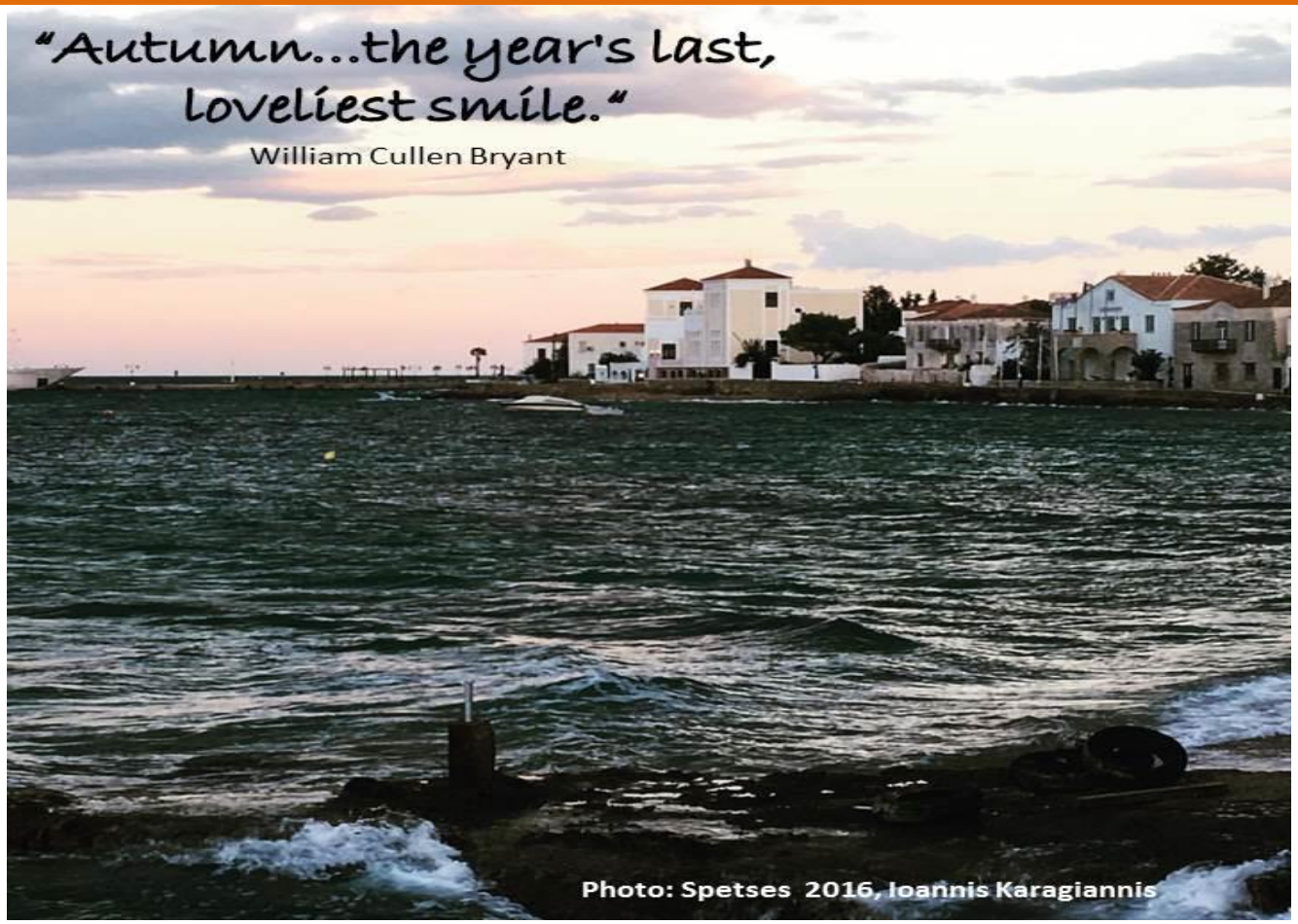
EAN News

Newsletter of the EPIET Alumni Network

www.epietalumni.net

November 2016



Editorial

Dear EAN Friends,

It's Autumn!

In this issue, we have many interesting articles!! Georgia Ladbury comments on Brexit from an epidemiologists point of view!

With two new EPIET co-ordinators recently joining the Coordination team, we interviewed Lisa Hansen and Louise Coole to know more about them, their interests in field epidemiology and their views on the EPIET/EUPHEM. Good luck to Lisa and Louise in their new work!!

We also welcome the new cohort of EPIETs, EUPHEMs, and FETPs.

Finally, as you know, ESCAIDE is approaching with lots of EAN activities in store:

- The annual General Assembly: 3 board positions vacant
- The EAN photo-contest: submit your best artwork from the field!
- Best Oral Presentation - call for Judges: in case you are wondering: no, it's not too late to volunteer as judge for the EAN best oral presentation prize!
- Join us at the most attended annual EAN social event at VAPIANO on Sunday 27th before ESCAIDE.

We look forward to see you very soon at ESCAIDE!!

Enjoy the newsletter!!

Your EAN board

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Welcome Cohort 2016 !!!

We have the pleasure to welcome 39 new fellows into the Network as cohort 2016!

EPIET EU Track

- Laura Espenhain (DK), Folkehelseinstituttet (NO)
- David Hendrickx (BE), Landesgesundheitsamt Baden-Württemberg, (DE)
- Brecht Ingelbeen (BE), Agence Santé France (FR)
- Anna Maisa (DE), Health Protection Service (UK NI)
- Susana Monge Corella (ES), RIVM (NL)
- Theofilos Papadopoulos (GR), WIV-ISP (BE)
- Jana Prattingerova (CZ), Terveyden ja Hyvinvoinnin Laitos, (FI)

EPIET MS Track

- Karin Taus (AT), Österreichische Agentur für Gesundheit und Ernährungssicherheit
- Zvjezdana Lovrić (HR), Hrvatski Zavod za Javno Zdravstvo
- Lauriane Ramalli (FR), Cellule de l'InVS, région PACA et Corse
- Sebastian Thole (DE), Landeszentrum Gesundheit Nordrhein-Westfalen
- Anna Vakali (GR), KEELPNO
- Lois O'Connor (IE), Health Protection Surveillance Centre
- Astrid Louise Løvlie (NO), Folkehelseinstituttet
- Teodora Chear-Solomon (RO), Centrul National de Supraveghere si Control al Bolilor Transmisibile
- Sanja Vuzem (SI), Nacionalni inštitut za javno zdravje
- Concepción Delgado Sanz (ES), Instituto de Salud Carlos III
- Brandwagt Diederik (NL), RIVM
- Morgan Mari (UK), Public Health Wales

EUPHEM

- Natalia Redondo (ES), Public Health Laboratory, IE
- Rolf Kramer (DE), Groupement Hospitalier Est and for the Biology labs in Hospices Civils de Lyon, FR
- Zsofia Igloi (HU), RIVM, NL
- Janko Van Beek (NL), Terveyden ja Hyvinvoinnin Laitos, FI
- Lotta Siira (FI), Folkehelseinstituttet, NO
- Laura Bubba (IT), Microbiology Reference Services Colindale, UK
- Theresa Enkirch (DE), Folkhälsomyndigheten, SE

FETP Germany

- Tanja Charles, Robert Koch Institut, Berlin
- Anja Wieland, Robert Koch Institut, Berlin
- Maren Mylius, Niedersächsischen Landesgesundheitsamt, Hannover
- Julia Enkelmann, Robert Koch Institut, Berlin
- Claudia Ruscher, Landesamt für Gesundheit und Soziales, Berlin

FETP UK

- Helen Bagnall, PHE, Newcastle Upon Tyne
- Hikaru Bolt, PHE, Nottingham
- Monique Pereboom, PHE, Birmingham
- David Roberts, CRCE PHE, Chilton
- Ashley Sharp, PHE Colindale
- Vicky Watts, PHE, Liverpool

WELCOME TO THE NETWORK!!!

Interview with new EPIET coordinator: Lisa Hansen

Recently, two new members joined the EPIET Coordination team; Lisa Hansen is a full time EPIET coordinator and is based at RIVM in the Netherlands. Louise Coole is a half time EPIET coordinator and is based at Public Health England in Leeds. We interviewed them both to know more about them, their background, their interests in field epidemiology and their views on the EPIET/EUPHEM.

Describe a little bit your background and how you ended up in field epidemiology?

As one of my Canadian colleagues says, I've had a 'non-linear' career path. My first degree was in anthropology, and I had some amazing field experiences working with nonhuman primates. That led me to a Master of Science programme in physical anthropology: I worked in a clinical research centre for comparative medicine, on a study of primate models for metabolic bone disorders, combining the two things physical anthropologists like best - monkeys and bones! I was a research associate in a university anthropology department after that, and got a taste for teaching and instructional design. Because I was married to an anthropologist by that point, we realized that the probability of both of us finding jobs in our field, on the same continent, was exceedingly low. So I followed my interests in health, social justice, and research methods and made the practical decision to do an MPH. (That might be the only practical decision I've ever made.) I met an alumna of the Canadian FETP when I was in graduate school in Toronto, and became interested in the programme; after I graduated I got a job with the Public Health Agency of Canada, working on risk behaviour surveillance for sexually-transmitted and bloodborne infections, once again combining interests in anthropology and epidemiology. I spent several months in Vancouver in 2003 to provide support to an outreach team of 'street nurses' dealing with a syphilis outbreak, and then was sent to Toronto as part of the outbreak team dealing with SARS. After that, I was hooked on field epidemiology! I applied to the Canadian FETP and was a fellow from 2004-2006.

When did you first hear about the EPIET/EUPHEM programme?

It must have been at the beginning of my fellowship: Arnold Bosman and Marta Valenciano came to our Introductory Course in 2004 (to teach surveillance evaluation, I think!), and in my second year, I went to Menorca for the EPIET Scientific Seminar (the predecessor of ESCAIDE). Those were the early days of a long and productive collaboration between programmes.

What motivated you to apply to be an EPIET/FETP Coordinator?

I have described myself as an FETP evangelist…I was a Program Director in the Canadian FETP, and then worked in Trinidad as coordinator of the Caribbean FELTP from 2013-2015, so I couldn't resist the opportunity to work with another international FETP! Of course I was familiar with the programme and knew many of the Coordinator team. After living and working in China, the U.S., Micronesia, Melanesia and the Caribbean, my family happily packed their bags to come to Europe.

How does the EPIET programme compare to the Canadian FETP?

The programmes are very similar in curriculum and objectives. The biggest difference is scale: the Canadian FETP is a national programme, and recruits about 5 fellows per year. There are two fulltime coordinators ("PDs" or program directors), and a training unit that supports the FETP as part of a larger Field Services division. The Canadian programme has a domestic surge capacity mandate, so the fellows get sent all over Canada for outbreak investigations and special projects (like mass gathering surveillance). The PDs provide direct supervision to fellows on domestic missions, and the best part of the PD job in Canada was that I always got to hear about outbreaks and emerging public health issues across the country.

With all the recent changes in the EPIET/EUPHEM programme, how do you see EPIET/EUPHEM programme(s) developing in the future?

EPIET/EUPHEM does an exemplary job of bringing people with different backgrounds and qualifications together, and establishing a common language. Public health is a big umbrella and we need to learn how to bring people in and not squabble over who is holding it. That said, I feel it's as important to recognize that all of the people involved in this programme, including the fellows, their supervisors, and the coordinator team, have specialized knowledge and experience. We should not be trying to train epidemiologists to become public health microbiologists, and vice versa: we have to appreciate each other's expertise and know enough to work together, but appreciate that we can't all do the same things equally well!

Based on your own experience with the Canadian programme, what do you think would be worthwhile transferring over the EPIET/EUPHEM programme?

One of the strengths of the Canadian programme is that it has a professional Training Unit with expertise in instructional design and evaluation, which ensures that modules are designed for adult learning, and rigorously evaluated. I think the EPIET/EUPHEM coordinator team is really enthused about building our own capacity for instructional design and evaluation, and passing that on to fellows.

Any tips for the fellows to get the most out of their 2-year fellowship?

Tip #1 is that two years passes quickly! Fellows have to be assertive in managing their projects to ensure that they don't get stuck waiting for data or waiting for approvals. Tip #2 is to push yourself in tackling projects and subject areas that are new to you: this is a golden time to really build your skills and learn about your own abilities. Tip #3 do what field epidemiologists do best! Get into the field, get your hands dirty (literally and figuratively), and talk to people.

Where do you see EPIET/EUPHEM graduates working in the future?

Graduates of the Canadian FETP (and EPIET/EUPHEM) have been highly sought-after in the public health workforce, but public sector job opportunities are scarce in many places. I would hope that EPIET/EUPHEM graduates who continue their careers in academia or clinical practice recognize that we all contribute to the global enterprise of public health, and that all graduates will have opportunities to show leadership, and to teach and mentor in their workplaces – even if that isn't in their formal job descriptions.

Is there something that you would like to say to the EAN network?

The EAN is an amazing resource, and really demonstrates that the best thing we get from a fellowship programme is the network of friends and colleagues. I also think it's very important for the EAN to take an active role in advising the programme on its curriculum, recruitment and objectives, as the alumni are the frontline public health professionals who can see the emerging public health issues and capacity needs to which the fellowship programme must respond.

- ***Lisa Hansen***

Describe a little bit your background and how you ended up in field epidemiology?

My first degree was in biology and I initially planned a career in research but was guided into studying medicine to widen my options and really enjoyed it. I spent my first few years after qualifying mostly in Accident and Emergency (enjoyed the reactive nature of the work) and infectious diseases (loved the subject) but the scientist in me was drawn to clinical microbiology. I spent a good few years training in microbiology and whilst I particularly enjoyed the diagnostic dilemmas I started to find the outbreak control elements particularly interesting. So I joined the public health training programme and after completing that worked as a consultant in communicable disease control (in my book the A & E equivalent of public health). After 10 years working in this field I yearned to have the opportunity to strengthen my scientific and analytical skills and happily took up a post as a consultant epidemiologist in the UK Field Epidemiology Service in 2010.

When did you first hear about the EPIET/EUPHEM programme?

Probably when I was a public health trainee but only in the sense of something aspirational.

What motivated you to apply to be an EPIET/FETP Coordinator?

I became involved with the fellowship programme through my role as a UK FETP supervisor and I just love spending time with a diverse group of people with similar professional interests and being able to contribute to the strengthening of skills across the network; being a Coordinator is a dream job for me.

How do you think field epidemiology training adds to PH training?

I guess it varies from place to place but where public health programmes have (rightly) strengthened the leadership and strategic influencing and development skills of those emerging from their programmes this has sometimes led to a reduction in emphasis on strong epidemiological skills and this is where the specific field epidemiology training can complement public health training. It also provides exposure and training in public health microbiology which is neglected in some public health training programmes.

With all the recent changes in the EPIET/EUPHEM programme, how do you see EPIET/EUPHEM programme(s) developing in the future?

I couldn't say. I have not been in post long enough - I just hope it goes from strength to strength.

Based on your own experience with UK FETP, what do you think would be worthwhile transferring over the EPIET/EUPHEM programme?

I think it's good that the UK FETP has a healthcare epi module given its strategic importance and I suppose this links to something about having the flexibility to respond to what the local public health service needs in terms of the skills of its workforce. However from what I have observed so far there is a willingness which spans across the EPIET/EUPHEM and associated programmes to keep a focus on developing individuals with the most relevant skill sets to public health systems and keeping that under active review.

Any tips for the fellows to get the most out of their 2-year fellowship?

To be given a mandate to spend time learning and developing new skills is such a luxury that you may not always appreciate until it's gone and to be able to do so in the company of such great people! Just enjoy!

Where do you see EPIET/EUPHEM graduates working in the future?

With such a diverse and skilled set of individuals it would be unwise to set any boundaries.

Is there something that you would like to say to the EAN network?

Just that I am looking forward to getting to know members of the network better and exploring creative ways of working together.

- Louise Coole

BIG NEWS!! We wait for the 2018 ESCAIDE location !!

ESCAIDE needs YOU! (or… at least your country)

At the 37th meeting of the ECDC Management Board (June 2016), a decision was made that ESCAIDE should be hosted using bi-annual rotation (MB37/13). Namely, the Conference should take place in Stockholm, Sweden one year and it should be hosted in a city of another EU/EEA Member State the following year.

The Coordinating Competent Bodies (CCB) and the ESCAIDE Scientific Committee have been consulted with regards to the criteria used to select cities outside of Sweden to host ESCAIDE. The CCB will be invited to make proposals for hosting cities, which will then be analysed according to the agreed criteria. The proposals will be discussed with the ESCAIDE Scientific Committee and submitted for decision by the ECDC Director. The decision on hosting cities, other than Stockholm should be taken a minimum of two years before the Conference in question takes place in the proposed hosting cities.

We await the location for **ESCAIDE 2018**!

BREXIT:
OR, WHY POLITICIANS SHOULD BE EPIDEMIOLOGISTS

Georgia Ladbury

I lost count of the times it happened. Queuing up with my fellow cohort members in a shop in some European city, attempting to buy a bus ticket to a module, trying to find the right coins in amongst the three or more currencies in our wallets, time running out as we'd spent too long catching up with each other over the breakfast and left the hotel too late…the amused and bemused shop assistant would ask "Where are you all from?" and we'd start with "Well, I'm from Denmark but I live in Germany,"…"I'm from Romania but I live in Spain"…"I'm from the UK but I live in the Netherlands"….until we'd realise the explanations were all taking too long and opt for: "We're from the European Union".

Well, now it seems as though the UK is leaving the European Union, and it breaks my heart. It breaks my heart not just as a proud British European citizen, but as an EPIET-trained epidemiologist who takes pride in her study protocols. If only politicians were epidemiologists, we might have seen a very different story. Imagine, if you will, that you had been asked to peer review a study which sought to ask the question, should the UK remain a member of the EU, or should it leave?

STUDY DESIGN

- **The study question**

Before embarking on a study, it's very important to be clear about what your research question actually *is*. A research question should be well thought out, focussed and specific - otherwise you will find yourself in an awful muddle and not really sure of what you're studying at all. "Should we leave the EU?" seems a simple question indeed at first glance – but, as it turns out, nobody has a clue what leaving the EU means, not even the people who campaigned for it. It's over four months since the referendum and all our government has managed to surmise is that Brexit means….Brexit.

- **Sample selection**

Who should be included in such a study? Let's examine a precedent. In 2014, Scotland held a referendum as to whether it should remain a member of the UK or not.

In this referendum, anyone aged 16 or over was allowed to vote, the rationale being that the younger generation would have to live with the result for longer, and were mature enough to make such decisions. EU citizens resident in Scotland were also allowed to vote, as they lived there and paid taxes and generally contributed to society and had stakes in its future. However, in the EU referendum, only those aged 18 or over were allowed to vote. EU citizens resident in the UK were not allowed to vote.

- **Questionnaire design**

Questions should be formulated in such a way that their answers can easily be interpreted. The referendum was a binary question – Leave or Remain. Fifty two per cent voted Leave – but it's impossible to interpret what this means, as people did so for vastly different reasons. Let's take an anecdote: my relative voted Leave to cap immigration. A friend voted Leave because she thinks the EU's response to the migrant crisis has been woeful and we should be accepting more refugees. How can those two visions of Leave be reconciled? What proportion of Leave voters would favour the first reason, and what proportion the second? Nobody knows.

So now we have the government scrabbling to interpret the un-interpretable results after the fact. While the referendum posed a binary question, we only now hear discussion of "Hard Brexit" or "Soft Brexit" (HexIt or SexIt?)– suggesting in fact that the choice was never a binary one, there were at least three broad options all along. How would the vote have been split if the question had been posed as such – a categorical variable rather than a binary one? What would have been the majority in this scenario? We can only wonder.

- **Informed consent**

When you're running a study, it's a pre-requisite to provide potential participants with a full and true explanation of what the study is about, plus the potential risks and benefits of participation. On the run-up to the referendum, the information provided to potential voters was abysmal. The Remain campaign, rather than explaining how the EU worked and the positive benefits of its membership, instead chose a rather gloomy narrative that could pretty much be summarised as "If you vote Leave, everyone says we're doomed." (OK, it's true that most experts did effectively say we'd be doomed, but it's not a very uplifting message).

The Leave campaign were much more upbeat and uplifting, but focussed their campaign on outright lies – promises such as "We can be in the single market AND ban EU migration, no problem!", and "We spend £350 million per week on EU membership; if we leave we can spend it on the National Health Service instead!". (They reneged on the latter promise *less than three hours* after the result was announced). Not the kind of claim that you could successfully get past any ethics committee. Rather than ensuring the informed consent of study participants, the referendum rather encouraged misinformed consent. It is perhaps unsurprising, then (though no less depressing) that on the morning after the referendum, Google had a spike of Brits asking the search engine: "What is the EU?"

STUDY RESULTS

- **Outcome and response rate**

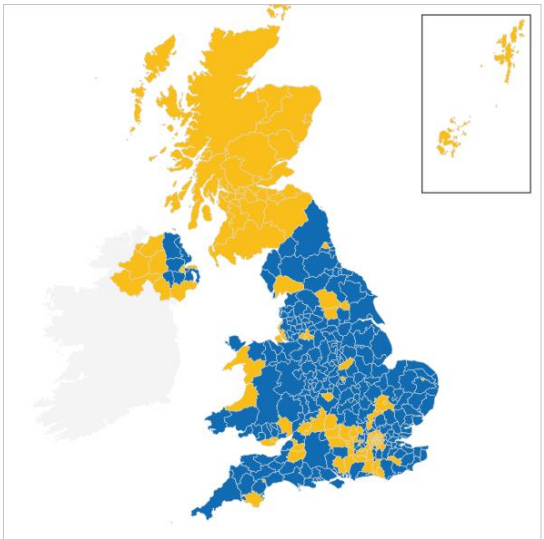
Of those who voted, 17,410,742 (51.9%) voted to Leave. 16,141,241 (48.1%) voted to Remain. Voter turn-out was pretty good – 72.2%. I'd be happy with that in any study, but you'd still have to consider non-response bias. Could it be that people who didn't vote were more likely to be satisfied with the status quo, i.e. being a member of the EU? If we include non-responders in the denominator, only 37.4% of the electorate voted Leave.

- **Time**

The vote took place on Thursday 23rd June, from 7am to 10pm. However, some people would have voted earlier than this date by postal vote, e.g. if they lived abroad. Or, at least, they *should* have voted earlier than that. Potentially thousands of Brits living abroad – including those enjoying their EU right to reside in another Member State - missed the opportunity to vote because their postal votes didn't turn up on time - perhaps another avenue to introduce non-response bias.

- **Place**

You've probably seen this map from the BBC of Leave (blue) versus Remain (yellow) areas and it looks pretty compelling. (Doesn't it make you feel sorry for poor old Scotland?). BUT. Before jumping to conclusions, I highly recommend that you read this in-depth analysis of "Brexit in maps" by Bob Taylor and you'll quickly see a far more complex picture emerging. Bob Taylor is exactly the kind of colleague you'd want on your outbreak control team.



Constituencies that had a Leave majority (blue) and Remain majority (yellow)

- **Person**

Both pre- and post-referendum polls consistently find that the younger the voter, the more likely that voter would vote to Remain.

Age Group	Median Age	Remain	Leave	Life Expectancy	Average number of years they have to live with the decision
18-24	21	64%	24%	90	69
25-49	37	45%	39%	89	52
50-64	57	35%	49%	88	31
65+	73	33%	58%	89	16

Polling Data = YouGov. 1652 people. 17-19th June 2016
Life Expectancy based on ONS pension planner life expectancy estimator
Average 65+ year old was estimated to be 73 using ONS age distribution data
Those who were undecided or wouldn't say have been excluded

Those who must live with result of the EU referendum the longest want to remain.

Taking this into account, then, what might the result have been if we had included 16 and 17 year olds in our sample as the Scots did in 2014? According to Professors Bruter and Harrison at the London School of Economics:

"Allowing 16-to-17-year-olds a vote would have added nearly 1.6 million potential citizens to the electorate, but it is of course extraordinarily difficult to know if it might have affected the outcome of the referendum. On balance, the results of our surveys on the turnout of 18-to-24-year-olds would suggest that it would not have been enough to overturn the result of the referendum … but it would have almost certainly reduced the advantage of Leave to such a point (likely less than 500,000 votes) that the very concept of a majority would have been highly controversial."

Leave voters were also less likely to be a graduate of a university, more likely to be receiving a lower income, and more likely to be white. But aside from pure demographics, the British Election Study has also published some fascinating insights into some of the psycho-social predictors of voter choice. This post-referendum survey identified four key areas in which Brexit voters displayed a deeper sense of alienation - the lack of control people feel they have over their lives, the sense that things in Britain were better in the past, the degree to which people have 'social capital', and a distrust of experts.

Interestingly, one of the best predictors of voter choice was their view on capital punishment. There was a strong positive association between agreeing with the death penalty and voting Leave. Here's hoping we never have a referendum on that.

DISCUSSION

So, here we are, four months down the line and in the awful muddle that you inevitably find yourself in if you ask a study question without first being clear in your mind what you're actually asking.

Sixteen million people voted Remain; seventeen million people voted Leave; and not one person who voted knew what leaving would actually entail. Our Prime Minister may make tough speeches citing a "clear mandate from the British people" but the reality is that nothing is clear. Indeed, some polls and surveys have suggested that levels of "Bregret" are now high enough that the margin of victory would be in favour of Remain, were we to run the referendum again. That said – you can't trust polls. Almost all the polls prior to the referendum vote predicted a win for Remain….

If this were a study under peer-review, it would be clear to me that no strong conclusions could be made given the challenges in the study design and the interpretation of the results. I'd send the authors off with a strongly worded list of comments and questions and further work that needs doing. But alas, this is not epidemiology, this is politics. So forgive us, dear fellow European Union citizens (for we still are your fellow citizens, for now) for our hesitation and our dithering while we work out what on earth we are supposed to do next.

One thing *is* clear, though. UK politicians may be clamouring to say that they "respect the results of the referendum." However, diseases absolutely *won't* respect the results of the referendum. Whatever form Brexit ends up taking – Hard, Soft, Medium, or even Not At All (my preferred option) – this globalised world will remain startlingly and increasingly interconnected however insular we try to become. Infectious diseases will still unite us, and we'll still need a united response to combat them. For this reason, it is imperative that the UK maintains its strong links with the EPIET and EUPHEM programmes whatever Brexit turns out to be, both through the EU track and the UK FETP. I hope that in future, trainee UK epidemiologists and public health microbiologists will feel as much members of the EPIET/EUPHEM family as I did back in 2010-2012, and continue to feel to this day.

EAN is organising the fifth edition of the EAN photo contest at ESCAIDE, open to all conference attendees.

If during your adventurous pursuits as an epidemiologist/microbiologist/ public health expert you:

- came across a situation, landscape, character, or an unusual and memorable "something" related to public health
- took a picture that represents and depicts one of the many facets of life in "the field"
- want to share your memories and emotions with those who can grasp their meaning

Submit your picture here: https://ssl.voozanoo.net/vooean/code/scripts/aindex.php

Further details and competition rules also at the link

ESCAIDE : General Assembly

Dear EAN members,

As every year, the EAN General Assembly (GA) is taking place at ESCAIDE. This year, for the first time, it will take place at lunchtime.

We invite all our members to attend the EAN GA on Tuesday 29th of November from 12.40 to 14.15 in room A2 (level 5) in the congress centre. Please, note that **lunch will be provided.**

This year we have 3 EAN board positions open for election: Vice-president, treasurer and secretary.

So, if you are interested in being part of the board to continue maintaining and developing our network drop us an email to express your interest at: eanboard@gmail.com

We look forward to seeing you all at the GA,

Your board

(*Aileen, Ricardo, Maria, Lisi, Katherina & Javiera*)

EAN Best Oral presentation: Be part of the jury panel !!!!