



HELLO SPRING!!



Editorial

Dear EAN Friends,

We hope you will enjoy reading this year's EAN Spring Newsletter!

In this issue we start with a retrospect on the last 20 years of Eurosurveillance from **Ines Steffens**, Editor-in-Chief of Eurosurveillance and a contribution from **Stine Nielsen** on the use of Twitter for infectious disease epidemiologists and microbiologists.

In our category "Stories from the field" we will hear from **Yorgos Theocharopoulos** about his mission in Greece, setting up a surveillance system for migrants.

Yorgos is also going to present in the upcoming EAN mini-module on "**Refugee and Migrant Health Workshop**", so do not miss it!! We hope to see many of you in Brussels from June 18 to 19, 2016!

Last but not least, our president Aileen says farewell to Arnold Bosman leaving ECDC after 14 years.

We are looking forward for summer to finally arrive, until then we wish you some warm and hopefully sunny days to enjoy!

Yours,

The EAN Board



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Since 1995, *Eurosurveillance* has provided the European public health community with a platform for exchange of relevant findings on communicable disease surveillance, prevention and control. From its onset, the journal has been open access and has not charged article processing costs. It featured rapid communications at a time when rapid processing of articles was not a common element of scientific journals.

In 2016, we celebrate 20 years of regular publication of the journal. Recently, EPIET has also celebrated its 20th anniversary. It is not by chance that the training programme and the journal are of a similar age, and they have more than that in common. Both EPIET and *Eurosurveillance* were formerly part of the European Union network family, with time-limited funding and supported by dedicated hubs at national public health institutes in Sweden, and in France and the United Kingdom, respectively. Shortly after the European Centre for Disease Prevention and Control (ECDC) was established in 2005, both became an integral part of the Centre's work. EPIET formally moved under ECDC's umbrella in 2006 and *Eurosurveillance* followed in 2007. The change gave a boost to both of them; they grew and evolved successfully, and continue to have visibility and impact.

The editorial teams of *Eurosurveillance* have a long history of good collaboration with EPIET and, since its creation in 2008, also with EUPHEM, and we know, personally or through email contact, many of the over 400 fellows who have graduated since 1996. Besides authoring articles, they act as reviewers and contribute to our content. In the past 20 years we have published 261 articles by fellows.

Much has, of course, changed over the past 20 years. Professor Karl Ekdahl was Editor-in-chief from 2007 to 2011, and under his leadership we proudly announced in January 2008 a [new *Eurosurveillance*](#):

'From this issue of Eurosurveillance, the two previous electronic releases (weekly and monthly) of the journal have been merged into one. The new Eurosurveillance is published every Thursday, with rapid communications on major public health events and news items alongside longer scientific articles and reviews. At the same time we are updating our editorial policy and reviewing the types of articles to better reflect our commitment to covering all aspects of epidemiology, prevention and control of communicable diseases from a European perspective.'

As we know today, the merger worked well. We continued to operate as a small and dedicated team, supported by many colleagues and contributors, and in 2009, our application for an impact factor with Thomson Reuters was successful.

This coincided with the emergence of the 2009 influenza pandemic, during which we gained worldwide attention through the publication of rapid communications, many of which facilitated decision-making and public health action.

In 2011, I wrote a short [note in this newsletter](#) with some facts about the journal. A year later, in 2012 we received [our first impact factor](#). It greatly exceeded our expectations and despite the acknowledged limitations of the Impact Factor, it has had a considerable effect on the journal and editorial team: the number of submissions increased and compared with the 300 manuscripts submitted from May 2008 to May 2009, we received 245 in the first three months of 2016 alone.

In 2015, 770 manuscripts were submitted. *Eurosurveillance* has a rejection rate of around 75–80%, i.e. about one in four or five submissions will make it to publication. In order to increase transparency, speed up and ease our interaction with authors and reviewers, we implemented an electronic submission system in 2013. However, a rather personal way of interacting with our contributors remains part of the distinct *Eurosurveillance* way.

Since 2009, we have received many submissions from outside Europe and published some of them. In particular, we published articles that provided insight into emerging situations with (possible) European relevance, e.g. on the emergence and spread of influenza A(H7N9) in China, Middle East respiratory syndrome coronavirus (MERS-CoV), Ebola virus disease in Africa, and Zika virus in French Polynesia, and Central and South America. The focus of *Eurosurveillance*, however, remains on Europe.

We aspire to base our operations and decisions on sound publication ethics and our goal remains to provide facts for public health science and decision-making by publishing good-quality surveillance data and analyses using evidence-based methods and other methodologies/approaches helpful for epidemiology. We support capacity building, where possible, to close gaps in knowledge on infectious diseases in Europe, and in this our goals tie in with those of EPIET and EUPHEM.

Eurosurveillance 20 years - time to celebrate

by Ines Steffens (Editor-in-Chief of *Eurosurveillance*)

In 2011, we asked for your support and we would like to ask you again. As you are well aware, social media are a powerful tool to disseminate general and scientific information. Wikipedia is influential among the general public and scientists alike.

Thus whenever you find a Wikipedia entry on a topic that could profit from information in a *Eurosurveillance* article, we would like to encourage you to add the respective link to the page. We also have a twitter account (@eurosurveillanc) and you are very welcome to follow us, retweet us, etc.

Working with *Eurosurveillance* can be demanding but it is equally rewarding and our 20th anniversary is a good reason to celebrate.

We will mark it on Wednesday 30 November 2016 with a scientific lunchtime seminar at [ESCAIDE](#), where we will highlight changes in sharing public health-relevant information about communicable diseases over the past 20 years.

We look forward to see many of you there!

Publisher: European Centre for Disease Prevention and Control (ECDC), Stockholm, Sweden



ESCAIDE 2016 - Save the date/ Travel grants

The ESCAIDE 2016 will take place in Stockholm from November 28 to 30. So don't forget about **the early bird registration deadline on September 1st**!

Also this year, the EAN offers a small number of competitive **travel grants for ESCAIDE 2016** to allow epidemiologists and public health microbiologists to attend the meeting. This year we have sufficient funds for **two** EAN travel grants. Only applicants whose abstract has been accepted for a presentation at ESCAIDE 2016 will be considered.

Preference will be given to:

- Abstracts that have been accepted for an **oral** presentation
- Countries that have previously been under-represented at ESCAIDE

Applications must be received by **15 September 2016, 23:59 CET** and should be sent to eanboard@gmail.com.

See more at: <http://ecdc.europa.eu/en/ESCAIDE/registration/Pages/travel-grants.aspx>

Epi and Social Media

Is Twitter relevant for Field Epidemiologists & Microbiologists?

By Stine Nielsen (Cohort 14/2008), PhD student and freelance epidemiologist

@StineNielsenEPI, stine.nielsen12@gmail.com

Many thanks to EAN members: Mirna Robert (cohort 2002, @mirnarobert), Amrish Baidjoe (cohort 2015, @Ammer_B), Lisa Hansen (EPIET coordinator, @teachepi), Arnold Bosman (former EPIET coordinator, @iTeachEU), Markus Kirchner (PAE supervisor, not on Twitter), Irena Jakopanec (cohort 2006, not on twitter) and Florian Burckhardt (cohort, 2006, not on Twitter) for providing feedback on the draft version of this text.



My short answer is "YES"! Read on for some reasons why Twitter can be a great work tool for Field Epidemiologists and Microbiologists (FEM): this may inspire those of you currently not active on Twitter to give it a(nother) try. The text includes many hyperlinks which you can click to find more information online.

But first, what is Twitter? [Twitter](#) describes itself as "an information network made up of 140-character messages called "tweets" and an easy way to discover the latest news related to subjects you care about". All registered users can read and post tweets, while those who are unregistered can only read them. A "Twitter Glossary" can be found in Box 1. And although it's widely considered a social network, Twitter is much more than that: you can use Twitter as a social (media) platform but for professionals it can also be a curated, customized newsfeed.

Box 1: Twitter Glossary and practical tips:

Find out more [here](#).



Tweet

A Tweet is a message posted via Twitter containing up to 140 characters.



Hashtag

A hashtag (the # symbol) is used to mark keywords or topics in a Tweet. Tweets with the same hashtag are bundled together for easy subject specific browsing through the Twitter search field and accessible by clicking the hyperlinked text. For example, use the # for a specific conference you are attending #escaide, or for tweets relevant to a specific pathogen #zika, #ebola. Hashtags can also become trending, meaning a lot of people mention a specific hashtag/subject in their tweets within the last few hours.



@Username

The @-sign denotes usernames in Tweets. When a username is preceded by the @-sign, it becomes a link to their Twitter profile.



Retweet

A Retweet (RT) is literally, quoting a tweet from another user. You can either directly quote the tweet or add some comments to it (quote-reply). Retweets are often used to share/spread news or valuable findings on Twitter.



Lists

Lists allow you to make custom groups or organized categories of twitter accounts you are following. This makes it easier to organize your twitter feed. You can for example have a list on 'public health' type of accounts. A list on 'news' accounts or a list on 'social' accounts. More [here](#).

Some practical tips

When setting up (or re-activating) your profile consider adding a profile picture and a short description of who you are and what you do and/or care about to your Twitter profile.

Adapting Twitter for FEMs

The art of Twitter, in my opinion, is following the right people and organisations so that your "News feed" (or your Twitter "home page") is filled with relevant news and headlines concerning things you care about. It's a challenge to keep your Twitter feed focused, to avoid drowning in information. The flow of information on Twitter can be overwhelming. A lot of information is being shared all the time and it's impossible to follow and catch everything (don't try).

Trial and error is one way to start: try following different users – if you realize someone is drowning your feed with irrelevant information, then you simply unfollow, or selectively follow them. By carefully selecting who you follow, and maybe with the help of lists, you can create a real-time newsfeed tailored to your interests. It's like reading the headlines and the "lede" of a news article. You can now catch up on recent developments while taking a short break, or when you're on the train.

Whereas I use Facebook mostly for staying in contact with friends and family and for recreational purposes, I use Twitter almost solely for work-related stuff.

This means on Twitter I only follow work-related accounts (see list of examples at the end) such as:

1) Organisations relevant for my field – UN/International organisations, NGOs, National institutes of Public Health, FieldEpi organisations (like [TEPHINET](#)), universities or schools of public health and epidemiology etc.

⇒ Many organisations like ECDC, WHO/Europe, U.S. CDC, and MSF have multiple accounts for different topics such as Outbreaks, Training, VPI, Flu, Global Health, eHealth etc., which means you can choose the “channels” most relevant to your profession or interest.

2) Colleagues, co-authors, key researchers and opinion leaders in my field

⇒ Some active Twitter users from the EAN Network, and a list with suggestions for people and organisations to follow for FEM is given at the end of this article.

3) Major journals in my field – Most academic journals are on Twitter and post (tweet) about new articles, upcoming special issues and call for submissions.

⇒ Check out for example: [@Eurosurveillanc](#), [@BMC_series](#), [@TheLancetInfDis](#), [@PLOS](#), [@CDCMMWR](#), [@WileyInfDisease](#) or journals specific to your field.

Below is a screenshot of a Twitter Profile. The example used is the official Twitter page of the EU Commission on Health ([@EU_Health](#)). As stated in the short profile description this profile is dedicated to communicating the work of the EU Commission related to “protecting health, preventing diseases and strengthening health systems”. The work of the EU related to Food Safety has its own separate Profile ([@Food_EU](#)). Highlighted in red are some of the key features of a Twitter profile.

Fig 1: Example of a Twitter Profile: The EU commission on Health

The screenshot shows the Twitter profile for @EU_Health. Red annotations highlight several key features:

- Search Bar:** A red arrow points to the search bar with the text: "Enter your search terms here. Try e.g. with #fetsp or #zika".
- Profile Information:** A red circle highlights the profile name "EU_Health" and the bio: "EU Commission's DG Health & Food Safety (SANTE). We work to protect health, prevent diseases & strengthen health systems. RT ≠ endorsement. Food tweets @Food_EU".
- Statistics:** A red circle highlights the statistics: TWEETS 9,633, FOLLOWING 1,987, FOLLOWERS 24.9K, LIKES 1,455. A red arrow points to this area with the text: "Twitter statistics: Here you see e.g. how often the user tweets, how many profiles the user is following, how many followers & likes it has."
- Follow Button:** A red arrow points to the "Following" button with the text: "Click here to follow or unfollow this user. And to modify which tweets you see in your News feed."
- Who to follow:** A red arrow points to the "Who to follow" section with the text: "Twitter makes suggestions for profiles you might want to follow."
- Interaction Buttons:** A red arrow points to the interaction buttons (reply, retweet, like) on a tweet with the text: "Below each Twitter post you find 'interaction-buttons' to use if you want to e.g. like, retweet or reply to a tweet. Your actions are published on Twitter."
- Followers:** A red arrow points to the "36 Followers you know" section with the text: "Twitter tells you which followers of this profile you know".

At the beginning of May 2016, I posted the question “Should Field Epidemiologists & Microbiologists be on Twitter as part of their work?” on the [Facebook page of the EAN](#), Twitter, the [FEM-wiki “Ask the expert” forum](#) and made both a public post and a post in the closed group for “EPIET/EUPHEM/FETP” on [LinkedIn](#). After two weeks I had received feedback from about 15 FEM including both Twitter enthusiasts and sceptics.

Several FEM Twitter users reported being mostly “passive” and using it as an information channel, but not often generating content (posting tweets). The twitter sceptics mentioned concerns about privacy and about the need for offline time and clear boundaries between work- and free-time. If you want to read more about some concerns regarding social media use, check out [this recent article](#).

EAN member [Mirna Robert](#) had a concise answer: “I’m not sure about the “should”. But why not? Social media is a great way to show what you’re working on, celebrate accomplishments, share concerns, ask for input, and find new projects”.

See below for some ideas about how FEM can use Twitter:

- ⇒ **News:** Twitter is a great source for the latest information on current events such as the yellow fever outbreak in Angola or the current Zika virus outbreak. As always, pay attention to which sources (Twitter profiles) you are listening to.
- ⇒ **Search info:** Use the “Search Twitter” field (top right of the Twitter screen, see also screenshot in Fig 1). For example, search Twitter for “hashtags” such as [#fieldepidemiology](#), [#fetp](#), [#ESCAIDE](#). Or your favourite bug [#yellowfever](#), [#zika](#), [#HIV](#), [#listeria](#), [#measles](#)? Or perhaps you are into [#timeseries](#) or [#samplesize](#)? Or check out [#dataforaction](#), [#eHealth](#), [#vaccines](#), [#migrants](#), [#epicore](#), [#onehealth](#), [#phdlife](#), [#opensourcescience](#) and more. You can also combine search terms for more focused results.
- ⇒ **Interaction at events:** Twitter is also great to follow and even interact with people at a scientific conference or other relevant events – even if you are not able to attend! Most big events have hashtags (e.g. [#ESCAIDE](#), [#ECCMID](#) or [#EIS International night](#)) where you can follow what your colleagues are tweeting from the event (photos of key presentation slides or posters are sometimes shared on Twitter in real time).
- ⇒ **Publication & Translational science:** As described in [a paper by a group of marine biologists](#), Twitter can also be a useful tool at different stages of the (scientific) publication process. They mention: “Twitter can provide a large virtual department of colleagues that can help to rapidly generate, share and refine new ideas. As ideas become manuscripts, Twitter can be used as an informal arena for the pre-review of works in progress. Finally, tweeting published findings can communicate research to a broad audience of other researchers, decision makers, journalists and the general public that can amplify the scientific and social impact of publications. However, there are limitations, largely surrounding issues of intellectual property and ownership, inclusiveness and misrepresentations of science ‘sound bites’. Nevertheless, we believe Twitter is a useful social media tool that can provide a valuable contribution to scientific publishing in the 21st century.” ([Darling et al 2013](#)) [Cambridge University Press](#) also recently published a short guide on how to use social media to promote your work. Available [here](#).

Above we have looked at how Twitter can be used by FEM to stay up-to-date about new developments in their field; to link with relevant peers, stakeholders and opinion-leaders; and to promote their work and disseminate their findings. There are (many) more aspects regarding FEM and the use of Twitter (or other social media platforms) which goes beyond the scope of this already long piece, such as:

- Using social media (twitter, facebook etc.) as a recruitment strategy to reach your target audience e.g. as part of epidemiological investigations. Several studies have done this (see for example this [paper](#) by EAN member Georgia Ladbury et al. Also Arnold Bosman shared some good points about this topic in the [FEM-wiki forum](#).)
- Using social media methods such as “Crowdfunding” to fund research projects. You can read about this in the recent PLOS paper [“A guide to scientific Crowdfunding”](#) or check out initiatives like <https://experiment.com>
- If you are interested in how social media can play a role in emergency management, there are several interesting sources such as [the Emergency 2.0 wiki](#). And perhaps also look at the section devoted to this topic of this great blog on [“Public Health Science Communication”](#)

If you are curious about how to get started with Twitter as a researcher or if you want to read more about social media guides for academics, I highly recommend the blog by [Dr. Heather Doran](#) from the University of Aberdeen including her [Prezi](#)’s (cool tool to do presentations!) on “Social media for researchers” – check out [this presentation](#) she made.

News found and shared on social media

For the EAN members not on Facebook - here is a short summary of some of the EAN relevant news items that were found and shared on this social media platform in the last few months:

- Link to www.epicore.org a new system to find and report outbreaks faster! A partnership between Pro-MED, HealthMap, TEPHINET and others.
 - ⇒ EpiCore enables faster global outbreak detection and reporting by linking a worldwide member network of health experts through a secure online reporting platform. Want to join? Check the website!
- Kenneth J Rothman's piece in the @EpidemiologyLWW journal on how [John Snow's Grant Application](#) from 1853 might have looked like – a fun and relevant read!
- A review of the new book ["Adventures of a female medical detective - in pursuit of smallpox and AIDS"](#) memoirs of one of the first female EIS officers Dr Mary Guinan
- Links to follow e.g. the EIS FETP International Night or discussions from the UN General Assembly (UNGASS2016) addressing drug use, health and harm reduction LIVE online!
 - ⇒ The exciting programme of the FETP International Nights from this year's EIS conference (3-4 May 2016) can be found [here](#) and you can watch all presentations from the FETP International Nights via the [TEPHINET website](#)
- News about 3 new STATA eBooks: "Introduction to Time Series Using Stata", "Discovering Structural Equation Modelling Using Stata" and "Interpreting and visualizing Regression Models Using Stata"
- Link to ECDC's newly published [Guide to using social media for public health communication](#) which includes concrete examples and input on this topic from several national public health institutes in Europe. "This guide provides public health organisations with a practical approach to integrate social media into their overall communication activities. It focuses on identifying effective ways to use social media to enhance crisis, risk and corporate communication with regard to communicable disease prevention and control."

If you have comments about the use of Twitter by FEM, feel free to contribute to the ongoing discussion e.g. in the [FEM-wiki forum](#), or contact me via e-mail or on Twitter! I would be happy to hear what you think!

TWITTER PROFILE SUGGESTIONS

PEOPLE

@[epi_michael](#) (Michael Edelstein), @[teachepi](#) (Lisa Hansen), @[iTrainEU](#) (Arnold Bosman's new profile), @[mirnarobert](#) (Mirna Robert), @[MarionKoopmans](#) (Marion Koopmans), @[NSCrowcroft](#) (Natasha Crowcroft), @[pezzapezzi](#) (Lorenzo Pezzoli), @[nomesboxall](#) (Naomi Boxall), @[Ammer_B](#) (Amrish Baidjoe)

INTERNATIONAL OPINION- LEADERS

@[DrFriedenCDC](#) (Tom Frieden, US CDC Director), @[ProfKevinFenton](#) (Kevin Fenton, PHE), @[richardhorton1](#) (Richard Horton, editor-in-chief of The Lancet) @[HansRosling](#) (Hans Rosling, does great translational science work and founder of Gapminder), @[jankluytmans](#) (Jan Kluytmans, one of the leading expert on anti-microbial resistance), @[RunningMadProf](#) (Tom Solomon, University of Liverpool/Walton Centre NHS Trust), @[MackayIM](#) (Dr. Ian M Mackay, amazingly active on social media and an excellent virologists), @[martinenserink](#) (Martin Enserink, science journalist)

ORGANISATIONS

@[EANBoard](#), @[tephinet](#), @[ECDCPHT](#) (ECDC Training), @[ECDC_Outbreaks](#), @[EU_Health](#) (EU commission on Health), @[ESCAIDE](#), @[Eurosurveillanc](#), @[Stata](#), @[PHE_uk](#) (Public Health England), @[rki_de](#) (Robert Koch-Institut), @[MSFsci](#) (MSF Science), @[healthmap](#), @[FINDdiagnostics](#), @[PATHtweets](#), @[gateshealth](#) (The Gates Foundation Global Health), @[historyvaccines](#) (History of Vaccines) @[LSHTMpress](#) (London School of Hygiene and Tropical Medicine), @[HarvardChanSPH](#) (Harvard Public Health) @[HardGH](#) (Harvard Global health) @[CDCglobal](#) (USCDC global health account), @[InfectiousDZ](#) (infectious disease article grabber, collector), @[ProMED_mail](#) (Auto-feed of ProMED reports on #EmergingDiseases), @[info_TGHN](#) (theglobalhealthnetwork.org, a collection of disease specific networks)



⇒ **A tip:** Have a look at who is following the @EANBoard profile on Twitter and you will surely see many familiar names and faces from the EPIET/EUPHEM/FETP families!

⇒ And last but not least, there are some fun accounts as well: @[AcademicsSay](#), shit academics say

Mission to Greece- Theocharopoulos Yorgos, Cohort 14

At the beginning of April this year I took a week off work in InVS, and off my life in Paris. I was visiting friends in Geneva and was on my way to Thessaloniki, Greece planning to spend few days with family and more friends there and for a short time “switch off” when, as if it felt threatened the mobile started persistently ringing, announcing the arrival of Aftab who got me of a surprise and made me go quickly connect to work and soon to Paris (InVS); she was crystal clear at the other end of the line “it is for a mission to Greece, you will get more details about it...but...after you reply...and you have to reply by the end of the day”, and the day had been almost gone!

Things went fast, my route had changed and soon I was on mission in Greece supporting ESDY (the National School of Public Health in Athens) and KEELPNO (the National Hellenic CDC) put in place and operate a surveillance system including refugee/migrant points of care. The refugee/migrant population stuck in Greece because of the closure of the border with FYROM in March 2016, was estimated by UNHCR to be at that time more than 50 000 of whom more than 35% were children less than 15 years old; thousands of them living in unplanned camps in Idomeni and Piraeus.



Baseball refugee tent camp, Elliniko (April 2016)

In Athens I was happy to see and meet again with colleagues I was working with few years ago and with more colleagues and EPIET fellows who had come from ECDC in Stockholm and the Public Health Institute in Rome to support the project. At my arrival, I was lucky to have access to the draft report - the first assessment of the situation done just few days before by Denis Coulombier, head of the surveillance and response unit in ECDC, who was already in mission for the same reason; these information and the briefing by key persons in ESDY and KEELPNO who were involved in the design and implementation of the surveillance system were the base for the kick off of my involvement.

After few necessary meetings with the officials from the ministry of health and the ministry of migration my main tasks were to participate in the workshops where the case definitions and the notification form would be finalized. Also, I had to find out who were the coordinators and the health providers who were included in the pilot phase of the system in 20 camps, to visit them and introduce them to the system, explain all around the data collection tool, explore communication options (fax, email) and answer to their questions.

Most of the people who were responsible for the camps, (very often coming from the military), understood the importance of the surveillance system and quickly became part of it.



Skaramangas refugee container camp (May 2016)

Very often, health professionals working in the medical facilities, (setup by the military, international and national NGOs, the Red Cross, and the volunteers from national health system in the regions where the camps are located), were coming up with many questions and sometimes giving feedback and suggestions about the notification form or the case definitions. In camps, where many health providers were present, coordination was often an issue and made the whole reporting system even more complicated.



Diavata refugee camp, medical room, meeting the Red Cross medical staff (13 May 2016)

Mission to Greece- Theocharopoulos Yorgos, Cohort 14

In some occasions it was difficult to overcome technical communication problems in camps where neither fax or email or any ground telephone line was available. Estimating the population denominator was also challenging (what a surprise for the epidemiologists☺), especially in camps where more people were expected to arrive from other spots and unplanned camps. The population was still moving between camps.



Chesro refugee tent camp (May 2016)

At the same time, with my visits we had the chance to take a “snapshot” of the type of the camp as these were very much different one from another; refugees may be living in bigger or smaller tents, houses made up from containers, abandoned hotels or industrial warehouses. At the same time we received first-hand information about the conditions and the individuals or organizations that could be involved supporting the vaccination activities in the camps that were about to follow.

Overall, it was definitely challenging to move constantly to many locations, driving more than 2 500km from the south to the north part of Greece and visit in total 21 different refugee camps and settlements in one month time.



Drama refugee camp in the industrial area

But in the end the piloting phase, including the camp visits, helped to come up with a more flexible, simple, sensitive enough and surely more acceptable surveillance system.

In many occasions KEELPNO had reacted to cases notified by the system and also to some outbreaks. Nevertheless more work needs to be done to have a timely flow of data and to include all more than 55 locations in the system; that remains to be a challenge ahead.

I wish there would be more people involved in this project, but resources are limited. My back up in KEELPNO and the NSPH were not more than 4 people and one of them was Lambrini Veneti, an EPIET fellow from the last cohort, placed in Oslo, who arrived the same day as me in the same mission and had taken over the task to support the statistical analysis of the collected data and the reporting system.

What I have seen that made me also happy is that the ECDC reacted quickly to send us to this mission and as such provided timely the resources for the setup of the surveillance system.



Thermopyles refugee hotel camp (May 2016)

I hope this will become a positive example for the future elsewhere where there is such a need and I am quite optimistic that EPIET fellows will keep responding to such challenges and calls...and unexpected calls from Aftab ☺



We are delighted to announce that we are organizing the **EAN mini-module "Refugees & migrants health workshop"** in Brussels from 18th to 19th June 2016.

Hurry up and register, there are not many places left!!

The workshop is open to all EAN active members but there are also several places reserved for external visitors. This 1.5 day workshop will give members an overview of the socio-demographic and health profile of refugees/migrants entering Europe and an understanding of refugee/migrant related health issues. But also an insight on EU migrant health policies and recommendations as well as an overview of surveillance systems and health screening programs in EU countries.

The objectives of the workshop and the full programme can be found [here](#). The workshop will take place at the [Institute of Public Health \(WIV-ISP\)](#) in Brussels and we have about 30 spots for our members. So a 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. There are still **4 places available for externals** (non-EAN members). External participants will be charged a small participation fee of 50€. Do not wait anymore and register to the workshop by sending an email to eanboard@gmail.com.

The end of an era...Good luck for the future, Arnold Bosman!

On Friday 10th June 2016, we came to the end of an era, when Arnold Bosman had his last working day at ECDC, after almost 14 years in an official role as part of the EPIET and (later) EUPHEM programmes. As EPIET Scientific Coordinator (Sept 02 - Jan 08) and Head of Section for Public Health Training at ECDC (March 06 - June 16), Arnold has always been a 'fixed point' on the 'official' horizon, open to new ideas, to debate and discussion, and most importantly to people.



Arnold, we will miss your presence at ECDC, but, as you approach this new phase of your career, going freelance, we in the EAN look forward to your continued engagement and involvement with the Network, and wish you an exciting future full of possibilities and promises. - The EAN Board



From the treasurers

DON'T FORGET to pay the annual membership fee which is €20 (GBP 18) or €200 (GBP 180) for the life membership. The easiest way to pay is via Paypal on our website (<http://epietalumni.net/>)

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

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

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

Thank you for your support!

EAN Bank details

EURO ACCOUNT (€20)

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GBP ACCOUNT (£18)

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