disease, in order to improve scientific knowledge, a part of the work was to describe severe or atypical forms of Chikungunya. I was also in charge of updating and analysing the databases. Twice a week I sent updated data to InVS and each Wednesday I was in charge of writing epidemiologic points. I had an opportunity to attend the outbreak management meeting with the regional prefect, physicians, and representatives from authorities, schools, associations, etc.

I have seen the difficulties to conduct preventive actions when people do not speak the same language. All the messages had to be translated at least in four different languages. I have realized how complicated it is to manage an outbreak at a touristic island where also economic issues play an important role.

From February to March is also time for carnival at Saint Martin. The carnival is a strong tradition even at work! No one works during those three most important days of carnival. And it meant no meetings and no possibility to collect any data during that time. Therefore, we tried to enjoy the carnival as well, we attended parades, and discovered the wonderful beaches around the island. It was also an opportunity to eat a big lobster!

Saint Martin was my first experience at field and it was really great! I learnt a lot about Chikungunya and about systems necessary to set up for monitoring an outbreak situation. It was a rare and very interesting opportunity to work on an emerging disease. The outbreak is still ongoing, and of course I am following closely its progress!





## ESCAIDE

Stockholm, 5-7 November 2014

European Scientific Conference on Applied Infectious Disease Epidemiology



The 2014 European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE) will be held in Stockholm, Sweden on 5 - 7 November. The conference, sponsored by ECDC, will be hosted at the Stockholm Waterfront Congress Centre, in the heart of the city.

ESCAIDE 2014 will offer a huge range of exciting presentations, seminars and workshops to enhance knowledge and information exchange on infectious disease control and prevention, including threat detection, epidemiology, microbiology, outbreak investigation and associated disciplines.

In order to keep yourself up to date, regular updates and information will be available via the ESCAIDE website ([www.escaide.eu](http://www.escaide.eu)) and ESCAIDE Facebook page, as well as ECDC Twitter or Google+ account using the hashtag #ESCAIDE.

If you wish to receive updates about the conference by email, please join the ESCAIDE mailing list by sending your details to the following address: [escaide.conference@ecdc.europa.eu](mailto:escaide.conference@ecdc.europa.eu).

Be aware:

- As every year, we will need your help for ESCAIDE, we will soon look for volunteers! So please, get ready to show your interest!
- The annual General Assembly will take place at the same time of ESCAIDE, we are looking forward to seeing you all there
- For the third year, we will organize the Photo Contest, so start searching your best photos from the field or your Epi-life.
- And finally, as usual, the best ESCAIDE presentation will be honoured with a EAN prize

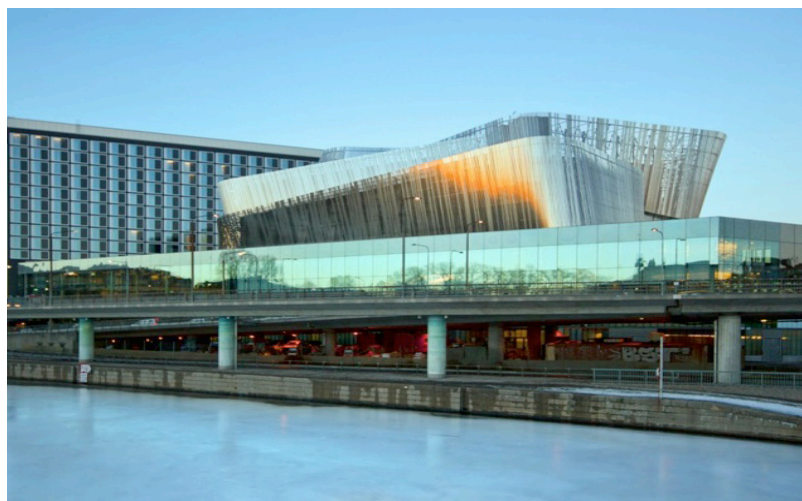
### Travel grants

As each year, EAN support 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 there is no funding left from the previous year, the EAN Board is making efforts to ensure a sufficient amount of grants and we have set ourselves the ambitious goal of raising 1000 euros external funding to support.

So, if you know of anyone(s) interested in funding or if you are interested in volunteering to fundraising (contacting possible institutional and company sponsors), please contact Javiera Rebolledo at [eanboard@gmail.com](mailto:eanboard@gmail.com).

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





Hello EAN community,

I would like to raise your concern about the decision to host the next and maybe all future ESCAIDE conferences in Stockholm. My main issues lie with centralisation, loss of diversity and exacerbating inequity.

However, I would like to start by saying that I enjoyed every stay in Stockholm very much and even planned to move there with my family. So this should not be seen as a critique of Stockholm or Sweden or its people.

Since the beginning of ESCAIDE in 2007, the conference rotated between Stockholm where ECDC is located and other European capitals and major cities. This underlined the European cultural commitment of EPIET and brought variety to a cohort's group experience and narrative. Centralising the E(uropean)SCAIDE at ECDC's headquarter is a political statement open to interpretation. Convenience? Pushing EPIET/ESCAIDE as successful ECDC brands? Moving the balance away from Member States? It would have been a far bolder statement to retain the opportunity to e.g. address recent public health challenges like impact of austerity policies or refugee movements in those European locations that are directly affected by them.

The beauty of Europe lies in its cultural diversity. The rotating ESCAIDE allowed its growing number of visiting intervention epidemiologists to witness this diversity first hand and to hear about different strengths and weaknesses from locals. That is because in any conference location, public health researchers from that country are more prevalent. ESCAIDE 2008 was in Berlin and had, naturally, a lot of RKI staff present. Visitors thus gained a very good insight into how Germans deal with infectious diseases. I could not attend 2010 in Lisbon, unfortunately, but I learned a lot about Legionella surveillance from environmental officers from Edinburgh during ESCAIDE 2012 in, well, Edinburgh. With an ESCAIDE always in Stockholm, some might also complain about the missing weather variety and the monetary costs of "having

a good time" at a bar with your friends.

For me, the last point is the most important one (except for the bar). The already existing inequity gap between "average" conference visitors and those from "low-resource" countries gets unnecessarily exacerbated by hosting a conference in a high price location such as Stockholm. Not only is everything more expensive there, but on top of that the visitors earn much less money where they come from. It is an open secret that MS-track EPIETs from Eastern European countries are effectively excluded from a lot of cohort activities during modules and conferences by sheer lack of personal funds. Some cohorts made a "friendship kitty" to compensate for that but the problem cannot be solved individually. By the EU's own correction factors for living costs (2010/11), Sweden is rated at 118 compared to Germany with 95 or Portugal at 85. Bulgaria is at 63 and Romania at 70. Imagine the warm welcome and the strong political sign to host an ESCAIDE in beautiful Bucharest with a panel session on public health issues in migrant labour.

This double-Stockholm-date might be a data outlier and the 2015 ESCAIDE is already scheduled outside Stockholm. I cannot say because I have no information on the updated ESCAIDE policies. I also do not know the backgrounds of the conference hosting decision. Maybe no other location applied (or could cope with EU-bureaucracy)?

The EPIET Training Site Forum supported the proposal to keep a rotation between Stockholm and another European city in its 2013 meeting. This reflects the view of Member States' infectious diseases epidemiologists. For the reasons mentioned above I support that view and would welcome a reversal of policies back to a rotation of ESCAIDE locations.

*Florian Burckhardt*

**NB: this piece is an opinion piece and expresses the personal opinions of Florian Burckhardt as a member of the EAN.**

EAN is currently (2014) comprised of 410 members. The EAN is not only comprised by alumni of the EPIET and the EUPHEM, but also of all graduates and current fellows of other European Field Epidemiology Training Programmes such as the German FETP, PROFET, PEAC, etc. External colleagues working in public health epidemiology can also join the EAN after application endorsed by two EAN members.

The annual membership fee is 20 euros and runs from January until December. Fellows in their first and second year of training are exempt from paying membership fees, according to the accepted statute's change at the 2011 General Assembly.

The following graphs show the percentage of annual membership fees paid by cohort for 2013 and 2014. In 2013, we barely reached half (50%) of the total membership fees. Externals was the only group where all members paid their annual fees, followed by cohort 16 in which more than 80% of the cohort paid. In eight out of the 16 cohorts, less than 50% of the cohort members paid their annual membership.

As of 1st of June 2014, not even half of the total of membership fees have been paid. According to the accepted statute's, members

not up to date with their membership become "inactive members", which means that they do not receive EAN services. Therefore we strongly encourage all members of the EAN network to pay their annual fees in order to receive EAN services as well to help to run the EAN network and its activities.

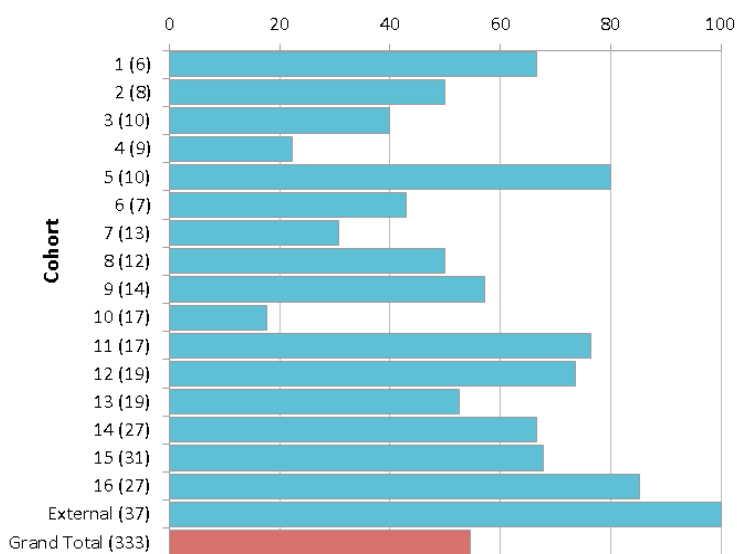
We kindly ask you to contact the EAN board ([eanboard@gmail.com](mailto:eanboard@gmail.com)) in case you want to get information on your membership payment (put in the subject: membership payment). You can make the payments at the following bank account:

**In Euros:**  
**Account Holder:** Epiet Alumni Network  
**IBAN:** GB11MIDL40051571822755  
**BIC/Swift:** MIDLGB22

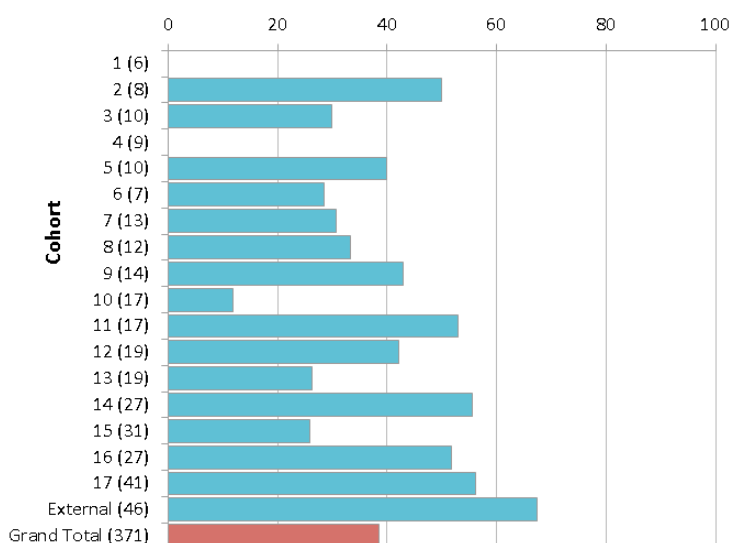
**In British pounds:**  
**Name of Bank:** HSBC UK  
**Account Holder:** Epiet Alumni Network  
**Sort code:** 40-35-09  
**Account number:** 43922782

Please indicate your name and membership year as reference in the bank transfer and also send an email with the screenshot of payment to [eanboard@gmail.com](mailto:eanboard@gmail.com) to inform us (sometimes names are not correctly transmitted with the transfer).

**% of membership paid in 2013**



**% of membership paid in 2014**



## Saude na Copa

The following article is taken from a ProMed article, archive number: 20140602.2513229

The “Saude na Copa” app is part of an innovative project to improve public health surveillance in the Brazilian Unified Health System (SUS), named participatory surveillance. It is a free Web application, designed for use on mobile devices and web browsers.

It's a simple process that relies on voluntary participation by visitors or residents in Brazil, reporting their health status through information on 10 signs/symptoms (fever, cough, sore throat, shortness of breath, nausea and vomiting, diarrhea, joint pain, headache, bleeding, and exanthema [rash]) during the 2014 FIFA World Cup Brazil.

It was developed in Portuguese, English, and Spanish to be a complementary channel for health information and services to users, enabling the participation of all.

This project is an initiative of the Surveillance Department of the Ministry of Health in partnership with the Departments of Health of the venues of the matches and other national and international institutions such as the Skoll Global Threats Fund, TEPHINET, HealthMap, and ProMED-mail.

How to download:

- iOS devices (iPhone and iPad): available from the App Store via <https://itunes.apple.com/br/app/saude-na-copa/id860378564?mt=8>

- Android devices (Samsung, Motorola, LG, etc): available from Google play via <https://play.google.com/store/apps/details?id=br.com.epitrack.healthycup>



## We wish you a relaxing vacation..



## .. and don't forget:

We are currently looking for contributions for the next newsletter. Would you like to share an interesting experience? Are you doing an exciting job somewhere in the world and beyond? Please e-mail your story to [EANboard@gmail.com](mailto:EANboard@gmail.com).