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EPIET – Building a common understanding at the EU level

Each year, around 30 European public health professionals from EU and EFTA/EEA countries are selected as fellows and trained in the European Programme for Intervention Epidemiology Training (EPIET). This programme, unique in Europe, provides training in field epidemiology and enables its participants to apply epidemiological methods to a wide range of public health problems in Europe. Once the training programme is completed, the majority of graduates assume key positions at the regional or national level in European public health institutes (or at ECDC).

EPIET – more than a training programme

The EPIET programme has objectives that transcend those of a normal training programme. In detail, EPIET aims to:

- develop a European network of public health epidemiologists, using standard methods and sharing common objectives;
- strengthen the surveillance of infectious diseases and other public health issues in the Member States and at the EU level;
- develop response capacity at national and Community level to respond to public health threats through rapid and effective field investigation and control; and
- promote the development of national training programmes in field epidemiology in all EU Member States.

The programme is one of ECDC's key tools in its efforts to build public health capacity. EPIET has initiated the creation of a network of epidemiologists, called the EPIET Alumni Network (EAN). ECDC, EAN, EPIET and TEPHINET (Training Programs in Epidemiology and Public Health Interventions NETWORK) jointly organise the annual 'European Scientific Conference on Applied Infectious Disease Epidemiology' (ESCAIDE) which this year will be held from 26 to 28 October in Stockholm.

Learning by doing

The programme emphasises interactive learning-by-doing activities, supervised by senior experts. For a period of 24 months, fellows are assigned to an epidemiological institution in a European country other than their own. A supervisor at the host institute provides on-site local supervision, supported by the EPIET programme coordinators. During the two-year assignment, EPIET fellows serve in a variety of settings and institutions. Regardless of training site, all fellows perform the following core activities to acquire the necessary skills and experience in field epidemiology:

- Conduct outbreak investigations.
- Conduct surveillance activities.
- Plan, develop and conduct an epidemiological study.
- Write a scientific paper for a peer-reviewed journal.

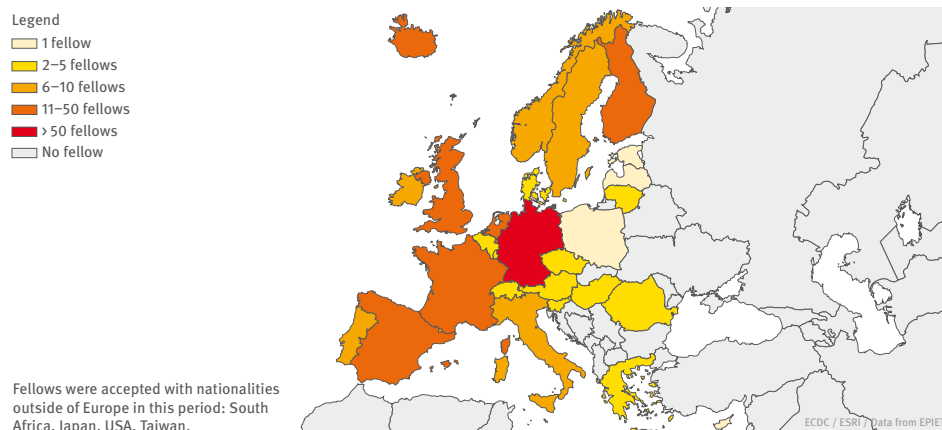
Key facts:

- EPIET training programme is a two year specialisation in applied epidemiology for EU professionals in public health.
- Since its creation in 1995, 149 fellows from 25 different EU and EEA/EFTA countries have graduated from the EPIET programme.
- The programme is aimed at EU medical practitioners, public-health nurses, microbiologists, veterinarians and other health professionals with previous experience in public health and a keen interest in epidemiology.
- Since 1 November 2007, EPIET has been under the auspices of ECDC.

- Make an oral scientific presentation at an international conference.
- Conduct teaching activities.

Over the past few years, EPIET has grown significantly. Between 2002 and October 2009, the number of fellows in training at any given time has increased from 28 to 58, and the number of coordinators from two to 4.5 full-time equivalents. During the same period, the number of available host sites increased from 15 to 30. In 2008, host site supervision totalled 7700 supervision hours. EPIET is associated with so-called 'hybrid FETPs', national training programmes in the EU that share EPIET training modules and scientific coordination.

Figure: Fellows accepted in EPIET programme (incl. hybrid FETP), by nationality, 1995 to 2008, Europe



Managed by ECDC since 2007

Hosted by ECDC, the EPIET programme office is staffed by one chief coordinator and two logistics officers. In addition, five scientific coordinators (one full-time and four part-time) are located at the national public health institutes in Germany, France, Spain and the United Kingdom. The programme is governed by the rules and regulations of the Centre.

For more information, please refer to:

- EPIET website: www.epiet.org
- EPIET Alumni Network (EAN) website: www.epietalum.net
- ECDC website: www.ecdc.europa.eu

Health and migration in the EU: Understand to prevent

While comprehensive information on migration and infectious diseases is lacking in most EU countries, available data suggest that migrant populations from countries with a high prevalence of infectious diseases are disproportionately affected by tuberculosis (TB), HIV, hepatitis A and hepatitis B. This has implications for public health in Europe, although the risk of infectious disease spread from migrants to host communities in EU countries appears to be low. The decline in TB in Europe has been partly interrupted by cases in migrants from countries where TB is less well controlled. Migration from high-prevalence countries is influencing the epidemiology of HIV in Europe. Children of migrants who return periodically to their family's country of origin appear to be among the most vulnerable to hepatitis A. Coverage with routine immunisation against preventable childhood diseases is also lower in children in some migrant populations.

Migrants and access to health care services

The poor conditions in which many migrants live and work increase their risk of infectious diseases, including, for example, new or reactivated infection with TB. Many migrants have limited access to healthcare services, in particular undocumented migrants, mostly due to a combination of legal, administrative, linguistic and cultural factors. In most countries there

are few services available that are tailored to the specific needs of migrants and administered by appropriately trained and culturally sensitive healthcare professionals. Cost-effective and non-stigmatising approaches to screening, targeted vaccination and active case finding in migrant populations are also required.

Need for evidence

The need for evidence-based interventions is of crucial importance in addressing infectious diseases in these populations. The new *ECDC report on migration and infectious diseases in the EU* aims at providing a compendium of evidence that could support – in an equitable and cost-effective manner – the development of national guidelines to control and prevent infectious disease in the migrant population within the EU borders.

Health and migration: An issue on the European agenda

Migration into and within Europe has implications for public health. This issue was put on the European agenda during the Portuguese Presidency of the EU in 2007. The conference *'Health and migration in the EU: Better health for all in an inclusive society'* in Lisbon in June 2007 led to a draft Council Conclusion, adopted by the Council of the EU in December 2007, which highlighted the link between the

Key facts:

- ECDC calls for the strengthening of infectious disease surveillance, particularly among vulnerable populations such as migrants. Furthermore, communicable disease prevention and control programmes need to be responsive to changing patterns of migration and infectious disease epidemiology.
- EU countries need to consider actions to fight infectious diseases in concert with countries of origin and countries through which migrants pass on their way to Europe.
- Consistent and comprehensive data about the health of migrants is not available. Lack of standardisation in data collection makes it difficult to establish a clear picture of the burden of infectious disease in migrant communities.

health of migrants and that of all EU citizens. The Council Conclusion recommended that the European Commission support action through the *'Programme of Community Action in the Field of Health 2008–2013'* invited Member States to integrate migrant health into national policies and requested that they facilitate access to healthcare for migrants. The Conclusion also called on ECDC to produce a comprehensive report on migration and infectious diseases in the EU, focusing on TB, HIV and vaccine-preventable diseases, to inform policy and public health responses. In line with this background, ECDC developed a series of technical documents on specific diseases that are of particular burden to migrants and foreign-born populations in the EU. These documents will form part of the *'ECDC Report on Migration and Infectious Diseases in the EU'*.

For more information, please refer to the ECDC website:

- Background note to the *'ECDC report on migration and infectious diseases in the EU'*: www.ecdc.europa.eu/en/files/pdf/Health_topics/0907_TER_Migrant_health_Background_note.pdf
- Migrant health: Epidemiology of HIV and AIDS in migrant communities and ethnic minorities in EU/EEA countries: www.ecdc.europa.eu/en/files/pdf/Health_topics/0907_TER_Migrant_health_HIV_Epidemiology_review.pdf

Box: ECDC Report on Migration and Infectious Diseases in the EU

- Background note: Introductory note providing background and directions for future public health research and interventions.
- Migrant health – disease-specific reports: Series of disease-specific documents presenting data analysis, evidence summary, interpretation and guidance on interventions in the field of migration and selected infectious diseases. The reports are intended to be part of a series of updatable reports, with the first disease report to be launched as per the following plan:
- Background note: July 2009
HIV: July 2009
Tuberculosis: to be launched 2009
Vaccine-preventable diseases (measles): to be launched 2009
- Other diseases will be considered for inclusion in 2010–2011.

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