

London Meeting and Europe Training Day

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March meeting in London

Our last EuroNet Executive Committee meeting took place in London, UK, on the 1st March 2014. PAGE 2



LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



A bigger and stronger EuroNet MRPH

Dear colleagues,

Every year our association welcomes new members from the National Delegations to the Executive Committee. Although they might require some time to adjust to their roles, the turnover brings fresh energies along with ideas for new projects. The integration process among existing and newly elected members is facilitated by our three annual meetings.

During 2014 we convened in London, on the 1st of March, and in Palermo, on the 28th of June. On both occasions a seminar was held prior to the meeting, "European Health" and "International opportunities for Public Health training" were the chosen topics. The latter one has allowed us to discuss different international internships and share the knowledge gained by residents who already undertaken.

Observers also have a key role in our network, they get to know the structure of our association and may actively participate in our working groups and potentially later become full members. Thus why we would like to invite any interested European Public Health resident to join us in Lisbon on the 6th December for our last official appointment of the year.

Our work is not just happening during meetings, we also have regular teleconferences to keep track of our projects. The "International Health Electives" and the "Residency comparison" working groups are speeding up towards the final results, and those involved with "Grants and Partnerships" are looking for funds to support Public Health Residents as well as discussing proactive collaborations with EUPHA, EPHA and ASPHER amongst other organizations.

This year an additional working group has been created, the Communications team has been working really hard to keep you posted via Twitter (@euronetmrph), Facebook, LinkedIn and, last but not least, our website: www.euronetmrph.org. Pay us a visit on our social networks and share your views!

One of our biggest achievements this year is the fact that Ireland has become part of EuroNet MRPH as we are always looking forward to include new countries in our network. Let's together create stronger and bigger representation for Public Health Residents in Europe!

Rocío ZURRIAGA CARDA

Guido MARINGHINI

Euronet MRPH President & Vicepresident

Executive Committee meeting, London

Overview of our last meeting in London

On the 1st March 2014, the members of Euronet MRPH, as well as observers from country members, met in London, UK. The meeting was held at the London School of Tropical Medicine and attracted over 25 residents from across the Euronet MRPH different countries.



Europe and Health Training Day, 27th February 2014

Prior to the meeting, Euronet MRPH residents and colleagues were invited to a training day hosted by the London Deanery that focused on Europe and Health. The training day provided an insight into the role of EU organizations and how Europe wide policy can help to direct local action. It focused on what countries in Europe are doing to prevent negative impacts on health and well-being at a time of widespread economic, social, environmental and demographic change and addressed shared

priorities for action and discussions around how these should be coordinated across a European footprint.

The training day included a session on the impact of the recession and austerity on health across Europe led by Dr Aaron Reeves, Dep. of Sociology, University of Oxford, an overview of Europe and Health and the role of EU organisations in public health led by Alice Chapman-

Hatchett, the Director of the Health and Europe Centre, presentations from public health registrars in other European countries, a session on infectious diseases in Europe and the work of the European Center for Disease Prevention and Control (ECDC) led by Dr Michael Edelstein, European fellow in Field epidemiology (EPIET), Public Health Agency for Sweden and ECDC, Sweden and a session on the WHO in Europe, led Stephen Dorey, Division of Health Systems and Public Health, WHO regional office for Europe, Denmark, also a previous UK Euronet MRPH committee member.

Collaborative Projects

Working groups provided updates on the status of the collaborative projects work and activities carried out, and confirmed dedicated next steps for their progression. Both projects, Residency Comparison and Internship Survey are a bit more delayed than expected and this session provided the thrust needed for their progress and the results will be published soon. No new projects were proposed or undertaken.

Residency comparison project

Representatives from France, Italy, Portugal, Spain and the UK have been working hard to produce a spreadsheet showing comparisons of the public health training programmes in these five countries. The work has been well-received, and had over 1,200 hits when posted on Facebook in the first couple of months. The group have now progressed to draft a more detailed comparison document, capturing information on the appeal of public health training, scope and nature of the training programmes, and the prospects of public health professionals. A final version of the questionnaire, to gather information on national public health training programmes, is also underway. It is planned that the full comparison document, and questionnaire, will be finalised before the next Euronet meeting in December. This will enable the collection of additional information from new countries to enable further residency comparisons in future.

International Health Electives

Representatives from each member country are continuing to work hard on monitoring the knowledge, motivations and difficulties related to the decision of medical residents to undertake periods of training overseas. The surveys from the United Kingdom, Spain, Italy, France and Portugal are now closed and the working group are in the process of evaluating the results

Grants

In our effort to continue growing as an organisation, funding our activities has become a priority in order to guarantee the fluent cooperation and communication, and facilitate our actions.

Increasing Euronet

Financial aspects are not the only area involved in our growth. Pivotal work surrounds our new website



and newsletter - both have increased the visibility of Euronet. However, we would like to carry on spreading our presence through social networks, spreading the

portfolio of Euronet on universities and making business cards, all of which will hopefully encourage other countries to join our network.

What's next?

The following Executive Committee Meeting will take place in Lisbon, Portugal on the 6th December 2014 and the Portuguese Team are looking forward to welcoming you there.

If anyone is interested in attending one of Euronet's meetings as an observer, please contact any of their national Committees!

See you there!

Eleanor GARNETT-BENTLEY
EuroNet MRPH UK

Resident Experiences

Resident and Tutor Experience in Spain (i)

The resident

One of the main goals of EuroNet is the improvement of European Residency Programmes and promotion of international Exchange"... This raises the question of why EuroNet puts so much effort into promoting these exchanges? The answer for me was clear even before leaving Italy for Spain, but was confirmed during my Spanish placement and above all, when I came back and started writing notes for the University. Starting from the beginning it is

necessary to divide my Spanish training into two parts: the strictly technical one, and one from the human point of view.

From the technical point of view I had the opportunity to work on issues explored during my Italian training with a different view. It was especially important to highlight differences/ similarities with respect to vaccination programs and different health care systems with different patients. The opportunity to enter straight into the daily work helped me develop my skills and adaptability to different contexts.

However, I think the human point of view was really important during my Spanish training. My internship there was especially useful

because it allowed me to deepen those parts of the training of a public health medical doctor that are inherent in different human experiences and environments. In our branch of medicine, health economics and social sciences are essential for the interpretation of social phenomena from a medical point of view. For this reason is essential to immerse ourselves in a particular territory in order to understand its peculiarities and characteristics. This can be called the "local" point of view. At the same time it is not possible to find another branch of medicine as "global" as public health. All of this is important in a united Europe with an increasing mobility of people

between countries and in a situation where economic crises are eroding the health of European citizens and the national health systems. It must be clear that the reaction front to this wealth crisis cannot be strictly national but has to be European wide. If policy makers are not aware of the need for public health policies and strategies for prevention, then the inequalities in health and the

systematic destruction of health systems will continue.

My generation of public health doctors is facing enormous challenges that can be overcome only through trans - national cooperation. It is necessary to build a true unique European community among public health doctors. This community cannot be (and should not be) created only through

conferences or workshop where you address common issues, but especially through the creation of personal and professional ties with other public health doctors from other countries.

As there is a unique Europe, we must have a unique public health.

Davide RENZI
Italian Resident

Resident and Tutor Experience in Spain (ii)

The tutor

Recently, we have had our first international training experience in the Department of Preventive Medicine, University Hospital of Móstoles. The experience came about through a medical resident belonging to EuroNet, who suggested the possibility of future collaboration by welcoming medical residents training stays from other European members of this network.

Months later, we received an application for a stay of 6 months in our department from an Italian medical resident. Bureaucratic procedures were not simple (they require authorization from multiple individuals, and sometimes there is a lack of knowledge about the proceedings, even amongst ourselves), this can take several months, so at times we asked ourselves whether it was worth the effort.

However, after passing had hurdle, I think that both parties had a great opportunity to learn and enrich each other's schemes, modes, and points

of view, contrasting the everyday realities with which we are accustomed to working, providing an external element which is more objective, impartial and differential. This makes the learning process even more interesting and fulfilling, especially in the case of residents with a certain background, allowing them to compare their previous experiences to the complementary view which we tried to show; this benefits the entire team, including other "native" residents .

I know that some colleagues see these kind of experiences as a relaxing "vacation" within the residence period. Instead, I think someone who goes through the bureaucratic hurdles and takes out several months of their limited training time to have this experience is already committed and motivated from the start, and deserves extra attention and dedication. This is more than compensated if there is some involvement in our work by the resident. Another important aspect to consider is the duration of the stay, which in my opinion should be at least 3 or 4 months, as it takes some time to adapt to the language and the environment.

In summary, this first experience has been very positive and enriching, the effort required by both sides worth it. We must applaud the work of contacting and coordination provided by EuroNet to all our residents to facilitate this kind of exchange training in Europe. It improves specialized training, but also helps to create partnerships and a better mutual understanding of the different types of work and partnership opportunities there are in our professional field.

Jose VALENCIA
Tutor.
Preventive Medicine and Public Health
Section
Hospital Universitario de Móstoles,
SPAIN

The Hospital Universitario de Mostoles is one of the many placements Euronet MRPH offers for residents who are part of the association in their countries. If you need more information on how to access these placements please go to www.euronetmrph.org or contact you national committee.

News around Europe

France

Today in France **we face three major issues:** the aging of our population, the burden of non-communicable diseases, and the growth of social inequalities in health.

To tackle these issues, the French health minister has recently presented a new health law, which will be voted on by parliament in 2015. The draft law has 4 main strategic directions: a focus on prevention and health promotion, a reorganization of health-care services ensuring access for all, a facilitation of innovation for better quality health care, and a new governance for health involving the patients at all stages.

On the prevention side, the minister has made several interesting proposals. To reduce health inequalities, the health law should have a strong focus on the youth. For instance, the draft law proposes the introduction of health issues in all educational content in schools, in order to allow all children to acquire good health habits. Also, the creation of a tool ensuring an easy understanding of the nutritional qualities of food (like a colour scale) could empower citizens to make better choices.

The minister has also reaffirmed the importance of harm reduction policies and the law should set a framework to allow experimentation of drug consumption rooms. Incorporating health in all policies is necessary to implement the prevention priority of this new health law, an inter-ministerial committee

for health should be created for that purpose.

If you want more information about the draft health law you can visit www.sante.gouv.fr.

CLISP's seminar in Strasbourg

The CLISP organizes a seminar on a specific topic every year. It is the major annual event for all French public health residents and a unique moment to gather around. Residents and the professors of a designated deanery contribute to the organization of the event.



This year's theme was "Health in the EU" and the beautiful city of Strasbourg was the place to be. 19 conferences were given on 5 different sub-themes. Profiles of the lecturers varied from internationally researchers like Isabelle Durand-Zaleski (Unité de Recherche en Economie de la Santé - Ile de France) to young post-doctoral researchers from different fields (informational technologies, politics and law). The seminar was a privileged opportunity to acquire knowledge on a subject given that there isn't any common core training programme in France, alas regional disparities in training are still a major problem for Public Health residents.

Euronet delegates from each country were invited to the event to

attend and to give a presentation on their training programmes.

After the conference we were rewarded with a guided tour of Strasbourg's old town, alsacian gastronomy and wine and a social programme prepared by our Strasbourg colleagues.

Next year's seminar will be held in Lyon. We can't wait to see you!

Myrtille PROUTÉ
Euronet MRPH France

Italy

The Basilicata, Puglia and Sicily regions have announced that the **new vaccine against meningococcus B**, considered responsible for 60% of cases of meningitis in Italy, **will be soon available for free**.

The Institute Regina Elena of Rome, together with the Canadian McMaster University, has started a new clinical trial on a Artichoke Whole Phytocomplex Concentrate (Artichoke WPC) developed in Italy which aims to significantly reduce the development of mesothelioma in people previously exposed to asbestos.

The new "Humanitas University" dedicated to medical sciences has got the green light from the Ministry of Education, University and Research. The courses will have place in the Humanitas Teaching Hospital of Rozzano (Milan) and should be ready as early as next academic year.

Paolo CAMPANELLA
Euronet MRPH Italy

Portugal

Medical Residency Program in Public Health

Almost 40 years since the Public Health Medical Residency was initially implemented, this year its residents are about to witness an important change. Up until now, in the 2nd year of our residency, all the residents were obliged to attend the National School of Public Health (Escola Nacional de Saúde Pública) in Lisbon or to attend a Masters in Public Health in a foreign country.

It was an old desire and struggle of the Portuguese Public Health residents, especially those placed far away from Lisbon, to see another institution, preferably in the Northern Region of Portugal, being allowed to receive residents in their 2nd year of residency. And this year that's all about to come about. A second institution, in Porto, is about to be authorized to accept Public Health Residents in their 2nd year of residency.

We hope this process is finished soon so that this change can take effect in 2015 and give a residents the chance to choose where they want to attend their 2nd year of residency, as we have desired for a long time.



SINAVE – National Epidemiological Surveillance System

An electronic platform that allows physicians to electronically report cases of mandatory notification communicable diseases has been available from the 1st of June. This platform is integrated in the National Epidemiological Surveillance System (SINAVE) and allows any

doctor to notify electronically from any computer with internet access. This notification is forwarded immediately to the Health Authorities to implement prevention and control measures and, ensuring immediate international communication where applicable. This information is also monitored at a central level in the General Directorate of Health.

Despite great improvement in the use of Electronic Health Records in the last 10 years in Portugal, Public Health is only now starting to see some applications to its field of work, namely in mandatory notification of communicable diseases and death certificates.

IV National Public Health Congress, October 2014 , Lisbon



The National Public Health Congress has proven to be an undeniable opportunity to promote discussion around the most worrisome problems regarding the health of the Portuguese as a whole.

This year, the IV Congress addressed 2 main issues:

- The burden posed by chronic NCDs and the challenge that they pose, particularly in terms of their prevention and control;
- The risks presented by emerging and re-emerging vector-borne diseases.

Experts in public health, medical or otherwise, found here a forum to discuss these challenges.

Portuguese Health Records (PHR) – a step towards the future

Since 2012, Portugal has been experiencing a quiet revolution in terms of Electronic Health Records.



The PHR constitutes the national health record data sharing facility. The data in the system can be shared between citizens, healthcare professionals and other healthcare entities, and accessed at every point of care. PHR is based on 4 portals with different scopes:

- The citizen portal: offers online informative and electronic services to the patient. It aims to strengthen the relationship between citizens and the NHS.
- The professional Portal: Provide professionals access to patient clinical data stored on servers and records from different institutions and central repositories. At the moment, 597 entities are connected to this portal
- The institutional Portal: Provide statistics from anonymised clinical data to central institutions.
- The international Portal: Enable the epSOS (Smart Open Services for European Patients) pilot to serve as electronic patient's summary review for professionals. At the moment, 4,771,929 patient summaries are available.

With the PHR, healthcare providers may reach diagnoses in less time and with fewer costs by checking patient data. There are many difficulties and challenges to fully implement this eHealth revolution, but the process is already moving fast and in the near future it will change the way professionals deliver care.

More info: <http://www.epsos.eu/epsos-services/patient-summary.html>

Acknowledgement: To Henrique Martins, MD PhD for sharing the documents that supported this text

Euronet MRPH Portugal

Spain

Economic crisis and health

The Spanish Society of Public Health and Health Administration (SESPAS) has published a report assessing the effect of the economic recession on mental health in Spain. During the period 2006-2010, diagnoses of major depression rose by 19.4% and consumption of psychiatric drugs also increased. An identified risk factor of depression was unemployment.

<http://gacetasanitaria.org/es/vol-28-num-s1/suplemento/sespas/S0213911114X0004X/>

From Arctic melting to Aedes albopictus: Chikungunya alert in Catalonia

Climate change is happening now: temperatures are rising, rainfall patterns are shifting, glaciers and snow are melting, and the global mean sea level is rising. This is information issued by the European Environment Agency on its web page. What are the consequences in health of the populations? Several voices have raised warnings about the (re)-emergence of communicable diseases that were thought to be eliminated in our continent. In fact, there are major signs that point in this direction: increasing incidence of tropical infections, invasion by imported species of mosquitoes, recurrent floods, etc.

South-European countries are the most vulnerable areas to the effects of climate change. After the Greek reported cases of malaria at the beginning of this year, now it's the turn of *Schistosoma* spp. found in Corsica and a bunch of cases of Chikungunya confirmed in June in Catalonia, Spain. The last ones

were imported cases related to a travel to the Caribbean, but since the Mediterranean coast is now a natural habitat of the tiger mosquito (*Aedes albopictus*), the health authority has extremed the precautions in order to prevent a sustained transmission of the Chikungunya virus among local people. *Aedes albopictus* is also the vector of other tropical flavivirus as yellow fever and dengue.

Public Health Internship Crash-Course in Madrid

During June, a 3-days introductory course on Preventive Medicine and Public Health internship was held in Madrid for all the new trainees in the region.

Since 2012 the Spanish Association of Preventive Medicine and Public Health Interns, ARES, is in charge



of the organization. Older trainees and current specialists were invited to talk about their daily routines with a dynamic and participatory approach.

The main issues discussed were the training plan of the specialty, and the possibilities of national and international internships and job opportunities after finishing training.

Alicia GONZÁLEZ ANTELO
Euronet MRPH Spain

United Kingdom

UK Public Health Registrar trip to European Headquarters in Brussels/Luxembourg



In July 2014, Public Health specialty registrars from the attended a three-day study visit to Brussels and Luxembourg. The study visit aimed to provide registrars with an opportunity to see European public health work in action, focusing on policy making, advocacy and partnership working.

The trip was led by a leading consultant in European Public Health and included the following:

- Visit and meetings with different sections of DG SANCO and DG Employment, including Canice Nolan, Senior Coordinator of Global Health
- Visit to the European Public Health Alliance
- Visit to the Court of Justice of The European Union including the hearing of a case and meeting with Mrs Eleanor Sharpston, Advocate General
- Visit to WHO Europe and meeting with Dr Roberto Bertollini, Chief Scientist and WHO Europe Rep to the EU

All registrars who attended the study visit found it to be a worthwhile experience, providing valuable knowledge about the European Commission, which will inform their future public health practice. Registrars highlighted several ways in which they felt the study visit would impact on their working practice, including:

- Being more informed about the impact of EU policy on UK policy

- Giving greater consideration to the importance of advocacy and lobbying
- Improved awareness of the role of MEPs, and how they can be engaged in public health issues.



The Faculty of Public Health of the Royal College of Physicians

The Faculty of Public Health (FPH) is the standard setting body for specialists in public health in the United Kingdom.



FPH is a joint faculty of the three Royal Colleges of Physicians of the United Kingdom and also a member of the World Federation of Public Health Associations.

The FPH is the professional home for more than 3,300 professionals working in public health and works closely with specialist members to stimulate national and international debates on promoting, protecting and improving public health, whilst setting the standards for the education and training of public health specialists.

Annual Conference “Glo-cal Health – Making a World of Difference”

The Faculty of Public Health’s 2014 annual conference reflected on the connections and relationships between global and local public health challenges and interventions, with a special emphasis on creativity and the arts.

Glo-cal Health – Making a World of Difference opened on the afternoon of 2 July 2014 with a series of meetings and workshops designed to satisfy members’ wishes to have extended opportunities for networking and knowledge exchange.

A key element of this years conference was developing special interest groups, a wish of our President, Professor John Ashton, to develop effective vehicles enabling members to advocate changes for public health. The conference also gave our Specialty Registrars the opportunity to run a networking event, giving SpRs from across the UK a chance to exchange knowledge and ideas.

Key speakers included:

- Rt Hon Andy Burnham MP, Shadow Secretary of State for Health
- Dr Hilary Cass, President of the Royal College of Paediatrics and Child Health
- Dr Pam Luna, Governing Councilor, American Public Health Association (APHA)
- Luciana Berger MP, Shadow Minister for Public Health.



A Public Health Manifesto - What’s your vision for public health?

The Faculty of Public Health is asking for help to shape their manifesto for the 2015 general election. The General Election in 2015 is a critical opportunity to give the next government practical measures to protect and improve people’s health. It is an approach that works: of the 12 key steps we called for in our manifesto in 2010, Better Public Health for All, there has been some real progress, particularly on tobacco.

So why are the Faculty of Public Health and the Royal Society for Public Health challenging all the political parties to define their policies for a healthier society? And how could we consider asking for policy changes that need investment in a time of recession?

The answer is clear and unambiguous. Health and wealth are inseparable. The wealth of a nation is based in its people. We believe these 12 recommendations will go a long way to helping our children, our elderly people and our working population live healthier and happier lives. These proposals are not intended to be the definitive list of everything necessary to improve our nation’s health, but they represent a dozen significant steps for the new government to take towards a healthier future, and towards making the UK fitter for the decade ahead.

For further information and details about the FPH manifesto, please visit – www.fph.org.uk

*Eleanor GARNETT-BENTLEY
Euronet MRPH UK*

Social Media and Public Health



Public Health is facing new challenges and opportunities in the age of internet technologies. The availability of new communication and information technology has opened an unprecedented range of strategies for public health.

Recent research shows that a person with a severe and chronic illness will spend on average 12 hours a year with health and social care workers. Whereas an individual who has transient or mild illness will only spend on average 4 hours a year with health and social care professionals (Asch et al, 2012). The remaining 5000 hours a year are spent socializing with peers, work colleagues and alike. The interaction that happens during these 5000 hours not only provides social support but more and more, evidence shows that these interactions influence individuals' health choices and behaviours.

In other words, if you take the example of obesity, you are not only what you eat, but you are also what your friend eats and what your friend's friend eats.

What we are seeing is that people with similar health behaviours tend to cluster together and reinforce each other's health choices. This same principle can be applied to on and offline social networks where people tend to share similarities in diet, smoking, exercise and other health behaviours. Whilst most of our traditional focus in health promotion and prevention has been on the limited 12 hours of contact with our health services, a growing body of research suggests that we can improve people's lives by looking at influencing how people use the 5000 hours when they are in their own environments and social networks.

So the question is: if social networks are so influential in our health choices and behaviours, what can health & social care workers do to ensure that the people we see continue to reap benefits of our interventions long after they have seen us? I think the answer to this lies in using the existing connections in off and online social networks to push

relevant and pertinent health information. After all, knowledge is power. But wait; can we really expect people to change their health behaviours by bombarding them with health information and hoping that they share it amongst their various networks? Probably not. We need sophisticated ways to embed health information into everyday life and make attending to health in social networks something that is competitive, fun and rewarding.

Cue digital technology and the advent of the always on and always connected digital generation. Those who argue that this technology is for young people often miss the fact that today's young people are tomorrow's older people. The amount of time people spend with their online and offline social networks will continue to increase and offers ample opportunity to influence better health choices and improve health behaviours. For the above reasons, I believe social media will play an ever increasing role in health promotion and prevention of illness.

*Sarah AMANI
Chief Clinical Information Officer
Surrey & Borders Partnership NHS
Foundation Trust*

The Ebola outbreak in Western Africa: the involvement of Health Care Workers - a Medical Resident in Public Health's consideration

The ongoing outbreak of Ebola Haemorrhagic Fever (EHF) in Western Africa started last February 2014 with the first reported and confirmed case in Guinea, from where it has spread beyond the

border countries, Sierra Leone and Liberia.

As of 3 October 2014, 7470 cases (probable, confirmed and suspected), and 3431 deaths have been reported by the Ministries of Health of Guinea, Liberia and Sierra

Leone, involving recently also Nigeria with 20 cases, and Senegal with 1 travel-associated case.

Furthermore, the United States have reported 1 travel-associated case, while Spain has just confirmed the first Ebola case

transmission outside Africa, a nurse that has contracted the virus after caring for a sick patient who had been flown back from West Africa for treatment.

All things considered, in few months this has become the worst EHF outbreak ever, also the first in Western Africa, and surpassing all past outbreaks combined.

There are several issues that are complicating the response operations: the geographical location; the general system issues of the involved countries; the virus itself, one of the most contagious and life threatening, with still no specific treatment, even if the elaboration of a new vaccine is in progress; the concern by the Western and European Countries due to the risk of an international spread in other Regions; and many other issues, including the current contest of financial global crisis.

Since February WHO, CDC and MSF, together with other International Agencies and NGOs, have deployed experts to help, assess and control the situation in coordination with local health authorities and civil society, and recently the UN Security Council has called the Ebola outbreak "a threat to international peace and security" and urged the world to provide health experts, field hospitals and medical supplies, including a call of \$ 1bn aid effort to tackle the virus.

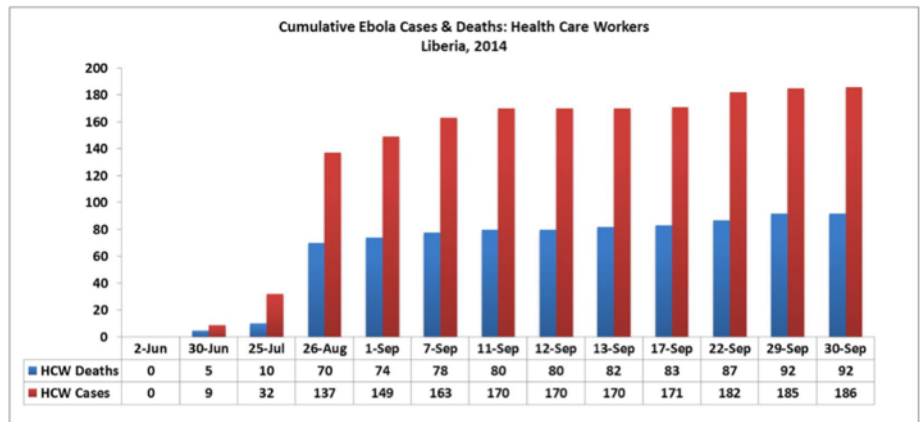
As a past Intern of EURO WHO at the Alert and Response Operations I followed the evolution of this outbreak since the very beginning, including several meetings of the International Health Regulations Emergency Committee, who decided that the conditions for a Public Health Emergency of

International Concern (PHEIC) were met.

Between all the issues related to this outbreak, the one that is most of all bring my attention is still the

intensified, the number of cases among HCWs and their families increased, and HCWs abandoned the health facilities, particularly hospitals in Liberia.

These actions contributed to the



Cumulative Ebola cases and deaths among Health Care Workers in Liberia as of October 1, 2014

Source: John Snow, Inc.

alarming to me is still the large number of cases among the Health Care Workers (HCW). In fact, close unprotected physical contact with infectious patients, poor hand washing and disinfection, are maybe unjustifiable from the point of view of a Resident in Public Health from a high-income country, but should be understood if considering a system constantly working (actually surviving) in limited resources.

Nevertheless, almost all transmission of the virus to HCWs has been reported when basic infection control measures have not been met. HCWs should always practice basic standard precautions when caring for patients with suspected or confirmed EHF, and apply, in addition to these, other infection control measures to avoid any exposure to patients' blood and body fluids.

To date, about 300 HCWs have been infected among Guinea, Liberia, Nigeria, and Sierra Leone, and more than 150 have died. Furthermore, as the epidemic

near collapse of the health delivery system, as patients with non-Ebola conditions had no place to obtain care. A rapid assessment recently completed by UNICEF indicates that more than 70% of HCWs are reporting to their duty stations in Liberia, as well the Ministries of Health of all the involved countries have started helping hospitals and primary health care facilities to take the necessary steps to re-open and restore routine services.

In conclusion, awareness campaigns, biological risk management, prevention and control of Ebola trainings for HCWs need to be strengthened in the affected areas. Besides, considering that the first transmission outside Africa involved an HCW in an hospital in Spain, a similar set of interventions needs to be taken in these countries that call back from Africa their infected citizens, to control the risk of possible transmission.

Salvo PARISI
Euronet MRPH Italy

All you need to know about EuroNet MRPH - 2014

Overview

EuroNet MRPH has officially existed for three years and has been led by medical residents in Public Health Europe-wide. The European Network of Medical Residents in Public Health (EuroNet MRPH) was founded in 2011. It is a unique independent organization representing associations of medical residents in public health through Europe. Over one thousand medical residents in public health represented, from National Member Associations (NMA).

EuroNet MRPH was created to empower its members to take their vision and ideas forward. Engaging in EuroNet MRPH encourages both professional and personal collaborations irrespective of geographical or cultural differences.







Mission Statement

The mission of EuroNet MRPH is to promote professional excellence among medical residents in public health in Europe by exchanging scientific knowledge and training opportunities and by organizing common activities.

History

The idea of a network emerged in 2008 at the initiative of French and Italian residents, who decided to collaborate in setting up a common protocol for a survey on the satisfaction of residents

National Member Association (NMA)

Collège de Liaison des Internes de Santé Publique (CLISP)	
Ireland	
Consulta degli Specializzandi (SITI)	
Comissões de Médicos Internos de Saúde Pública (CMISP)	
Asociación de Residentes de Medicina Preventiva y Salud Pública (ARES)	
The Education Committee of the UK Faculty of Public Health	

about the quality of respective residence programs.

This successful experience brought about the idea of extending this kind of collaboration to other projects and countries. Spanish residents joined the group in 2009.

The first meeting that saw the establishment of the network was held in Paris, France, in June 2011. The first members of this new organization were the Collège de Liaison des Internes de Santé Publique (CLISP, France), the Consulta degli Specializzandi (SITI, Italy) and the Asociación Española de Residentes de Medicina Preventiva y Salud Pública (ARES, Spain).

Since 2011 the network has expanded to include the Specialty Registrars' Committee (SRC) of the Faculty of Public Health (UK) on November 2011, the Comissões de Médicos Internos de Saúde Pública (Portugal) on May 2012 and the blablabla (Ireland) on March 2014.

The network is looking to expand further.

Leadership

EuroNet MRPH is composed of the Executive Desk (ED) and the Executive Committee (EC).

Each NMA delegation is composed of six residents. Two of them sit on the ED.



Executive Desk 2014

President: Rocío Zurriaga

Vice-President: Guido Maringhini

Secretary: Myrtille Prouté

Treasurer: Bernardo Gomes

Communications: Eleanor Garnett
Lead

Aims

- To give medical residents in public health the opportunity to do an internship in a European country member of EuroNet MRPH
- To provide a network that links active medical residents in public health across Europe
- To provide a European framework in which medical residents in public health's projects can be realized
- To define and achieve a common core of professional competences in Europe
- To strengthen the role of public health medical doctors in Europe by communicating on their specific professional competencies and working fields to the medical and non-medical communities

All you need to know about EuroNet MRPH - 2014



Activities

Exchanging working practices and scientific knowledge

- Presentations from international residents at training events or conferences in other member countries
- Promotion of projects whereby EuroNet facilitates the collaboration between residents in member countries
- Establishment of a website with information about projects to date and residency programmes in each member countries
- Distribution of a newsletter (EuroNews MRPH) through the NMA networks

Boosting training opportunities across borders

- A database of placements in each member country has been created and is available on the website
- Facilitation and information sharing regarding placements at international organizations (e.g. WHO Regional Office for Europe)
- A survey is being developed to evaluate demand for and barriers to international placements

Current Working Groups

Residency Comparison
International Health Electives
Web and Social Media
Funds, Grants and
Partnerships

Want to join us?

EuroNet MRPH always welcomes **observers** to its meetings.

Please contact your National Association or your NMA liaison officer!

EXECUTIVE DESK



Residents 1 *assuming an official position*
per country 1 *NMA Liaison Officer*

EXECUTIVE COMMITTEE



Residents per country



FRANCE

Myrtille Prouté - ED - Secretary
Yu Jin Jung
Pierre-Antoine Fougerouse
David Labrosse



IRELAND

Chantal Migone
Lois O'Connor
Coilín ÓhAiseadha



ITALY

Guido Maringhini - ED - Vice-President
Francesco Soncini - ED
Elena Azzolini
Lorenzo Bertizzolo
Paolo Campanella
Salvatore Parisi



PORTUGAL

Bernardo Gomes - ED - Treasurer
Sofia Ribeiro - ED
Sara Letras
Bárbara Aguiar
Gustavo Borges



SPAIN

Rocío Zurriaga Carda - ED - President
Sara Mayorgas Torralba - ED
César Velasco Muñoz
Alicia González Antelo



UNITED KINGDOM

Eleanor Garnett - ED - Communications
Susanna Mills - ED
Yasmin Akram
Rebecca Nunn
Kitty Mohan

Coming soon

The meeting in Lisbon, Portugal

The next Euronet-MRPH meeting will be held in Lisbon, Portugal on the 5th December. You are welcome to join us from the 4th December when we are having our National Congress for Public Health Residents. Most of the program will be in Portuguese, but we are doing our best to bring in international speakers as well. There will be a dinner followed by a social event right after the congress, and you are most welcome to join us and take the opportunity to network with Portuguese residents.

On Sunday, after hopefully another successful Euronet meeting, a social program will be arranged, and you can count on us to discover Lisbon, or to take a day trip to Sintra or Cascais.

Should you have any suggestions for the program of the Euronet meeting, or should you need any further information, feel free to contact us anytime. Soon you will receive more details about the meeting, including a link for registration.



comissões de médicos internos de
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Get involved!

EuroNet MRPH is present in 6 countries in Europe. The easiest way to start your EuroNet MRPH career and be part of us is approaching your national representatives by viewing the contact details of your NMA. Then you can have a look at our core activities to check out the different areas we are involved in.

If any questions arise, feel free to contact us !

euronetmrph.org

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