# **EAN News**

Newsletter of the EPIET Alumni Network

www.epietalum.net **June 2013** 



Dear EAN Friends,

Summer greetings to you all! We hope you are all getting your fair share of warmth and sunshine in-keeping with the season ©.

Since our last newsletter, we have launched our membership survey. Thank you to all of you who took part. The survey is a much valued opportunity for us to find out what you as members want from your network. We hope to share the results with you soon!

Thanks are also due to all those of you who have got up to date with your membership fees in recent months. You will see from our treasurers' update what a positive effect this has had on EAN's finances. With this healthier budget it will be much easier to implement some of the requests and suggestions that you put forward in the Member Survey. (Those of you who haven't quite got round to paying yet...details of how to do so are below!)

In this issue we have stories from the field from Carlos and Max, who have both just returned from two very different missions in Geneva and Chad, respectively; our first Where Are You Now? piece from Sabine, EUPHEM Cohort 2; a short briefing from our ex Vice President, Florian, who sat on this year's EPIET selection interviews; a call for volunteers for an EAN Prize Committee at ESCAIDE; and much more besides!

So get out your sunglasses, find a sunny spot to curl up in, and enjoy the read!

Alumni

**Network** 

Yours,

The EAN Board

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# Counting the dead to make the dead count!

Max Gertler (FETP Cohort 2012, based at the RKI) has just arrived back from a three week mission with MSF at a refugee camp in south Eastern Chad. In recent months, thousands of people have arrived in the camp after fleeing from violent clashes in Um Dukhun, Sudan, 10km from the border. As you'll read, Max's mission was pretty different from your average EU epidemiology day job...

The challenge to focus on numbers that nobody could tell me while the patients were suffering in front of my eyes - what would it be like for a clinician with a rather recent history in epidemiology? The first day told me: it will not be easy - and kept me in the casualty ward of the little hospital - just reopened by Doctors without Borders (Médecins sans Frontières, MSF) in Tissi in south-eastern Chad. This Monday 20 war wounded were brought there and surprisingly surveillance was postponed to the next day while I did my best to help the medical team cleaning, suturing, dressing...

To implement morbidity and mortality surveillance on the community level (outside the medical facilities) was what I was supposed to do here in the displacement emergency in Tissi, 7 km from the Sudanese Border. Since April 2013 Doctors without Borders (MSF) have been providing emergency health care to an estimated 50 000 displaced in the sub-prefecture of Tissi, including basic medical care, measles mass vaccination and nutrition campaigns, mobile clinics and other interventions.

An emergency for MSF (and other humanitarian actors) is defined among other parameters by the crude mortality rate (CMR) so it should be measured continuously during an intervention to help understanding the situation of the population and the effectiveness of the humanitarian aid.

Together with Annick Lenglet (Epidemiology Advisor at MSF-OCA





headquarters in Amsterdam and EPIET-alumnus) I planned to hire and train outreach workers in Tissi in order to receive the needed figures...but implementation was more challenging than I expected it to be.

First of all Tissi is difficult to reach, it took me almost a week to go there and to have a ten-minutes hand-shake-hand-over with Annick at the muddy Airstrip of Tissi.

"Chase for population data, map the area, measure shelter density and hire more outreach workers - and don't forget to call me in any difficulty! " advised she - smiling, waving - "take care"! Then she took off.

I called the next day: "What is the denominator?" (always an intelligent question of a wannabe epidemiologist). "The population! Find out how many they are." What could be easier? In a nomadic population... Actually, the question kept me busy over the complete length of my stay. The displaced continued displacing themselves and in the settlements registration came up with new numbers all the time.

But somehow we (the MSF outreach nurse in Tissi and me) tried our best having the best estimations, trained and supervised local outreach workers who reported about the developments in the community - particularly the dead



#### Counting the dead to make the dead count



- (mortality!), about births, new arrivals and departures. They also referred sick patients to the health post. I counted the graves at the local cemeteries and learned how to use a GPS to produce maps of the settlements and to measure their surfaces. I interviewed dozens of sheiks and other community leaders about their living conditions, habits and origins.

When I left, the system was everything but perfect and the context still volatile but a solid start was made to better assess continuously the health situation of the displaced populations and to better target the interventions of MSF in the Tissi region. My successor was on their way and I am sure she will bring more support and new energy to consolidate and extend the epi-work there.



Top left: measuring middle arm circumference to assess malnutrition

Left: Outreach workers should be recruited from the community!!

Personally, I had some tough lectures about the reality of field epidemiology in a humanitarian emergency and I could not complete everything I wanted to but a lot and next time I will be better prepared and ask many more questions before leaving. To potential successors I recommend to ask beforehand precisely: relation travel time to project time? local context, also security-wise? don't be shy; what is the interest of the project on the ground in the epi-mission? what will the consequences of my results be like?

It was hard but valuable to learn about the minor priority that epidemiology has to almost everybody in a setting where masses of humans urgently need physicians and nurses to save their lives and nobody understands why you want to know how many people are living here and there, how many died last week and where while others are dying right now and right here. Probably just the reality of field epidemiology.

And by the way, I enjoyed to be a field MSFer (again) in a place where a good humanitarian organisation makes a difference for the people in need while the world is very much looking elsewhere.



# **Emerging viruses at WHO**

Carlos Carvalho (EPIET Cohort 2011, based at Public Health England, Colindale, UK) tells us about his recent mission to WHO Geneva to aid in the global response in tackling two emerging respiratory viruses...

20 months after starting EPIET, I finally got my opportunity to go on an international assignment. I didn't go to rural Africa, as I had wished before, but to WHO headquarters in Geneva, for 4 weeks. Quite a different setting, you might have guessed, but still a great experience that I will remember for the rest of my life.

It was intense. I arrived by the end of April, shortly after the emergence of the new Influenza A(H7N9) in China, to support WHO in the international response to that outbreak, that threatened to become a large-scale epidemic. Shortly after I arrived, however, I had something else waiting for me: the novel coronavirus 2012 (now known as MERS-CoV) had struck again!

There was a lot of work to be done and a small team to do it, but it was definitely a great experience, showing how important the role of the epidemiologist and how fundamental the basic descriptive epidemiology are in this kind of context. I updated epicurves, reviewed



literature and prepared daily reports, but most importantly I also met a lot of people and had a great time! Being a part of the big EPIET family helped sorting out one of the biggest problems: the accommodation — Melanie, one of our EPIET fellows and a very good friend who is now working for WHO and living in Ferney-Voltaire (in the French side of the border), offered her spare room for me to stay. I don't have enough words to say how nice that was — thank you Melanie!

In the fourth week of my stay the World Health Assembly took place, at the United Nations Building (a couple of steps away from WHO headquarters). I attended to a side session on H7N9, organised by the Chinese authorities, and a plenary session focusing on the International Health Regulations (picture below). Once again, those were great experiences!

After 4 weeks I left WHO, feeling that I had done my best and I had fulfilled

my objectives for this international assignment. A lot of work was/is still to be done there, but the rest of my EPIET fellowship was waiting for me at Colindale.

During this assignment I always felt supported: by Marion, who made sure that I was getting the most of this experience, by Angus, who was always very friendly and to whom I wish a rapid recovery, by Mark, who sent me very kind words of support and appreciation, and last but not the least by Tony and Kaat, who made me a part of their team the minute I arrived and provided me the greatest supervision. To all of them, a very special thanks!

Top: WHO Headquarters, Geneva

Left: The World Health Assembly



# Where Are You Now? - Sabine, C15:EUPHEM C2

In the last issue we announced that we would be starting a new column in the Newsletter - Where Are You Now? — to catch up with our alumni in the field and see what they're up to now. We kick off with a piece from Sabine Dittrich, an alumnus of the first EUPHEM cohort ever to graduate. I'll think you'll agree she's been having a pretty exciting time since leaving the programme! Thanks Sabine for contributing, and if you'd like to feature in the next issue of WAYN, or know someone you'd like to recommend please drop us a line at <a href="mailto:eanboard@gmail.com">eanboard@gmail.com</a>

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   Lao Oxford Mahosot Wellcome Trust Research Unit
   Vientiane, Lao PDR
- Centre for Clinical Vaccinology and Tropical Medicine Nuffield Department of Medicine, Churchill Hospital University of Oxford, Oxford, England, UK



That Luang, a famous temple in Vientiane on a beautiful tropical day.

Where am I? Currently I am sitting in my office in the Infectious Disease Center at Mahosot Hospital in Vientiane, the capital of Lao.

I have been working here since early 2011 after leaving RIVM as 50% of the first EUPHEM cohort. When I left the Netherlands after 2 exciting and exhausting years as a guinea pig/pioneer (depends who you ask), I was convinced that Public Health Microbiology was what I wanted to do, in Europe or outside!

It seemed a great way of combining everything I liked from talking a lot, to being in a lab and staring at tubes for extended periods of time. Still, the one thing I felt most strongly about was the multidisciplinary approach forcing you to bridge between fields and utilize many different aspects of infectious disease control. Unfortunately I realized when my time as a EUPHEM fellow came to an end that despite the need for people like Satu & me, jobs were scarce.

So, when the job in Lao was advertised I was extremely excited partly because I had worked in Lao before and knew that the food/beer is good but mainly as it was (and is!) a great job for a science geek like me that hopes to change the world, one PCR at a time. So what do I do, I work for the University of Oxford as a Molecular Microbiologist and Head of the Research

Laboratory in the Lao-Oxford-Mahosot-Wellcome Trust Research Unit.

My projects couldn't be more multidisciplinary and range from large-scale prevalence studies, basic science, pathogen discovery, and environmental science to the development of simple diagnostic tools that can be used in labs less high-tech than ours. It is all very diverse, but one thing all the projects have in common, is their aim to strengthen knowledge about infectious diseases in Lao and directly improve the public health of the country. To me this is true Public Health Microbiology.

I guess the question is: would I be where I am now without EUPHEM? Maybe. I am quite sure however I would not be as good at it, as the broad public health training of EPIET/EUPHEM was a unique experience. The experiment that EUPHEM was in 2008 and all its confusion, frustration, discussions, excitement, fun and the STATA training (!) had prepared me perfectly for the work as an infectious disease scientist.

P.S. Thank you very much to my local EPIET friends (Hannah & Chris, cohort 12) for extending the EUPHEM/EPIET-family to South East Asia.

Our logo, just in case you wondered....



The EPIET-EUPEHM connection in Lao –
Christian Winter (EPIET), Hannah Winter (EPIET) and me enjoying a BeerLao.



# EPIET Meet-Up Photo

Giovanna Jaramillo C16 (PAHO), Nathalie El Omeiri C12 (TEPHINET), Marta Valenciano C3 (Epiconcept), and Marc-Alain Widdowson C6 (US CDC) meet in Guatemala, March 2013, for the first meeting of the Red para la Evaluación de Efectividad de la vacuna de influenza en America Latina y el Caribe (REVELAC-I), organised in partnership with MoHs, CDC, TEPHINET, and PAHO. If you have any pictures of EPIET Alumni Network meet-ups/unions/reunions anywhere in the world, please send them to us at <a href="mailto:eanboard@amail.com">eanboard@amail.com</a>!



### From the Network

# **EPIET** Selection: the inside story

It was all Lorenzo's fault. Again. He repeatedly talks me into doing things that require a considerable time investment where I get no direct benefit from. And then he even makes me writing about it. So here is my insider story about the EPIET selection process.

One of EAN's mission statements is that "EAN aims to be a resource for EPIET" which among many things included helping with the selection of future cohorts. That usually meant that the EAN president or another member of the board would participate in the selection for invitation to the interviews, the interviews themselves and the final matching of candidates' choice and training sites' choice. The rationale behind was that at least one person of the selection committee (SC), the EAN alumnus, had been in the shoes of a candidate once and went from receiving training to getting training to work. I used the past tense above because, this year, the EAN-seat in the SC has been replaced with a member state seat.

Luckily, when I was selected to be the ETSF representative, Lorenzo asked me to "double up" my role and also represent EAN, being the former Vice-President.

I will not give away any details but I will mention (approximate) numbers I find worthwhile. More than 140 applications were received for 12 EU-track EPIET fellowships. About 80% fulfilled the formal criteria lined out in the application.

#### From the Network

# EPIET Selection: the inside story

All five SC members read all eligible applications and ranked them according to a set of criteria. The criteria refer to "EPIET-suitability" as lined out in the Directors decision. The criteria's average for each candidate was calculated by the programme office. We then had a phone conference and went through all rankings trying to agree on a short list to invite to the interview. Candidates with very (4xSD) discrepant scores between SC members were discussed separately. We first included all candidates that were ranked as first choice by their national institutes. Fortunately, most of them were high on our SC list as well. The remaining seats were then filled with our ranked SC list.

So, in May 2013, after 7 years, I was back at EPIET selection, but this time on the other side of the table. The interviews were challenging for me and I was very glad to have very experienced SC members. We first introduced ourselves to all the day's candidates and gave them opportunities to ask general questions. I was at least as nervous as the average candidate. After each interview and scoring we had a short debriefing to clarify open issues between us concerning the candidate.



My biggest fear was that I would do a candidate wrong and prevent a promising career in intervention epidemiology. We took a couple of precautions during the whole selection process to makes sure this would not happen:

- prior to grading candidates we had agreed on an evaluation scheme that would incorporate the rules set out in the Director's decision. This sounds obvious, but should be noted nevertheless.
- we specifically looked at rating discrepancies during the invitation step
- in the interview each question was asked by the same SC member in the same order
- we reevaluated our day-one interviewees after day one in order to feed back our interview experience
- we triple checked our scores with the recorded scores
- we double checked the matching of candidates with training sites
- we took a lot of time and did not rush decisions
- we (fortunately) were quite consensual in our judgment, as each top tier (low tier) choice of one SC member was accompanied by at least one similar choice from a different SC member

I was very happy with the whole selection process which I found very fair and well balanced. The most important outcome is a very diverse and very powerful mix of individuals that will form the next EPIET cohort and will become our future intervention epidemiologists. I felt exhausted in the end but at the same time very honoured to have contributed a bit.

Let's welcome them to EAN at next ESCAIDE!

# From your EAN Board

# Introducing....Ask the Network

Remember how, during your fellowship, if you wanted to know how things were being done in another European country, you'd just ask your cohort? So before you put pen to paper for your research protocol or started to design your surveillance system, you could find out from your fellow fellows how the same problem had been approached in

France/Poland/Norway/Italy/<insert country of your choice>? And how useful that could be for informing your own methods and ideas and avoiding re-inventing the wheel?

This is the idea behind "Ask the Network", a new section we will be introducing in the weekly Jobs & Courses email. If you have an epidemiological or PH microbiological question that you'd like to ask your EAN colleagues across Europe and beyond, please send it and your e-mail contact in an email titled "Ask The Network" to <a href="mailto:eanboard@gmail.com">eanboard@gmail.com</a>, and we will include it in the next weekly bulletin. We hope this new initiative will allow us all to benefit directly from the wealth of knowledge and experience across the network, and look forward to hearing from you!

### ESCAIDE Prize Committee - your EAN needs YOU!



Coming to ESCAIDE this year?

Enjoyed the photo competition last year?

And how about the awards for best poster and best presentation?

If so....

#### \*\*Your EAN needs YOU!!\*\*

We are looking for a band of enthusiastic volunteers to lead the organisation and judging for this year's EAN ESCAIDE Prizes for best presentation, best poster and best photo from the field. If you would like to take part in this rewarding activity (with lots of help and support from the EAN board, of course!), please get in contact with us at <a href="mailto:eanboard@gmail.com">eanboard@gmail.com</a>.

#### Treasury Update

2013 has been the year when the huge backlog of EAN fees was addressed by our dynamic new treasurer Giovanna Gutierrez. Since April 1st, there have been 45 Euro payments totalling €3583 (median €60 per payment) and 6 GBP payments (£472). This is a grand total of 206 person-years of fees- around two-thirds of our ideal annual fee income in one quarter, and significantly more than collected the previous year. It includes 8 of the new life memberships at €200.

There is still a significant amount of unpaid fees, so please check your emails for fee reminders and respond promptly. If you don't know your payment status for the year 2013 or previous years please write an email to <a href="mailto:eanboard@gmail.com">eanboard@gmail.com</a> and we will let you know how much you owe. Payments can be made in Euros (€20 per annum) or GBP (£18 per annum). Life membership is available at €200. Apologies to anyone having difficulties transferring funds to the sterling/GBP account- below are the details for both Euro and GBP. If you're paying from a sterling UK account, you need the GBP one- otherwise the default is the Euro account, using SEPA.

Many thanks to all who have paid this year, including our esteemed President Lorenzo. Particular thanks and credit of course to Giovanna for all her efforts.

#### **EAN Bank Details**

#### **EURO ACCOUNT (€20p.a.)**

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

#### GBP ACCOUNT (£18p.a.)

Bank: HSBC UK

Address: 18 London Street, Norwich, NR2 1LG, UK

Account holder: Epiet Alumni Network

**Account Number:** 43922782

**Sort code:** 40-35-09

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!