



Photo UK-FETP Cohorts 2021 & 2022: for Environmental Epidemiology module, April 2023

Editorial

Dear EAN friends,

As the spring season is coming to an end, we wanted to wish you all a good start of the holiday season.

Generally, springtime is the time when all projects initiated during winter come to light, and, here we are reporting the various activities our members shared in the last few months and activities we as EAN worked on to fulfil the 2023 action plan.

In this Spring edition of the EAN newsletter, you will find:

- An editorial by the ECDC Director Andrea Ammon reflecting on the strengthened ECDC mandate
- A summary of the Board activities
- News on the upcoming EAN mini-module on molecular epi, Go data training and Leadership
- Call for participating to ESCIMID study group course, 13th 5th September 2023
- An interview with the new EPIET supervisor in Austria Ziad El-Khatib
- Stories from the field
- D&D in Copenhagen
- Selection process for new cohort
- **And much more...**

Enjoy the read and see you soon!

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Word from the president:



Dear EAN members,

After a difficult - climatically - winter and a very moderate spring in Europe, we are slowly entering summer with the anticipation to see some sun (but not toooo much) and fewer forest fires than last year! The Board members are pleased to present you the Spring Edition 2023 of the EAN newsletter, a recap

of our activities and a presentation of the upcoming ones.

Since our previous communication, the Board has been working on materialising some of the decisions we took during our F2F meeting in Paris and have been busy organising different activities and events for the coming period. So, the preparations of the EAN mini-modules are underway and we are grateful for the big number of volunteers working on the Molecular Epidemiology module and for the Go.Data team that will deliver the training on the tool! The ESCAIDE preparations have also started and this year we will meet in Barcelona to enjoy the conference and the usual EAN activities. But we also had some Drinks & Dinner events where fellows and alumni got together to catch up. In early May, we organised together with the current fellows a webinar on Mobile Labs while a series of webinars-interviews with prominent leaders in our field is coming up! We have also just launched in the EAN's website, the webpage of the 25+ years of EPIET celebration event that includes the recording of the day, presentations and individual videos together with some cool photos and a photo-video collage of all EPIET cohorts since the beginning of the fellowship! (it's for active members only, so update your membership to access it)

On some fellowship and ECDC news, we participated in the selection of the Cohort 2023 EPIET & EUPHEM fellows; this year there will be 9 EPIET and 8 EUPHEM EU track fellows, an almost equal number between the two paths, however still too few for the needs in Europe and for the objectives of the fellowship. The good news is that Austria has resumed being an EPIET training site in addition to being a EUPHEM site. We also attended the EPIET & EUPHEM Training Site Forum that took place this March, we are active members of the Curriculum Revision working group that is working hard in defining the fellowship competencies and we are getting ready to facilitate the RAS module in June. We are also finalising the EAN mentorship and the Cohort Representative guides, the Manifesto that came out from the 25+ years of EPIET celebration event and the Membership Survey 2021 manuscript. In this Spring 2023 edition, read Andrea Ammon's piece on the extended ECDC mandate that "*will allow ECDC to adopt a stronger role in supporting EU Member States in the prevention and control of infectious*

disease threats, and to improve European preparedness and response ahead of future public health challenges".

Lots of things on our plate but this time we have 2 extra members, our Co-opted members that are a huge help in moving things forward 😊.

And as we are busy with our Network, the world is also busy putting up fires in all fronts of Public Health and Field Epidemiology! Cholera and measles outbreaks are popping up around the globe, the Horn of Africa is still suffering from extended hunger and lack of water, viral hemorrhagic fever outbreaks continue to rise even in places not seen before (Equatorial Guinea, Tanzania), Dengue's incidence is increasing and the disease is spreading to new areas of which some have active conflict (Sudan) and Lassa fever is causing a large outbreak in Nigeria. Natural disasters are increasing in frequency and intensity; from the earthquake in Türkiye/Syria to cyclones, tornadoes and floods all around the world (Myanmar, Bangladesh, Pakistan, Mozambique, Malawi, Madagascar, USA, New Zealand, Italy). Finally, many countries are still facing complex humanitarian emergencies (Syria, Yemen, Ukraine, Afghanistan, Ethiopia, South Sudan), new countries are being added to the list (Sudan) and the refugee and migrant crisis continues in Europe, Venezuela, Colombia, USA and elsewhere. Climate change and human politics play a big role in all these emergencies. Adaptation measures guided by logic, compassion and data-driven decision making are urgently needed to avoid further deterioration of the lives of people globally.

Since the beginning of the year, GOARN published already 9 Requests for Assistance of which 6 were for the cholera outbreaks in Africa (Mozambique, Malawi and Kenya), 2 for the earthquake in Türkiye and 1 for the Marburg Virus Disease Outbreak in Equatorial Guinea. Recently, we've also seen in the UK an increase of severe myocarditis in neonates associated with enterovirus infection.

But there is some good news too! In January, Uganda declared the end of the Sudan Virus Disease outbreak that infected 164 people and caused 77 deaths, among which 19 healthcare workers (and 7 deaths). And in May, the WHO finally declared that the COVID-19 and the mpox outbreaks are no longer global health emergencies. COVID-19 has caused so far at least 766m infections and 6.9m deaths and mpox caused at least 87,000 confirmed cases and 140 deaths.

So, with a ray of hope, I wish you a good reading and a wonderful summer!

Iro Evlampidou

President of the EAN Board

ECDC Director's editorial:

A strengthened ECDC mandate – What does this entail?



During the Covid-19 pandemic, we experienced the limitations of our actions in public health and recognised the importance of efficient coordination between Member States, EU Institutions, and international organisations to create synergy and avoid duplication of actions.

The pandemic also highlighted the critical role that strong health systems and a resilient workforce play in preventing, detecting, and responding to outbreaks of infectious diseases. In light of these identified gaps and early lessons learned, the European Commission put forward in November 2020 a set of legislative proposals for a new European Health Union with the aim to strengthen cooperation, preparedness and response among EU Institutions and Member States.

The new legislation not only called for a stronger mandate for the European Centre for Disease Prevention and Control (ECDC), but also stronger EU rules on serious cross-border threats to health, an extended mandate for the European Medicines Agency (EMA), and the establishment of the Health Emergency Preparedness and Response Authority (HERA).

With the different building blocks of the new European Health Union in force since December 2022, the EU now has the necessary tools to prepare and better respond to future health emergencies.

ECDC's reinforced mandate, together with the new regulation on serious cross border threats to health, tasks ECDC to further develop and strengthen our commitment to the prevention and control of infectious diseases.

Our Agency is committed to improving epidemiological surveillance by supporting EU Member States in developing secure and interoperable digital platforms for timely surveillance and by proposing surveillance methods and standards that are valuable to all countries.

With more timely, complete and comparable data within the EU, analysis and concrete proposals on joint public health actions can be taken.

Interconnected systems would also facilitate monitoring the impact of health emergencies on healthcare systems and hospitals in the future.

A stronger focus on the human resources component of health systems will also need to recognise the dynamic nature of workforce capacity by having in place workforce development strategies that cover the recruitment, retention, and training of healthcare and public health staff.

Regarding future joint preparedness and response planning, ECDC's new mandate will allow us to issue non-binding recommendations to Member States. ECDC will also coordinate a new network of EU reference laboratories for public health and establish a ready-to-be deployed EU Health Task Force for rapid health interventions in the event of a major outbreak as well as preparedness support.

Enhanced Emergency Capacity through the EU Health Task Force will be composed of public health experts from the Member States, ECDC experts, as well as of fellows in the Fellowship Programme.

One of the Fellowship programme's main features is its European nature with fellows working at different levels using agreed methods and standards - local when investigating outbreaks in the field; sub-national and national in public health institutes and laboratories; and at EU- and international level during major health threats of a cross-border nature.

ECDC will rely on both current and former EPIET and EUPHEM fellows and national FETP fellows to support outbreak investigations or preparedness and response activities, using their knowledge and practice related to preparedness and response during deployments and, to the benefit of their own countries, when not deployed.

ECDC will also enhance and deepen its cooperation at the global level with public health actors in third countries and international organisations competent in the field of public health.

With the strengthened mandate, ECDC will put a greater focus on determinants driving infectious disease epidemiology, and on prevention. This will enable us to look at the interconnectivity of communicable diseases, non-communicable diseases, and health determinants.

One of the main lessons from the COVID-19 pandemic for future health emergency preparedness planning is that we need to adopt a multi-sectorial and multi-disciplinary preparedness approach, with 'One Health' in focus, where we also acknowledge globalisation and climate change as drivers of risk.

We also saw how modelling gained increased importance for forecasting, as well as foresight planning to anticipate different longer-term scenarios.

ECDC intends to increase its capacity in these areas, and we will also be looking at various macro drivers such as urbanisation, climate change or demographic changes to understand how these individually, or combined, have an impact on infectious diseases and how we can improve our preparedness plans.

Here, the interdisciplinary nature of the Fellowship Programme, and the participation in simulation exercises and training, and sharing of experiences, protocols and tools will be an important contribution.

ECDC's ambition is to enhance our support to the Member States and be part of creating the conditions for a European Health Union that is fit to better anticipate, react and respond to health threats.

These objectives are not only applicable during health emergencies and outbreaks, but also in response to other cross-border health threats such as the emergence of new

pathogens, resistance to antimicrobials (AMR) and against vaccine preventable diseases.

The European Health Union is a significant step towards a safer, better prepared, and more resilient Europe, and we now need to make the most of these different pieces of EU-legislation in force.

To improve the resilience in Europe's health systems and in pandemic preparedness, collaboration with all partners and at all levels - regional, national, EU-level and globally, remains key.

As an EPIET alumna I know how important and valuable the contributions of the Fellowship programme are to field epidemiology, to public health microbiology as well as to support national and international public health actions, and your work and our network remains near to my heart.

ECDC looks forward to working closely with fellows, both current and past, in the years to come to achieve the objectives of decreasing health inequalities, keeping people safe from future health emergencies and improving lives in Europe.

Andrea Ammon
Director, ECDC
Relevant links:

□ [ECDC extended mandate endorsed today by the European Parliament \(europa.eu\)](#)

□ [European Health Union: stronger EU health response \(europa.eu\)](#)

Also: Listen to the *ECDC: On Air* Podcast with Andrea Ammon reflecting on the strengthened ECDC Mandate on [Spotify](#), [YouTube](#) or [Apple Podcast](#) and Orla Condell on the Health Emergency Task Force on [Spotify](#), [YouTube](#) or [Apple Podcast](#).

Meet the EPIET supervisor in Austria

By *Ziad El-Khatib*



Starting in September 2023, EPIET candidates can choose Austria as a training site. Here, we would like to get to know better the site supervisor and the site itself.

EAN: Welcome Ziad and thank you for agreeing to this interview. For the EAN community, would you like to start off with an introduction of yourself and your position at the AGES institute?

Ziad: I am trained as an epidemiologist (I did my PhD in Epidemiology at the Karolinska Institutet in collaboration with Stanford University and the National Institute for Communicable Diseases (NICD) in Johannesburg where I recruited 1,000 HIV patients as my study cohort in Soweto. Then I did my postdoc training in cancer epidemiology at McGill University, where I examined the additional benefits of HPV vaccination by developing an RCT in Montreal. Currently, my academic affiliation is as an associate professor in global health at the Karolinska Institutet, Stockholm, and as a lecturer in global health at the Medical University of Vienna. I work at AGES as a senior epidemiologist and as the new main supervisor for EPIET. I have been working at AGES for 5 years, and prior to AGES I have worked for over 15 years between Sub-Saharan Africa, Middle East, and Asia in epidemiology, research capacity building and humanitarian aid (eg. Doctors without Borders, Partners in Health).

EAN: for the past few years, AGES was a training site only for EUPHEM fellows, why do you think AGES decided to also host EPIET fellows again?

Ziad: The break from EPIET at AGES was mainly due to the workload due to the beginning of the COVID-19 pandemic. Around one year ago, our department grew into the Institute for Surveillance & Infectious Disease Epidemiology. This change came with an expansion for roles inside the Institute. The team of epidemiologists grew as well. The co-supervisor for EPIET is Mrs. Sabine Maritschnik, and we have a colleague supporting EUPHEM for the epidemiology supervision (Dr. Andreas Reich).

EAN: Considering the SARS-CoV-2 pandemic, would you say the world or general public has a good grasp on what epidemiologists do? What would you say is the main role of an epidemiologist in a public health organisation?

Ziad: Today, some or most members of the general public may have a basic understanding of what epidemiologists do. However, it is essential to acknowledge that the field of epidemiology can be complex and it has certain nuances. Epidemiologists play a crucial role in public health

organisations as they investigate the causes and spread of diseases, identify risk factors, and develop interventions to prevent and control outbreaks. When it comes to the main role of an epidemiologist in a public health organisation, it is to study the patterns and causes of diseases in populations and to develop evidence-based solutions to prevent and control the spread of infectious diseases. The epidemiologists analyse data to identify trends and risk factors, conduct research studies to determine the effectiveness of interventions, and work with healthcare providers, policymakers, and other stakeholders to implement public health strategies.

Finally, it is crucial to recognize the importance of epidemiologists' work in protecting the health and well-being of all people. Through their efforts, we can work together to prevent and control outbreaks and promote the health and unity of our global community.

EAN: What do you think would be the added value of having the EPIET fellowship in AGES? And vice versa?

Ziad: There can be several added values to having an EPIET fellow at AGES. For me, one of the most important values is that EPIET builds bridges between the different public health agencies in Europe. As the outbreaks and microorganisms know no borders, the EPIET fellowship is going beyond the geographical borders to work towards building the unity between the public health agencies in Europe.

EAN: As representatives of the EPIET & EUPHEM alumni network we are often contacted by prospective fellows who want to know more about what the work would be like at a potential training site and also about life in the city where it is located. What would you suggest are the strong points to choose your institution and Vienna for the two-years programme?

Ziad: The location of Austria is quite central, in addition that the city of Vienna is beautiful. Also, we have a dedicated department for modelling at AGES, which is a great support. Also the laboratories are on the same floor as the epi staff. This physical structure makes communication between EPIET and EUPHEM very natural as we all work on the same floor, we meet over lunch etc. My feeling is that few agencies might have such a setting.

EAN: Thank you very much for your time. Before closing our chat, would you like to add any comment or thoughts about this exciting new adventure?

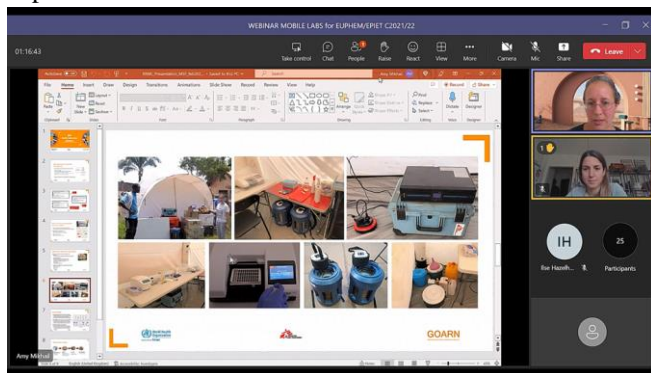
Ziad: Thank you for the interview. I look forward to contributing for the betterment of health in Austria and the region through this collaborative work with EPIET.

Mobile lab webinar

On the 4th of May 2023, the EAN Board was very pleased to support a fellow-based initiative and to organize a webinar on mobile laboratories with Amy Mikhail, a EUPHEM alumni and consultant for MSF. The webinar was opened to all current fellows and alumni. We were happy to see a strong participation with 31 people attending this 2-hours webinar.

The idea behind the webinar was to familiarize the current fellows and alumni with the challenges and specificities of field microbiology in a mobile laboratory. In addition to answering a common request from fellows for examples of work in the field, it also provided them with concrete resources to explore this professional opportunity.

Amy Mikhail gave several examples of her work as a mobile laboratory manager including displaced populations, remote areas, surge capacity at different levels, national and sub-national. For each example, she detailed the different types of infrastructures used and why, as well as the challenges encountered. Together with Zsofia Igloi, they also presented the work and challenges of mobile laboratories during the COVID-19 pandemic. In particular, they shared their experience with the lab-in-a-van initiative in Rotterdam.



The presentation also included the key considerations for mobile labs. The rational and threshold for mobile labs

deployment were discussed as well as the challenges with cold chains, electricity and quality insurance.

The lecture was followed by a Q&A session moderated by Camille Jacqueline (EUPHEM fellow cohort C2021, cohort representative) and covered topics such as preparation for mobile lab assignment, opportunities for training and the future of mobile labs.

Amy Mikhail is an EUPHEM alumni C2012 who is now working as a freelancer. From 2020 to 2021, she worked in MSF as a mobile laboratory implementation specialist. She developed mobile laboratories that can be rapidly deployed to the field to investigate outbreak alerts.

You can find the presentation used during the webinar which contains a list of resources to know more about mobile labs on EAN [website](#).



MSF-Netherlands: open opportunities

By Emma Register, MSF

As a graduate from the EPIET fellowship, we would like you to Join MSF-OCA as an epidemiologist and be at the forefront of our lifesaving work during disease outbreaks!

Our project teams rely on our epidemiologists to quickly identify where and how fast a disease is spreading and how it can be stopped. With your expertise, you'll help save lives, from containing Ebola outbreaks in Liberia to predicting cholera outbreaks in Haiti after an earthquake.

As an epidemiologist with MSF, you'll have a diverse range of responsibilities, from gathering critical epidemiological data during disease outbreaks like meningitis, measles, or cholera, to conducting surveys and

research to enhance evidence-based decision-making. You'll guide our teams to provide case management, vaccinations, and sanitation interventions to those in need.

For this position, we require:

- 2 years post qualification work experience
- Ability to design, implement and evaluate quantitative and qualitative epidemiological research
- Experience with training/supervising
- Practical skills in database management and software for epidemiological and statistical analysis

(Microsoft Excel and at least one statistical program)

You'll be part of a dynamic and diverse team committed to making healthcare more equitable for all. If you would like to put your skills to use towards a rewarding and impactful career, please apply via our website. If you have any

questions regarding the role, please reach out directly to our team at amsterdam.recruitment@amsterdam.msf.org.

For more comprehensive information on what it is like working in the field as an epidemiologist, attending one of our information sessions will be fruitful. You can sign up for a session via our [website](#).

Upcoming EAN mini modules

Go.Data - Online, autumn 2023

By Iro Evlampidou, EAN president

The EAN Board is pleased to announce the organisation of a course in Go.Data in collaboration with the WHO Go.Data team. The course will be a Training of Trainers with the aim to train participants to become superusers in the tool. The course will be a 9-hour online training spread over 2-3 days and will take place in autumn 2023. The dates will be confirmed soon and registration will follow.

“Go.Data is an outbreak investigation tool for field data collection during public health emergencies. The tool includes functionality for case investigation, contact follow-up, visualization of chains of transmission including secure

data exchange and is designed for flexibility in the field, to adapt to the wide range of outbreak scenarios. The tool is targeted at any outbreak responder.” - read more [here](#).



Molecular Epidemiology, Winter 2023

By Laura Bubba, EAN secretary

This year we celebrate 15 years since the creation of EUPHEM. Proposing EUPHEM-orientated mini-modules and webinars seemed a good way to celebrate this milestone for the programme.

The idea to organise a mini-module on molecular epidemiology has been discussed many times before and when we launched the call for presenters and facilitators in April 2023, we observed a fantastic enthusiasm for this topic from the network!

The original idea was to organise a mini-module, but as soon as we started to collect ideas, we realised the knowledge and the material available are actually enough to also fill some webinars!

Molecular epidemiology is a branch of epidemiology and medical sciences that focuses on the contribution of potential genetic and environmental risk factors, identified at the molecular level, to the aetiology, distribution and prevention of disease within families and across populations.

After meeting with enthusiastic members, we decided to divide the available materials in three levels of difficulties:

1. Basic level for those with none or very little experience in microbiology, molecular epidemiology and typing techniques
2. Medium level for those with some experience in molecular epidemiology, general understanding of typing and microbiology
3. Advanced level for microbiologist with some R experience

This very ambitious programme is to try to cover all these levels in the upcoming months.

The one-day and a half, face-to-face EAN mini module is scheduled for 20-21 November 2023, in Barcelona, right before the ESCAIDE conference planned for 22-24 November. Stay tuned for additional information through the regular bulletins and dedicated emails.

And be ready to reply to questions, helping us to develop a module targeting the network needs!

By Laura Bubba, EAN secretary

During ESCAIDE 2022, a lot of discussions focused on the role of leaders in public health.

The Bar-camp was surely one of the places where the necessity for more effective leadership during the first phases of COVID pandemic was shared.

Therefore, we would like to organize an EAN mini module focused on leadership for next year. The module is currently in the planning phase and we look forward to sharing more details as soon as they become available.

Stay ready for the call!

Upcoming tabletop exercises on outbreak investigation

During the last survey shared with the network in 2021, there was an indication, that EAN members are willing to get more involved with public health and microbiology society. Since then, we were looking for collaboration and the ESCMID and this year, thanks to Titia Kortbeek, EUPHEM supervisor, we will be an active part in helping with the “Training for an outbreak response: Simulation exercises to strengthen local preparedness, 13-15th September 2023” online course. Please, feel free to share Titia’s message across your network!

Dear colleagues/ members of ESCMID study groups,

We warmly invite you to join us online for the ESCMID course: Training for an outbreak response: Simulation exercises to strengthen local preparedness, 13-15th September 2023. This course aims to serve as a training platform for those new to outbreak preparedness and a refresher for the more experienced.

The distinct aspects of outbreaks in a local, national or international/cross border setting will be addressed in order to create and maintain a network of trained professionals. We will work in small groups (via breakout rooms) to allow everybody to contribute actively. We anticipate this course will be useful for a multidisciplinary audience engaged in public health or healthcare infection control.

The course is organized by ESGPHM, TAE and EFISG, together with the ECDC EPIET-EUPHEM alumni network (EAN), EU Joint Action SHARP and ECDC.

For more information: please look at the ESCMID website: online courses and workshops.

[ESCMID: ESCMID Online Courses and Workshops](#)

[Course flyer](#)

[Registration](#)

Looking forward to seeing you online in September,

Kind regards
on behalf of the organizers

Titia Kortbeek
Titia.kortbeek@rivm.nl

Postcards from the field

By Alice Wynne, UK-FETP Cohort 2022

The Falkland Islands (FI) are a remote South Atlantic archipelago 400 miles off the coast of Argentina. Throughout 2020, 2021 and early 2022, there was no community transmission of Covid-19 in FI, likely due to their geographical isolation, robustly maintained border restrictions, and comprehensive quarantine and testing programmes. In the first three weeks of May 2022, FI experienced a significant surge in COVID-19 cases with rapid spread in the community. There were over 1,500 cases, representing just under 50% of the total population of FI becoming infected in a short space of time.

Petra Manley (consultant Epidemiologist, UK Health Security Agency) and I were deployed for two weeks to collect and collate all COVID-19 data relevant to the outbreak, describe and analyse the data, and write up findings and lessons learnt. We were hosted by staff members at the only hospital on FI, the King Edward Memorial Hospital (KEMH). Due to the short time frame of the trip, a draft programme was developed by KEMH before our arrival with project objectives set, allowing us to hit the ground running. We spent time meeting with staff who played a crucial role in the frontline COVID-19 response, gaining insights into their quarantine, testing and vaccination programmes. Data on the COVID-19 cases were limited, with a basic linelist being maintained containing only case names and report dates. We extracted additional data from their patient information system and linked across all other available data sources.

Before leaving we were able to produce an epidemiological summary of the outbreak and present it to the acting governor and FI members of the legislative assembly. This was very well received, as although there was good local knowledge of what had happened due to the small population size, this was the first time the data had been visualised. On returning to England, we were also able to do some further work on vaccine effectiveness. The residents of FI were a unique population to study having high vaccine coverage yet limited naive immunity. This work would not have been possible without the collaboration of KEMH colleagues who were incredibly helpful and supportive and knew their population intimately. We hope the relationships built during this trip will be lasting, with opportunities for further collaboration in the future. The hospitality we received during our time in FI was unrivalled, with everyone wanting us to have the best possible experience of the Islands and the tight-knit community that call it home. A particular highlight was getting the opportunity to see hundreds of King and Magellanic penguins at close range; a truly special experience!



By Camille Jacqueline, EUPHEM fellow Cohort 2021



My name is Camille Jacqueline, I am a EUPHEM fellow from cohort 2021 based in the Instituto de Salud Carlos III in Madrid. At the end of 2022, GOARN published a call to support the drought and food insecurity crisis in the Great Horn of Africa

(GHOA) and especially, to strengthen the epidemiology and surveillance pillar. I immediately applied because of my previous experience in malaria diagnostics in Burkina Faso. I was excited to have another experience in an African country and to strengthen my knowledge in surveillance. Moreover, I was looking forward to working for WHO and learning about the organisation.

On 21st February, I started my mission in Nairobi where I stayed for 8 weeks. I worked for the Incident Management Support Team for the GHOA and was assigned to the Health Information Management team. I was entrusted with a project which focused on the mapping of the surveillance system in the 7 countries of the GHOA (Djibouti, Ethiopia, Kenya, Somalia, South Sudan, Sudan and Uganda) because there was no clear overview of the systems used for surveillance of diseases and nutrition at the time.

My principal task was to contact and interview key informants from the WHO country offices, including HIM team leads and nutrition experts, but also nutrition and health cluster coordinators to learn more about the actions undertaken by other partners. Through these interviews, I learned a lot about health and nutrition surveillance in African countries. For example, the integrated diseases surveillance and response or IDSR is a framework implemented in African countries to improve detection and response to the leading causes of illness, death, and disability. Through my work, I was able to see that IDSR

implementation is not yet uniform across the 7 countries. I also realised the difficulties of establishing surveillance systems in situations of conflict such as in Sudan where digital information tools cannot be used as health facilities don't have access to the internet. Finally, coming from a public health microbiology background, it was an eye-opening experience to learn about the diagnostic methods in resource limited countries and the role of laboratories in surveillance in east African countries.

The gaps and challenges in surveillance of diseases and nutrition also become quite clear by the end of my assignment. For example, the lack of harmonisation and centralization of data from different systems is a major problem in some countries as it prevents triangulation and limits representativity. After compiling the data collected in the interviews, I redacted a report to share this information with the different WHO country offices and partners.

In addition to that principal project, I also supported the IMST with updates for their different products such as the situation report, the outbreak tables, and an infographic for the multi-country cholera outbreak. I was lucky to be surrounded by an international team which helped me to identify key informants and give me technical support. Another good surprise came from the collaboration with other alumni and fellows of the program. It allowed me to establish channels of good communication and a network of people who I could easily reach in case of questions.

All in all, I am very grateful for this experience, it really broadened my skill sets, and I now have a better understanding of field epidemiology and surveillance systems in other parts of the world. It was also a unique opportunity to create and strengthen my network with people from UN agencies, especially from WHO. On the personal side, living in Kenya was really enriching and I am grateful to have been given the opportunity to discover its wonders. But most of all, I enjoyed learning about the culture and history of Kenya.



Mona Dave, UK-FETP Cohort 2021

Project: Deployment to WHO country office for Czechia
UK-FETP fellow Mona Dave, Cohort 2021, was deployed to the World Health Organisation country office for Czechia (WHO CZ) in April 2022, following a request for assistance (RFA) made via the Global Outbreak and Alert Response Network (GOARN) and facilitated by the UK Public Health Rapid Support Team (UK-PHRST).

At the time of my deployment, over 300,000 Ukrainian refugees had arrived in CZ and very little was known about their health status, health needs and health-seeking behaviours. My role in country was to provide operational support (epidemiology and surveillance) relating to the Ukraine refugee crisis to WHO CZ. This included being the key point of contact for health information related projects and identifying and progressing opportunities to gather health data on Ukrainian refugees through research, site visits and stakeholder collaboration.

By the time my deployment ended, I developed a protocol for a descriptive epidemiology pilot study on Ukrainian refugees visiting Ukrainian Assistance points (UA points) at local hospitals which was well received and planned to be rolled out more widely in country. I was also able to contribute health questions for a survey developed by United Nations High Commissioner for Refugees (UNHCR) colleagues and produce a report with a summary of findings and recommendations for next steps for WHO CZ which were progressed after I left.

This was an invaluable experience for me. I was lucky to have been able to work alongside and learn from the friendliest of colleagues and hosts at WHO CZ and be supported by UK-PHRST and my UK-FETP supervisors during my deployment which I am very grateful for.



D&D in Copenhagen

By Alma Tostmann, EAN co-opted member

D&D Copenhagen, Monday 17 April 2023.

The European Conference of Clinical Microbiology and Infectious Diseases ([ECCMID](#)) is the annual conference of the European Society of Clinical Microbiology and Infectious Diseases ([ESCMID](#)), and was organised this year in Copenhagen from 14-18 April. There were many EPIET and EUPHEM fellows and alumni attending this conference. ECCMID is a four-day conference about the diagnosis, treatment and prevention of infection-related diseases, and is a very interesting conference for people with an EPIET and EUPHEM background. One of many contributions to this conference coming from our network was an Education Workshop on Table Top Exercises on outbreak investigations, co-organised by Kamelia Stanoeva (RIVM) on behalf of the ESCMID Study Group on Public Health Microbiology.

On Monday 17 May, the EAN Board organised a D&D in the Anarkist Bar in Copenhagen. This event was attended by many alumni (incl. someone from cohort 4!) and fellows, supervisors and 'friends of EPIET', representing both conference attendants and people working in Copenhagen.



Selection process for new cohort

By Laura Bubba, EAN secretary

As every year, between January and May, new EPIET and EUPHEM fellows are selected for the programme. The Chair of the Selection Committee, in coordination with the ECDC Fellowship Faculty Office (FFO), checked the eligibility of the candidates. A total of 114 applications from EPIET candidates in 21 EU Member States and 31 applications from EUPHEM candidates in 13 EU Member states have been screened.

The selection committee selected eligible candidates scoring competences and background first based on CV and motivation letter and then with a 30-minutes on-line interview. The selection committee consisted in a chair (the Head of the fellowship), one scientific coordinator, one representative of the training site and/or training site forum, one representative for the ECDC National focal point and one representative of the EAN.

After the interviews shortlisted candidates access the site market interviews, when the training site and the fellows-to-be can score their preferences.

Based on the preferences reported by both fellow and training site representatives, the selection committee matches fellows and training sites, scoring the first three preferences.

The Training Site Market took place 20-24 of March 2023, and as a result, the ECDC Fellowship has successfully selected 9 EPIET and 8 EUPHEM fellows that will form part of the Cohort 2023, EU-Track. The MS-track (member state) are selected by the training sites, and a total of 12 EPIET and 3 EUPHEM have been appointed for 2023 cohort.

Call for new board members

The EAN Advisory Board is at the heart of the EPIET Alumni Network. Its members formulate priorities and strategy for the network, manage internal and external relations and provide the members with frequent information updates including bulletins and quarterly newsletters. Currently, it includes seven members elected for two years (a President, a Vice-President, a Treasurer, a Deputy Treasurer, a Secretary, a Deputy Secretary, a General Board Member) and two co-opted members nominated for a year.

The positions of **president, treasurer, secretary and general member** are coming to term and are up for election at the General Assembly in November 2023.

Alumni of all cohorts are welcome to apply!

The EAN Board wants to emphasize that all EPIET/EUPHEM/PAE/FETP alumni are more than welcome to apply for a position on the EAN Board. To stand for election, you just have to be an active (paying) EAN member. Becoming a board member is a great opportunity for recently graduated alumni to expand the international (EPIET/EUPHEM) vibes for at least two more years. Becoming a board member is a great opportunity for alumni who graduated some years ago as well, as they may have a wider public health network, and may have valuable ideas on how to keep alumni connected and have more post-fellowship experience to add to the work of the EAN Board.

If you have any questions regarding these positions or if you consider putting yourself forward as a candidate for one of these positions, please do not hesitate to contact us. The general email address of the EAN Board is eanboard@gmail.com.

News from the Network

Modules so far in the UK!

By current UK-FETP fellows

UK-FETP fellows are an integral part of our network and we are very pleased to see their contribution to this newsletter, sharing some impressions from modules attended from February 2022 to April 2023. Beautiful views of the relaxing moments during the modules. And one made it even as is also this edition's cover photo!



Multivariable analysis module, UK-FETP Cohort 2021 attend Multivariable Analysis module in Manchester, England in February 2022.



Epidemiology emergencies module, April 2022



Project review module, August 2022



UK-FETP Cohorts 2021 & 2022 enjoying punting down the river while in Oxford, England for Environmental Epidemiology module in April 2023



Qualitative methods and teaching module, UK-FETP Cohorts 2020 & 2021 attend Qualitative Methods and Teaching module in Bristol, England in June 2022



Outbreak investigation module, UK-FETP Cohorts 2020 & 2021, PAE fellows and facilitators attend a dinner in Cardiff, Wales for Healthcare Epidemiology module in May 2022

MediPIET survey

By Maximilian Riess

During the General Assembly (GA) 2022, participants were reminded about the MediPIET training program. It was re-edited by ECDC in 2021, and now MediPIET fellows have many modules in common with EPIET/EUPHEM/PAE. MediPIET is planning to develop its own alumni network, but for now these fellows have no network. Therefore, EAN proposed at the last GA to allow MediPIET fellows the same services that EAN provides to EPIET/EUPHEM fellows during their fellowship.

Not related to the content of this survey, MediPIET alumni can apply for external membership. The external application process to become EAN members requires providing a CV, a letter of motivation and two vouching EAN members. The statutes allow for up to 15% of the active members being external members. To easily allow current MediPIET fellows access to the EAN and

participate in this network, it is proposed that MediPIET fellows are offered participation in and access to the EAN for the duration of their fellowship. MediPIET fellows will not receive the same status as EPIET/EUPHEM fellows but EAN will offer the same services to them as the other fellows. When transitioning from fellow to alumni status, the EAN participation will cease. The regulations are envisioned to stay in force until MediPIET has formed its own network or alumni network. The Survey for active EAN members asked:

For the duration of their fellowship and provided a MediPIET network or MediPIET alumni network does not exist, MediPIET FELLOWS shall be welcomed to participate in EAN activities and benefit from EAN services to the same extent as EPIET/EUPHEM/European FETP/EAP fellows do.

EAN Communication channels (Discord, WhatsApp, etc.)

Since the beginning of the pandemic, EAN's WhatsApp group was activated to share and facilitate the communication between EAN members, allowing a more rapid and effective response. However, the group grew and another platform was launched to allow smoother communication and interaction.

EAN's new Discord server is a better structured forum to connect, exchange and discuss information within the network. On [EAN's Discord](#), you will get the latest EAN-related information and news as well as find and share resources on analytics, surveillance or outbreak investigations, public health microbiology or discuss the latest news and developments in the field of infectious diseases. Therefore, we are inviting members and friends to switch to Discord considering the WhatsApp group is close to the maximum participant

limit of . The easiest way to use Discord is by installing the Discord app on your phone and/or Desktop and then clicking the invite link. After joining the server, you will be directed to the welcome-and-rules channel where you can read more about all the different features and learn how to use the server. Once you are done with that, please come and tell us a few words about you in the [#introducing-yourself](#) channel!

On the weekly bulletin you can always find the link to Discord group and updates on the use of WhatsApp.

EAN has an up-to-date website where you can find several resources and a dedicated member's only area with posts on jobs, courses and conferences, internal news and updates, webinar recordings, and many more!

Follow us on [Facebook](#), [LinkedIn](#) and [twitter](#)!

In the next edition!

- ✓ Interview with Aftab Jasir
- ✓ Interview with Barbara Schimmer
- ✓ ESCAIDE news
- ✓ Molecular epidemiology module news and registration form
- ✓ Information on all other forthcoming EAN activities
- ✓ And much more!

Update your Membership

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

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

Please note that membership year runs from 1st November to 31st October of each calendar year. Make payment now and have your membership extended until 31st October 2022 (or 2032)!

Fellows in their first and second year of training are exempt from paying membership fees, according to the accepted statute changes of the 2012 General Assembly. We have added a new payment option for credit cards to make membership renewal a bit easier. To use this option, please go to our website and follow the instructions there.

EURO ACCOUNT (€30 per annum)

Bank: TransferWise Europe SA

Bank address: Avenue Louise 54, Room S52, Brussels 1050, BE

Account Holder: E.A.N. (EPIET Alumni Network)

IBAN: BE88 9670 3610 1241

BIC/Swift: TRWIBEB1

GBP ACCOUNT (£28 per annum)

Bank: TransferWise

Address: 56 Shoreditch High Street, London E16JJ, UK

Account holder: E.A.N. (EPIET Alumni Network)

IBAN: GB22 TRWI 2314 7095 5404 40

Account Number: 95540440

Sort code: 23-14-70

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

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