



## Winter newsletter

'P(PE)raying Circle' by Nadine Zeitlmann (C2013)



### Editorial

Dear EAN members,

Happy New Year! We begin this year's EAN newsletter series with a special issue focussing on the Ebola outbreak in West Africa (already over a year since the first case!).

Chikwe Ihekweazu (EPIET C9) gives a longer term perspective on how best to respond to the outbreak. Anthropologist Annie Wilkinson introduces the Ebola Response Anthropology Platform, an online resource for field responders to help better understand and utilise the cultural contexts where they are working to improve control measures.

C2013 fellows recently back from missions reflect on their experiences both in the field and returning home; Zoltan Kis (EUPHEM C2013) shares his

experiences of setting up a mobile lab in Guinea; Sophie Newitt (UK FETP C2013) and Jorge del Diego share a New Year's wish with us from the field; and Appi Epi features useful Ebola-related online resources.

Also in this issue: intros from our two new board members, Ricardo and Katherina; "Where Are You Now?" features from three recently graduated C2012 fellows; ESCAIDE experiences from this year's EAN travel grant awardees – and last but not least, an introduction to the brand new EAN website!

Enjoy the read and all the best for 2015,

The EAN Board

and  
Zuzana Klochanova & Suzan Trienekens  
Editor & Designer



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### *Do we have a broader responsibility to public health as field epidemiologists?*

I remember the adrenaline rush when the first opportunity to participate in an Ebola outbreak came my way in 2004, as an EPIET fellow. A more experienced colleague who had been chosen for the mission had to cancel at the last minute for personal reasons and the opportunity came my way. It was the first of several missions that I undertook for the World Health Organisation's (WHO) Global Outbreak Alert and Response Network. The outbreak was in Yambio, South Sudan, one of the poorest countries in the world which was then just coming out of a protracted crisis. The location of the outbreak was not far from the site where the first Ebola outbreak was reported in 1976.

I was lucky to work with an extremely experienced and supportive team from the WHO, the US Centers for Disease Control (CDC) and Medecins Sans Frontieres (MSF). I learnt a lot from these colleagues in an intensive outbreak response that lasted about four weeks. Luckily, the outbreak was controlled; we ended up with a total of 17 cases, including seven deaths.

At the end of that outbreak, WHO said, in a statement still on their website (<http://www.who.int/mediacentre/news/releases/2004/pr54/en>) that: *"The lessons we learned in Yambio from this outbreak will strengthen our responses to future outbreaks," ... "The Yambio experience has proven the value of rapid outbreak detection, local response capacities, active community involvement, and the coordination of specialized international assistance to the outbreak's containment"*.

After that outbreak, the team felt a sense of accomplishment, which I shared. We had probably helped save hundreds if not thousands of lives. But I could not get South Sudan off my mind. I met a young man during that outbreak – a "survivor", with whom I kept in touch for a while. He had joined our social mobilization team and supported our response. I felt obliged to help him get back to a "normal" life, and I did this for a while. But, with time, I "let go".

Back in Geneva for a de-brief with WHO, I tried to ask more experienced colleagues how they managed to deal with the pain of leaving outbreak situations when the outbreak was controlled. It was clear to me that while we may have helped put out one fire; we had not influenced the circumstances that led to the fire. Very early in my career, I felt the limitations of the scope of field epidemiology. I thought: There must be more that we can do.

Ten years later, I am in Liberia as part of the huge response to the largest Ebola outbreak ever. As always there are many competent and well-meaning experts, which is exactly what the situation has been calling for. Almost every international NGO is in Liberia, Guinea and Sierra Leone. For the first time, in the early weeks of 2015, the epicurve is beginning to head south.

While the outbreak is by no means over, there is a feeling in the field that we are beginning to get the scale of response that is commensurate with the size of this large outbreak. Over dinner and coffee, I can't help but listen to some of the conversations. There is a growing feeling of quiet optimism, and when the outbreak is over there will be many more colleagues that will in the next few months add an important line to their resumes.

Yes, I am confident that if we continue working as hard as we are at the moment, we will eventually control this outbreak. Then, most of us will go home. Some of us will proceed to the next crisis and others will go back to some of those old-school, less glamorous public health challenges like tuberculosis. Don't expect an international mobilisation for that.

So, would we have completed our jobs as field epidemiologists when this outbreak is finally under control? Since most of us are not part of the decision making processes that relate to economic development in countries like Liberia, the natural answer would be "yes". But can we continue with this same paradigm in 2015? Can we really afford to go back to work – and forget Liberia? Can we leave it to the bureaucrats at the World Bank or IMF as has been the case in the past?



## Beyond epicurves - Chikwe Ihekweazu

This time, things have to be different – we just cannot afford to casually go back to the status quo. We have to raise our collective voices about the situation in the clinics that we visited for “assessments” and the conditions in the schools from which we recruited teachers as “social mobilisers”. The conditions in the slums that we drove past in our white jeeps are not “normal” for Liberia! They cannot be “normal” in any country. It really does not matter how much airport screening we do, humanity stands no chance against viruses if people live in the squalor of West Point.

More than ever before there is a possibility that we can engage the attention of the world to call for collective action to force the change that needs to happen in places like Liberia, which the outbreak has brought to the world’s attention. As epidemiologists that have spent months in the field, we have a moral obligation to lend our voices to the broader struggle. We cannot and should not look away.

We must raise our voices and share our experience and call our governments to action. We have a responsibility to try to influence the broader public health agenda beyond the technical aspects of our work. We have learnt

from the HIV/AIDS global epidemic that robust health systems are critical in mounting and sustaining a vigorous response to an emerging disease threat. This 2014 Ebola outbreak provides a unique opportunity to rebuild and strengthen health systems and should serve as an instigator for a much more robust investment in public health.

Being part of this response is a rare privilege. It is not one that can be completed with a “mission report”. If the over 1000 international colleagues that have participated in this response change their views on public health as our collective responsibility, we may have a small chance of really changing the way we think about intervention field epidemiology. The one thing that we can be absolutely sure of is that there will be another large outbreak somewhere in the world in the next few years. It really is our collective choice to either learn from history or to keep doing things the same way we always have. Granted, working in partnership for development is a lot more complicated than “outbreak control” – but this really is the only sustainable way forward.

The choice is ours.



## The Ebola Response Anthropology Platform

*Annie Wilkinson is a social anthropologist at the UK Institute of Development Studies and member of the Ebola Response Anthropology Platform. Her current research focuses on health systems, after a PhD investigating health seeking and diagnosis of Lassa fever in Sierra Leone.*

The Ebola Response Anthropology Platform was set up out of a concern that the social and political dimensions of the West African Ebola epidemic were being overlooked and misunderstood. From early on, conventional tools of containment for Ebola were failing as public health teams were met with fear and efforts to isolate patients, quarantine households and curtail population movement backfired.

Early reports of these incidents focused

on the ‘ignorance’ and ‘superstition’ of local populations, supposedly evidenced by Ebola denial and preference for ‘traditional’ treatments and burials. Relationships between local populations and response partners were clearly problematic. However, such ‘culturalist’ interpretations are misleading as they deny the validity of local people’s logics and perspectives, including those rooted in the experience of inadequate health systems and of governments proven not to act in people’s interest. In addition, the top-down and medicalised approaches which have dominated the response to date have too often excluded local people from meaningful involvement in managing the epidemic and from decisions over their health, or the burial of family members.

The Platform’s aim is to strengthen the response by integrating anthropological



## The Ebola Response Anthropology Platform

knowledge and understanding of the local context more fully into the response. Ebola is an emotive disease which threatens the social fabric. An economic and humanitarian disaster now accompanies the health crisis. A balance between medical interventions, emergency thinking, and more humane and localised approaches is urgently needed.

This requires a deeper, historically and politically grounded understanding of the lives and perspectives of local people and of the structures

and relationships underpinning the disease's spread. A strong public health effort needs to be combined with community engagement which is truly two-way and collaborative. To achieve this, the Ebola Response Anthropology Platform - in conjunction with the Emergency Ebola Anthropology Network - is creating a network of anthropologists and social scientists across the world and is providing an interface between them and those planning and implementing the Ebola response.



## Reflections on return from the field

“Day 22 [post-exposure] feels good”

By O. Condell, N. Zeitlmann, G. Korr, M. George

In April 2014 the monthly “Scientific Teleconference for European Epidemiology And Public Health Microbiology fellows” (TEAM) by EPIET fellows was established as a continuation from the former REST sessions. At our last telephone conference in December 2014 current fellows who had been on an Ebola mission shared their experiences of the mission. The discussion was enriched by frontline coordinators who added their experience from other missions as well as from the perspective of a frontline coordinator of a fellow on mission.

*What were your arguments that might have helped to convince your family to let you go?* The bottom line is to talk to your family and maybe agree together beforehand on how far you can put yourself in dangerous situations and when you should pull out of the mission. There have been a few Ex-EPIET Fellows, who have kids, on Ebola mission. Feel free to contact the authors for more information.

*What did you do? What were your tasks when you arrived? What did you do in the end?* “When we arrived we went to the WHO office to talk to the outbreak coordinator to find out what our tasks would be. We were told we would be working with the Montserrado epi/surveillance team. We were not given any more details than that. When we met the Montserrado coordinator she was not able to give us specific tasks either. For the first two weeks we did not really have a

routine. We would go to the WHO office and do tasks that needed to be taken care of on that day this was mainly field visits (to case investigation teams, contact tracers, the MoH or treatment units) either to find out some sort of information or to make observations and complete a report on it or make recommendations.

For example, our boss had heard that there was one case investigation team that was completing much fewer cases compared to others so we were sent out to follow them for a few hours and report back as to what the delays with regards this team were.

About three weeks in we got a new team leader and after that we were more focused on data cleaning and epi reports so most of the working on our computers. At the end of the mission there was a debriefing with the outbreak coordinator- which was mainly a chat about the experience, what could have been done better, what was done well....etc.”

*Who took over your work after you left? Do you think another fellow could get the same tasks again/take over from you...?* Both fellows suggested it would be good if there had been more overlap with other EPIET/EUPHEM/FETP fellows. In case no one immediately took over, the leaving fellow wrote a transfer protocol. It was suggested that it would be good to train locals in the tasks and the fellows said this had been part one of the aims they set out for their mission but for various reasons this didn't happen much; this task that was mainly carried out by the one fellow who arrived after the first two.



## Reflections on return from the field

The issue of sustainability was raised. There seems to be a common problem also in other missions that international organizations like to work with their communication, data etc. systems which are not sustainable in the local settings, instead of building up on systems which are already in place and which locals know.

*Did you actually see/have contact (also if only seen or spoken to) with Ebola patients/ Ebola suspects on the street? Did you take measures for personal protection e.g. keeping 1 m distance from anybody for whom you wouldn't know if he/she is ill?* When the two fellows arrived it was already common practice to not touch each other, e.g. to not shake hands etc. So it was not difficult to keep the 1 metre distance. They visited treatment centers and saw and spoke to Ebola suspect cases but always from a distance of over 1 m. One of the front line coordinators added, that in many cultures it is actually uncommon to e.g. to shake hands or to touch each other, especially between man and woman.

*What about security issues in general? Did you avoid public places/public transport? Would you say that is recommended?* It is common practice that you have a driver while you are on mission. This was the case for the two fellows in Montserrado, they always had a driver and never went anywhere that was not within the immediate area of the hotel alone. One of the frontline coordinators emphasized that one should stick to the designated driver and avoid driving by themselves. There have been instances when foreigners were deliberately involved in accidents just to extort money.

*How did you feel when you came back? Nervous while still in the incubation period? Did you avoid having close contact with family members/partners?* "It is to say that by the time I came back, beginning October, there was no real information going round for the public regarding that there is no need to be isolated when not being symptomatic etc., so that was different to now.

But however, also now, it is important to be prepared to face some stigmatization on return. When I came back for example, I was

facing some problems in my private life, for example when it came to living together with my flat mates or by some relatives (especially when it came to contact with small children).

I think, although you might feel mad or disappointed (since you had been on a 6-week mission "helping" people), it is still very important to respect the private fear of people and try not to take it too personally. For example, when dealing with people who were not sure if they should hug me, I usually chose to inform them that there is no risk in hugging me but stated that I was also ok with it, if they don't want to.

Since I was more nervous to get feverish due to other reasons than Ebola than actually having Ebola, which would have led to listing contacts, getting in touch with the health system and maybe even ending up as a "suspected case". In my home country, it was mostly me staying away from sick people, than the other way round :-). Still: Day 22 feels good :-)"

*What did you gain from the mission?* "Quite a lot. It is hard to describe. We think generally what we gained was experience of what a complex emergency situation is like. If we were in the same situation again I would have a much better idea of what to do e.g. we would know to expect chaos, to understand that it is normal that it takes some time to find out exactly what your role is. It was the first time we experienced the management of an emergency situation with all its actors and partners on the ground.

For Epi/Surveillance purposes it was incredibly helpful to see how a Surveillance system on the ground and in resource-limited countries works and to see the problems. Also seeing the progress you can make with "bad" data is an achievement and encouragement for my later working life.

Last but not least, a point that thrilled me and gave me a lot of ambition for my later career was to see the high-level diplomacy, with which my supervisors for example and some partners on the ground communicated, often in stressful situations, where they faced non-cooperation and problems."

*Additional info*

One of the front line coordinators noted that the former evacuation ceiling set at 10.000\$ of the WHO insurance is now lifted.



The laboratory was located within a 53m<sup>2</sup> tent in the Ebola Treatment Center next to the patient tent. The team members were from all over Europe and brought with them huge expertise within the field of highly pathogenic microorganism.

My first role was to receive and to tag the specimens sent by MSF, Red Cross and the local hospitals. Specimens were quite diverse but mainly EDTA blood, throat swabs, and also urine and breast milk. The next step was the inactivation of the specimens in a negative pressure glove box designed for the EMLab. As this was a critical step, a two persons were required, one performed the process and the other was the 'buddy' checking each step of the inactivation. After the inactivation, a nucleic acid extraction and a real time polymerase reaction were performed.

The laboratories and the provision of rapid and accurate diagnostics are a key and integral part of the response to the Ebola outbreak and crucial to win this huge struggle. Since the beginning of the outbreak and as part of the international response, the European Mobile Laboratory (EMLab) has provided uninterrupted field laboratory diagnostics for the surrounding areas in Gueckedou, Guinea with close cooperation with Médecins sans Frontières (MSF) and the World Health Organization. The Biosafety Laboratory at the National Center for Epidemiology is one of the participating institutes of the EMLab.

The main diagnostic test profile was not only for Ebola virus but also for malaria which is endemic in West-Africa and it can cause similar symptoms to Ebola. There were several occasions where we had patients with the symptoms of Ebola disease but they were positive only for malaria. MSF appreciated our work as results were provided within 4 hours thus helping them to rapidly treat patients and to organize the isolation center capacity (i.e. to discharge the patients or to admit the confirmed cases). The EMLab has the capability to detect other endemic pathogens such as Lassa virus, Dengue, Vibrio cholerae, etc. We also organized the safe specimen transportation (with essential skills gained from the EUPHEM BQM module) to send samples back to Europe for further characterization.

My experience and expertise has always been in the field of highly pathogenic microorganisms and I therefore applied for this mission and found myself as an EMLab Team-2 member and ECDC EUPHEM fellow from Cohort-2013 in the field in mid April 2014 for three weeks.





## The Ebola outbreak from a field lab - Zoltan Kis

In this remote area of Africa, we faced and managed several difficulties such as unpredictable specimen numbers and arrival time, receiving broken blood collection tubes, electrical shortages during laboratory procedures, limited space and resources along with other logistic problems. The psychological and emotional pressure was also notable: working with one of the deadliest viruses under basic conditions, the consequence of false positive or negative tests, time pressure and the living conditions as high temperatures, always the same food and there were insects

everywhere.

This mission was a very important milestone in my life, it was tough but I gained huge experience and my perspective on life became wider. The work in the laboratory is only a small component of the fight to defeat this enormous outbreak. Widespread global collaboration is essential between epidemiologists, laboratories, hospital staff, decision makers and the very importantly, the locals. Hence, the provision of accurate and rapid Ebola diagnostics is a very important part of this huge struggle.



## New Year's greetings from the field

A good epidemiologist shouldn't ever take a rest on his laurels, neither after one long and oppressive year of fight with diseases as Ebola.

Within the meaning of these words our one brave still fellow and one ex-fellow, who has EPIET still in his mind, took an opportunity and decided to exchange the Christmas time spent with family and the New Year celebrations for work in tough conditions in Sierra Leone.

Sophie Newitt (UK FETP, Cohort 2013) from Public Health England and Jorge del Diego (currently managing the Preventive Medicine Department of Spanish insurance company ASISA) both responded to the GOARN request for field epidemiologists in Sierra Leone, and coincidentally were both placed together in Port Loko District.

Said by their own words: "We both applied for this mission as we wanted to help in the fight against Ebola and knew that although it would be difficult, it would ultimately be a rewarding experience! We were also conscious that over Christmas many people already working in the field would like to return home and agencies (such as WHO) would struggle to maintain enough personnel..."

From the holy Christmas time Sophie has been working as a field epidemiologist and as the WHO district focal point for contact tracing. Jorge was working also as a field epidemiologist and WHO IPC (a specialist in infection and prevention control) focal point for the district,

providing training and assessing facilities (both green zones and red zones).

Christmas Eve was for them just part of the normal work day. But as they reminisced: "The International Humanitarian Partnership camp where we stayed made sure we had a Christmas dinner to come home too!"

And on New Year's Eve, we followed the Spanish tradition of eating 12 grapes at midnight along with the chimes of the clock but with 12 pieces of pineapple instead!"

And as we made step into the New Year already, Sophie and Jorge are still full of enthusiasm shouting aloud at us: "Best wishes for the 2015, and hopefully the end of Ebola is in sight!"



## *Ebola Response Tracker*

The Ebola Response Tracker webpage provided by the international organization ONE is an outstanding initiative giving a clear view into financial issues related to Ebola response at country level and by strategic organizations.

Quoting the authors: "...to get the full picture we need to understand the story behind the figures: Which countries have committed ambitious amounts? How much money is additional to existing commitments for health? How many are filling urgent needs by providing materials and health care workers?

We set out the latest on what key countries have promised—our best attempt at outlining which countries have committed most to Ebola across three categories: financing, health care

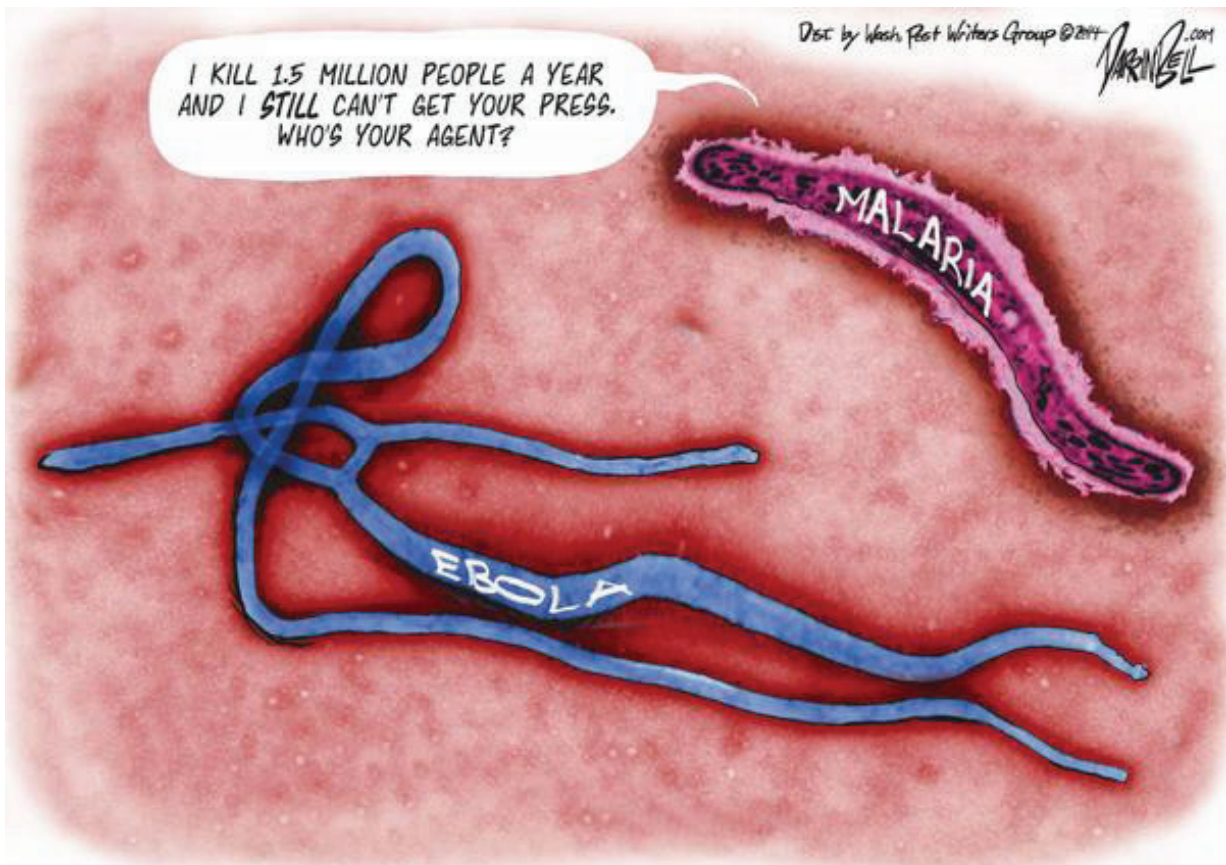
personnel, and in-kind contributions.

Today, we're launching that same data in an interactive format, so you can customize comparisons and dive deeper into countries' commitments."

All the interesting information you can find at: <http://www.one.org/us/ebola-tracker/>

## *Computer tool for the Ebola epidemic*

EAN offers at its web page a helpful summary of links to other web pages focused on Ebola issues. The links are divided into contact tracing, digital maps, and free literature available online. So in case there is a need for fast information even during the mission, it is childlike simple to make a click on: <http://epietalum.net/content/computer-tools-ebola-epidemic>





National Institute of Public Health – National Institute of Hygiene, Warsaw, Poland

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

I hold a master's degree in biological sciences (specialization in microbiology), hence my very first contact with infectious diseases was during studies. Then I worked at the International Health Regulations Focal Point in NIPH-NIH Poland. The training gave me opportunities to enlarge my knowledge and to apply it in practice, especially in vaccinology.

*What did you expect from the EPIET-MS fellowship?*

I expected an intensive training that would cover all aspects of intervention epidemiology in practice. Prior to EPIET I had only one year experience in epidemiology.

*What is your best memory of your time as an EPIET-MS fellow in Poland?*

My best memories are mainly related to field work. The projects I was involved in during my fellowship required many travels around Poland, personal contact with study populations (interviews), and introduction of control and preventive measures in a place (outbreak investigations).

*Do you have some funny stories to remember always when you meet with your former (and possibly still current) colleagues or Cohort? Or, was there some experience that you felt was a catastrophe during the fellowship, but now you can just laugh about it?*

There were many worth to remember stories those happened during the fellowship of cohort 2012. Most of them happened during our participation at the modules while working on case studies i.e., crazy ideas, excellent answers, "showing" words by non-native speakers



*Sylwia second from right*

(including myself) because they didn't know the correct word in English. And my personal catastrophe was my 3-minute presentation during the Introductory Course! :-)

*Were your expectations of the fellowship fulfilled?*

Yes, in 100%. Up to now, these two years of the fellowship were the best in my short career as a communicable disease field epidemiologist.

*What's the most important lesson you've taken from your EPIET-MS experience?*

Be confident in yourself, and don't be afraid to ask questions!

*What is your current position, and do you think EPIET-MS prepared you for it?*

Currently, I am staying at the same position with the same daily tasks as before the fellowship. I'm still waiting for more challenging work :-)



## WAYN - Cohort 2012: Sylwia Kaminska EPIET-MS

*Finally, do you have any suggestions for the current fellows or new and upcoming alumni?*

I think that fellows should be aware that two years is a very short time, and during the fellowship they should be focused only on their EPIET projects.

Additionally, all EPIET-MS fellows should request for protected time, regular meetings with their supervisors, as well as feedback.

*Sylwia top row, second from left*



## WAYN - Cohort 2012: Jussi Sane EPIET-EU

National Institute for Public Health and the Environment, Bilthoven, Netherlands

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

I first heard and learned about infectious diseases and EPIET during my undergraduate studies in biomedical science at Karolinska Institute. We had a lecture about outbreaks and public health emergencies and this was held by a fellow based in Stockholm.

*What did you expect from the EPIET fellowship?*

I expected to reach new skills and new experience, to get a different perspective for infectious diseases (prior to EPIET I was more like a lab person, virologist) and to become a part of the great network.

*What is your best memory of your time as an EPIET fellow in the Netherlands?*

The birth of my daughter!

*Do you have some funny stories to remember always when you meet with your former (and possibly still current) colleagues or Cohort? Or, was there some experience that you felt was a catastrophe during the fellowship, but now you can just laugh about it?*

The Dutch lunch culture including bread, some milk and more bread. There are also some funny but politically sensitive stories which I probably shouldn't comment on here...

*Were your expectations of the fellowship fulfilled?*

Very much so. I'm way better equipped for my career as a well-rounded public health professional.

*What's the most important lesson you've taken from your EPIET experience?*

How you can learn a lot from your co-fellows coming from different professional and cultural backgrounds with different thinking and set of ideas.

*What is your current position, and do you think EPIET prepared you for it?*

Currently a short-term consultant at Chatham House (an independent, non-governmental institute that researches and advises on international policy, including global health), but soon a senior epidemiologist at the public health institute in Finland. My future job will include surveillance, outbreak investigations, research on call preparedness and international collaboration, focus on emerging/vector-borne diseases. Quite simply, I would not have that job without EPIET training.

*Finally, do you have any suggestions for the current fellows or new and upcoming alumni?*

Enjoy! Try to get involved in a variety of projects, it helps to understand the big picture.

National Institute for Health and Welfare, Helsinki, Finland

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

During my PhD studies at the London School of Hygiene & Tropical Medicine, I was working on making infectious disease diagnostics more accessible in remote settings of developing countries. This was an exciting time, where I learned how I could effectively use my background in microbiology for practical applications in public health.

After my PhD I realised EUPHEM would give me the opportunity to do that exact same thing, with the additional benefit that I would be able to expand my international network greatly.



*What did you expect from the EUPHEM fellowship?*

I expected a high quality-training programme that would allow me to acquire a proper understanding of the different concepts of epidemiology (e.g. surveillance, outbreak-investigation, prevention) through hands-on, project-based experiences.

Moreover, I anticipated learning more formally how bridging the fields of microbiology and epidemiology can work synergistically to the advantage of public health. From earlier EPIET fellows, I learned that a lot of travelling would be involved and was preparing for being part of an EU-wide network, which would help me gain a better understanding of the European public health arena, and –honestly speaking– to learn what it is exactly that ECDC is doing....

*What is your best memory of your time as an EUPHEM fellow in Finland?*

Best memory of Finland? That would be my first winter in Helsinki. According to the local news it was the darkest winter since the 1950s and for me, by far, the coldest, with -25 C temperatures. Such a cold is pretty extraordinary and whilst the sea is completely frozen, you can walk to all the islands around Helsinki.

Just trying to cope and live in such temperatures is kind of fun, but after months of cold, the arrival of spring/summer is truly awesome!

*Do you have some funny stories to remember always when you meet with your former EPIET/ EUPHEM colleagues?*

The introductory course in Menorca is definitely a classic source of funny anecdotes and stories. The three weeks of courses and parties on the island were really fun, particularly the theatre plays created by Lucas. In these plays we combined the lessons learned of that day with Romeo and Juliet (I played Romeo) and the Little Red Riding Hood (I think I was a tree) storylines. Those were pretty hilarious in a nerdy kind of way.

*Was there some experience with that you felt was a catastrophe during the fellowship, but now you can just laugh about it?*

That would be the linguistic preparations for a mission with Médecins Sans Frontières regarding a malaria outbreak in Chad... Considering my several years of French lessons I received during high school, I used to believe I was able to express myself fairly reasonably in French.



## WAYN - Cohort 2012: Pieter Smit EUPHEM

So at the time of my application for the mission in Chad, I thought that was the least of my worries. But in the two weeks I was left with before my departure, I realised my remembrance of any French verbs and grammar text books was so poor - I had the feeling it would be best to just cancel the whole trip immediately. Retrospectively, I am really happy I went, as the mission went very well, despite my poor levels of French!

*Were your expectations of the fellowship fulfilled?*

Absolutely, I was able to work on many different kinds of projects, on a wide range of infectious diseases and collaborate with microbiologists, epidemiologists, clinicians, and healthcare workers. The mission to Chad was truly beyond my expectations and such a great learning opportunity. And now I know what ECDC does!

*What's the most important lesson you've taken from your EUPHEM experience?*

Before I started the EUPHEM fellowship, I worked mostly with STIs in a lab related context. Now, thanks to EUPHEM, I have widened my scope and mind-set to work on all kinds of infectious diseases in and outside a lab-setting.

*Finally, do you have any suggestions for the current fellows or new and upcoming alumni?*

I would recommend current fellows to come up with international projects by working together with other fellows and public health institutes.

You will never be able to set up international studies so easily as a fellow, so use that opportunity and be creative!



## New EAN Board member: Ricardo Mexia

I am a Public Health Doctor and Epidemiologist, currently working at the National Health Institute Doutor Ricardo Jorge (INSA) in Lisboa, Portugal, where I work in Epidemiologic Surveillance Systems.



I did my EPIET training in Cohort 15 (2009-2011) in Oslo, at the Norwegian Institute of Public Health. I hold a Medical Degree from the New University of Lisboa, a Masters in Public Health from the National School of Public Health and a Healthcare Management Degree from the Catholic University of Portugal. I teach Public Health and Preventive Medicine at the University of Lisboa and Epidemiology at the University of Algarve.

One of my passions is working in Mass Gatherings, which I have been doing since 2004, being the Medical Coordinator of the Rock in Rio Festival since 2008, and coordinating the Epidemic Surveillance unit of the BOOM Festival since 2012 (actually, one of my field missions during EPIET was being part of the Surveillance System at BOOM in 2010).

As an active member of the production teams of large Festivals, I believe that having a scientific approach to planning and organizing these



## New EAN Board member: Ricardo Mexia

events is paramount in getting better results and ensuring safe and memorable events.

I am currently a member of the board of the Independent Medical Doctors' Union and am Chair of the General Assembly of ALIMENTA (an Association on Food Allergies). Since my time as a Medical Student, I have been actively involved in representing my peers, serving as President of the National Medical Students' Union and going on to be Secretary General of the Permanent Working Group of European Junior Doctors. I am currently the Vice President of the Alumni Association of my Medical Faculty. Considering this background, I decided to apply for an EAN position to help strengthen the network, identifying fully with the values it stands for. In fact, I knew about EAN even before EPIET, because I was granted an EAN travel grant to attend ESCAIDE in Berlin, back in 2008.

After participating in ESCAIDE I already felt "at home" so applying for the EPIET programme was an easy decision.

The skills developed in EPIET are only part of the deal one gets during those 2 years. The people you meet are indeed one of the assets of programme because they will influence you professionally and personally. The shared values of all EPIET and EUPHEM fellows arise both from their diversity and a common mindset enabled by the training. Catering to the different needs of all is a challenging task but can be achieved through commitment, effort and constantly listening to what the network has to say.

I am deeply committed to EAN and am looking forward to being part of a motivated team willing to foster communication among EPIET Alumni and developing tools to enable collaboration among them.



## New EAN Board member: Katherina Zakikhany

I am a Public Health Microbiologist currently working at the Public Health Institute of Sweden, Stockholm, Sweden, in the Department of Laboratory Surveillance of Vaccine Preventable Diseases. I did my EUPHEM training at the former Health Protection Agency (HPA) (now Public Health England, PHE) in London, UK (Cohort 16 (2010-2012)).

Professionally I started off in southern Germany with a scientific degree in Microbiology and a keen interest in basic research and infection biology, which brought me to Berlin and a PhD at the Robert Koch Institute. Already here the focus on basic research became slightly deviated which, after a PostDoc at the Karolinska Institute and a few clinical research projects, resulted in a course in Infectious Disease Epidemiology and an application to the EUPHEM programme. Why not combine the best of many worlds?!...



My intentions to apply for the position as one of the treasurers on the EAN board were twofold. Firstly, I would like to contribute and actively support the integration and visibility of EUPHEM in the network. Secondly, I would like to contribute to the work of the network; support the financial management and accept the challenge of exploring new /alternative funding sources.

I am looking forward being a part of the board over the next two years, hopefully meeting with many of us on various occasions and social events! And, if anyone would like to support the work of the board, please contact us, we would love to hear from you!



## EAN travel grant recipient: Elizabeth Adedire



*Elizabeth Adedire with Polya Rosin after a short interview during the conference*

I am Elizabeth Adedire from LAUTECH teaching hospital in Osun State, Southwestern Nigeria. And I am a public health physician. It's a great honor to have gotten the travel grant by the EAN board to attend this great conference ESCAIDE with a presentation. Without the travel grant I may not be able to arrive due to the exorbitant increase in airfare. I was so glad when I had my abstract accepted for oral presentation, especially as it was also one of the criteria considered for the grant.

My presentation "Immunization coverage assessment and drop-out rates for different vaccines among children 12-23months in rural Atakumosa-west district of Osun State, Southwestern Nigeria" was on a survey carried out as FETP resident. The session was very rewarding with opportunity to get great comments, ideas and concepts from experts, as well as other scientists from different countries across the globe helped to improve my work and gave insights to further research areas in field of vaccines and immunization.

ESCAIDE is one of the few conferences I have attended, but it's really a great scientific event bringing together people from different regions and with different racial origin. The social interaction is superb. It gave me exciting feeling that sharing knowledge has no racial

bound while having people commenting on your presentation and sharing from their own personal experience. It's really a great experience and the organization was quite impressive.

I enjoyed every aspect of the conference. But the most important for me were the plenary sessions and the parallel sessions. I was particularly impressed by the first plenary speaker, Dr Ilaria Capua, a member of the Italian parliament, who gave a talk on "Close encounters of the third kind, pathogens, globalization and politics". She brought out the need for the scientific community to communicate with stake holders and politicians for operational change in disease management at global level. I also enjoyed the parallel sessions on vaccine preventable diseases, as well as outbreak investigations.

I'm thankful to the conference organizers and EAN team, for the support to get this laudable opportunity to discuss my work with skilled scientists from different countries and at the same time an opportunity to visit one of the prettiest European countries Sweden, with its beautiful capital Stockholm. Coming from the tropical region, the weather was a bit too cold for me, but I enjoyed it all the same. I believe I will be able to participate at the next year ESCAIDE conference as well!



*My presentation*



## EAN travel grant recipient: Ruth Alma Ramos

As senior fellow of the Field Epidemiology Training Program of the National Epidemiology Center- Department of Health, Philippines, my attendance to ESCAIDE 2014, Stockholm was made possible through the EAN travel grant awarded to me.

The registration, as well as the travel expenses, were actually beyond my reach. Thanks very much to EAN for considering my travel grant application. Being a recipient of such grant was a fulfillment as an FETP fellow.

My participation at ESCAIDE 2014 with 1 oral and 2 poster presentations was a privilege, and according to my opinion not only to share my work with other epidemiologists of the world. But more importantly, it was an exchange of information, experiences and best practices for the betterment of public health. The three days convention has opened up opportunities of meeting new friends and other already known acquaintances who were in the Philippines, particularly those who have helped in the aftermath of Typhoon Haiyan in Tacloban.

There was so much to learn during the three days Scientific Conference from the results of outbreak investigations, surveillance, vaccines and the like!



But what interested me was the Ebola Virus outbreak discussion, as I have learnt a country's readiness and capability to address and emphasize correct and preventive measures to control this.

From all the plenary sessions I have attended the epidemiological surveillance was the prime importance.



My oral presentation on "Establishment of Active Disease Surveillance, Post Typhoon Haiyan, Eastern Visayas, Philippines" did not only give me a chance to convey to everyone the importance of establishing active disease surveillance post disaster but it has been a venue and opportunity to thank everyone who have extended help to the victims of typhoon Haiyan as it was the anniversary date that the typhoon caused massive destruction in the country particularly in Region 8-Eastern Visayas. All of you will never be forgotten by the Filipino people.

Again it was an honor and privilege to be the recipient of the EAN Travel Grant. And I am still looking forward of attending the ESCAIDE 2015. Organizers, you've done a great job! Keep it up!



# New EAN website

Unless you've spent the winter months hibernating under rock (and we can't blame you if you have), you're probably already aware that in December 2014, we launched our new website:

[www.epietalumni.net](http://www.epietalumni.net)

By now you should have all received your user name and password to log in. If you haven't, send us an email to [eanboard@gmail.com](mailto:eanboard@gmail.com) and we will sort you out (although be sure to look in your Spam or Promotions folders first, as sometimes our emails are directed there).

Once you've received your log-in details, we ask you to immediately change your password to something secure, and to update your user profile to reflect your current work/country details, and to set your preferences as to which mailings you wish to receive from the EAN.

It's important to keep your user profile accurate and up-to-date, firstly for your benefit so that you receive only the services you wish to receive (and avoid having your inbox clogged by those that you don't), and also so that we as a board have an accurate overview of who our membership comprises so that we can better target our services accordingly (ie. – ultimately benefitting you again! :-)).

The new website has been developed in order to modernise our "online presence" and as such has both non-member and member-only interfaces. Non-member visitors can learn more about the EAN and what it does, as well as request experts working in specific areas through Experts Pool (that's you – all the more reason to update your user profiles with details of your expertise!).

The members' only area is more tailored for you – here you can access job vacancy and conference/training advertisements, issue Ask The Network requests, consult an enhanced Experts Pool, find out about upcoming EAN social events and much more!

The website also has two new exciting facilities – the ability to cast anonymous votes online via the Poll function (so no more having to wait for a GA to vote on upcoming issues), and the ability to pay your membership fees online via PayPal! If you prefer to continue paying via bank transfers, then that's fine, too – but bear in mind that the board then has to manually update your membership details and access rights, so it might take a few days to access the website after payment. With PayPal it's all done automatically and you'll get instant access on payment.

So, we encourage you to log on to the website, have a play, see what's available – and send us your comments and ideas. We're still very much in roll-out phase, so we're happy to hear from you (and aware that there may still be a few bugs in the system that we need to iron out). Note that we are aware that the lady on the homepage is a little bit stern and scary, so we're happy to hear your ideas as to what kind of photos might "capture" the network better (feel free to send in your artwork!).

But – most importantly of all – be sure to update your passwords and user profiles ;-)  
Enjoy!!



HOME ABOUT US ACTIVITIES MEMBER AREA

**MEMBER AREA**

In order to access the Member Area you need to log in. If you don't have an active account you can either apply for membership, or contact us here.

**MEMBERSHIP STATUS**

If you were redirected here after logging in, then your membership has expired and needs renewal.

Click on the button below to renew your membership:

**LOG IN**

Log In

Username

naomib

Password

.....

Remember Me

Lost Password

- Membership Status
- Job Opportunities & Conferences
- Ask the Network
- Expert's Pool
- EAN Social Events
- Gallery
- Public Polls
- Private Polls
- Whiteboard





## Photo contest ESCAIDE 2014

During ESCAIDE 2014 EAN, in collaboration with ECDC, organized a photo contest open to all conference attendees.

People were asked to submit a photo from their adventurous professional life. EAN received 20 amazing photos from the field, which you can admire at:

[http://epietalumni.net/dt\\_galleries/photocontest-escaide-2014/](http://epietalumni.net/dt_galleries/photocontest-escaide-2014/)

Congratulations to Nadine Zeitlmann (Cohort 2013) for the 1st prize, featured on the front page of this newsletter

And don't forget, keep your camera still ready to catch the best pictures for Photocontest ESCAIDE 2015!



See you for the  
**Spring Newsletter!**

