EAN News

Newsletter of the EPIET Alumni Network

www.epietalum.net

July 2012

Dear EAN Friends,

For some of you across the EU and beyond the summer will have already set in with your bathing suits working overtime. For others of us in the southern hemisphere the winter coats are now coming back into fashion.

The last few months have been busy for the EAN Board with preparations for ESCAIDE 2012 in full gear as well as the preparations for the annual board meeting which was held in June in London. Also, the board has been actively involved in addressing ECDC about the recent cuts in EPIET EU-track.

For EPIET, FETP and EUPHEM fellows the last months have been filled with activities related to completing objectives, some interesting international missions in Niger and EURO2012 countries, and the starting to writing up abstracts for ESCAIDE.

Hopefully this summer period will mean for the majority of us to have some time to take a rest, relax and disconnect from work. Either way, we hope that wherever you are, you are happy, healthy and enjoying this month of July.

The EAN Board

Lorenzo, Florian, Helen, Chris, Annick and Marc

From the EAN Board

EAN Membership

EAN is currently comprised of 327 members. The EAN is not only comprised by alumni of the EPIET and the EUPHEM. All graduates and current fellows of European Field Epidemiology Training Programmes can join the EAN. External applications from colleagues working in public health epidemiology are also very welcome; they need to be endorsed by 2 EAN members. If you want to join, please send an email to eanboard@gmail.com to request the application form. Our statutes specify that external members may not exceed 10% of the regular members.

EAN membership fees

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

We kindly ask you to contact the EAN board (**eanboard@gmail.com**) in case you want to get information on your membership payment (put in the subject: **membership payment**).

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).

Name of Bank: HSBC UK

Bank address: HSBC UK, 18 London Street, Norwich NR2 1LG, UK

Account Holder: Epiet Alumni Network

Account number: 71822755

Sort code: 400515

IBAN: GB11MIDL40051571822755

BIC/Swift: MIDLGB22

NB: the account is in the UK so also payments in GPB are allowed. In case GBP is your preferred currency contact the EAN Treasurers at eanboard@gmail.com.

EAN Board Meeting, June 2012

In contrast to its historical traditions, the EAN Board decided to have its annual meeting in the summer of 2012 and not in the winter. This year, the meeting was hosted by Lorenzo at his lovely home in London. Unfortunately, Florian had family commitments which meant he could not join the rest of the board, but Lorenzo, Helen, Marc, Chris and Annick spent 1.5 days discussing the issues around EAN, the network, the relationship with EPIET and ECDC and some ideas on the way forward for this unique network we are a part of.

Five members of the EAN Board pose with London as a backdrop

The usual issues surrounding the annual report, membership fees, ideas on how to fund travel grants, ideas on how to increase the engagement of the network members and such were discussed. However, also a large part of the time was dedicated to formulating ideas on how to express our opinion about the recently announced cuts in EPIET EU-track fellowships. We ended up doing this by requesting feedback from the network and writing an official letter to the Director of ECDC, Marc Sprenger. This letter was sent on 17 June and all EAN members were copied on this communication.

Finally the presence of the majority of the board in London was a reason to host a BBQ inviting to which some of the London-based EAN members attended:

Arnaud Le Menach (Cohort 16) and Katie Greenland (Cohort 14) surprised by the camera

ESCAIDE 2012

As every year EAN is part of the ESCAIDE Scientific Committee that is in charge of organising and planning ESCAIDE 2012. The last few months have been very busy in terms of preparations for this purpose. Firstly, EAN will be co-chairing a session on the complementary nature of field epidemiology and public health microbiology, together with the EUPHEM Programme. Secondly, as in previous years, the EAN board will be organising the EAN Prize for best oral and poster presentation. EAN will also be sponsoring persons to attend ESCAIDE 2012 by offering EAN Travel Grants. Thirdly, Saverio Caini and Marc Rondy have been working hard to try and launch an ESCAIDE-based photography competition. More details on this will be shared as soon as possible. Finally, many EAN members will have been asked to participate as abstract reviewers for this year´s conference. We thank you for your commitment to this activity!

Some important ESCAIDE 2012 dates to remember:

- Abstract deadline: July 13
- Abstract decision deadline: August 20
- Early bird registration deadline: August 31
- Travel grant application deadline: 5 September 2012
- The Conference: 24-26 October, 2012

For all information about ESCAIDE 2012, please check: http://ecdc.europa.eu/en/escaide

EURO 2012

This June, football fever swept across Europe, infecting fans across all age groups, geographic locations, and for a period of four weeks. At the heart of this fever were five EPIET fellows who were working to strengthen epidemic intelligence and early detection of outbreaks across Europe in light of this mass gathering event. Their stories are reflected here. Oh yes… and viva España!

The EU perspective

By Indra Linina, EPIET Cohort 2011

The 14th European Football UEFA EURO championship (EURO 2012) was held jointly by Poland and Ukraine from 8 June to 1 July 2012. The games took part in 8 stadiums in both hosting countries; Gdansk, Poznan, Warsaw, Wroclaw (Poland) and Donetsk, Lviv, Kharkiv, Kyiv (Ukraine).

Sixteen teams were represented in the tournament. These include the EU countries: Czech Republic, Denmark, England, France, Germany, Greece, Ireland, Italy, Netherlands, Poland, Portugal, Spain and Sweden; the EU acceding country of Croatia, and the non-EU countries of the Ukraine and Russia.

ECDC gave a great possibility for EPIET fellows to apply for a mission in the Surveillance and Response Support (SRS) Unit to participate in the daily epidemiological intelligence (EI) activities. Firstly, when I saw the e-mail from EPIET coordinators, I couldn't imagine that at the end of May I would be packing my suitcase for a one month mission at ECDC.

I was excited about experiencing more about how preparedness at EU level is organised, how collaboration between EU agencies, WHO, NGOs and country authorities work during large mass gathering (MG) events.

Before coming to Stockholm, I went through information about daily EI activities and had a look on several articles about experience and challenges in previous MG events all around world. I came to the Stockholm on 3rd of June and started my activities early Monday morning. I already knew that the ECDC team had been working for several months to get ready procedures and adapt surveillance web-systems. Even I read internal procedures in advance the first days in ECDC I spent to familiarise myself with details and learned how to use web-systems, like MedySis, PULS, GPHIN. Alin from cohort 16 was a few steps ahead of me on the daily procedures, as he had a chance to spend a few hours with the EI team, discuss procedures, try to use tools for screening, one week before the mission start.

We had some routine during daily work. Every day we started our day with information screening, communicating with partners from Epi-North and ECDC liaison officer in Poland, discussing relevant events to EURO2012 at the ECDC daily round table and preparing daily communicable diseases threat report.

Since the beginning it was clear that most effective and reasonable are to change responsibilities (tools screened, preparation of daily communicable diseases threat report and uploading all relevant documents in database) between team members on weekly basis. That strategy worked out very well. We had a lot of discussions during screening, whether information one of us found was relevant or not to EURO2012. I can admit that those discussions about events I liked most. That gives great possibility to see and use different opinions of team experts, to see different approaches to a single piece of event-based information and individual way of assessment.

I enjoyed and sometimes had fun about content of information we screened. It's obvious that web-systems are based on algorithms of keywords and not always such technically created system could distinguish relevance to public health.

It's always interesting to assist in preparations, follow and work for mass gathering event what is held in two different countries. This time there were even more challenges because one of the hosting countries was non-EU. That gives challenges not just for organising and strengthening all general procedures but additionally to consider the language barrier. I do know Russian and in many cases that helped a lot because in some cases automatic systems for translation provided unclear and contradictory translation.

Public health as a science includes a knowledge of geography, but sometimes you even can't imagine how detailed information may be needed. You need to have a sense of geography when working at EU level! Not only physical or population geography at country level but you also need to understand the administrative structure within the countries. Of course nowadays specialists are using a lot of useful modern technologies to better and much quicker obtain information about affected region or country.

Unfortunately, I didn't have a possibility to feel the real atmosphere of championship that was in hosting cities; but I got impressions and experience through daily conversations with liaison officers in Poland, EPIET fellow in Ukraine and following the games on TV.

I enjoyed time in Stockholm and appreciate to work together with the MG team in ECDC.

The ECDC EI Team at work, Stockholm

The Polish perspective

By Justyna Rogalska and Aleksandra Polkowska
EPIET Cohort 2011

EURO 2012 was the biggest sport event hosted by Poland ever. It was a good opportunity for our national football squad as they could enter the tournament without qualifications however, with the number of fans planning to go for EURO2012, it created a challenge for polish public health authorities.

This mass gathering event attracted many football fans (approximately a million) as well as experts from ECDC and WHO, who were willing to work closely with national bodies in Poland and Ukraine. To support all planned activities EPIET fellows came as a handy help. Five missions were set around this event: two based in Stockholm, two in Poland and one in Ukraine.

As the Polish Institute of Public Health (NIPH) was one of the main actors in implementing enhanced surveillance for EURO 2012 in Poland, an opportunity came for us to go for the mission to our motherland institute. We couldn't miss this chance!

The main aim of our missions was slightly different. I came to operate national enhanced event-based surveillance specifically implemented for EURO 2012 in order to facilitate the timely detection of public health events that may need a public health response. Aleksandra came at the end of the championship to evaluate the entire surveillance system operating during the tournament and review of collected data.

The implemented enhanced surveillance system was based on the existing Polish system of mandatory notifications and reporting. The main changes were shortening of the flow of notifications in order to accelerate data transmission in the existing notifiable disease reporting system, increasing of frequency of reporting, introduction of five additional surveillance forms including free-text reporting form for relevant public health events and monitoring of domestic and international media sources for epidemiological events that could be relevant to the EURO 2012. I assisted in implementing this enhanced surveillance for the duration of the games. My main responsibilities on the mission were also daily collation, analysis and reporting of event-based surveillance data collected in real-time from the local level in Poland to NIPH as well as keeping track of the information coming from other sources.

During the championship we lived in accordance with the "tournament clock" which marked out all daily activities and official meetings including early morning meetings with the authorities from Ministry of Health, WHO teleconferences with national WHO offices of Poland and Ukraine, and teleconferences with ECDC.

However we didn't feel lost in our beautiful Poland from the beginning, we were under careful wings of our ECDC supervisors who appeared to be the biggest football fans. Lara Payne and Jas Mantero carefully checked not only our reports but also all venues related to the tournament starting from the stadium ending in a fan zone. Their uncountable visits to the fan zone might have suggested that there was a serious risk for disease spread but my findings based on the official reports suggested something completely different.

Data shows that there was not a single event which may have constituted a public health emergency of international concern. The number of causalities and injuries was much lower than anyone expected, the same as the price of the beer.

Overall we feel that our country passed the exam in organizing mass gathering event, however I have a feeling that there is a new virus circulating among those who came to Poland. It is a virus of joy, which push infected individuals to come back to Poland over and over again.

The Ukrainian perspective

By Rysard Tomialoic EPIET Cohort 2011

I remember how it all began in early February with subtle question from my boss, "Do you speak Russian fluently?" To which I replied "Of course. Where did such a question come from?" And eventually I'm here, after a few months, in the Kyiv WHO office. WHO led

coordination of Ukraine's preparations for Euro 2012 as well as the introduction of a special monitoring system for the time of the EURO and sharing up-to-date information on international sources.

I note that everyone in the office speak English very well. I'm fluent in Russian and also understanding the documentation in Ukrainian. The international team consists of one colleague from Russia, one from Finland as well as the local counterpart and head of the WHO office. Each day this team received daily reports from the Ministry of Health (MOH) in the morning about emergency medical services and outpatient care and hospitalization in the last day. In the case of urgent situations, a phone call from the local authority could be expected with information about what was happening, but this did not happen. Each morning I would read the report of the main sanitary-epidemiological station and expect something to happen, but all is quiet. In Ukraine, since last year there is an on-going measles outbreak which started last year. According to natonal surveillance data the level of respiratory infection does not exceed thresholds and cases of infectious diseases in the country are not connected to each other. Other reported events included animal bites, food poisoning and one chemical poisoning event that had no relation to the EURO 2012. From Monday to Friday a teleconference was organised at 10:30 am between the WHO European Office, Ukraine and Poland offices, IHR focal points and ECDC. The next task was non-stop monitoring of media streams and selecting information related to the EURO 2012, including a night monitoring session. The daily result was a risk assessment of information from all directions and a daily situation report from the Ukraine to WHO headquarters. All tasks were shared in the brilliant team I was a part of.

This kind of mass gathering event as a football championship is a new phenomenon in the history of Ukraine and participation in the Cup of Europe was the debut for the national team. The joy of the people and faith in the Ukranian's team's success was inexhaustible, as evidenced by energy streams of yellow-blue faces and shirts, even though this made it not so easy to differentiate the local fans from Swedes, who has have same flag colors and were estimated to be around 100,000 fans in Kiev alone. Swedish fans had a well-organized recreation area on one of the most picturesque islands of the Dnieper River in the heart of Kyiv. There was about 60,000 Swedish citizens living on the island, it was convenient as the Swedish team played all three first matches in Kyiv, accommodations, cafes, entertainment venues and beaches were all in walking distance to the fan zone and to the stadium.

Satisfaction of what's happening on the central streets, in fan zone and at stadium caused, that lack of brawl between fans of different teams have been recorded and no information about riots and no information about arrested team supporters in media. There were masses of people and long cue lines to buy beer, which in Ukraine was rather cheap, causing a smile to foreigners and naturally raising the number drunken fans speaking in different languages. The country has recorded more than 500 EMS cases, more than 500 cases of outpatient services and more than 150 hospitalizations.

I personally was not exposed to aggression or demonstrations of racism which provoked many discussions in the media between different countries on the eve of the championship. Prior to EURO2012 there was also a lot of media coverage about a possible increase in demand for the services of sex workers at the time of championship and therefore related higher risk of STI and HIV transmission. This was also not observed during the period of the competition, and media actually recorded the opposite situation where representatives of the sex industry were complaining that "football fans are more interested in football than in women." There were a few reports of fires, fights and conflicts between fans, but also I did not have to see this by myself even though I watched live matches twice. Maybe fans of the teams played in Kiev are more peaceful than others. But public events with a goal of disease prevention have occurred; these included educational program on HIV infection, free x-ray test for TB, mammography, and others.

Stories from the field

Evaluation of the vaccination campaign against Meningitis A in Niger

By Saverio Caini, EPIET Fellow Cohort 16

The meningitis belt is an area of sub-Saharian Africa stretching from Senegal to Ethiopia, characterized by recurrent and large-scale outbreaks of bacterial meningitis, especially during the dry season (from December to May) . *Neisseria meningitidis* serogroup A is the main cause of these outbreaks. This epidemiological picture is due to the high proportion of nasopharyngeal carriage in the general population and climatic factors (air dryness, wind speed and dust load) that facilitate the passage of bacteria into the bloodstream by damaging the naso-oropharyngeal mucosa.

MenAfriVac is the first economically affordable conjugate vaccine against meningitis A specifically designed for Africa. It was developed through the Meningitis Vaccine Project (MVP - http://www.meningvax.org) and licensed in 2010. Starting from September 2010, a vaccination campaign was conducted in Niger in people aged 1-29 years in three phases. The first two phases targeted more than 3 million people and were followed by vaccination coverage surveys shortly thereafter.

The third phase of the vaccination campaign was conducted in November/December 2011 in the rest of the country, and targeted more than seven million people in 31 districts in the six regions of Agadez, Diffa, Dosso, Maradi, Tahoua and Zinder. The International Vaccine Institute (IVI), an international non-profit organization based in Seoul, was appointed by the Ministry of Health to lead the evaluation of the campaign. The IVI requested the support from an EPIET fellow to participate in the vaccination coverage survey after the third phase.

I was very happy to be selected for this mission, which took place during three weeks in January 2012. The IVI team was formed by Namseon Beck, a Korean medical doctor working at IVI in Seoul; Lorenzo Pezzoli, a former EPIET fellow working as a consultant for IVI; and myself. Together we designed a clustered-sample survey stratified by region and district, following the methodology recommended by WHO. The staff of the survey included twelve coordinators as well, six from the local level, based in the chief town of each region and the other six from the Ministry of Public Health. In each of the 31 districts, 70 to 100 individuals (corresponding to 7 to 10 clusters of 10 individuals each) aged between 1 and 29 years (i.e., the same age group targeted by the vaccination campaign) were interviewed by a team formed by two surveyors (one man and one woman) and a local supervisor, external from the Ministry of Health to ensure independence.

During the first week of my stay in Niger we conducted the training of coordinators and supervisors. All the details of the survey (study design, logistical details, etc) were presented and thoroughly discussed during plenary sessions. The questionnaire was revised and amended taking into account the suggestions of the supervisors. The questionnaire was also tested in small-sized pilot studies in three different districts of Niamey, in order to further clarify methodological details and solve any defect. Finally, all the material needed for the survey was printed and delivered to the supervisors the day before their departure towards the assigned district.

The second week and the first half of the third week (for the most remote regions of the country) were devoted to the training of the surveyors at a local level (during the first 2-3 days) and to the implementation of the survey. Together with Namseon and Lorenzo we travelled with a very small airplane to Maradi, the capital city of the homonymous region, which is some hundred kilometres east of Niamey. There, we monitored the activities (training of the surveyors, interviews, data inputting) during two days. Afterwards, we returned to Niamey.

During the last week of the mission we worked on the preparation of a meeting at the Ministry of Public Health to present the preliminary results of the survey. As coordinators and supervisors were returning to Niamey, we collected the questionnaire, did some quality check, corrected any error, and analysed the data. The meeting took place on Saturday 28 January, the last day of my stay in Niger.

The IVI team, from left to right: Me, Namseon, and Lorenzo

Updating my supervisor (Biagio Pedalino) by phone with the help of local kids in Maradi

A moment of discussion before starting the field work

Personal opinion piece

Quo vadis EPIET?

By Florian Burckhardt

NB: this piece is an opinion piece and expresses the personal opinions of Florian Burckhardt as a member of the EAN and not in his capacity of board member.

Austerity

Austerity is the new trend. Four years after Lehman Brother's went bust and started the huge banking crisis that morphed into our current sovereign debt crisis, ECDC has been requested by the European Commission to cut their budget by 5-10%. Nevertheless, ECDC managed to keep the number of EPIET fellows almost untouched, 22 in 2012 compared to 24 in 2011. That is the official version by ECDC.

Case Definition

One tenet of epidemiology is „know your numbers", another „what's your case definition". Let us start with the latter. The case definition „EPIET-fellow" has been changed in 2011 to differentiate between „EU-track EPIET" („classic" EPIET as it was before) and „Member State (MS)-track EPIET". One main reason for creating MS-track EPIET after the last EPIET evaluation was the moral hazard experienced by EPIET fellows from resource poorer countries who continued working in their training sites instead of their sending countries after their fellowship ended. With (presumably) better career options and pay compared to their countries of origin, this is understandable on a personal level. It however undermined one of the goals of EPIET, namely to create intervention capacity on a European level where it is needed. The solution was to open EPIET-training to staff employed at their own institutes. Application for ECDC MS-track positions was open to public health institutes from all countries, even to federal states. The selection criteria, however, favoured resource poorer countries. If your country had its own FETP-program, for example, it scored lower. This was a good and fair solution to counter the personal moral hazard and to boost response capacity within these countries.

It is important to look at the differences between a typical "classic" EPIET applicant and an MS-track applicant. The MS-track applicant will almost 100% be a person already working at the hosting institute and hence have come a long way on his/her public health career already. The person will come from the country specific public health recruitment pool. In Germany, e.g., public health jobs are mainly distributed by medical doctors to medical doctors (and some veterinarians), making entry into public health an uphill battle for people from, say, economics, nursing studies, statistics or biology .

Enter EPIET classic: the job history of most EPIET cohorts is more heterogeneous than that of any sending or hosting institute. The classic EPIET fellowship is a fast track career path for people from all professions who found their heart and see their future in intervention epidemiology. This creates unique network effects within and between cohorts. The EAN GIS course 2012 for example was designed by an economist from cohort 12, a medical doctor from cohort 13 and a veterinarian from cohort 16. It was a huge success!

Reducing the number of EPIET classic fellowships also reduces these network effects and will in the long run lead to a loss of diversity and skills in European intervention epidemiology. For the talented individual, future career opportunities will just cease to exist because there are none anymore.

Know your numbers

There were 17 EPIET classic fellows in 2011 and 7 MS-track fellows, 24 in total. For 2012 there were 12 classic EPIET and 12 MS-track planned. It is very likely, that the cohort 2012 will have 8 EPIET classic and 14 MS track fellows, in total two less than in 2011 (as of June 21st). By looking at the sums for 2011 and 2012 one cannot help but to support the official ECDC view that EPIET Fellowships have not really changed despite the cuts. Looking closer, one sees a stark reduction of more than 50% of EPIET classic that is offset by a 50% increase in MS-track. This illustrates a new moral hazard or, depending on your view, an opportunity: shedding staff costs. MS-track offloads a fellow's salary away from ECDC onto the hosting country, yet allows keeping the total number of fellowships constant. In the worst case, this is part of a long term strategy: shifting the allocation of

resources away from staff costs to provision of training only. This is a wild guess. If it were true, however, this strategy would risk losing not only the multidisciplinary diversity for European intervention epidemiologists as mentioned above but also goodwill and support from a public health community dotted with former EPIET/FETP fellows because "their" EPIET gets effectively axed.

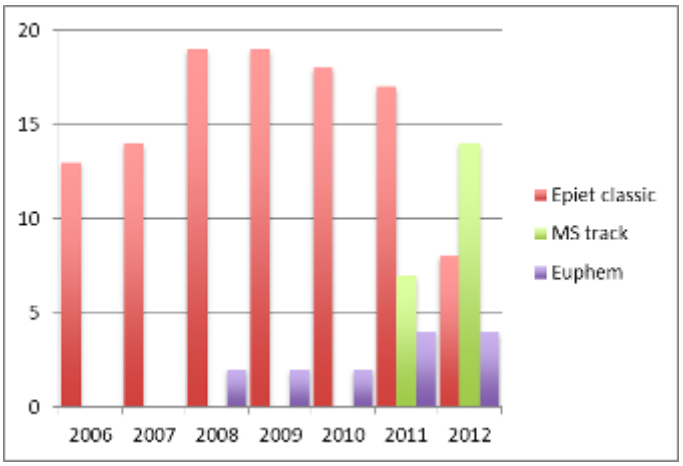
The Cuts

Prior to the May 2012 cuts, it was planned to reduce EPIET classic fellowships from 17 (2011) by 30% down to 12. The senior management of ECDC then further cut those 12 fellowships to 7 (later changed to 8), a relative decrease of 40% compared to the demanded 5-10% cuts by the European Commission. Why? It might be easier to shed staff costs by not-employing someone than to undertake organisational cost cuttings and optimisations. Cutting one program by 40% takes away the pain from difficult internal adjustments to a lower budget. But as the fictional wizard Dumbledore said to his students in Hogwarts: "*Dark times lie ahead of us and there will be a time when we must choose between what is easy and what is right*." Keeping as many EPIET fellowships as possible would have been the right thing.

The Savings

EAN and the EPIET Training Site Forum (ETSF) have made a number of suggestions on how to cut costs. One common suggestion made by our EAN members was earlier organisation of modules and thus earlier booking of flights, as well as staying in less expensive hotels. ETSF added to choose cheaper countries for modules. The EU has country specific factors for adjusting purchasing power parity, so an employee in London would be able to live from his/her salary as well as an employee in Bulgaria, for example. With living costs in Luxembourg and Belgium taken as 100%, these factors e.g. grade Sweden, UK, Denmark, France, Finland at 115% and above while Portugal, Cyprus, Czech Republic, Hungary and a lot others are at 85% and below. So simply organizing a module in Portugal instead of Stockholm would save 30% of module specific costs.

From 2012, EPIET fellows will be employed by their hosting sites that in turn get reimbursed by ECDC, so the fellowship shifted from individuals to institutions. A simple solution suggested by ETSF to enable more fellowships is reducing the salary for EPIET from above € 3500.- after tax (yes, after tax) plus more than €400 monthly mobility allowance to a more realistic value in line with country specific payment levels (according to anecdotal comments during the last ETSF, an EPIET fellow in Poland would have earned more than the Polish Prime Minister). With now 8 fellows in 2012, a simple reduction by 20% of the generous salary would have created two more fellowships.



Number of fellows per program and year 2006-2012 (source: ECDC)

Alternativlos

"Alternativlos" is German for "without any alternatives". It has been used by the German Chancellor Merkel for every political decision ranging from prolonging nuclear power (before Fukushima) to shutting off nuclear power plants (after Fukushima). A decision process without allowing alternatives is poison for a democracy. Organisations are not States so any comparison here is flawed. Nevertheless, EPIET cuts are presented as "alternativlos". One must take expensive hotels because cheaper ones do not comply with EU-procurement rules. Reducing cost positions like fellows' salaries is not possible in a running procurement, according to ECDC procurement office. Well, the EU-Lisbon treaty article 125 clearly prohibited a "bail-out" of fellow member states. Four bailouts later (as of June 2012) a lot of previously impossible options are now openly discussed between EU governments. Administrative creativity combined with political will and leadership would have possibly saved more EPIET fellowships.

Litmus Test

Time will tell whether this cut to classic EPIET is a sad but necessary one-timer or part of a long-term strategy to phase out one of the most successful European epidemiological programmes.

Alas, there are a few banners that will tell which way the wind blows.

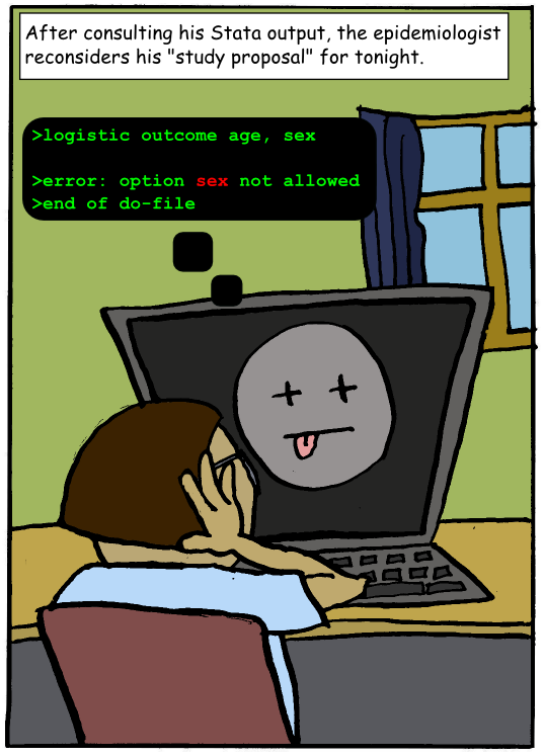
1. EPIET modules in "expensive" countries such as Sweden vs. cheaper countries like Portugal or the Baltics
2. Booking of flights for modules with a 3 month lead
3. Budget friendly accommodation and teaching location for modules

4. Reducing currently high EPIET classic fellow salaries
5. A further increase of MS-track together with permanent reduction of EPIET classic fellowships below 12

Classic EPIET was for many of us the best time we had during our professional career and enabled us to do the jobs we wanted to do.

Future fellows should get the same opportunities we got.

EPI-Cartoon



This edition's Epi Cartoon is kindly provided by Esther Kissling and Florian Burckhardt from their

www.disease-detectives.org initiative.

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