



Andros, Greece. Photo by Iro Evlampidou

Editorial EAN Summer Newsletter

Board 2018/2019

Dear EAN friends,

We hope you are all enjoying a great summer holiday and enjoy some well deserved leave. To provide you with some summer reading for on the beach, during evening hours of your deployment, we are providing you with the summer newsletter of our network. In this summer edition of the EAN newsletter, you will:

- meet Dr **Mike Ryan**, Executive Director of the WHO Health Emergencies Programme and EPIET alumnus cohort 2 that shares his vision for the global public health
- meet all the alumni of EPIET **Cohort 3 (1997)**, in our first **cohort profile**, and read their stories that document the history of EPIET and reflect the spirit of the programme
- learn about the **Training Site Forum (TSF)** and meet the current representatives that describe their roles
- read a **story from the field** by Raquel Medialdea-Carrera, current EPIET fellow, on her assignment in support of the Ebola outbreak response in the Democratic Republic of Congo (DRC) from WHO-HQ in Geneva
- see some familiar faces captured during the EAN social events that took place in the second trimester of 2019
- and find more about the upcoming EAN mini-modules

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Enjoy reading and we hope to hear from you soon!

The EAN Board

A few words from the EAN president

Dear EAN friends,

Hope you are all doing well and are enjoying the hot summer in Europe. A sheer contrast with Cox's Bazar, Bangladesh, where I currently am. We are currently in the peak monsoon season and are facing a large Dengue outbreak. The impact of climate change is very real here. From land erosion leading to further displacement of already displaced refugees to the high peak rise of vector species that support transmission of disease and always lurking in the background, acute watery diarrhoea. All known pathogens for which we have the technical tools to combat them with. But as in so many emergencies it is hardly about the tools, fundamental factors like humanity, empathy are equally important. That means that communities can not longer be seen as the subjects of the response, they are an integral part of it and should be treated as such. The risk has always been that we treat vulnerable populations as numbers, sometimes in the distance of our desks and chairs, especially as epidemiologists we can sometimes forget that our work is about fellow human beings.

The scientific evidence is clear and global prospects are not positive, trends show that humanitarian

health emergencies will become more frequent and be of a more protracted nature. That in many ways extends to our own continent as well where we still have overcrowded refugee camps and boats with drowning people on a daily basis. A political climate where helping those in need is becoming increasingly criminalised in our own backyards. Although as many of you know me as a person who is passionate about data analytics, scientific evidence isn't enough. We need to train and strengthen ourselves in how to move relevant bodies to action. Not just acting on public health events but preventing them from occurring. Advocacy, speaking based on evidence is something we should be increasingly trained in. Public Health has become politicalized as the chief editor of Lancet, [Richard Horton argues](#), to the extent that morals and ethics in public health are becoming compromised. As a network of field-epidemiologists and public health microbiologists it's important to remain engaged in such discussions. More interesting reads about health, evidence in public health in humanitarian crisis can be found in this special edition of [Lancet](#), interesting to reflect on over the summer.

Warm wishes,
Amrish

Interview with Mike Ryan, Executive Director of the WHO Health Emergencies Programme and EPIET alumnus

Short bio: Mike Ryan completed his medical training at the National University of Ireland, Galway, a Master's in Public Health at University College Dublin and a specialist training in communicable disease control at the Health Protection Agency in London. He did EPIET in 1996, cohort 2, based in WHO Geneva. He first joined WHO in 1996, during EPIET, with the newly established unit to respond to emerging and epidemic disease threats. He is a founding member of the Global Outbreak Alert and Response Network (GOARN) and served as Coordinator of Epidemic Response (2000-2003), Operational Coordinator of WHO's response to the SARS outbreak (2003), and as WHO's Director of Global Alert and Response (2005-2011). He was a Senior Advisor on Polio Eradication for the Global Polio Eradication Initiative from 2013 to 2017, deploying to countries in the Middle East. From 2017 to 2019, he served as Assistant Director-General for Emergency Preparedness and Response in WHO's Health Emergencies Programme and in 2019 he was appointed as the Executive Director, of the WHO Health Emergencies Programme.



Dr Mike Ryan

Interview: What is your current role and what are the challenges in your new role?

I am the Executive Director of the WHO Health Emergencies Programme. I am responsible for overseeing and supporting WHO's work in emergency preparedness and response in all our 194 Member States around the world, such as Ebola in Congo, cholera in Yemen etc. We are currently dealing with 184 public health events, of which 9 are graded at the maximum grade 3. My role is very broad ranging from actual response, biosecurity, epidemic intelligence to capacity building, development of a lot of global tools etc. Very busy job!

How did EPIET contribute to your career path?

EPIET was very instrumental in my career. I joined EPIET in 1996 (cohort 2), after finishing my public health training in the UK. I was assigned to the WHO Geneva office for the infectious diseases programme (50%) and the EPI programme (50%) where I contributed to the development of the global polio syndromic surveillance programme. EPIET provided me with good grounding and sound global public health experience. The vocational aspect of the training was very important. In service training was also complemented by sharing public health experiences from all over Europe. This training taught me how to think critically and find evidence that helped me analyse situations and deal with public health problems. I think EPIET contributed greatly to training European field

epidemiologists and integrating public health in Europe. It is a sound model of training.

How do you see the current landscape of public health, and how should the global health community adapt to that?

Despite progress, there are still lots of challenges, including existential threats of global diseases, epidemics of rare diseases but of huge impact, increasing burden of urban epidemics, forced migration, antimicrobial resistance and complex humanitarian emergencies. Many countries have made substantial progress in public health in the last decades. However, there are currently significant challenges in many countries. Some face a collapse of primary health care. Dealing with the current public health challenges requires strong innovation, multisectoral approach and public health leaders with not only strong epidemiological skills but also a broader multidisciplinary background.

How do you see the future of EPIET/EUPHEM and other FETPs in this changing environment?

I think EPIET and FETPs have a crucial role to play. There is still a strong need for high quality public health practitioners in all the countries. There is a need to sustain and expand the training and cascade it to all the public health staff. There is a need for epidemiologists who can lead, who can design and implement solutions, who have the ability to manage public health projects and pass their knowledge to others. EPIET has created excellent graduates

who can analyse data and provide evidence for public health actions. Some other competencies that the training could help fellows develop include solutions management, delivering, implementing and monitoring public health problems, dealing with complex programmes, discipline analysis that helps analyse progress.

How do you see EPIET/EUPHEM alumni contributing to the public health workforce from your professional perspective?

The role of the EPIET alumni is extremely important. Many EPIET alumni have currently senior positions all over the world and influence global public health policy. Huge influence.

From that same perspective, are there essential and new skills that should be implemented in the EPIET/EUPHEM training program?

I think that apart from the top epidemiological skills, the new epidemiologists need to be able to: manage public health projects, to implement strategies, make

operational planning, manage teams, monitor funds, ensure accountability, communicate with multidisciplinary teams, and measure impact. What I would call “implementation management” is an essential skill.

Anything else you would like to say to the EPIET/EUPHEM alumni?

It is always a huge pleasure for me to meet the alumni. I remember my years during EPIET which bring back very nice memories. I enjoy working with several alumni. I wish I had the time to be more active in the network. I feel gratitude for the visionary and dedicated people that established EPIET which shaped the European and global public health. I hope this will continue.

Thank you very much Mike!

Interviewed by Kostas Danis

Meet all Cohort 3 (1997) alumni – our first cohort profile

Introduction:

In this edition of the Newsletter, we are happy to introduce the cohort profiles that include the stories of all the alumni of a specific cohort after graduating from EPIET/EUPHEM. The purpose of this series is to introduce the older cohorts to the new generations of epidemiologists and public health microbiologists, to document the history of EPIET/EUPHEM and highlight aspects that reflect the spirit of the programme. Looking at the past can provide inspiration for the future.

In this first cohort profile, Marta Valenciano, EPIET alumna of cohort 3 (1997) contacted all the alumni of her cohort who told her their stories after EPIET and how the programme influenced their careers and their lives.

We would like to say a big thanks to Marta and all Cohort 3 for their inspiring words!

Enjoy the read!



Photo: Cohort 3 fellows + Alain Moren + Johan Giesecke + Hanna Nohynek, Vaccine module, Helsinki May 1999

EPIET in 1997

by Marta Valenciano

In 1997, EPIET was a European Commission programme and the EPIET Programme Office had to fight for yearly funding... Remember that ECDC was not existing. The EPIET coordinators and Steering Committee had to put a lot of energy every year to identify funds for the programme (THANKS TO ALL OF THEM!). The last day of our introductory course, the Coordinators announced that there was a "little funding problem" and that we could not start immediately the fellowship...they did not know when we could start... that was like a cold shower. After some stressing months, the good news arrived end of December and we started the two year fellowship on 2 January. We graduated in 2000!

- Coordinators: Alain Moren, Mike Rowland
- EPIET was hosted at Institut de Veille Sanitaire (InVS), Paris. Programme office: Edwig Bousquie & Frederick Loirat
- Chair of the EPIET Scientific Committee: Johan Giesecke
- Number of EPIET fellows: 10 EPIET fellows and two German FETPs

EPIET Fellows of cohort 3 (1997-2000)

Peter Kreidl

Austrian, fellowship in Italy – ISS, Rome



After my fellowship at ISS in Rome, I continued to stay there as basis and had some consultancies with WHO in Kosovo, Albania and Serbia. As during my fellowship I conducted an outbreak investigation in South Tyrol (the only German-speaking province of Italy) I then moved there working as regional epidemiologist to be closer to my family. Fortunately, I got a position as senior expert at ECDC after my divorce, where I stayed for 7 years. After the tragic loss of my beloved son I wanted to be again closer to my new family, and started as Head of Department for Communicable Disease, Crisis Management and Disease Control at the Ministry of Health in Vienna. Since three years I am back in my hometown Innsbruck really home again with my family working as senior scientist at the Medical University of Innsbruck, with a focus on teaching medical students 7th and 8th semester public health with a focus on communicable diseases. Recently, I became more involved in EPIET training again as Co-supervisor.

- Introductory course: In beautiful Veyrier du Lac... the course was held at Les Pensières (<https://www.lespensieres.org/en/>). The EPIET fellows and German FETPs were staying in two superb villas with big gardens that were perfect for parties...
- Modules: London (Communication), Marathon (Times Series Analysis and GIS), Helsinki (Vaccination), Rome (Training the trainers). The training the trainers module was not good... therefore, two months after the end of the fellowship, EPIET offered us a new module: the first EPIET rapid assessment module (Veyrier du Lac).
- Interaction with colleagues from public health institutes and other EPIET cohorts: We were not many fellows. Therefore other colleagues from public health institutes could participate in the introductory course and in the modules (some of them did all the courses with us). In addition we had common modules with cohort 2 and cohort 4. This was an excellent way for meeting other cohorts and colleagues working in public health institutes and contributed to building a stronger network.

EPIET changed my life to the positive. And it is still true what one of our slogans was when we did EPIET Epidemiology has to be fun, otherwise it is not epidemiology. My objective is to personally contribute to reaching the goal of measles and rubella elimination.

Olivier Ronveaux

Belgian, fellowship in The Netherlands-RIVM, Bilthoven



After my fellowship at the RIVM, The Netherlands, I joined WHO in 2001... and I'm still in! Well, after a few moves (Bolivia WHO country Office, and Burkina Faso WHO Regional Office), I work now in the Health Emergencies division in Geneva, specifically in charge of meningitis control. Hence, my job often leads me to West Africa, where the disease burden is highest.

Cohort 3 days seem very far away but not the performers... Last week I was in a call with Dr Valenciano and Dr Moren...to embark them in a vaccine efficacy study in Chad! After work (sometimes during work), and as you might guess

from the picture, my new passion takes me up - I would be so happy to pilot you in the air over the Alps... Elevated, as would be the keyword summarising my EPIET!

Markku Kuusi

Finnish, fellowship in Norway-NIPH, Oslo



After EPIET I returned to Finland and I have worked since 1999 at The National Public Health Institute which later changed its name to National Institute for Health and Welfare (THL). During the first years I worked as a medical epidemiologist mainly with foodborne

diseases. I wrote my PhD thesis on the investigation of waterborne outbreaks and the work was completed in 2004. Later on, since 2009 I worked as the head of Infectious Disease Surveillance and Control Unit meaning quite a lot of administrative tasks in addition to the work with infectious disease epidemiology.

Now, after many years of work with medicine and epidemiology, I have retired on 1 March 2019. I still have some small research activities at THL but otherwise I take it easy, playing tennis, singing in a choir and seeing my grandchildren (n=2).

EPIET certainly changed my professional life. Before those two years I was essentially a clinician but little by little I became a public health professional. Through the contacts created during and after EPIET I have also become friends with many wonderful people working in the same profession, and I'm very grateful for that.

Sergio Brusin

Italian, fellowship in England, HPA, London



My story after EPIET is a longish one, especially in miles.

After having completed the EPIET in London, I moved to South Africa working for the Italian Ministry of Foreign Affairs to implement a project of upgrading the Health Information System first of the Gauteng Province

(Johannesburg) and then the National one. In 2003, I took over the overall coordination of all the health cooperation activities between Italy and South Africa. In 2006, I moved to Rome to Istituto Superiore di Sanità (ISS) to coordinate all the ISS externally funded international Projects.

Then in 2008, I moved back to South Africa to organise the collaboration between Italy and South

Africa on the HIV/AIDS clinical trials. I was based in Cape Town at the Medical Research Council. In 2010, I joined ECDC as Senior Expert in General Surveillance; in 2014, I became the Group Leader for Epidemic Intelligence and in 2016, I was appointed Group Leader for Response and Emergency Operations, a post that I'm still covering now here in Stockholm.

For me EPIET has been a defining moment, my gateway to European Epidemiology. Best experience ever!

Sybille Rehmet

German, fellowship in Germany-RKI, Berlin



After EPIET I stayed at the RKI for another two years, then worked at GIZ, the German International Cooperation Agency, as Senior Technical Advisor for a couple of years. Further milestones were EMRO in Pakistan, City Health Department in Munich, Germany, WHO country office in Cambodia,

ECDC in Stockholm, and freelance work as consultant for various projects in international health which is what I currently do. Since October last year, I am mainly based in Berlin.

EPIET was a great experience, which I have enjoyed enormously, and which was for sure an important turning point in my professional career.

Reinhild Strauss

Austrian, fellowship in Sweden-SMI, Stockholm



After my EPIET training I have been at the Austrian Health Ministry in Vienna – first as head of department for Infectious diseases, crisis management and health threats and currently as head of department for antimicrobial resistance (AMR), healthcare associated infections (HAI), hospital hygiene and public

health services. I have been responsible for coordination and implementation of strategic national action plans on smallpox, influenza pandemic, measles/mumps/rubella, polio and antimicrobial resistance. Furthermore, I have been responsible for the implementation of national digital reporting systems on infectious diseases, AMR, HAI and antibiotic consumption. I completed my academic career with a PhD in psychology (pain research) as well as a habilitation in Public Health (Hepatitis C in Sweden and Austria). Thus, I teach epidemiology, microbiology and medical communication at the Medical University Vienna and I am completing my

certificate as cognitive behavioural therapist. Additionally to Diana, my first daughter who was a baby during the EPIET training, we adopted Nagisa from Cambodia.

The EPIET fellowship was for me a very important further step into the field of intervention epidemiology with which I got in contact with the London School of Hygiene and Tropical Medicine. The high level of EPIET training, field experience and professional institutional work enabled me to implement innovative approaches in the Austrian health care administration such as the digital reporting system for infectious diseases. Also culturally we really benefitted from the “Swedish Style” a lot – the reliable and cooperative personal Swedish character, the team orientated and highly effective work organization with low hierarchies and finally the progressive society as a whole. And, it is an honour and a pleasure to be part of the international and colourful EPIET family!

Anne Gallay

French, fellowship in Belgium – ISP, Brussels



At the end of my EPIET training, I was recruited by Institut de Veille Sanitaire and since then, I have been working there (recently InVS became Santé Publique France) in many of the different domains of a nationwide Public Health administration. During the first 6 years (2000 – 2006), I worked in Zoonosis, Foodborne and Enteric diseases. I then took the position of Coordinator of the Sexual Transmitted Diseases (part of the infectious diseases department) where I contributed to and developed the achievement of the French National Plan of fight against HIV and sexual transmitted diseases.

After 10 years in the department of infectious diseases, I moved to the department of the regional structures in charge with coordinating and management of all public health domains (infectious diseases, non-communicable diseases, environmental health, alert-response, prevention and promotion of health). Since 2017, I am the head of the department of the Non-Communicable Diseases and Trauma. Non-Communicable Diseases represent one of the main issues of the 21st century and bear huge but exciting challenges.

The EPIET fellowship was a great experience and the one that gave me the opportunity to discover and learn in depth “Field epidemiology” by combining professional experience and academic courses. EPIET was an excellent opportunity for building a network,

moving from country to country for the courses, and field missions and discovering new people, new cultures, different visions and making friends. Finally belonging to the EPIET family contributes to develop epidemiology around the world that could help decision making to improve health population.

Anja Hauri

German, FETP in Berlin

At the end of my FETP fellowship, I went to India for



four months to work in the field for STOP Polio. In 2000, I had the chance to work at WHO Geneva for SIGN (Safe Injection Global Network), with Yvan Hutin (who later became Head Scientific Coordinator for EPIET) as my boss.

Then, in 2001, I moved back to Germany and started as the Head of Infectious Disease Epidemiology at the Hessian Public Health Office, a post that I am still covering. EPIET certainly changed my professional life.

The fellowship was a great experience, as it is to be able to come back to the EPIET family from time to time as a supervisor or facilitator for current fellows.

María Santamaría

Spanish, fellowship at WHO-Geneva

Maria was already working at WHO when she started EPIET. After EPIET she stayed at WHO and worked in different positions. Now she is retired and, unfortunately, we do not have her email address.

Takka

Japanese, fellowship at WHO- Geneva

Takka was seconded by the Japanese Ministry to be trained and to understand how the programme was organised. After his fellowship, he started the FETP Japan.

Gerhard Fell

German, FETP in Hamburg

Gerhard finished the German FETP. After he graduated, he worked at the ‘Institut für Hygiene und Umwelt’ (HU) in Hamburg, Germany. He is now retired and unfortunately, we did not manage to contact him.

Marta Valenciano

Spanish, fellowship in France-InVS, Paris



Photo with Alain Moren,
EPIET 3 coordinator

Since I joined EPIET, I have been living in an EPIET world ☺. After the fellowship, I had the chance to stay working at InVS on zoonoses with my excellent EPIET supervisor as boss (Jean Claude

Desenclos) and sharing the office with my great friend Jet DeValk (Cohort 2). Then, I moved to WHO to work with Denis Coulombier, who also contributed to my EPIET supervision. We worked mainly on strengthening surveillance systems, responding to complex emergencies and supporting field epi training. In our WHO team, we hosted EPIET fellows; I continued to participate as facilitator in the EPIET intro course and Rapid Assessment module and was WHO representative at TEPHINET.

After four years at WHO, I came back to my home city, Madrid, as EPIET scientific coordinator based at the ISCIII. Those were two fantastic years fully dedicated to EPIET, supervising cohorts 9-12 with a great team: Alain Moren (for a few months), Viviane Bremer, Richard Pebody and Arnold Bosman. Then, I joined (or re-joined) Alain Moren who had just started the epidemiology department at Epiconcept (www.epiconcept.fr). At the beginning we were the two of us but after one year, Esther Kissling (cohort 12) joined us. From there, the team grew with other

EPIET alumni. I believe we are the team with the highest proportion of EPIET alumni in the world: 5/8 (62.5%) from cohort 3, 4, 7, 12 and 13 plus Alain Moren (EPIET “father” or Papa Alain, as we called him in the first EPIET cohorts). At Epiconcept we mainly do research (e.g. coordination of European networks measuring the performance of vaccines), surveillance projects, support to data analysis/biostatistics, and field epidemiology training. Since Alain retired (he is only “partially retired”) I am heading this great “EPIET family” team.

EPIET changed not only my professional life but also my personal life. I keep in contact with many EPIET alumni and supervisors and some of them are among my best friends.



Photo: Long friendship: Olivier, Marta, Peter back to Veyrier du Lac, 2015

A big thank you to Marta and cohort 3 alumni!

Interview with the current chairs of the Training Site Forum

With those interviews, we would like to introduce the current chairs of the Training Site Forum (TSF) and describe their role.

What is the Training Site Forum?

The Training Site Forum (TSF) is a platform for the interaction of the EPIET/EUPHEM training sites, the supervisors, the fellows, the National Focal Points for Training (NFPTs) and the Public Health Training Section at ECDC. Even though TSF does not participate at decision-making, it provides expertise and guidance on scientific and practical matters regarding fellowship activities. It is comprised of the Operational Contact Points of the training sites for EPIET and EUPHEM, the representative of the EPIET Alumni Network and of the current fellows and the Scientific Coordinators of the ECDC Public Health Training Section.

Overall, the TSF’s main role is to contribute to future planning, curriculum development and enhancement of the fellowship program. More specifically, the main activities of TSF are to consult at least on an annual basis on the programme achievements and discuss decisions that need to be made for the fellowships. Members of the TSF provide technical input from training sites in terms of feedback on the curriculum and current programme (e.g. on administration, communication, training resources and tools, preparation and execution of modules etc.). It also participates at identification of training needs for fellows, supervisors and facilitators, and the selection of fellows and facilitators. Finally, it advises on relevance and applicability of training objectives and graduation criteria, on the fellowship selection criteria and process and the timing of the curricular cycle and provides input and guidance for the site visit process.

What is the role of the TSF chairs?

The role of TSF chairs is to organise the activities of TSF and provide support to enable the aforementioned responsibilities of the forum to be met. TSF chairs have to facilitate the interaction of training sites, supervisors, fellows, NFPTs and Public Health Training Section at ECDC, take on initiatives and assure that expertise regarding fellowship activities is provided

Who are the current chairs of the Training Site Forum?



Emily MacDonald

MSc, is an MS- track EPIET alumna from cohort 2012. She is based in Oslo in the Department of Zoonotic, Food- and Waterborne Diseases at the Norwegian Institute of Public Health. She is the main supervisor for EPIET in Norway and is responsible for the Norwegian FETP.

Didrik Vestrheim

MD PhD, is a EUPHEM alumnus of cohort 2013. He was an MS-track in Oslo, Norway, now working at the Norwegian Institute of Public Health and is the main supervisor for EUPHEM in Norway.



Kassiani Mellou

MPH, PhD has been the local supervisor for the EPIET/EUPHEM program in Greece since 2011. She works at the Department of Epidemiological Surveillance and Intervention of the Hellenic National Public Health Organization in Athens and is the Head of the Foodborne and Waterborne Diseases Unit.



Andreas Sing

MD PhD, works at the Bavarian Health and Food Safety Authority in Oberschleißheim, Germany. He has supervised EUPHEM and EPIET fellows in cohorts 2015 and 2019.

How does the TSF interact with different ECDC and member state bodies and how can members of EAN and fellows interact with the TSF?

The interaction of TSF with ECDC and member state bodies needs to be continuous and rigorous. Apart from the annual face-to-face meeting, there are direct communications and virtual consultations (online, tele/videoconference, emails) on a regular basis and as necessary for making interaction more effective. Members of EAN and fellows are also encouraged to interact with the TSF. The TSF chairs would welcome anyone with questions or suggestions for the TSF to contact the chairs directly.

What are the current projects and subjects that the TSF focuses on?

Following the 2019 annual meeting, TSF will establish working groups around the following four topics: (i) the Standard Operating Procedures (SOPs) for the fellow selection process, (ii) the SOPs for curricular development, (iii) the international assignments and (iv) how to increase participation to the fellowship activities from underrepresented member states. The establishment of working groups around key topics will hopefully accelerate progress between TSF meetings and reduce the amount of time used during TSF meetings on procedural and administrative matters. Those that are interested in participating in one of the working groups can get in touch with the respective contact points of the four working groups. The size of the working groups will be small (6-8 persons). EAN members are welcome to participate in them. Their support and input is of great importance to us. We hope for a fruitful collaboration in the following months.

Apart from the working groups, the TSF also focuses on assuring regular and transparent communication among the different partners of the EPIET/EUPHEM program. As it seems that there are many changes underway that will affect EPIET and EUPHEM, we believe that the preparation and distribution of a newsletter by the TSF after the input of all involved partners will improve communication and exchange of information. It will also increase regular

communication with the TSF members. We intend to circulate these newsletters on a quarterly basis and have invited the Public Health Training Section, Head Scientific Coordinators, Fellowship Faculty Office (FFO), EAN Board and current cohort representatives to provide updates to include in the newsletter. We hope that we can also use the newsletters as an opportunity to follow up on the action points that were identified during the last TSF meeting.

What are your ambitions and vision for the programme?

Our main ambitions for the programme are to preserve its reputation for excellence, including the high caliber of fellows, projects, supervision and co-ordination, and to identify weak points and work on proposing improvements. Moreover, networking and fieldwork (learning by doing) are the core of the programme and it is a high priority for us to preserve these characteristics and even enhance them.

In addition, since the public health needs, technology and methods evolve, the fellowship should keep up with these advances. Curriculum as well as projects should adapt, although this should be done in a balanced way to ensure that the nature of the program will remain unchanged.

What are the most important challenges in your role?

Supporting the communication between different actors may be challenging. Even though everyone is working for the best of the program, communication and reaching agreements may be a complicated process when so many different actors are involved. The TSF cannot make decisions and thus discussions should be guided in such a manner that they do not come to a dead end. Also, lack of time of all people involved in the activities of the fellowship is a challenge. This is why we believe that the working groups can help to engage more people who are interested and experienced in specific topics and are willing to offer some time to the network.

Anything else that you would like to share with the network?

We are open to receive your views and feedback on the work that we have done so far (or have not done so far) and we would like to welcome any ideas regarding fellowship activities.

Thank you!

Contact Information for the TSF Chairs and Co-Chairs

Emily MacDonald, EPIET TSF Chair (Norwegian Institute of Public Health, emily.macdonald@fhi.no)

Andreas Sing, EUPHEM TSF Chair (Bavarian Health and Food Safety Authority, andreas.sing@lgl.bayern.de)

Kassiani Mellou, EPIET TSF Co-Chair (Hellenic Public Health Organization, k.mellou@keelpno.gr)

Didrik Vestreim, EUPHEM TSF Co-Chair (Norwegian Institute of Public Health, DidrikFrimann.Vestreim@fhi.no)

Stories from the field

Interview with Raquel Medialdea-Carrera, EPIET Fellow, deployed in Geneva to support the Ebola outbreak response in the Democratic Republic of Congo (DRC).



Let's start with some details about you. Can you tell us a bit about your background? Where are you based now?

I am an EU-track EPIET Fellow Cohort 2018 currently based in Malta. I am from Northern Spain and have been living abroad since 2012. I did my PhD in Emerging and Zoonotic infections at the University of Liverpool. Before EPIET, I was deployed to Sierra Leone twice during the 2014/2015 Ebola Outbreak, worked in India investigating an epidemic in Bangalore and I spent almost two years in Brazil doing research during the Zika, Dengue and Chikungunya epidemics.

What was the context of your deployment?

Since the 1st of August 2018, an outbreak of Ebola virus disease has spread across the North Kivu Province of the Democratic Republic of the Congo (DRC). This epidemic has become the second largest Ebola outbreak ever recorded, with almost 2,400

cases including over 1,500 deaths reported as of 1st of July 2019. The Global Outbreak Alert and Response Network (GOARN) sent a request for assistance for epidemiologists to support the outbreak response.

What motivated you to go?

Since 2015, when I was deployed to Sierra Leone, I have been fascinated by the complexity of controlling Ebola. I was therefore very motivated and excited to apply for this international deployment to contribute to the efforts against Ebola. Initially, I was asked to join the team of epidemiologists deployed in North Kivu, however, ECDC recommended me not to deploy to DRC due to serious security concerns. Thus, after a few weeks, I was finally assigned to deploy for 6 weeks to WHO Headquarters in Geneva (March to May 2019).

What were your roles and responsibilities during the deployment?

WHO has established an Incident Management Team at HQ, the regional offices and in the field to ensure consistent support and coordination between the complex levels of WHO and to provide a predictable interface for coordination with major operational partners. During my deployment, I joined the Incident Management Team and was working as epidemiologist in the Health Emergency Information and Risk Assessment (HIM) Unit of the WHO Health Emergencies Programme. I worked with a team of epidemiologists, data managers and analysts and our duties included conducting daily monitoring, surveillance and epidemiological analyses of the Ebola outbreak in North Kivu. Our team had to populate and curate a database with information for each new Ebola case. We also conducted epidemiological analyses to guide response pillars and operations, and prepared high-level briefings and information products to inform senior leaders of the response and Organization, partners, donors, and the wider public. In addition, I was involved in further analyses of nosocomial and healthcare workers infections, and factors associated with mortality in children under 2 years of age. I also worked on a novel tool for the daily analyses and monitoring of transmission of Ebola in healthcare facilities, which has been a big concern during this outbreak.

The outbreak is still not under control, despite international and local efforts. What are the main challenges for managing this outbreak?

The current outbreak in North Kivu is impacting communities across a region that has suffered from a complex humanitarian crisis for decades. The violence and insecurity caused by more than 100 armed groups that are active in the Kivu region hinder any activity

that the Ebola response team conducts. DRC is home to over 4.5 million individuals displaced due to conflict and suffers from a very debilitated healthcare system. This, together with challenges in engaging communities, mistrust in the government and the response and reduced adherence to recommended public health measures is hampering the efforts to control this outbreak. However, what has been demonstrated is that in hotspots where access to communities has been sustained for a short period without interruption due to insecurity or other constraints, response teams are effective in driving down incidence rates; offering us hope that this Ebola outbreak can be brought to an end.

What were the challenges you may have encountered?

My deployment was a very enjoyable experience and overall, I didn't encounter many challenges. I had to remain flexible regarding my deployment dates for a few months (December to March) as the final dates were only confirmed two weeks before departing. I also worked long hours and some weekends, but the work was fascinating.

What were the more enjoyable aspects of your work?

I was extremely fortunate to work in a wonderful team surrounded by highly trained colleagues and I had really good supervisors that were always very helpful (Marie Amelie Degail, EPIET alumna) and Brett Archer (South African FETP alumnus). I really enjoyed working in a place like WHO, which is vibrant and continuously full of activity and exciting projects in every corner.

What was the added value (if any) of your deployment to your professional and personal development?

It was a great opportunity to join WHO and contribute to the fight of this outbreak that is still ongoing in the DRC. As I had already worked in with Ebola in the field, it was really interesting to see how large outbreaks are managed by WHO, how decisions are made at "high-level meetings". In addition to the epidemiological and analytical skills acquired, it was also great to meet so many epidemiologists and public health experts (including several EPIET alumni) working at WHO that were a source of inspiration and motivation for me. It was a very positive experience overall.

Would you recommend other fellows to go on international missions?

Absolutely. I think international deployments are a very important part of our training in field epidemiology and an incredible opportunity to learn

new aspects and meet other experts. I hope ECDC continues to provide opportunities to go on international missions for both EPIET and EUPHEM Fellows.

I am very grateful to GOARN and the EPIET team for allowing me to deploy to Geneva and support the Ebola outbreak response. I would also like to thank

my team and supervisors who were always helpful. Finally, I want to congratulate and thank everyone for working on trying to control this Ebola outbreak in the DRC for their incredible efforts and inspiring work.

Thank you Raquel!

Spring-Summer 2019 in photos!

The EAN board would like to thank the organisers, friends and colleagues who came together in Zagreb (Rapid Assessment and Survey methods module, May 2019), Rome (Vaccinology module, June 2019), Stockholm (ECDC Summer school, June 2019) and Madrid (MediPIET introductory course, July 2019) for the 'Drinks & Dinner' events during the second trimester of 2019. There will be more!



Madrid



Rome

Stockholm

Dinner & Drinks
(and friends)

Zagreb



EAN workshop on “Post descriptive analyses in R for outbreak data”



Background:

In recent years the field epidemiology community has increasingly shown more active interest in the use of R for data analysis purposes. In 2018, the R Epidemics Consortium (RECON) in collaboration with the EPIET Alumni Network and the Mater Dei Hospital in Malta, organised a workshop for over 60 people including EPIET and EUPHEM graduates, European Public Health representatives and representatives from international health agencies.

The post-workshop evaluation showed high ratings for this introduction workshop and the EAN in collaboration with the R Epidemics Consortium (RECON) proposes to organise another two-day workshop on epidemiological data analyses in R consisting of a mix of lectures and case-studies.

This time a slightly different setup but still aimed towards starting users and co-jointly organised by RECON, EAN and current fellows.

Dates: Monday 25 and Tuesday 26 November 2019 (pre-ESCAIDE).

Location: ECDC offices, Stockholm, Sweden

Further information and provisional programme: Coming soon.

If you have any questions, please contact us on eanboard@gmail.com.

EAN Membership

The annual membership fee is €30 / £28.

There is a 10-year membership available at €250 / £230.

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.

You can renew your membership through our website, or by bank transfer using the bank details below. Please indicate your name and cohort as reference in the bank transfer.

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.

Thank you for your support!

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