

EAN News

Newsletter of the EPIET Alumni Network



March 2009

Editorial

Dear EAN Friends,

Wake up, spring has finally arrived (at least if you are in the northern hemisphere)! Actually, the EAN has not been hibernating and, as you will read, the past months were full of interesting activities.

The General Assembly has taken place in Berlin during the ESCAIDE conference and the Board has also met in Amsterdam. We give an overview of what was discussed and of the ongoing projects and ideas for the EAN and EPIET.

Furthermore, you will have the pleasure of discovering all about the new fellowship in microbiology (EUPHEM), which will pair-up with the EPIET fellowship. The first two EUPHEM Fellows, Satu Kurkela and Sabine Dittrich, describe the pioneering and exciting activities of this new training program.

In January, three "Dutch" fellows from the RIVM, Katie Greenland (EPIET C14), Harold Noël (EPIET C13), Marc Rondy (EPIET C14), went to teach at the *Workshop on basic epidemiology and laboratory diagnosis for outbreak investigations* in Jakarta and report on the successful collaboration between the RIVM and the Indonesian National Institute of Health Research and Development (NIHRD).

While some members were searching warmth in Indonesia to defrost from European winter, someone has been living in warmer climates for over a year now. Roberta Pastore (EPIET C11) recounts her professional and personal experience as an epidemiologist based at the WHO in Mozambique.

Finally, in the section dedicated to the tools for epidemiological investigation, Barbara Schimmer (EPIET C10) reviews Gapminder.org, an online tool that demonstrates how statistics can change our perspective of the World.

So, cancel that meeting with your boss, or, if you are the boss, that audience with the Health Minister, close outlook, get some coffee, and enjoy your read!

From the EAN Board

EAN General Assembly

The EAN General Assembly was held in November 2008 during the 2nd ESCAIDE in Berlin. The EAN annual report was presented and two new secretaries were elected. Lorenzo Pezzoli (EPIET C12) is replacing Agnes Hajdu (EPIET C11) as secretary and Gerhard Falkenhorst (EPIET C10) replaced Mirna Robert (EPIET C8) as deputy-secretary. Agnes and Mirna are both in maternity leave and we wish them all the best with their new positions! We are looking forward to seeing pictures of your new bosses soon.

The EAN Board for 2008/2009 is:

BARBARA SCHIMMER	President
MARION MUEHLEN	Vice-president
GIANFRANCO SPITERI	Treasurer
CHRIS WILLIAMS	Deputy treasurer
LORENZO PEZZOLI	Secretary
GERHARD FALKENHORST	Deputy secretary

EAN Annual Report

The EAN Annual Report summarising all activities, achievements, financial overview and other information related to the EAN in 2007-2008, is now completed and will be circulated to members.

EAN Board meeting in Amsterdam

The EAN Board held its annual meeting in Amsterdam in January. During the meeting we discussed future ideas for the EAN, the website, the finances of the EAN, the possibility of a mentorship program for EPIET fellows, the next ESCAIDE, travel grants, EAN modules, and the Yearbook.



The EAN Board watching over the World in Amsterdam

EAN Website

We are currently working on making the EAN Website (<http://www.epietalumnet.org/>) an interactive communication tool for all members. User based information (discussion forums, stories from the field, learning resources) will be the most important feature on the website.

A website committee is currently working on this. Florian Burckhardt (PAE Cohort 12) will take over from Chikwe Ihekweazu (EPIET Cohort 9) as webmaster. Good luck Florian and thanks Chikwe for your efforts in these months! The Website committee is as follows: Helen Bernard (PAE Cohort 12), Sarika Desai (EPIET Cohort 12), Agnes Hajdu (EPIET Cohort 11), Chikwe Ihekweazu, Pernille Jorgensen (EPIET Cohort 11), Ioannis Karagiannis (EPIET Cohort 12), and Esther Kissling (EPIET Cohort 12).

ESCAIDE & the Outreach Project

The European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE) will take place from **26-28 October 2009** (Monday to Wednesday).

The conference venue will be the München Bryggeriet which is centrally located in **Stockholm**. The call for abstracts will be opened on 24 April on www.escaide.eu

ESCAIDE is a growing international forum for the discussion of applied infectious disease epidemiology. The second ESCAIDE conference was held in Berlin in November 2008. The target audience for the conference includes epidemiologists, microbiologists, clinicians, public health experts, and veterinary and environmental health experts with a professional and scientific interest in applied infectious disease epidemiology.

The conference has a role in bringing together European countries, and aims to have at least two members of the National Institute of Public Health from each European Union Member State and the non-EU members of the European Economic Area (EEA- Iceland, Norway, Liechtenstein), along with

members of the Dedicated Surveillance Networks (DSNs), and EPIET/FETP fellows and alumni.

With international trade, travel and migration, the EU is also increasingly connected to the wider European region of 53 countries defined by WHO (WHO-EURO). It is therefore important to involve countries in this wider area, along with EU accession countries, when considering public health issues in the EU.

However, countries are not equally represented in the abstracts presented at ESCAIDE. Of the 407 abstracts presented in 2007 and 2008, 10 countries (9 EU and 1 EEA) accounted for 328 abstracts (81%). 27 of the 53 countries in WHO-EURO presented no abstracts, including 5 EU countries (Cyprus, Estonia, Latvia, Malta, Slovakia) and 2 accession countries (Croatia and TFYR Macedonia).

As EAN has a role in the organisation of ESCAIDE, and in the awarding of travel grants to enable participants to present work at ESCAIDE, we would like to use our influence to encourage contributions from under-represented countries.

This outreach project is in its early stages but we would welcome any suggestions for promoting this agenda. In particular we would be very grateful for any contacts (or sources of contacts) for countries in WHO-EURO through which contributions could be sought. Please email Chris Williams (kitwilliams@doctors.org.uk) with any relevant contacts or suggestions.

Recruiting new members

The EAN is growing. We have now 204 members. Many external epidemiologists and alumni of the European field training programs are joining the EAN. All epidemiologists from European Training programs can automatically join the EAN and external applicants are also welcome. External applications need to be endorsed by 2 EAN members. Anyone interested in becoming a member should contact eanboard@gmail.com.

EAN membership fees

The yearly membership fee is €20. New fellows are exempt from this for the first year of their fellowship. Starting from the second year of fellowship every member should pay the fee. We kindly ask you to contact Gianfranco (gfspiteri@gmail.com) and/or Chris (kitwilliams@doctors.org.uk), the EAN Treasurers, in case you want to get information on your membership payment. You should all have received a reminder about this: so please, make arrangements for overdue payments if you have not already done so. We also encourage you to pay for more than one year so to secure your membership for a longer period of time and avoid duplicating banking costs.

Please contact Gianfranco before the transfer & indicate your name and membership year as reference.

Name of Bank: HSBC Malta

Account Holder: Epiet Alumni Network

Account number: 85110443451

IBAN: MT41MMEB44853000000085110443451

BIC/Swift: MMEB MT MT

Sort code: 44853

We are also in the process of registering an EAN PayPal account to make it easier for our members to pay the fee, so watch this space!

From the EPIET Program

The selection of the 15th cohort of EPIET fellows has started. The applications have been scanned for basic eligibility and made available to the EPIET Training Site Forum or Competent Bodies for Training in the countries of origin of the candidates. The score of these “sending countries” will be taken into account in the decision of the EPIET Selection Panel to invite the candidate to the interview round in Stockholm. The interviews with the EPIET Selection Panel will take place from May 11-13, the interviews with the training sites on May 14.

Marie-Anne Botrel from INVS, France and Katharina Alpers from RKI, Germany have recently joined the EPIET coordinating team.



Marie-Anne is an epidemiologist with a veterinary background who worked for about 15 years at the French Food Safety Agency before joining the French Institute for Public Health Surveillance last January. She now works part time for EPIET and part time for PROFET (French Field Epidemiology Training Programme).



Katharina has been the coordinator of the Postgraduate Training for Applied Epidemiology (PAE, German FETP) since September 2007 and as such has started to collaborate more closely with EPIET. She is a specialist in medical microbiology and tropical diseases and an EPIET alumna (cohort 6).

Please find more news on the EPIET program at the EPIET website:

<http://www.epiet.org/news/index.html>

A new training program in Europe

EUPHEM - Fellowship in Microbiology

By Sabine Dittrich (EUPHEM Fellow Cohort 14, RIVM, NL) and Satu Kurkela (EUPHEM Fellow Cohort 14, HPA/Cfl, UK)

Intro

ECDC has recently launched a new programme to train public health microbiologists. The programme, known as EUPHEM (European Public Health Microbiology Training Programme, not sure where the E came from) runs parallel to the EPIET programme, but its curriculum is distinct from EPIET.

The EUPHEM programme aims at developing a European network of public health microbiologists to strengthen communicable disease surveillance and control through an integrated laboratory-field epidemiology network for outbreak detection, investigation and response.

The first two fellows, Sabine and Satu (or as they call themselves: “the guinea pigs”) are pioneering this new program and are actively involved in defining and identifying the objectives, potential modules and had even a say on the name of the programme (yes, really this was the best option). This involves a lot of long teleconferences and to be honest a lot of frustrating days... but both of them strongly believe it is a great idea! So hopefully by the time the next cohort of EUPHEMs starts, a lot of the starting problems will be ironed out and a long line of EUPHEMs with a programme as well known as EPIET will follow in the future. That’s the dream!

The LAB4EPI MODULE

To start giving the new EUPHEMs some work and show what lab people do, the EPIET fellows could this year select a Lab4Epi module, with the EUPHEM fellows strongly involved in organisation, facilitation and lecturing. The Lab4Epi module, or as it is officially called the “Laboratory Essentials in Field Epidemiology” has the purpose of increasing the understanding between lab and epi people and to give the EPIETs a better understanding of different diagnostic tests, sampling methods and in general show them that lab life is not as simple as it looks.

Part of the module consisted of lectures on different diagnostics and typing methods and when they are useful, as well as lectures on safety issues in the lab. In addition to lectures the program featured “meet the experts” talks were Ab Osterhaus (Erasmus University Rotterdam, the David Beckham of virology, according to a Dutch newspaper) and Kathrin Tintelnot (RKI) gave an insight into emerging viruses and the outbreak potential of fungal infections.

To not make it more interactive, most lectures were followed-up by an active session for example on sampling and packing in a lab. During that exercise participants wrapped, packed and unpacked (supposedly...) highly contagious samples and checked with fluorescent dye how much they spilled in the process. If this would have been for real, probably no one would have left the building alive, but now everybody knows how to do it right!

Of course we had case studies as well, but to make it a bit more exciting the fellows had to present their plans for sampling and diagnostics in a real hospital microbiology lab to the two microbiologists in charge and the emergency room physician, and believe us, not everything worked according to the epidemiologists plans.

The module took place at RIVM in the Netherlands and Sabine as the local EUPHEM fellow had the great chance to be actively involved in all organisational matters of the planning, including the exciting and important question “how many cups of coffee do we need?”. It was a lot of work in the planning and preparing, but also a lot of fun for both EUPHEM fellows and they hope that not only they enjoyed learning more about diagnostics, hearing about the experience in a containment level 4 lab or to see the mosquitoes in the environmental public health-lab flying around.

Overall, Sabine and Satu probably speak on behalf of all “lab people” when they hope that this module strengthened the relations between epi and lab and brought the point across that even though microbiologists look very glamorous in their white lab coats, they don’t know everything and sometimes it’s not their fault when something goes wrong, it just really is not that easy.

PORTON DOWN, where the magic happens

One of the exciting features for a London-based EUPHEM fellow are regular visits in the Centre for Emergency Preparedness and Response (CEPR) in Porton Down in Salisbury, a town which is home also to the prehistoric monument Stonehenge. The CEPR provides the fellow with practical and theoretical training in safe handling of dangerous pathogens e.g. in outbreak situations, and in the management of high containment laboratories.

A first-time visitor to Porton Down will be somewhat surprised to find oneself in the middle of - practically - nowhere. There is no access to Porton Down with public transport, and indeed the impression of mystery is enhanced by the presence of a military base in close proximity. The history of Porton Down goes back to the world wars, during which the UK prepared for chemical warfare. The CEPR was built in 1950’s, and has until to date amazingly endured all the modern requirements for handling of dangerous pathogens, such as Crimean-Congo haemorrhagic fever, Lassa, and Ebola viruses. Today, the Centre works to prepare for disease outbreaks and other healthcare emergencies, including deliberate release of biological agents.

Entering the site naturally involves heightened security measures, and access to some of the crucial zones of the area is heavily restricted. At first glance the facilities seem old, but as soon as one takes a closer look at the range of hazard group 3 and 4 pathogens routinely handled inside these walls, there is no question there are a number of very skilled people using some highly modern technology. A special training unit at the Novel and Dangerous Pathogens Laboratory makes sure that all staff is trained for meticulous working techniques and safety procedures. They also run training courses for other healthcare professionals and co-ordinate emergency exercises.

The enthusiasm and dedication of the public health microbiologists and clinical scientists working at the CEPR is very easy to grasp. It is also the dream of one unmentioned London-based EUPHEM fellow to engage in some of their projects during the two-year fellowship. One of the recent incidents the CEPR laboratories investigated involved a lethal case of inhalation anthrax in a drum-maker in London (Anaraki et al. 2008). Environmental investigations undertaken by the CEPR identified anthrax spores in drums, from which the patient is believed to have acquired the infection. For a newly-fledged EUPHEM fellow, it was most exciting and educational to follow the investigations on this incident - a fine example in which several disciplines, including microbiologists and epidemiologists worked together to implement appropriate environmental, epidemiological, and laboratory investigations, as well as control measures. Enabling such a successful collaboration between public health microbiologists and field epidemiologists is one of the major goals of the EUPHEM programme in general.



Participants of the Lab4Epi Module learn how to deal with dangerous pathogens: “Ah, we can read much better with these fancy glasses”.

Teaching Experience

Workshop on basic epidemiology and laboratory diagnosis for outbreak investigations, Jakarta, Indonesia 12th-16th January, 2009

By Katie Greenland (EPIET Fellow Cohort 14, RIVM, NL), Harold Noël (EPIET Fellow Cohort 13, RIVM, NL), and Marc Rondy (EPIET Fellow Cohort 14, RIVM, NL)



Working on a case study during the workshop

The collaboration between the Dutch National Institute for Public Health and the Environment (RIVM) and the Indonesian National Institute of Health Research and Development (NIHRD) began in 2005 when the Dutch and Indonesian Ministries of Health and Agriculture decided to join hands in the combat of the ongoing outbreak of H5N1 influenza in poultry. Since then, further investigations have taken place into the transmission of H5N1 to humans, with particular focus on the detection of asymptomatic H5N1 infections among persons highly exposed to the avian H5N1 virus.

The current visit to Jakarta marked the culmination of the epidemiological part of the cooperation with the Indonesian institute. This trip coincided with visits from the Dutch Ministry of Agriculture and RIVM representatives to explore the possibilities for future collaboration between the countries and to strengthen the cooperation in the field of developing protein-based serological assays for detection of avian influenza in humans.

The RIVM delegation was a multidisciplinary team comprising epidemiology and laboratory experts. The objective of this meeting was to deliver a training course on epidemiological and microbiological aspects of outbreak investigations to NIHRD staff.

The workshop entitled 'Basic epidemiology and laboratory diagnosis for outbreak investigations' was held from Monday 12th to Friday 16th January 2009 at the NIHRD, Jakarta. The workshop was opened by Dr. Trihono, head of the NIHRD Centre for Biomedical and Pharmacological research and was attended by 22 employees of the NIHRD who were all laboratory staff, mainly virologists, with limited prior knowledge of epidemiological concepts. During the course of the

week the participants received a combination of theoretical lectures and practical case studies which gave the opportunity to explore further the concepts introduced during the lectures.

All the lectures about epidemiology were provided by the Epiet fellows Katie Greenland, Harold Noel and Marc Rondy. They were also facilitating the case study on atypical pneumonia in Amsterdam. The lab-related as well as the case study on the Q-fever were facilitated by virologist from the RIVM.

The course received very positive feedback and participants and facilitators felt it was a productive week, despite flooding due to heavy rainfall in Jakarta and work commitments affecting attendance on some days. The course had a good structure and balance between epidemiology and laboratory topics. The majority of participants appreciated learning new concepts outside their immediate area of work.

The participants contributed actively to discussions throughout the week and there were interesting exchanges about the differences in approach between the Netherlands and Indonesia. The active participation of the Indonesian attendees was highly valued by facilitators and contributed to making it a pleasant learning and teaching environment for all.

The content of the course was suitable for the audience and would be relevant for future courses in similar situations. The course was aimed at epidemiologists and laboratory specialists. It would be useful to know the background and education of participants before the start of a future module for potential adaptation of the course content. A future workshop would aim to involve more Indonesian staff in the teaching and development of case studies and would leave more time for practice and questions after the lectures.

The workshop was another successful enterprise in the long term collaboration between the RIVM and the NIHRD. This would not have been possible without the support of our NIHRD colleagues, in particular Dr Vivi Setiawaty, who handled all the logistics in Jakarta and provided the RIVM team with a warm welcome and enjoyable experience.



Group celebratory meal to close the workshop

Stories from the Field

Mozambican thoughts

By Roberta Pastore (Epiet Cohort 11, WHO, Maputo, Mozambique)



Village on the road between Pemba and Metuge, Cabo Delgado Province, Mozambique

I'm an ex EPIET fellow, cohort 11, from Italy, based in Direction G ral de la Sant  (DGS), Geneva. Among all the sentences that I can use to describe myself, I feel comfortable with this one. Being part of the EPIET family was an important experience, a tipping point for changes in working and personal life. One and half year after the end of the fellowship, it happens to me to think about EPIET like a comfortable womb/nest/family, where many inputs, new knowledge, information, experiences can be slowly assimilated, assembled, digested and re-elaborated, a place where one can *farsi le ossa* (Italian idiomatic expression for "cut his teeth"). The fellowship was sometimes tough, but most of the times everything was well organized, socially friendly, ready to offer a security net to face upcoming problems through supervisors, facilitators, fellows, training and review modules.

I wouldn't generalize this picture to everyone but for me is fairly true. Imagine being based in small, clean, safe, rich and fully equipped Geneva. Imagine now moving from this rather quiet picture to a loud, chaotic, disorganized working and living environment. How to avoid thinking about EPIET as a safe place?

I'm currently working in WHO country office in Mozambique, as technical officer providing technical support to the MoH on TB control programme and Health Information System.

Not surprisingly the difference between Geneva and Maputo is massive, because of the magnitude of problems to face, the difference in availability of human resources, infrastructure, education (particularly in public health), cultural and emotional factors.

Let's start with some figures. The TB incidence in Switzerland is 6.7/100.000 population with 28.812 physicians ready to attend the patients, versus TB

incidence of 443/100.000 pop in Mozambique with 542 physicians struggling to attend patients who are most of the times also malnourished and HIV+. Of course there's a world behind the numbers. I remember the weekly meetings in DGS when it was discussed each new TB case in Geneva to organize the contact tracing and appropriate investigations, with dedicated staff and the support of the most suitable means (PCR, TB spot, genotyping). In Mozambique, one is lucky if there is one health worker to follow up the treatment of dozen of cases and one lab within 100 kilometres to perform a simple microscopy. And forget about the contact tracing! First of all who is going to do it? If there are undertrained volunteers to do it, who should they screen? Given the number of people living in the same household, even the closest contacts are too many to screen them systematically.

As I said, it's easy to expect this chasm between two countries which are the stereotypes of developed and developing world, but it is difficult to fall into this abyss and adapt to a world where the limitations are much more than the opportunities. The key words in the daily work in Maputo are standardize, synthesize, reduce, rationalize, optimize and simplify, simplify, simplify. To do so, it's extremely important to set up priorities, select urgent interventions cut the unnecessary activities; of course everything should be done using evidence based criteria.

Mozambique is heavily dependent on international aid, both financially and technically, and there are countless uni-bi-multilateral partners (it took me months to figure out who is doing what).

The international cooperation is obviously endorsing the principles of working on priorities scientifically defined, coordinating the efforts and optimizing the recourses.

The results of the willingness to follow those principles and their actual implementation are very interesting. The principles are translated in a surprising number of guidelines for evidence based planning, matrix of indicators for monitoring and evaluation, and strategic plans. Not to mention the millions of meetings to jointly deliver all those documents. The whole process to simplify and rationalize the interventions is complicated, cumbersome, heavy and exhausting especially for the national staff.

And don't forget the additional effort required to the health sector to collect all the missing evidences needed for planning and the information for the M&E. Since I'm working also on the health information system, I have seen at first hand the difficulties for the staff in the field daily dealing with tons of reporting forms on all different kind of data. It's really too much, especially taking into account the very limited capacity to analyse and use the data at sub national level.

To make a long story short, the international cooperation, to which I belong, is not so efficient in simplifying and really helping this country. There are of course many reasons behind this suboptimal efficiency. Beside the serious reasons, I think there are also irrational factors related to human nature.

EPI Tools

GAPMINDER: for a fact-based worldview

By Barbara Schimmer (EPIET Cohort 10, RIVM, NL)

GAPMINDER

During the IMED conference in Vienna (13-16 February) I was fortunate to listen to an extraordinary inspiring lecture 'Dynamic trends in Global Health' by a rather ordinary looking Swedish professor in international health Hans Rosling. Although I read about him before, I was so impressed by his plenary lecture which captivated the whole audience, everyone sat on the tip of their chair. He starts off by telling about how he taught global health to a group of medical students at Karolinska University in Sweden. He made a pre-test to test the students knowledge by asking them to indicate which of two mentioned countries have the highest child mortality rate. The students scored really badly, and he cynically concluded that his medical students were significantly more stupid than chimpanzees (as they scored less than half of the questions right), and the professors who did the same test did just as well as the chimpanzees. As he goes on, he challenges his audience to change their complete view on the world, as we all still seem to have the traditional and polarized view of developed and developing countries in our minds, a concept that runs at least 50 years behind. He encourages the audience to never use this ancient divide anymore, but instead use high-income, middle income and low income countries, as this is far more factual. In order to show us, he opens an open-access programme called 'Gapminder', unveiling the beauty of statistics for a fact-based worldview.

A screen full of bubbles appears in different colours (for continents) and sizes, each bubble representing a country. Big and small bubbles move over the screen, through time using different data on x- and y axis, such as child mortality, life expectancy, AIDS or gross domestic product. Also the range within countries is shown. Rosling captivates his audience pointing at the animated screen with an old-fashioned pointing stick, as Al Gore in his film the Inconvenient Truth. He pleads convincingly that the world will be helped if we would get a realistic view of the world we are living in, instead of being fixated on post-colonial ideas from the 1950s, and better divide the world into low, middle and high income countries.

After his presentation, I will try to never use the terms developed and developing countries anymore, as this rigid dichotomy does not exist anymore. For a more fact-based worldview, we need to be aware of our preconceived ideas such as 'They can never live like us' and realise that we live in a dynamic world where the interrelationships between and within countries are always changing. Gapminder is open-source software which Rosling developed with his

We all studied too much and we are used to have too many tools to be ready to accept the idea that we have to give up to 90% of what we could do in order to make the disease control programmes work better but at ground-to-ground level in this setting. Why to chose one single treatment regimen when we could tailor it on each patient, why to settle for super-aggregated data from paper forms when we could implement a patient based electronic register, and so on?

We suffer when we have to oversimplify. It's the same form of suffering as when we had to summarize a long, demanding and beloved research study in 225 words for the abstract to submit to ESCAIDE and squeeze everything in 10 slides (including the title slide). Learning (or try to learn) how to get rid of words and details, how to select and justify each pixel on the slides (how to forget the review modules!) without diminishing the clearness and usefulness of information provided was the best lesson during EPIET. At least for me, at least here.

I miss to work on the subtleties of a well designed research protocol, to analyse nice double entered databases, to have a group of people to discuss the best logistic regression model. Some days I feel frustrated by the lack of scientific rigour and time and efforts needed for minor achievements. In spite of everything, I really like to face the challenges of this job. Each small result has a special taste and it's surprisingly rewarding. Each drop in the beautiful and warm Indian Ocean washing Mozambique shore has a delightful sound.

During the diving classes they teach us how to reach the boat when is against the tide. Working here become sometimes like swimming against the tide. It's worthless. One must cross the current, taking more time, relaxing, sparing energies and maybe enjoying the company of some dolphins and whale-sharks in the meanwhile. Take it easy. *A luta continua. E a vida também.*

By the way, Mozambique is wonderful!



Bathing and laundering in Rio Lúrio, Nampula Province, Mozambique

son. There is a long list of available indicators ranging from health expenditure per capita, literacy rate, measles immunisation rates, urban population growth, people living with HIV and forest surface area (in square kilometres) The tool is also very relevant for infectious diseases and can aid decision making.

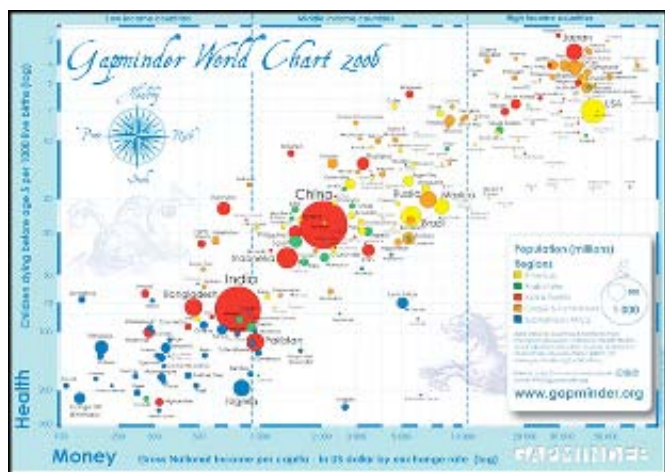
By combining basic health parameters such as live expectancy at birth, child and maternal mortality with socio-economical parameters, such as income per person, population growth and family size, he easily visualises for example that Sweden would never have reached the Millennium Development Goals compared to countries such as Brazil, Egypt and Bangladesh which have faster improved, so we need to be a bit humble to these countries. During the IMED conference, several speakers were inspired and adapted their presentations the next days after having heard the lecture by Professor Rosling. It is a website that is definitely worth a visit for everyone interested in global health.

Online:

Gapminder website: www.gapminder.org. It is a dynamic website with video's, tutorials and a blog. You can upload your time series into moving bubbles in the free Google Gadget called Motion Chart.

About Hans Rosling in Wikipedia:

en.wikipedia.org/wiki/Hans_Rosling



The Gapminder World Chart 2006 compares all countries and territories by income and health. For the complete list of Gapminder's downloadable charts and material, see:

<http://www.gapminder.org/downloads/>

Contribute to the EAN Newsletter!

We are currently looking for contributions for the June Newsletter. Would you like to share an interesting experience? Are you doing an exciting job somewhere in the World and beyond? Please e-mail your story to EANboard@gmail.com.

Upcoming Conferences and Courses

- 20th - 24th April 2009 - **58th Annual Epidemic Intelligence Service (EIS) Conference**, Atlanta, Georgia, USA
- 28th - 30th April 2009 - **5th European Conference on Clinical and Social Research on AIDS and Drugs** Vilnius, Lithuania
- 28th - 29th April 2009 - **5 Nations Health Protection Conference**, Newcastle, UK
- 10th - 14th May 2009 - **5th Conference of the Eastern Mediterranean Region of the International Biometric Society**, Istanbul, Turkey.
- 11th - 13th May 2009 - **Symposium scientifique sur la grippe en Afrique**, Institut National pour les maladies transmissibles (NICD), Johannesburg, South Africa
- 16th - 19th May 2009 - **19th European Congress of Clinical Microbiology and Infectious Diseases**, Helsinki, Finland
- 9th - 13th June 2009 - **27th Annual Meeting of the European Society for Paediatric Infectious Diseases (ESPID)**, Brussels, Belgium.

EPI Cartoon



Quickly, they're doing a survey again!