



Chiemsee, Germany, 2017

Editorial

Dear EAN Friends,

Summer is finally here!

Once again, we have gathered many interesting articles for this issue.

We are delighted, that the new coordinator Aura Andreasen answered our questions and is introducing herself to our network.

You can read a contribution from Cohort 2015 on the strengths of peer learning and how to fully utilise the joint potential of fellows, facilitators and alumni for continued development of the fellowship.

James Elston (C2015) gives us an insight on the difficult situation for women and children in rural Sierra Leone when accessing healthcare.

We are happy to announce that the EAN mini module on Migrant Health will be organised again in October and are looking back on the EAN mini module on HCAI that took place in June this year.

We will be looking for new EAN Board members in November (President, Treasurer and Secretary) – more information will follow soon. And we also want to remind you of the upcoming EAN Travel Grant for ESCAIDE 2017 and our exciting event “#8000 days of EPIET”!

Enjoy the newsletter!

The EAN Board

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EAN: Hello Aura! Can you describe your background and how you ended up in field epidemiology?

The career path I have followed was determined by my first post as a laboratory scientist at a small hospital in a rural area of Colombia. I experienced the diagnostic challenges of working in a laboratory equipped with little else than a microscope. I realised then that improved diagnostics were pivotal to disease control. It motivated me to join the parasitology research team at my old University. The aim of the group was to study the epidemiology of endemic parasitic infections. I had wonderful mentors, with expertise in field work and diagnostics. Improving diagnostics to clarify the epidemiology of amoebiasis in Colombia became my PhD thesis. After graduating I joined a team evaluating strategies for the control of trachoma in Africa and then got involved in clinical trials evaluating interventions for control of HIV and sexually transmitted infections. I learned that accurate, good quality data can only be achieved with good epidemiological design and appropriate laboratory tools.

EAN: When did you first hear about EPIET/EUPHEM programme?

Public Health England is a training site and a call for expressions of interest for EUPHEM co-supervisors in 2015 led to a conversation with Androulla, who is an excellent ambassador for the Programme.

EAN: What motivated you to apply for the function of coordinator?

Mentoring and capacity development have been the foundations to any of the projects I have been involved with, and after attending the Summer School I knew the EPIET/EUPHEM Programme Coordination was the perfect vehicle to go full circle!

EAN: How do you think Field epidemiology training adds to public health training in general?

We need to start with the premise that without field epidemiology expertise there will not be effective public health interventions. Field epidemiology training provides public health scientists with the knowledge on how to obtain current, relevant and accurate data using validated methodologies that take into account the particular socio-economical and geospatial conditions of that population. Cost effective interventions are based on using the right field epidemiology methods, from designing a questionnaire, the sampling strategy or collecting the relevant specimens, to the analysis of the data using the relevant statistical tools. Field epidemiology training allows for successful public health planning and that is how our Fellows become public health leaders all over the world.

EAN: With all the recent changes in the EPIET/EUPHEM programme, how do you see the programme(s) developing in the future?

We need to prepare Public Health experts that are able to keep up with social and technological change, that are able to interpret and understand massive outputs generated through the latest advances in technology and that are able to establish and manage wide global interdisciplinary networks. Hopefully they will be able to feed back into the Programme by becoming mentors as well.

EAN: Based on your own experience in the UK FETP is there anything that would be worthwhile transferring over to the EPIET/EUPHEM programme?

Rather than transferring, I see a group of experts communicating well and working together, evolving the content of the programme according to global health needs.

EAN: Any tips for the fellows to get the most of the two years fellowship?

Network, cultivate collaborations and enjoy every minute of the learning experience. We also learn a great deal by facing the challenges.

EAN: Where do you see EPIET/EUPHEM graduates working in the future?

I see our experts not only in public health institutions but also in academic institutions in developing economies around the world, forming the next generation of public health experts.

EAN: Is there something that you would like to say to the EAN network?

Go forth and reproduce!

The strengths of peer learning: how to fully utilise the joint potential of fellows, facilitators and alumni for continued development of the EPIET and EUPHEM fellowship

Amrish Baidjoe, Lutz Ehlkes, Patrick Keating, Djurdjica Marosevic and Alexander Spina on behalf of Cohort 2015 (names in alphabetical order)

The rich diversity in fellows' backgrounds within the EPIET/EUPHEM/PAE/FETP programmes is one of its greatest assets. Each fellow enters the programme with a unique set of skills and experiences, which can benefit the programme and provide additional learning and teaching opportunities for all involved. However, should fellows' experiences be used to shape module content and if so, how?

Fellows from cohort 2015 and others have demonstrated that novel tools and technologies can be introduced and utilised within current modules. Together with facilitators, fellows have developed and facilitated training materials during modules. Topics included mapping/GIS (outbreak module/RAS), phylogeny, bioinformatics and mobile data collection tools (RAS). In addition, fellows from C2014/C2015 had the opportunity to plan and carry out a rapid needs assessment at Elliniko refugee camp in Greece during the RAS module in 2016. This was a unique opportunity for fellows to learn and exchange knowledge among each other, while making a factual contribution during a pending emergency situation. These types of knowledge-transfer enrich the programme as a whole, while offering valuable professional experiences to the facilitating fellows.

Knowledge transfer was not restricted to members of the EPIET/EUPHEM/PAE/FETP community, but also included teaching activities for other health-care professionals within host countries and during deployments abroad. This highlights that, even during their fellowship, fellows are valuable and can be highly demanded instructors for their particular fields of expertise.

In addition to facilitation and developing of training materials, fellows have actively provided feedback on the overall structure and topics in the modules, both within and outside of periods of regular evaluation. Fellows from C2015 have conducted multiple surveys over the past two years, focusing on topics such as assessing the microbiology content of the programme as well as the use and teaching capacity of statistical software among sites. This has contributed to the discussion on transitioning from teaching Stata to R, resulting in the development of teaching materials for R used in the multivariable analysis, rapid assessment and time series analysis modules. In addition, fellows have now engaged in the structural development of R-materials for public health purposes within the R Epidemics Consortium (RECON), a platform with professionals from different organisations (academia, national health institutes, WHO/MSF, and others).

These examples of successful peer learning and cooperation between fellows, facilitators and alumni highlight that fellows' experiences can and have been used to actively shape current and novel module content.

We need to ask ourselves how we can systematically identify, utilise and implement such potential while safeguarding the quality and the goals of the programme. A continuous open discussion on this role between programme heads, facilitators and fellows from the start of the fellowship could increase the input that fellows can provide to further strengthen the programme.

The EPIET and EUPHEM fellowships should be considered as dynamic and adaptive as any other high-quality training programme driven by the prospective and diverse needs of the public health community. Moving forward, we hope that fellows will continue to play a pro-active reinforcing role in determining module content by contributing with their diverse background expertise to the betterment of the fellowship.

Disclaimer: This article represents the opinion of the authors and may not necessarily reflect the views of the EAN Board

“It is not easy” - describing health and access to healthcare for women and children in rural Sierra Leone

By James Elston – Cohort 2015

“It is not easy”, is a phrase I heard many times during my recent mission to rural Sierra Leone and is one which I will never again use lightly.

I had previously performed health needs assessments and situation analyses during the Ebola outbreak and was aware of the potential catastrophic wider impact of Ebola on health and the health system in Sierra Leone. When the opportunity arose to perform a maternal mortality survey in Tonkolili District with MSF, and thus to perform in-depth work applying newly/barely acquired technical skills, I leapt at it. However, things became more complicated after an initial sample size calculation laid bare the practical challenges. What had seemed like a simple survey evolved to become a complex mixed methods study on maternal and child health and health behaviour post Ebola and became the major project of my fellowship. The study comprised multiple designs: household survey (with three components), structured interviews and in-depth interviews. Due to complexity, implementation was postponed four times. When I finally boarded the plane eleven months after recruitment, my overriding feeling was relief!

It was my privilege and pleasure to be accompanied in the field for the first two weeks by the legend that is Kostas Danis (EPIET supervisor). Before the mission Kostas had my respect for his teaching ability and his social stamina....after the first week he had gained my utter respect for his work ethic as we toiled in the tropical heat, putting in serious hours. We trained 21 data collectors on 4 questionnaires using tablet devices, and the logistics of organising 4 separate teams, not to mention the negotiation and influencing required to make the study realised, was challenging.



Initially we performed the survey in an urban area near the MSF hospital which logistically was reasonably straightforward and the health challenges were in relative terms not bad. Kostas departed and it was time for me to go rural!



Though it was past rainy season the terrain was difficult even for 4x4 vehicles and walking to villages often required wading through swamps (on one occasion data collectors had to swim). The obvious question I asked myself was “if it is this hard for us how hard is it for a pregnant woman or a young child to access healthcare?” On reaching villages hearing people’s experiences was tough. The words “not easy”, often repeated, just do not adequately explain the challenges. I vividly remember one hard to reach village where every single mother that we spoke to had lost at least one child; it was the norm. Looking back I was in a strange place mentally. I was just very determined that we had to get the evidence to describe the true nature of the situation. For example, giving birth at home is illegal, no official health statistics reveal home births yet everyone knows it happens, and when it does it is invariably unassisted. I perceived that it is only when the evidence is presented that decision makers take notice or at least cannot deny the situation, and thus is fundamental to achieving change. I remember looking through the data each day and, though the findings were fairly horrific, being gratified that we were uncovering “the truth”. The study became very personal for me, it took over a little.

I was really lucky to be assisted by a great study team; we bonded very well and had a lot of laughs despite the challenges. It is such a sad indictment of the state of the country that well educated motivated people are unable to find a permanent job: I had nurses, graduates and even a well-known singer in the study team!

Working with them and looking out for them was a privilege though is a pity I could only give them work for a brief time. I was also assisted for a time by Isidro (EPIET cohort 2014), who I refer to as a beautiful if obscenely punctual man - thanks Isidro!!

It was really interesting to work so closely with qualitative researchers. I found our paradigms were not so different and our passions the same. Back home in the UK months of work followed. The analysis was relatively straightforward. It was incorporating comments and meeting the expectations of so many stakeholders in and out of country and the complexities of merging qualitative and quantitative findings that took time and effort. I am now though very much an advocate for mixed methods: combining stories, quotes, vignettes with robust epi results is impactful and I hope makes our findings hard to ignore.



The experience has been rather epic on a personal and professional level. I would really like to thank MSF, FETP (particularly Louise Coole) and EPIET for permitting me to take up this opportunity and capacitating and supporting me to perform the work. Big thanks to the study team in Tonkolili, MSF colleagues in the field, my co-authors, and in particular a great 'core team' Grazia Caleo (EPIET alumna and a top supervisor), Nell Gray, Kim West and Kostas.

As of now it is perceived that the work has been successful with MSF HQ and field fully engaged, and our recommendations are currently being incorporated into strategic planning at country level. So we hope to have made some contribution to assist MSF, the Ministry of Health and other stakeholders to address what are urgent health needs, though much more needs to be done. The situation for women and children in rural Sierra Leone is very very far from easy...



****SAVE THE DATE**** for the first joint EAN-MediPIET mini-module:

"Refugee & Migrant Health Workshop"

14-16 October 2017 in Athens, Greece

Dear members and friends,

We are delighted to announce that after the very successful workshop from last year we will be organizing, this time jointly with [MediPIET](#), a second workshop on "Refugee & migrant health" which will be hosted by KEELPNO in Athens from 14th to 16th October 2017. So **save the date!!**

This 3-day workshop is open to all EAN members and it will give an overview of the socio-demographic and health profile of refugees/migrants entering Europe, but also an understanding of refugee/migrant health related issues as well as an insight on EU and Mediterranean migrant health policies and recommendations, an overview of surveillance systems and health screening programmes set in EU and Mediterranean countries.

The workshop will take place in Athens at the [Hotel Radisson Blue Park](#) and will host about 40 participants, of which 20 from MediPIET and **20 from our EAN network**. So, for the EAN seats first-come first-served basis will apply.

The participation to this workshop is ***free*** for active EAN members. Current fellows are also welcome to apply, but please note that if the workshop is oversubscribed then priority will be given to alumni.

You can apply to the workshop by sending an email to eanboard@gmail.com using the registration form [here](#).

Please let us know ASAP if you are interested and you can comfortably say that you will attend the workshop, thanks!

We look forward to seeing many of you in Greece!!

Looking back on the EAN Mini Module “Nosocomial infections: Surveillance, prevention and outbreak response” from 30 June - 1 July 2017

We are looking back on a successful 2-day EAN Mini-Module “Introduction to nosocomial infections: Surveillance, prevention and outbreak response”, which took place in Würzburg, Germany at the end of June 2017.

A total of 22 participants and speakers from eight different countries contributed to an interesting and fruitful module with a variety of lectures as well as participant presentations.



On the first day, in-depth discussions and presentations took place on topics such as prevention and control measures, the definition of hospital acquired infections, multi resistant organisms and screening, as well as “real-life” experiences with nosocomial infections from participants.

The most important discussions, however, took place at a traditional Franconian wine festival on Friday night. Seated right within grapevines we enjoyed a light summer breeze until after sunset.



On the second day, presentations on nosocomial outbreak management, different types of health care associated infections surveillance at local, national and international levels and surveillance in low resource settings were shared.

After the module, participants positively mentioned the diversity of the group, enough room for discussion and the chance to strengthen their own network by getting to know people alike. Also, participants enjoyed the module taking place on Friday and Saturday and not over the whole weekend.



Suggestions for improvement for the next mini-module included: to introduce a small participation fee for EAN members, to register modules for professional development points and to evaluate whether the video and audio recording will actually be listened to after the module.

We want to thank everyone who contributed to this module, especially Dr. Ulrich Vogel, deputy head of the Institute for Hygiene and Microbiology of the University of Würzburg, who provided us with the conference room free of charge.

If you have interest in organising an EAN mini-module in the future please approach the EAN board at any time!



Happy organisation team members (from right to left): Nina Stock (EUPHEM cohort 2012), Katherina Zakikhany (EUPHEM cohort 2010) and Lisi Aichinger (EPIET/PAE cohort 2010; EAN Board)

****Upcoming EAN Travel Grants for ESCAIDE 2017****

Spread the word to your colleagues!

The travel grant

As every year, EAN will administer two competitive travel grants to allow epidemiologists and public health microbiologists from across the world (also Europe!) to attend ESCAIDE. These grants will allow our colleagues with accepted oral or poster presentations who might otherwise be unable to attend the conference. These grants are only available to applicants who are not able to obtain sponsorship from elsewhere.

Please, help us with spreading the word among your network. Everyone can apply! Colleagues from Europe, from low or middle-income countries, everyone! Last year we had very few applicants and only one of the grants was used. So, this year, let your colleagues from around the world know and encourage them to apply for the EAN travel grant.

Deadline for applications is 10 September and all the information on how to apply can be found here: <http://www.escaide.eu/en/presenters/funding-opportunities/ean-travel-grants>

Fund raising

The EAN Board is making an effort to ensure sufficient funds to be able to grant at least two EAN Travel Grants for ESCAIDE each year. Therefore we fundraise among our network to get additional external funding to support the travel grants. In 2015, 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!

#8000 days of EPIET

8000 days ago, in October 1995, the very first EPIET introductory course was organised in Veyrier-du-Lac. Since then the programme has grown and as of Summer 2017 we have over 500 members in the **EPIET (and EUPHEM/EAP) Alumni Network**.

To celebrate this success, the EAN Board is organising a special event for all our members worldwide: on **Saturday 30 September 2017** at 20:00h local time (wherever you are) we will celebrate **8000 days of EPIET!**

The idea is this. All over the world alumni, fellows, friends and partners of the EPIET, EUPHEM and EPIET-associated programmes organise their own get-together. In your institute, in your city, in your country, during the Introductory Course of the Cohort2017 fellows: we will celebrate globally!! You can host your own party in a bar, in a house or at the beach. It does not matter.

A [Facebook Event](#) has been created on the [EAN Facebook page](#). So far, interest has been shown to celebrate in Dublin, New York and we are all welcome in Barbados! We have high expectations from the crowd in Spetses. Let's try to cover the world!

So, please get together on Saturday 30 September 2017, take a picture that shows you and EPIET friends + the hashtag and your location (e.g. on a piece of paper) and post it on EAN social media (Facebook or Twitter) with the hashtag #8000daysofEPIET.

The most original contribution will win a prize. And the winner will be announced during ESCAIDE 2017 in November in Stockholm.



ECDC Fellowship Programme

#8000 days

New EAN Board members: we need you!

In November some of our dear board members will leave the EAN board and this means we will be looking for fresh blood! We will be looking for a **new president, a treasurer and a secretary**. These are all very interesting functions. Being a board member gives you the opportunity to get more involved in the ever expanding EPIET/EUPHEM network and to connect with field epidemiologists from Europe and elsewhere.

And most of all: it is a lot of fun!

If you are interested and want to know more, please contact us via eanboard@gmail.com. We will soon send out a separate mailing with more information on the responsibilities that come with these three roles and the strategic and visionary ideas that we want to work on in the coming year.

So don't hesitate and JOIN THE BOARD!



UPDATE : Annual EAN membership fees

The annual fees for the EAN membership have stayed the same over many years.

As discussed during the General Assembly in November 2016, in order to keep the network sustainable and to make sure we can organize and participate in events important for the network, we feel it is necessary to increase the annual membership fee to Euro 30 (GBP 28) as of Oct 1st, 2017. The lifetime membership will be changed to a 10-year membership, which will cost Euro 250 (GBP 230). Current lifetime memberships will remain unchanged.

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

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

The details for how to transfer fees by online banking are on the EAN webpage; if you require any further information on membership payment, we kindly ask you to contact the EAN board (eanboard@gmail.com), putting "membership payment" in the subject line.

Please indicate your name and membership year as reference in the bank transfer and also send an email to eanboard@gmail.com to inform us about your payment (sometimes names are not correctly transmitted with the transfer). Thank you for your support!

EURO ACCOUNT (€30 per annum)

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

GBP ACCOUNT (£28 per annum)

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