



EURONEWS MRPH

The Newsletter of the European Network of Medical Residents in Public Health

EuroNet MRPH Winter Meeting
1-3 December 2018, Velika Planina, Slovenia

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Editorial

Welcome to the 15th issue of our newsletter. Autumn is always a strange season. A season that looks at the past and to the future. Looking at the past, we remember with sadness that the sunny days of summer are over. But looking into the future, we are filled with energy and motivation to start working again for the rest of the year.

This newsletter looks, also, at both past and future. About past events, you will be able to read how the efforts of the spanish team made Valencia one of the greatest meetings we can remember. It was, during this meeting, where we had the honour of accepting Turkey as the 10th member of our network. *Karşılama!!!!* (That's turkish for welcome, by the way). It was also, during this meeting, where we acknowledged the importance of former EuroNet members and we decided that the time for creating an EuroNet Alumni has arrived, as you can read in our *Public Health perspectives*.

The future of EuroNet is in our hands, and this newsletter describes some of the opportunities that will arise. In the section *Teaming up* you can find information of two of our most important and successful partnerships: ASPHER and EUPHANxt. You can also find the information of our next meeting, which will be in a small alpine village and we expect to see you all there. The Slovenian team are working hard on it, so remember to register as soon as possible!

In the newsletter you will also find a selection of excellent articles written by public health residents in Europe which describe with passion some of the most important public health issues, from vaccination to climate change, from healthcare systems to vulnerable groups. Enjoy the reading and I hope this serves you to inspire your work with examples across the continent.

Finally, I want to thank the work of everyone in the network, especially those who are in lead positions, including the authors of this wonderful newsletter. EuroNet is the network of all residents. The work of the board is just to represent you. For this reason we need your opinions and your criticism to improve the work we do. Sometimes it is difficult from inside to see how things are working, so if you see room for improvement, do not hesitate to get in touch with us. Remember that: *Together we are stronger!!*

2018 EuroNet MRPH Board

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EuroNet MRPH Winter Meeting
December
1st-3rd
2018

Slovenia

Summer meetings are always a special one

Alberto Mateo

2018 EuroNet MRPH President

Summer meetings are always a special one. Two years ago, for the first time in EuroNet's history, we decided to spend a few days in a Dutch farm. Last year, we managed to bring 30 Euroneters to a tiny village on the top of an Istrian hill. This year, it was the turn of Valencia.

We decided that, given the time and the venue, a relaxed format of meeting would be more appropriate. Yet, there are always three goals which must be achieved in a meeting: to improve EuroNet, to learn something and to have fun with other colleagues. Thanks to the work of the organising committee, all three were achieved. Presentations by Rocio Zurriaga, Robert Otok and Sara McQuinn taught us about the past of our network and how to look to the future by strengthening our partnerships with key European organisations such as ASPHER and EUPHANxt. These were followed by our usual working group sessions. This year, we also introduced an innovative format of group

discussions, whose outcomes you will be able to read in this report.

Nevertheless, this meeting will be always remembered as the meeting where Turkey joined our network. We are already the biggest network representing medical residents in Europe. However, expanding EuroNet is always an objective. By strengthening EuroNet we increase our capacities and become more influential. In this context, the admission of Turkey is a huge step forward. We are all really looking forward to meeting and learn from our Turkish colleagues.

But a EuroNet meeting would not be a EuroNet meeting without fun, and the Spanish committee (and Julio particularly) are experts on this. We enjoyed some fantastic days in which water buckets, paella and the beach were among the highlights.

Whether you are an established euroneter or someone hearing from our network for the first time, I hope you enjoy this report and, if you want to join us, do not hesitate to contact the board or your country representatives. I hope that you are able to join us on our next meeting, which will take place in Slovenia at the beginning of December. See you there!



A paella for fifty: a word from the Organising Committee

The 2018 Valencia Meeting Organising Committee

In 1936, during an excavation on a hill near Kujut Rabua, a Hamlet southeast of Bagdad, members of the Iraqi State's Railway Department found a tomb covered with a slab of Stone. The archaeological recovery that ensued resulted in a magnificent number of small, decorated objects dated as far back as 248 a.C.

Among these were several odd looking recipients, shaped like a vase and light yellow in

color. In these recipients they found fixed copper cylinders with iron rods in them. These objects would later be identified as crude batteries used for electroplating small objects and nicknamed the "baghdad batteries", predating modern electroplating technology by almost two millennia.

We took on the challenge of organising the 2018 summer meeting with mediterranean optimism.

We would start with Croatia's victory against England (no disrespect to our british colleagues, but Croatia is a charming underdog with a little to no imperialist background) and finish on Sunday night by lighting a cigar after tapas with the last meeting survivors à la The A Team's



John Hannibal Smith exclaiming “I love it when a plan comes together”. Fade to black.

Unfortunately the world is a wild place full of real problems. It is physically impossible to make an A+ paella for fifty. Despite the different issues that were faced, organising this event was a blast.

Sharing your city and hosting for colleagues and friends is a great experience that we are grateful for and we recommend. It also, as is usual in EuroNet meetings, produced several unique moments, some of which we would like briefly mention: Turkey’s historic entry in EuroNet. Croatia making it to the finals.

The experimental discussion groups as a way of exploring common interests and generating ideas. The weird bar. Several impressive memes were also produced during this meeting: Angelo’s very big data, Euronet pushing me to achieve my fullest profesional potential and Clement and Antoine’s rather odd bed meme.

Back to the Baghdad batteries. Lost knowledge is a real thing. As good as we are in keeping a record of things, humanity sometimes has the tendency of starting things from scratch rather than stand on the shoulders of giants. We saw a glimpse of this during Rocio Zurriaga’s intervention on the beginnings of EuroNet, particularly in regards to the structure of assemblies. Meetings have varied greatly in the last couple of years.

This is understandable considering the association’s impressive expansion (There is word that despite history’s lessons we will take on Russia in winter). We would however like to echo the feeling of discontinuity that was expressed by some during the meeting.

Creative licenses set aside, there is perhaps a need to produce a template of what a meeting should look like, what sections should constitute one and what are the objectives or the expected interactions at the assemblies. At this point, the size of the association certainly justifies a quality control approach.

Next meeting couldn’t be more of a contrast with the last: from the mediterranean Playa de la Malvarrosa to snow covered cottages in the slovenian alps. The idyllic setting along with the coinciding EPH in Ljubljana and the guaranteed hosting qualities of the Association of Public Health Residents of Slovenia truly makes this one a no brainer. We hope to see you all there.

In words of our fellow JF Monteagudo, “together we are stronger”; and as Professor Miroslav from the Andrija Stampar school of Public Health said one night: [Health to All](#).

Points of view

Ireen Feenstra

PH resident in the Netherlands

This summer I finally had the opportunity to join my first EuroNet MRPH meeting. Due to a lot of enthusiastic stories of my colleague (Lilian van der Ven) about EuroNet-meetings my expectations were sky high. And I can tell you that Valencia did not disappoint me at all!

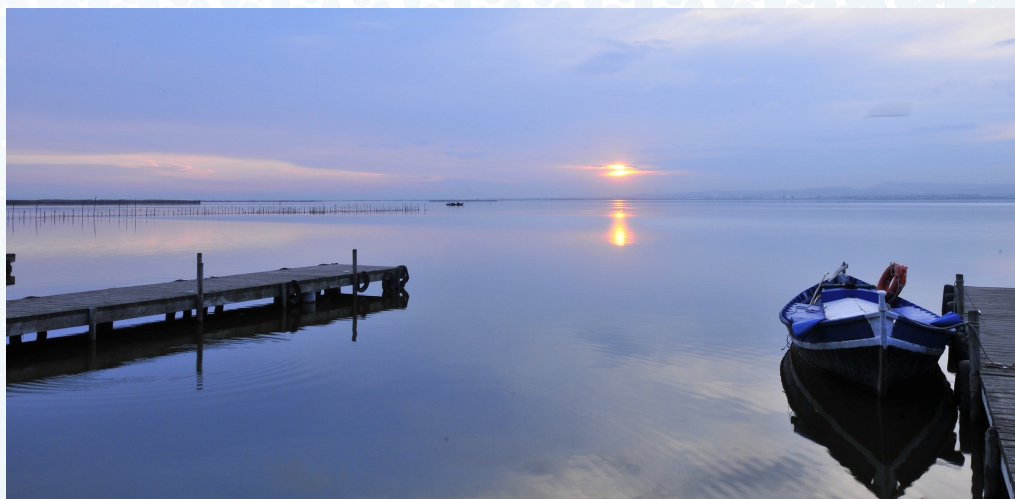
On the first day of the meeting I have learned a lot about Public Health initiatives in Europe. There was a presentation about EUPHANxt (Sara Mc Quinn). Rocío Zurriago Carda, former president of EuroNet MRPH, taught us some history of our association. It included a very impressive movie of several former members, who are now working in different fields of Public Health all over the world. It showed me the

importance of this network and the family-like involvement of all the individual members. Together we are stronger!

We were asked to use our brains and creativity in the working groups of internships, research and communication. I attended the one about internships. Did you already know that EuroNet MRPH facilitates internships throughout the continent? Read everything about it on the website!

Cansu Erden Cengiz told us everything about the Turkish Public Health system and their network of residents. It led to an unanimous YES during the voting, which means that Turkey is now the 10th country joining the EuroNet MRPH. Together we are stronger!

The second day of the meeting started with a presentation of the new ethical statement of the association (Maria Francesca Manca) and an interesting update about the research working groups (Damir Ivankovic). Afterwards Robert Otok, the director of ASPHER, presented the



work of the association and the professionalization. There were discussion groups of several very interesting topics, like big data. The day ended with a fun movie contest to promote EuroNet MRPH. A lot of attendees told their individual positive experiences with this network, some of the attendees introduced the EuroNet-song 'Viva EuroNet', but the winner was Juan Francisco with a short movie with a very clear message: 'Together we are stronger!'.

Beside the serious topics during the meeting, Julio Munoz did a very good job to show us all the best things of Valencia. He organized good weather, so we could enjoy the beach and the sea after the meetings. He arranged the 2018 FIFA World Cup for some international competition between the different EuroNet countries. He taught us some very useful Spanish sentences, like 'Please try to keep the hamster alive'. He found the best restaurants to have shared dinner and the weirdest bars to have some good fiestas toda la noche. He took his profession as an audio tour guide very serious, so nobody could get lost, unless they were not listening of course. He constructed cycle paths throughout Valencia, so the Dutchies couldn't stop smiling while riding their bikes. He showed us the biggest pan of paella I have ever seen, and the best paella I have ever tasted for breakfast. And even during the last night he arranged a huge firework show to let Valencia know that the EuroNet MRPH-meeting has officially ended. Muchas gracias Julio!

After another short night of sleep, it was time for me to fly back home. I'm really glad that I was able to attend this meeting and thanks to everyone for the warm welcome, the interesting presentations and all the fun. Luckily there will be more meetings and thanks to the preview of Matej Vinko of the winter meeting in Slovenia, I know it's going to be another awesome weekend. Are you joining as well? Always remember this: together we are stronger!

Desmond Hickey

PH resident in Ireland

The recent Euronet meeting in Valencia proved a great opportunity to network with European colleagues. During the meeting I enjoyed listening to committed and enthusiastic public health residents from other European countries give their perspectives on their training and educational experiences. I also learned of some excellent practical initiatives that have been developed by Euronet including the internship programme which I believe will help interested public health residents strengthen their knowledge and experience in various areas of public health. It is clear that Euronet is a growing organisation which is helping to connect public health residents across Europe. I would encourage any public health resident who is interested in Euronet to come along to the next meeting and take the opportunity to meet and develop links with European colleagues.

Discussion Groups Reports

Big Data

We organized a discussion group on themes related to Public Health Informatics (PHI), especially Big Data, during the Euronet Meeting in Valencia. Our group attracted much interest, becoming one of the biggest discussion group during the meeting. The participants were involved in discussions about hot themes in the application of informatics and advanced data analysis to health problems: for example, what are Big Data, Electronic Health Records, machine learning and its possibilities and limitations, using geographic data for health planning, the range of possibilities for population studies allowed by the use of

internet usage data, like search engines data, social network data (the so-called Digital Epidemiology), etc... We discussed such topics alternating request for information, personal experiences, and discussion of Public Health implications.

We also focused on the ethical implication of Big Data; we considered how essential is to get access to precise and rich data for better health programming, but much care must be taken regarding how this data is treated, stored and distributed. We made some examples, like being theoretically possible to identify specific persons using even anonymized data, or that insurance companies and employers could use genomic data about one person and treat them differently on a hypothetical risk of disease. We also discussed a bit regarding the new European law for General Data Protection Regulation (GDPR), and its implications for research



purposes. It was also remarked that data digitalization without enough technical expertise could lead to data losses or worse to exposition to informatic attacks (e.g., ransomware).

We cited how the technology called Blockchain, the backend of the bitcoin, that works by creating encrypted, redundant, decentralized copies of the modifications of the data can be a solution to health data management, interchange, and security.

It was also discussed that too much privacy in certain settings could hinder the development of research that would be beneficial for Public Health but not possible in these days for privacy and corporate concerns. One example are the limitations on access to Google Search and Twitter data that would allow to follow health discussion and even identify possible cases of disease a lot faster than usual surveillance systems.

These discussions led us to wonder if training provided by our Public Health Schools on this matter is enough and coherent with the rapid evolution of information technology. We thought about creating a Euronet working group which aim is to map the presence of informatics courses in Public Health training schools along Europe and evaluate which topics are covered and whether the program is up to date with the latest development.

Finally, we created a WhatsApp discussion group where people can share material about the application of informatics to Public Health.

Climate Change

The climate change discussion group started small but gradually grew in members by the minute as word reached the street that it was “pretty hip”.

The discussion included both the public health related outcomes of climate change and the actual activities that influence the climate change phenomenon.

The broadness of the discussion prompt was thoroughly explored. Here are some of the ideas that received more attention:

- How droughts and reduced access to water, can make the resources an object of conflict and a cause of population displacement.
- The expected rise in sea levels as another cause of population displacement and its effect on medical infrastructure.
- The social and economic impact of extreme events and the probability that countries with little experience on these events may be underprepared for a potential hit.
- Changes in vector and pathogen habitats that result in the displacement of diseases towards unsuspecting countries in colder, drier climates.
- The grim effect of both heat and cold waves that result in increased mortality.
- The pollution of the seas, the effects of microplastic and the current initiatives to tackle these issues.



- The effects of increased air pollution on suicide rates, perhaps due to an exacerbation of patients' symptoms.
- The surprising fact that climate change hinders animal growth, thus resulting in smaller and smaller animals every year.

Two distinct outcomes resulted from this discussion.

On one hand there is the question of whether EuroNet MRPH can or should do anything to contribute in the fight against Climate Change. A campaign was proposed to promote awareness within and beyond the association. This, to an extent, can be considered a current "work in progress" in the form of a carbon footprint estimation project proposed for the Valencia Summer Meeting; the idea of which is to

estimate the amount of emissions caused by our means of transportation and how much it would actually cost to neutralize such an impact.

The other outcome is the proposal of a working group on one of the different discussed subjects. The lack of easily accessible data was observed although there are some free to access resources on things like rainfall, meteorology or air pollution. The review of different national policies in countries represented in EuroNet and beyond was also suggested.

Although a specific line of work was not identified, climate change turned out to be an issue that leaves no one indifferent. This fact along with its pressing nature make it an excellent research theme for members of the association.

Nutrition

The working group discussed food and nutrition problems and related issues in order to get together, share ideas and present possible solutions. The case of in vitro meat opened the debate, and talking about its environmental and animal welfare arguments for development got us thinking about the cultural aspect of food as well. The group concluded it to be not a solution to the excessive meat consumption, but a complement to traditional burgers, expanding consumer choices. However, the different food demands (kosher, vegan, etc) of present days can be seen as a threat, because of the sustainability issues and cultural aspects. Food becomes less of a bridge and more of a problem when in the same community/society there are different schools of thought and very different food demands.

Insect eating was another issue that raised the debate on why food is such an important part of our cultural heritage, and got us discussing how it would be really difficult to change mindsets, and on it taking a number of generations to

accept this practice. The present practices are unsustainable and we don't believe this practice, needing such a long time to produce results, would be a primary solution for the environmental concerns.

When talking about food one can never ignore the way food is actually being grown and produced. We talked about environmental concerns, such as the amount of land needed to feed animals for consumption, and the fish farming policies that make the fish grow faster but with loss of nutrition properties.

Permaculture, seed biodiversity and the Monsanto problem were also discussed. We also discussed how the new diets/alternative eating styles are having both a positive and negative impact on health, positive or negative depending on the consumption of unprocessed or highly processed foods, respectively, and sustainability, depending on sourcing of the food (local vs imported).

We then talked about how the future diet would look like, bringing up the subject of the vegetarian and the reducetarian diets. This would definitely have an impact on the fish and



meat economical sector, both on the implementation phase (to get people into these diets) and the maintenance phase (keeping these diets going for generations). The policies needed to reduce the consumption of these products would probably be around creating quotas for producers and new taxes for consumers.

The subject of the Common Agricultural Policy, implemented since the 60's came to discussion regarding the previous subject. We talked about how this set of policies was created to solve the problems at that time, and that we now need to reduce subsidization gradually for the meat industry, to raise the subsidization for food & veg companies and tax the consumption following different rules.

The need for vending machine policies and the tax on sugar closed the working group session, and different participants talked about their countries present concerns and policies.

Fake Therapies

The discussion group was very participative, and was greatly nourished by the contributions of many residents in whose countries the health policies are very varied in this subjects. One of the central aspects of the talk was the daily medical work that the doctor must do in Hospital or at the consultation room, with a patient user of fake therapies. It became clear that many times the physician lacks the time and the opportunity to explain (or even, argue) with the patient, but it's always

important to provide a support and understanding (never blame the patients for being scammed nor ridicule them for their choices). At least, it would be great to refer to places where the information is clear to clarify his/her doubts. It would be interesting to have a list of websites or pages where the societies talk informatively and rigorously about the most common pseudotherapies (Homeopathy, Chiropractic, Reiki...).

The participants talked about the various media strategies recently carried out in different parts of the world, on campaigns against anti-vaccine movements.

For example, the case of the United States was brought up, where several anti-vaccine videos were published, dramatizing the danger and the health risks of young women who were vaccinated against the Human Papillomavirus. Since they had a lot of social repercussion, the fire was fought with fire and the societies in favor of vaccination made a very similar type of video dramatizing the positive effects about safety and efficacy of the same vaccines, achieving even greater diffusion. Issues about the Health policy from various countries were also discussed (fines to parents in Australia, the requirement to present the vaccination cards for schooling in Italy, etc.).

Finally, experiences were exchanged on specific cases of users of pseudosciences and the legal perspective of many of them in Spain, through the legal gaps and jurisprudence of specific events.

EuroNet MRPH Winter Meeting Slovenia, Velika Planina December 1st-3rd 2018

Association of Public Health Residents of Slovenia

Dear friends!

Slovenian public health residents joined EuroNet MRPH in November 2016. Since then we have enjoyed attending every meeting and it is high time for us to organise one ourselves. We hope to take our collaboration to new heights both literally and figuratively. Thus, following on the heels of the EPH Conference in Ljubljana we will be hosting the EuroNet MRPH Winter Meeting on the spectacular alpine plateau of Velika Planina. Our venue Velika Planina rises to 1,600m offering fantastic views of the surrounding mountains and is just a short drive, cable car and chairlift out of the capital - don't worry we are organising transport. It is one of the last high alpine herdsmen's villages in Europe with the plateau dotted with cute wooden huts

though we'll be staying in more comfortable lodgings than the herdsmen of the past (imagine saunas and outdoor wooden hot tubs;). It will be the perfect escape from the city's public health hazards of noise and air pollution. Enjoying the clean air of the alps and with no distractions around we will be able to focus our energy on networking and the inner workings of EuroNet MRPH.

The General assembly will be hosted at the Zeleni rob restaurant, a snowball's throw away from the cottages, with plenty of delicious traditional Slovenian food. As public health residents we think we can also be trusted to responsibly enjoy a drink together, just enough to facilitate the exchange of stories from past meetings as well as share our work and new ideas.

A winter fairy-tale is coming and we hope you are going to join us! Don't forget to apply before October 7th!!

More info at:

<http://euronetmrph.org/velikaplanina-meeting-2018/>.

EuroNet MRPH Winter Meeting
December
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Slovenia

Alumni section

EuroNet MRPH

The history of the European Network of Medical Residents in Public Health (more commonly “EuroNet MRPH”, or “Euronet” for friends) dates back to 2008, when a few European residents meet in Rennes, Brittany, during a conference. Since then, 10 years have gone by, and the informal network of residents, meeting 3 times per year, turned into an association. Grown-up and ambitious. Euronet has been the “meeting-ground” (the playground!) of a whole generation of medical residents in Public Health, but it has failed to stay in touch with its former members, its grown-ups.

It is time to change! We want to hear from you, former members of the network, to get in touch again, to know what you are doing. To read a few words from you on the newsletter, if you have a little time.

Do not be shy and contact us. We will be happy to answer and to share with you our plans to keep in touch with the alumni. Thank you!



EuroNet MRPH Working Groups Updates

LGBT+ well-being and work environment survey

Damiano Cerasuolo

Public Health Resident, France

The improved visibility of Lesbian, Gay, Bisexual, Trans and other non-heterosexual (LGBT+) people has not always been accompanied by advancements in the working and living conditions of those identifying as LGBT+. In medical residency programmes across Europe, there is little research analysing how challenges of the residency period align with the challenges associated with concealable identities and their disclosure. This paucity of data may be due to the notion that identity is inconsequential or irrelevant to achievement and well-being in medical studies and health professions.

EuroNet MRPH LGBT+ working group aims to better understand the daily living and working condition of medical residents identifying themselves as LGBT+. The product of this year of work (the project started in late 2016) is a questionnaire, made up of 45 questions, and organised in 6 sections, focusing on identities, acceptance both at work and home, episodes of discrimination or harassment, and emotional

well-being. It will be soon disseminated after its translation in most of the languages spoken in the countries part of the network. The process of forward and backward translation will ensure semantic and conceptual equivalence between different versions and it will make data analysis reliable.

This project addresses the need for an informative survey about working environment experiences and well-being of medical residents identifying themselves as LGBT+, and could help to get an insight into the wider topic of LGBT+ acceptance in our health system. If you want to learn more or give a little help, do not hesitate to contact us.

More information at

<http://euronetrph.org/current-projects/lgbt-residents-health-and-work-environment/>

Conflict of interest between Professional Medical Societies and industry: a cross-sectional of the European Medical Societies' websites

Stefano Guicciardi

Public Health Resident, Italy

The relationship between industry and medical societies has been widely studied by the international literature and has been recognized as a potential condition for biases and conflicts

of interest. A recent study analysed the relationship between industry and medical societies through the assessment of the Italian medical societies' websites, finding some relevant correlations.

Despite this scenario, little is known about the relationship between medical societies and industry in Europe.

The aim of the work conducted by Euronet MRPH is to extend the Italian research to seven European countries (Croatia, France, Ireland, the Netherlands, Portugal, Slovenia, and Spain). The study is important because it is a first such project addressing the conflict of interest between medical societies and industry in a comparative European setting. In addition to its scholarly contribution that will enhance the understanding of the nature of this relationship, the study has implications for the development of policy regulating the relationship between industry and medical societies, from disclosure requirements, to restriction on what industries can fund, among others. The working group already developed a structured flowchart to systematically produce comprehensive lists of all the medical societies in the included countries.

Up to date, a significant effort has been done in assessing the differences between the national definitions of medical societies and, so far, a heterogeneous framework emerged.

More information at <http://euronetrph.org/current-projects/wg-conflict-of-interests/>

Interview with Robert Otok

*Director of ASPHER—The Association of Schools of Public Health
in the European Region*

We have been reading ASPHER's strategic Objectives 2016-2020. We are right now just in the middle of this period of time. Could you tell us some of the achievements ASPHER has accomplished so far regarding those strategic goals?

ASPHER 2020, which was inaugurated during the 50th anniversary year of the Association, presents a comprehensive and balanced agenda guiding the strategic development of ASPHER during an important period, critical in many ways for the future of Public Health in Europe and globally.

As we reach the midterm mark of this time period, several key achievements have been reached by ASPHER. These include the continued development of ASPHER's core competences programme with the publication of the 5th edition of competences list. The list remains a core reference for the development of public health education in Europe, while also supporting public health careers and systems development.

A central project underway is the collaborative development of a series of tools for public health workforce development and professionalization in Europe. This is being

undertaken as part of a groundbreaking agenda set by the WHO Regional Office for Europe within a framework of the European Action Plan (EAP) for Public Health Capacities and Services Strengthening. The tools will be presented at the European Public Health Conference in Ljubljana this November and will be made available for use by countries and other relevant stakeholders soon thereafter.

ASPHER has also made strides to bolster collaboration between keystone public health organizations. Cooperation across organizations that pool ideas, resources, and capacity can only strengthen Public Health today and brighten the outlook for the field in the future. ASPHER is maintaining historically close ties with the European Public Health Association (EUPHA), and forging new key partnerships - including those with the International Association of National Public Health Institutes (IANPHI) and the Association of Schools and Programs of Public Health (ASPPH), which is ASPHER's counterpart organization across the Atlantic.

There are other exciting developments still to come under the ASPHER 2020 agenda. These include the launch of the Public Health Training Academy, which is meant to constitute a training platform for individuals seeking continuing professional development opportunities in public health. ASPHER is also improving the formula for its annual Deans' and Directors' Retreats - a major membership event of the Association.

We know one of the foremost pillars of ASPHER working is on Professionalization of the Public Health Workforce. Could you explain the ASPHER's work in this area?

This project is primarily realized through ASPHER's active engagement in WHO Europe's Coalition of Partners (CoP) work on implementation of the EAP for Public Health Capacities and Services Strengthening. The relevant CoP projects include:

- 1) Development of the Road Map towards professionalization of the public health workforce in the European Region. This is a tool meant to support countries in developing policies related to public health workforce professionalization. The Road Map recognizes the diversity of public health systems in place across Europe and should act as a guide to countries to choose the path that suits their culture and needs to strengthen and professionalize their workforce. The Road Map seeks to reinforce the professional identity of the current public health workforce and help to align public health services and operations with the public health workforce development.
- 2) Development of a Handbook for managing public health professional credentialing and accreditation systems in the European Region to serve as a reference tool for the national education and health systems to ensure the competencies both required and presently possessed by the public health workforce.
- 3) Development of a core competencies Framework for the public health workforce in the European Region. This should be of use for human resources practices to enable an ongoing standardized and consistent assessment and development of public health knowledge and skills at individual, service,

organizational, and country levels, thus, supporting public health professionalization and credentialing.

Does ASPHER have any plan to facilitate the application of its proposals about professionalisation to medical residency programmes in Europe? What EuroNet and public health residents in general can do to support and participate in ASPHER?

The EuroNet Medical Residents in Public Health (MRPH) plays an important role in the development and the implementation of the public health professionalization agenda.

The Network already actively contributes to the work of the CoP providing a specialist workforce and fresh perspectives from a younger generation. Input from EuroNet and its individual members is critical for the success of this effort.

The specialist training EuroNet MRPH members obtain makes them also particularly relevant to ASPHER. It is no surprise then that both associations actively collaborate, share mutual understanding and friendship.

Italy is an interesting example of a country where all schools providing residency and specialist training in public health became ASPHER members - such a membership context provides powerful potential for working closely together.

To learn from your experience, which are the aspects of ASPHER that led you to get involved with the association? How did you benefit from being involved in ASPHER?

ASPHER is a family, with all the baggage that it brings - both pluses and minuses. Still, what I think keeps me (and I believe not only me) with ASPHER is its unique atmosphere and the people who are part of the organization.

Over the past years, I have sought to secure its professional shape and high performance standards. Being the Association of Schools of Public Health, (i.e. concrete institutions, with staff, students and graduates), extends the impact of ASPHER through the schools' infrastructure, the services they provide in training, research and societal contributions. It is an extremely powerful organisation - essential for the growth of the Public Health in Europe and globally. Working at ASPHER is therefore an extraordinary journey, an eye-opening experience, reflecting the complexity of the truly unique field the Public Health is.

enable smooth navigation through the complexity of the public health field and the choices it offers. ASPHER makes continuous efforts to address this. Young public health professionals should remain courageous and pertinacious. I would recommend that they find someone they can trust to lead them in facing their career challenges and in their turn, mentor newcomers as they move forward and gain experience.



The Association of Schools of Public Health
in the European Region

Which do you think are the future challenges for the future public health workforce and how young public health professionals could prepare to face those challenges?

My personal take is that we are currently challenged to identify clear career options/paths and to make quality training available to

EUPHANxt: A New Team, A New Logo

Sara McQuinn
EUPHANxt Coordinator

EUPHANxt is a unique network within the [European Public Health Association \(EUPHA\)](#), for students and young professionals in the field of public health. EUPHA is an umbrella organisation for public health associations and institutions in Europe. Currently, EUPHA has 81 members from 47 countries, bringing together around 19,000 public health experts for professional exchange and collaboration throughout Europe.

EUPHANxt was established in 2011, and has grown bigger each year. It is a free and open initiative that aims to inform and involve the future generations into the European and multidisciplinary network of public health associations.

The new team: Sara McQuinn (EUPHANxt Coordinator), Pasquale Cacciatore (EUPHANxt Communication Manager), Keitly Mensah (EUPHANxt Conference Manager) and Anton Hasselgren (EUPHANxt Partnership Manager).

We strive to further expand the network, build partnerships and strengthen the presence of students and young professionals in the European public health community. We aim to gather all young public health professionals and students in Europe. You are welcome to join us by [subscribing](#) to our newsletter and follow our social media channels.

EUPHANxt current projects and initiatives include:

- To co-organise skill-building sessions at the annual European Public Health (EPH) conference to promote training and education. This year the conference will be in [Ljubljana, Slovenia Nov 28th-Dec 1st](#). We hope to see you there!
- A fun and informative newsletter where we share our latest activities and news addressed to students and young professionals interested in public health.
- The abstract mentoring programme, which provides an opportunity for young and/or less experienced abstract submitters to receive feedback from expert reviewers on abstracts that are to be submitted to the EPH Conference.
- An Informal Internship Programme, where our goal is to put students and young professionals interested in doing an internship at the EUPHA office or within one of the EUPHA sections, in contact with the relevant public health professional.

If you have any queries, or would like more information regarding EUPHANxt, please email: info.euphanxt@eupha.org. We also have Facebook, Twitter, Instagram and LinkedIn accounts where we share our latest activities, and interesting public health news! Come join us @ <https://eupha.org/euphanxt>.



What do you think #PublicHealthLooksLike? An unusual (but rewarding) PH resident attachment

[Rachel Thomson](#)

Public Health Resident, UK Faculty of Public Health, London

In my experience it's not very often that you get to combine your public health work with your hobbies, particularly when your outside interests include the arts as mine do. However, in my current role I am for the first time being able to do both daily, which has been exciting, rewarding and challenging!

For the last two months I have been working with the UK Faculty of Public Health (FPH) communications and policy team. They cover a lot of ground and I'm involved in several workstreams, but the main piece of work that I 'own' is the planning, implementation and promotion of their photography competition #PublicHealthLooksLike.

As the name suggests, the competition is aiming to improve the way FPH represent their members (i.e. the public health workforce) by showcasing what public health work really looks like in the UK and around the world, rather than using stereotypical 'stock photo' images of attractive models with stethoscopes. They're offering some great prizes including £250 and a year's free membership, but most importantly they're planning an exhibition in London featuring the top ten photographs to celebrate the amazing diversity of public health.

Although the competition has only been running for six weeks and doesn't close till October 19th, it's already been incredibly inspiring to see both the engagement from public health professionals and the early entries coming in. I suppose we all know in the abstract that public health is a broad church, with people working in so many different areas, but there's a big difference between knowing that and actually seeing it visually. We've had photos of anything and everything, from people supervising walking groups in the sunny English countryside to members hosting immunisation clinics in the Middle East.



From a personal point of view, I've loved being able to engage with potential entrants online, encouraging them to recognise their talents and the incredible work that they do every day without probably realising how interesting and engaging that might be to other people. It's made me think seriously about how little I talk about or share my own public health work, and try to (slowly) increase the amount of personal and professional engagement I do on Twitter and other social networks. We should all talk more about what we do, because it's often only by hearing and seeing the experiences of others that we become inspired to seek out new challenges - that's partly why networks such as Euronet are so important.

The competition is still running, and I would definitely recommend Euronet members enter to showcase the work that we all do on a daily basis across Europe! You can enter up to five photos through the [competition website](#). If you're on Twitter it would be fantastic if you could take 10 seconds to [RT this tweet](#) to publicise the competition across Europe more widely, and if you fancy following either [@FPH](#) or [me personally](#) you can find us there as well.

I look forward to seeing your entries! If anyone is interested in hearing more about the competition or attachments with FPH, please just drop me an email at rachel.thomson8@nhs.net.



A crossroads for Public Health in Ireland: Slaintecare and proportionate universalism

[Christopher Carroll](#)

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This July the UK celebrated 70 years of the National Health Service which famously entitled healthcare to all “from cradle to grave”. Unfortunately progress on universal healthcare in the post-colonial Irish state has been much slower. In May 2017, a cross-party parliamentary committee produced a 10-year plan for the future of healthcare. Their report was called the “Slaintecare Report” (Sláinte translated from Irish means health)¹. It was ambitious with many recommendations including:

- 1) The phasing out of private care in public hospitals;
- 2) Eliminate charges for access to public hospital care;

- 3) Reduce drug prescription charges;
- 4) Universal access to GP care without charge;
- 5) Expand public hospital capacity;
- 6) Reduce waiting lists for first outpatient department appointments and hospital treatment.

However, progress on implementation has been slow and the signs are that the required funding will not be made available in the next budget. This is not the only barrier to implementation, doctors’ unions including the Irish Medical Organisation have come out against the plan to remove private medical practice from public hospitals².

This points to an important aspect within an Irish healthcare system which is the role of private healthcare. Figure 1 shows that amongst Euronet countries for which data is available from the OECD, Ireland has the highest per capita spend on healthcare and the highest spend on voluntary private health care and out of pocket payments³.

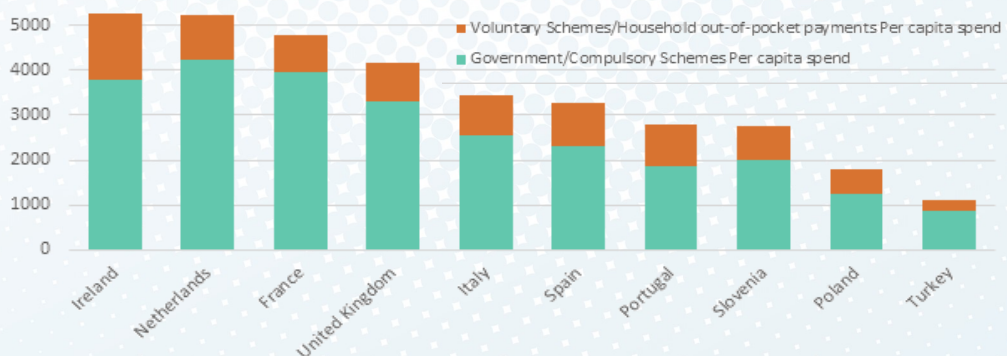


Fig. 1 OECD data on per capita spending on health (all functions) of Euronet countries in 2016, based on current prices and current purchasing power parity in US dollars

The Whitehall Studies, led by Sir Michael Marmot, was a prospective cohort study of civil servants in the UK between 1967 and 1988 which examined the relationship between mortality and employment status. They demonstrated that even when controlled for lifestyle factors such as, smoking status, blood pressure, obesity and cholesterol, mortality rates followed a gradient from those of lowest status to those of highest status. For instance, those men in the lowest grade had a mortality rate three times that of the highest grade⁴.

This result showing a social gradient in health outcomes has been replicated many times and the idea of “Proportionate Universalism” was coined by Sir Michael Marmot and proposed as a means of addressing this gradient of health inequalities in the “Marmot Review”⁵. It describes public health interventions which are aimed at the entire population, universal, but which are proportionally weighted in favour of those in most need.

Proportionate Universalism has shown success in reducing health inequalities in the UK by addressing inequalities in healthcare provision and in the social determinants of health⁶. However, it is not clear this means of addressing health inequalities would be sufficient to make a meaningful difference in an Irish context. The continuum of health need in Ireland is not linear, with a major influence on this based on the marketization of healthcare within the system. Those who can afford Private Health Insurance have better access to hospital consultants and diagnostics, even within the public system⁷. On top of this there are further

financial barriers in out-of-pocket payments for primary care and prescriptions. Like Julian Tudor Hart described in his paper on the “Inverse Care Law”, those with most need have the least access to services⁸.

The two tiered nature of the Irish healthcare system was encapsulated in the name of a book written 10 years ago on the subject called “Irish Apartheid”. If a Proportionate Universalism public health strategy is to be effective in Ireland we must follow the example of our European neighbours and move towards universal healthcare, oppose doctors who wish to protect their private practice and give our support to the spirit of *Sláintecare*.

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Service sanitaire: a first step towards the decompartmentalisation of the French health system?

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In September 2018, more than 45 thousand French health students will be involved in the “sanitary service” (service sanitaire). This program has been launched by the French government in January 2018 and it concerns medical, dental, nursing, physiotherapy, and midwifery students; all other health students will be involved from 2019 on. The objective is to train them in prevention and health education, competencies that are now missing from most health training curricula, through the elaboration and implementation of a practical project to the benefit of the population.

The sanitary service responds to the first axe of the national health strategy 2018-2022, which is to develop a prevention and health promotion policy. Throughout three weeks, the students will be trained in public health, project management, prevention, health promotion and they will then have three weeks of hands-on experience in a interdisciplinary team. They will be supported by a pedagogic referent (référent pédagogique) from their university and a proximity referent (référent de proximité) from the structure where they will intervene. The places of intervention will mostly be middle and high schools, but also retirement houses and structures



managed by social services. The biggest challenge for universities, at one month from the beginning of the program, is to provide a quality training and support to the students, in order to respond to the expectations and needs of the structures where they will intervene, the population and the students themselves.

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Heat waves and climate change

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Climate change is deemed “the biggest global health threat of the 21st century”.¹ Global warming is now unequivocal; global average temperatures have risen by 0.85°C between 1880 and 2012.²

Global mean temperature is projected to increase by about 1.6 to 2.6°C above the preindustrial period by the 2050s, depending on the scenario used.²

Using median values, projected temperature increases for Europe and America are between 2 and 4°C for the 2050s (relative to present-day climate).²

Higher increases are projected over much of Asia and Australia.³ Heat waves, defined as extended periods of extreme high temperature, are regarded as one of the primary weather-associated threats to human life.⁴

As increased frequency, intensity and duration of heat wave events occurred associated with global warming, impact of heat wave on health has drawn more attention worldwide.⁵⁻⁷

It is well-established the relationship between extreme high temperatures and human morbidity and mortality.⁸

There is also now strong evidence that such heat-related mortality is rising as a result of climate change impacts across a range of localities.⁹ For instance, the excess mortality during the extremely hot summer of 2003 in Europe and the 2010 Russia heat wave, resulted in more than 70,000 and 11,000 deaths, respectively.^{10,11}

Much of the excess mortality from heat waves is related to cardiovascular, cerebrovascular, and respiratory disease and is concentrated in some populations groups. These groups include women, young children and older people, people with existing health problems or disabilities, and poor and marginalised communities.

They are particularly vulnerable to the health effects of climate change, whether because of existing socioeconomic inequalities, cultural norms or intrinsic physiological factors. Other risks were associated with rising temperatures and changes in precipitation pattern. For example, the modification of viable distribution of disease vectors such as mosquitoes carrying dengue or malaria.

Temperature affect the range and reproductive rates of malarial mosquitoes and also affect the lifecycle of the parasitic protozoa responsible for malaria, possibly increasing the incidence of a disease that causes 660 000 deaths per year.¹² There are equally complex relationships and

important climate-related risks associated with dengue fever, cholera and food safety.¹³⁻¹⁵

Moreover, a heat wave can be a big threat in urban area because of the “urban heat island (UHI) effect”. The UHI effect results in the temperatures being somewhat higher in cities than in suburban and rural areas, primarily because of the abundance of heat-retaining surfaces such as concrete and black asphalt, that exacerbate the negative heat effect on residents compared with reflective, transpiring, shading, and air-flow-promoting vegetation-covered surfaces.^{16,17}

The events occurred in Europe and Russia and those which occurred in Australia, 2012/2013 and 2016/2017; North America, 2012; India and

Pakistan, 2015 and Europe 2015 have led to the implementation of specific policies to reduce heat-related mortality such as the National Heat Wave Plan in France,¹⁸ and the Heatwave Plan for England.¹⁹

Evidence suggests that effective adaptation measures would reduce the death rates associated with these heat waves. Adaptation measures also include increasing green infrastructures and urban green spaces, improving the design of social care facilities, schools, other public spaces, and public transport to be more climate-responsive. Adaptation options within health care include training of health-care workers and integrated heatwave early warning systems (HEWS).²⁰



A communication and public education strategy is an essential part of the warning system, public health messages should be disseminated to all age and vulnerable groups to increase awareness of symptoms of heat-related illness.

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The health we breath: Porto air quality

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Worldwide, outdoor (ambient) air quality is a serious threat to health, estimated to cause millions of premature deaths due to cardiorespiratory diseases and lung cancer. Affected regions include both urban and rural areas. In 2016, the majority of the world population was living in areas in which maximum concentration of air pollutants were not met¹. In what concerns to sources, anthropogenic factors are the most relevant to negative effects of ambient polluted air².

Since 2013, the International Agency for Research on Cancer has defined polluted ambient air and particulate matter (PM) (separately) as carcinogenic to humans (group 1). In addition to strong evidence that polluted air cause lung cancer, there is also an increased risk of bladder cancer. Despite local variations, these conclusions are valid globally³.

It is expected that in 2050, two-thirds of world population will be living in cities. By converging all opportunities and services in one area, overpopulated cities are also a challenge in terms of health risks and hazards. Creating and transforming sustainable cities implies intersectoral work, particularly governors and policymakers. In order to monitor and recognise success, World Health Organization (WHO)

developed core health indicators for different sectors, including one in urban air quality. The indicator evaluates annual average of PM2.5 and PM10 concentrations in relation with WHO air-quality guidelines⁴.

In 2016, Portugal had 91,3% of days classified as very good/good in terms of air quality index (IQA_r) by the Portuguese Environment Agency. In the same year, Porto Litoral (coast) had 95,3% days with the same classification (Figure 1)⁵.

This index includes measures on five air polluted substances such as PM, ozone (O₃), nitrogen dioxide (NO₂), sulfur dioxide (SO₂) and carbon monoxide (CO)⁶.

Data on polluted air concentrations of PM2.5 is provided by the WHO Global Observatory, including data on 190 countries. The Portuguese 2016 annual mean concentration of PM2.5 was 8,1 µg/m³, meeting WHO guidelines of lower than 10 µg/m³⁷⁻⁸. In the same year, the annual mean concentration of PM2.5 (204 days of validated data) was 2.9 µg/m³ in Porto (Sobreiras - Lordelo do Ouro station)⁹. Data on both country and city levels of PM10 was not available in the same sources. While Porto results are suitable so far, the predictions of research data using modelling methods are not optimistic. Even if precursor emissions and population remain constant, Porto will be the district most affected concerning PM10 high concentration days and related health impact in 2100¹⁰. Though in 2016, Portugal and Porto results on PM2.5 met WHO guidelines, climate change and inaction specially on anthropogenic factors will be responsible for worse scenarios with serious consequences to human health.

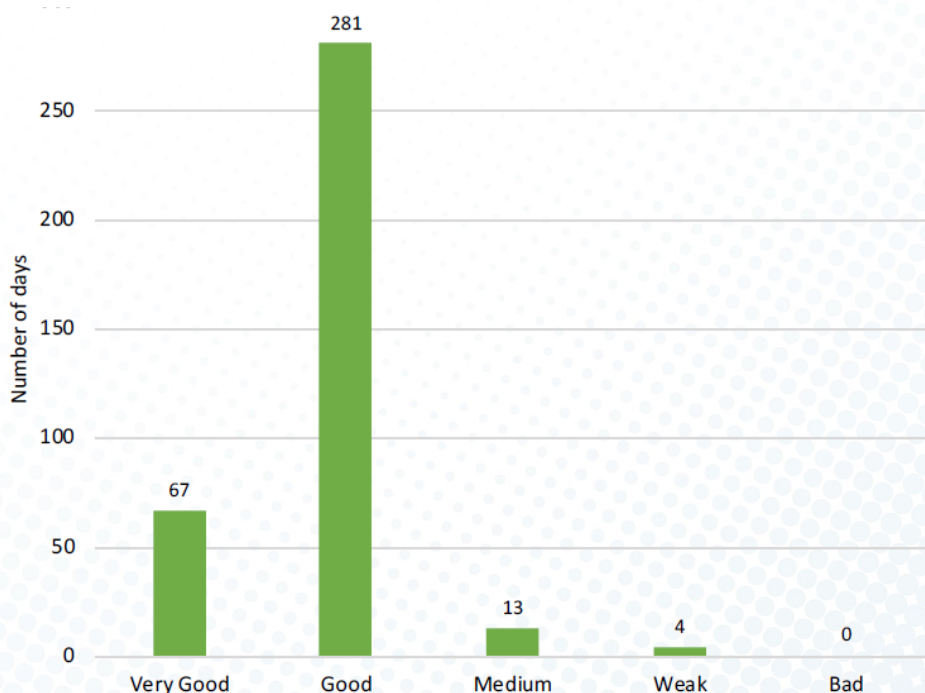


Fig. 1 Porto Coast Air Quality Index 2016 (adapted from Portuguese Environment Agency)

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What can we do to reduce vaccine hesitancy?

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The SAGE Working Group on Vaccine Hesitancy defined vaccine hesitancy as ‘the delay in acceptance or refusal of vaccination despite availability of vaccination services. Vaccine hesitancy is complex and context specific, varying across time, place and vaccines. It is influenced by factors such as complacency, convenience and confidence’¹. Indeed, it is complex and the reasons cited in the literature are varied, from fears about vaccine safety, worries about ‘overloading’ the child’s immune system, distrust of the pharmaceutical industry and collective amnesia regarding the dangers of vaccine preventable diseases². Many parents, unfamiliar with diseases like tetanus and meningitis, make incorrect conclusions when it comes to calculating the risk-benefit of vaccinating their children.

The current measles outbreak in Europe is the direct result of vaccine hesitancy. 13,234 cases have been reported across Europe since July 2017³. Sadly, there were also 18 deaths due to measles in this period³. In Ireland, we have had 76 cases of measles in 2018 so far, with an ongoing outbreak in Dublin as I write this. What can we do to end this outbreak and prevent the

resurgence of other vaccine preventable diseases?

Reviewing the current evidence on what can be done to address vaccine hesitancy is not particularly inspiring. Reminders, whether they are telephone, text or postal, and family incentive rewards have been proven to increase vaccine uptake, but there is limited evidence that they work for vaccine-hesitant individuals⁴. A trusted health care professional can also have an impact on changing parental attitudes, but the evidence for the various communication tools that have been designed as aids for these professionals to use is mixed⁴. More research and better measurement of outcomes is needed in this area⁴. It is not enough just to measure change in attitude to vaccines, we must see if this change in attitude actually leads to increased vaccine uptake.

There are advocates for more innovative approaches. Some argue that social marketing frameworks could provide solutions⁵. Others propose that children should be taught positive messages about vaccinations in school, as part of their health education, science or even citizenship classes, in order to ‘inoculate’ them against vaccine hesitancy in the future⁶. A friend of mine, who teaches teenagers, created a lesson to teach her students critical analysis skills, using information on the benefit and safety of HPV vaccination. These kind of skills are vital for navigating the ‘fake news’ widespread on social media. For younger children, there are online games demonstrating how vaccines work⁷. One review found 16



Fig. 1 Example of the spread of an outbreak in the game Vax!

different games in 2016⁷. I lost 20 minutes trying to stop an outbreak with rapid vaccination at this particular link: <https://vax.herokuapp.com/game>

It's a little bit addictive! Could positive attitudes to vaccines be engrained at a young age using these methods?

A mixture of targeted interventions to deal with parents in the midst of today's crisis, as well as methods targeting future generations, will be necessary to tackle this complex issue. It is time to try new approaches. Please contact me at laura.heavey@hse.ie, if you know of any innovative methods to improve vaccination rates that are ongoing in your country.

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This is a Story about Networks

[Miguel Cabral](#)

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This is a story about networks. A story about the balance between their simplicity and the impact they can bring about. My name is Miguel Cabral and I'm a Medical Resident of Public Health (MRPH), in Amadora, Lisbon, Portugal. One of the great things the Portuguese Public Health (PH) residency has is the chance for MRPH to do some of their training abroad, while still receiving their salary. Another great thing is that we have 3 months for an optional internship, which means we can pretty much choose anything we want to do in the world, as long as we work on a PH area under the supervision of a PH specialist.

In my case this was very handy. My wife was doing an internship in Rome for her residency. I wanted to find an internship that would allow us to be together and make the most out of the experience on a professional level but also on a personal level. So, I "just" had to find an internship somewhere in Rome that would not require an Italian speaking person (I can understand basic Italian but you don't want to hear me speak).

So...networks of people. Here is where a Maltese MRPH gets into the picture. A friend of mine, that is also part of the European Network

of MRPH ([EuroNet MRPH](#)), passed by Lisbon and we had a coffee and a [pastel de Belém](#) by the Tejo River. I hadn't searched too much for internship opportunities yet, but he told me he knew the perfect guy for me to do my internship with. The next day, I had an email message from [Dr. Carlo Favaretti](#) with a general proposal of what an internship with him would be like. And boy, I was thrilled! As my wife puts it: there were many words I liked, all together.

Fast-forwarding the bureaucracy needed, some months later, I was entering the [Public Health Institute of Università Cattolica del Sacro Cuore](#), in Rome. The institute hosts several interesting institutions. One of them is a [World Health Organization \(WHO\) Collaborating Centre](#) focused on Leadership in Medicine. The other one is a spin-off from the University called [V.I.H.T.A.L.I.](#) (Value In Health Technology and Academy for Leadership & Innovation). I like to think institutions reflect the people that are part of them, and the institute had several remarkable people indeed, both on professional and personal levels. But we'll get back to that shortly.

Before my internship, I thought I would mainly deal with the topics of Health Technology Assessment (HTA) and Leadership, since Dr. Favaretti is the president of the [section on HTA from the European Public Health Association \(EUPHA\)](#) and is part of the Leadership Centre, on top of having extensive experience in health management. However, I got a big bonus, as I've also ended up dealing a lot with the topic of

Value Based Health Care (VBHC), which is becoming quite trendy in Portugal (and a bit everywhere).

The most astonishing thing I'd like to point out is how much I've learned in so little time. I'm convinced that a temporary switch of network and work environment allows one to get in touch with so many different ideas, perspectives and methodologies that it feels like some sort of intensive course on whatever the topic dealt with. In my case, I would particularly highlight

the areas of HTA and VBHC. In the classes I had about HTA they usually just addressed clinical and economical evaluation, so to find out something so schematic as the [EUnetHTA](#) model was very positive. And on the topic of VBHC, the discussion in Portugal is very centred on the notion of Value by Michael Porter, the author that launched the concept, by defining value as a formula that divides the outcomes of the patient by the costs used to obtain those outcomes. To me, it seemed strange to apply this to a National Health Service (NHS) type of



Fig. 1 The entrance of the Università Cattolica del Sacro Cuore

health system. And, of course, I was not alone. During this internship I learned about [Sir Muir Gray](#) and [Dr. Jani Anant](#)'s work on the field and their notion of triple value, which is particularly more adequate, in my PH view. I was fortunate enough to even meet them in person, as the institute has very good relations with them. This is another benefit of trying out new networks as one might even get in touch with connections from that network.

As I see it, sometimes you get lucky and you grow a lot in professional terms with these internship opportunities, some other times you get very lucky and you end up also growing personally due to the relationships you build. I've learned a lot from the senior and junior specialists in the institute, but I've also learned with and because of the MRPHs in the Institute.

In Italy, the PH residency is mainly based on Universities. I was able to connect with MRPH from different stages of residency and in the case of UCSC, the residents are very proactive and they even organize Global Health Courses for Medical Students in the University. How cool is that?! If they wanted to host a EuroNet MRPH meeting, I think they would probably do it without any trouble!

Besides all this, there was also Rome and Italy. There is culture around every corner and under every rock (I mean literally as during my stay they found new ruins when a bit of pavement on a road sunk due to the rain). I was able to travel around quite a lot and visit several landmarks in

and outside of Rome. It is amazing how even in tiny cities I've visited there were some amazing monuments to be seen and the food was always good. The only travelling I didn't enjoy was the traffic, which is quite hectic. Other than that, I have only good things to point out of my internship.

Therefore, I highly recommend every MRPH to do an internship outside their usual network of connections, as the benefits will likely outweigh the costs. I was lucky enough to have someone in my network (thank you [Stefan](#)!) that was able to point out the perfect internship for me, but there are also other ways to go. For instance, you can make use of the [internship program from EuroNet MRPH](#). Or if you are very keen on a specific place or topic that is not on the EuroNet list, you can also make use of the list of [WHO's collaborating Centres](#).

You'll likely have to put in a bit more effort to make it happen, but it will most likely pay off. In my case it definitely did. I've learned a lot, ate a lot of good food (and drank a lot of macchiato coffees as only Italy can provide), visited amazing places and enriched my network with a group of very knowledgeable, proactive and generous people. My experience would not be the same without them and I'm very thankful for them. I look forward to attending a EuroNet Meeting there very soon!

Summer Reading: “Deadly Outbreaks”!

[David Peres](#)

Public Health Resident

*Public Health Unit - Community Health Center Group of Povoá
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Summer time, hot weather, (almost) everyone on vacations... Well, not me! But during the weekends I choose to hang out at the terraces of nice cafes, enjoying the good weather with some friends. I could tell you I usually drink water and natural juices in these occasions but I would be lying: a glass of red wine or some nice sangria are my options on these relaxed afternoons. It is the perfect timing to read a nice book, too. The last one I read was “Deadly Outbreaks” by Alexandra Levitt¹ and was result of a purchase on the internet, while searching for books on public health issues.

Before going to medical school, I was already working in infection control area at a 400 bed hospital, where epidemiological surveillance is an important component of our functions and, I must admit, one of my favorites. During these 13 years of work at this hospital, I already had to deal with few outbreaks but it was the one in the summer of 2006 I remember the most, when I was still a “freshman” in the Infection Control Committee. At the time, the microbiology laboratory gave us an alert: multidrug-resistant (MDR) *Acinetobacter baumannii* was isolated in sputum of a trauma patient transferred from a central hospital some days before. After a first

assessment we found out he was located in the Surgical Intermediate Care Unit, a small pos-op infirmary “packed” with 6 patients, where the distance between beds was roughly 1,5 meters and in which “our” patient was frequently coughing and in need of nursing care. This microorganism was not part of our local ecology, so this was considered an infection control “code blue”! The patient and the unit were immediately put in contact isolation, while the lab confirmed other two positive patients for MDR *A. baumannii*. An outbreak was officially declared and, with the support of the hospital management, rigorous infection control measures were taken: all contacts with this patient were identified and put in contact isolation, an epidemiological line list was done and an active surveillance protocol was implemented. The unit was closed to new admissions, environment hygiene measures were reinforced, patients were stratified by risk level and a cohort of healthcare workers (HCW) was put in place (specific teams of HCW took care of “confirmed”, “suspected” and “negative” patients). Meanwhile, the hospital that transferred the index patient warned us that they were experiencing problems with this microorganism but this information came to us too late... After eight months, 15 cases (8 of which died), 61 patients put in isolation and surveillance, and a lot of effort (and costs) for the hospital, HCW’s and patients, the outbreak was finally controlled. As a consequence of it, a surveillance protocol for MDR *A. baumannii* was implemented (applied for all patients transferred from other hospitals). In my opinion,

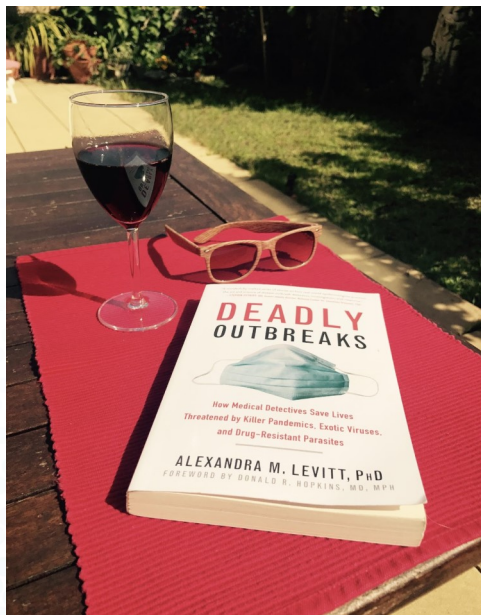


Fig. 1 Summer Reading: book “Deadly Outbreaks” by Levitt AM; Skyhorse Publishing; 2015.

one of the “lessons to be learned” from this outbreak is the importance of communication between and within healthcare units to be able to minimize infection control risks, related to patients mobility. Twelve years have passed and, today, this and other hospitals have a risk evaluation procedure that is applied to all admitted patients.

But back to the book: if you liked this outbreak description, you will LOVE “Deadly Outbreaks”¹ and you won’t be able to sleep until you end it! The author, Prof. Alexandra Levitt, is an expert on emerging diseases and other public health threats and worked for the Center for Disease Control and Prevention (CDC). She dedicates this book to all field epidemiologists that “save lives

threatened by killer pandemics, exotic viruses and drug-resistant parasites”. The book describes, in an exciting and pedagogical way, seven public health mysteries occurred in the United States of America between 1976 and 2006, through the learn-by-doing approach of the “medical detectives” of CDC’s Epidemic Intelligence Service. In the “author’s note”, three advices are given, namely: “be prepared for the unexpected” (when it comes to infectious microorganisms); “we are all in it together” (with the phenomena of globalization, wherever we live, we are all at risk) and the importance of participating in a strong public health system, in the pursuit of prevention of disease spread among the community.

In one outbreak described in the book, investigating the mysterious death of several infants at a Children’s Hospital, several epidemiological tools were used, including the “epi-curve” and the “relative risk of death” associated with each nurses’ shifts, estimating the risk of a baby dying when a specific person was on duty. The study concluded that the hospital should strengthen central control of medicines and implement a monitoring system of deaths, by time and place, within the hospital.²

Did you know that, as a consequence of an outbreak in a Philadelphia hotel affecting middle-aged Legionnaires, CDC fielded one of the biggest investigative team ever but couldn’t find its etiological agent for several months? In fact, it was a young microbiologist of CDC that discovered it when, later on, decided to review and explore the finding of some rods that he,

first, assumed were contaminants of his cultures (“be prepared for the unexpected”, remember?). Did you know that, after its discovery in 1976, *Legionella pneumophila* was retrospectively implicated in cases as far as 1943?

More recently, did you know that an epidemiologic outbreak investigation, affecting abattoir workers exposed to porcine brain, led to the discovery of an immune-mediated polyradiculoneuropathy?³

Throughout the book, these and many other epidemiological and infectious diseases facts are given, engaging the reader to explore the scientific method, by testing various hypotheses through the use of the technologies available at the time of the outbreak. At the end of each chapter, the author reviews the main facts to illustrate the lessons learned. Did I catch your attention? Hope so! Despite the book portraying the *modus operandi* (and available associated resources) of the North-American reality, it’s full of interesting facts that, in my opinion, will enrich our knowledge in public health area. A “must-read”!

References:

1. Levitt, Alexandra M (2015) *Deadly Outbreaks*. 2nd edition. New York: Skyhorse Publishing.
2. Buehler JW, Smith LF, Wallace EM, Heath CW Jr, Kusiak R, Herndon JL (1985) Unexplained deaths in a children's hospital - An epidemiologic assessment. *N Engl J Med*; 313 (4):211-6.
3. Holzbauer SM, DeVries AS, Sejvar JJ, et al. (2010) *Epidemiologic investigation of immune-mediated polyradiculoneuropathy among abattoir workers exposed to porcine brain*. *PLoS One*. 5(3):e9782.

Upcoming Events

[International Healthy Cities Conference](#)

1-4 Oct / Belfast, Northern Ireland
World Health Organization

[European Health Forum Gastein / Young Forum Gastein](#)

3-5 Oct 2018 / Bad Hofgastein, Austria
European Health Forum Gastein

[10th World Health Summit](#)

14-16 Oct 2018 / Berlin, Germany
World Health Summit

[1st WHO Global Conference on Air Pollution and Health](#)

30 Oct-1 Nov 2018 / Geneva, Switzerland
World Health Organization

[3rd World Health Organization Simulation - Environmental Health](#)

16-18 Nov 2018 / Paris, France
Paris World Health Organization Simulation

[European Scientific Conference on Applied Infectious Disease Epidemiology](#)

21-23 Nov 2018 / Saint Julian's, Malta
European Centre for Disease Prevention and Control

[People's food - people's health: Towards healthy and sustainable European Food Systems](#)

22-23 Nov / Vienna, Austria
Employment, Social Policy, Health and Consumer Affairs Council

[11th European Public Health Conference](#)

28 Nov - 1 Dec 2018 / Ljubljana, Slovenia
European Public Health Association

[EuroNet MRPH Winter Meeting](#)

1-3 Dec 2018 / Velika Planina, Slovenia
European Network of Medical Residents in Public Health

[1st Scientific Symposium “Health and Climate Change”](#)

3-5 Dec 2018 / Rome, Italy
Italian National Institute of Health

FAQ about EuroNet MRPH

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- If your country is a member of EuroNet MRPH you can get in touch with your National Committee (National Committee contacts are available on our [website](#)).

How can I be part of EuroNet MRPH, if my country is not a EuroNet MRPH member?

- As an individual you can apply to [EuroNet MRPH](#), but your country won't have voting right in some decisions. But you'll still be able to take action in a lot of issues.

What can I do to collaborate with other Public Health Residents?

- Check the current [working groups](#) on our website. There is also the possibility to propose a new working group and gather a team to work with you. For more information send an email to research@euronetmrph.org.
- If you wish to be even more involved - National commission member, board member, leader - please consider contacting your National Commission. They will give you any information you need.

How can EuroNet MRPH help me to find an European internship?

- Your EuroNet MRPH Internship Lead is always looking for interesting opportunities for you. On our website you can find a list of placements and universities that you might apply to. For more information or to ask for help pursuing a desired placement please send an email to internship@euronetmrph.org.

Are there any regular meetings that I can attend?

- Yes, EuroNet MRPH organizes 3 international meetings each year. Please check our website and social media for updates on meeting.

Are there any other benefits for me?

- Yes, in some particular congresses and conferences you might have access to special fees. [Sign up](#) for our newsletter to stay updated.

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