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EURONET

EURONEWS

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MRPH

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Dear EuroNetters,

We are very excited that EuroNet's newsletter – EuroNews – is back on track! Despite the difficulties and challenges we all had to face in the last months, you'll see that a lot has happened in the Network.

In this brand new issue of EuroNews, we'll first touch upon the structure and functioning of EuroNet MRPH. As you will read, one of our main goals is to connect residents in Public Health across Europe. That's why an entire section of the newsletter has been dedicated to illustrate the Public Health residency program of different European countries. This time, we'll explore the residency programs of Portugal and Spain, while in the next issue of the newsletter we'll dive into those of France and Italy. A good opportunity to gather some info if you are thinking to move to another country for part of your education!

From studying to work: during the spring, many Public Health appointments have taken place, and the next section of the newsletter will describe just that. The World Health Day, Immunisation Week, International Labour Day: thanks to the energetic pens of the newsletter team, you will learn about the international initiatives organised for each, and why these topics are important for Public Health.

Talking about appointments that took place in the spring... one of the most exciting was EuroNet' Spring Meeting! The Spring Meeting took place in Lyon between the 12th and 14th of May, and thanks to the amazing work of this year's organising committee, it brought together

180 residents from all over Europe. It was a great opportunity to meet colleagues and network, present research, and listen to and discuss with international experts on hot topics in Global Public Health. So much energy was running through those days that we already have several potential organising committees working on their application for next year's Spring Meeting!

The Spring Meeting was not enough though. We wanted to keep hearing what you are doing: the Your Voice section of the newsletter is a space where you can illustrate ongoing research, projects, prevention or promotion activities you are involved in, and share it with the rest of the Network.

The last pages of the newsletter are dedicated to suggestions for interesting readings (both books and articles) and they provide a snapshot of news from the main international and European Public Health Agencies.

Have a nice read, and do not hesitate to write to communication@euronetmrph.org if you want to contribute to the next issue of EuroNews!

Francesca Zanni

EuroNet Communication Lead

Cristina Caverio Esponera

Lucía Rodríguez-Borlado Salazar

Marta Russo Sanjuanbenito

Nuno Do Amparo

EuroNet Communication Team

EuroNet Communication Team



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Nuno Do Amparo

EuroNet MRPH stands for the European Network of Medical Residents in Public Health. It constitutes the network of European National associations of Public Health training programs, including young medical and non-medical residents.

It is a non-profit, international, independent and non-governmental association.

EuroNet MRPH aims to create a professional network among young European residents in Public Health in order to share information on educational programs, to facilitate exchanges and common activities, as well as to develop a body of scientific research.

EuroNet MRPH achieve its goals through:

- international meetings;
- internship placements in active members;
- scientific studies/research among working groups.

The idea of a network of European associations first emerged in 2008 when French and Italian residents started a collaboration on a qualitative project exploring the satisfaction of residency programs in the two countries by a self-administered questionnaire.

The success of this initiative encouraged the residents to continue the collaboration and to extend it to Public Health residents from other European countries. Spanish residents joined the network in 2009

EuroNet MRPH was officially founded on June 30th, 2011 in Paris by the CliSP (Collège de Liaison des Internes en Santé Publique) for France, SItI (Società Italiana di Igiene e Medicina Preventiva e

Sanità Pubblica) for Italy and ARES (Asociación Española de residentes de medicina preventiva y salud pública) for Spain.

SRC (Specialty Registrar's Committee) of the Faculty of Public Health for the United Kingdom joined the network on November 12th, 2011 in Zaragoza (Spain). The Portuguese Public Health Residents Committee joined the network in April 2012. It was followed by the APHRI (Association of Public Health Medicine Registrars of Ireland) for Ireland on March 1st, 2014, in London, and HDJZ (Hrvatsko društvo za javno zdravstvo) for Croatia on March 21st, 2015 in Milan (Italy).

Losgio (Landelijk Overleg Sociaal-Geneskundigen in Opleiding) for The Netherlands joined the network on November 20th 2015, during the Barcelona meeting, and OSJZ (Odsek specializantov javneg zdravja pri Sekciji za preventivno medicine) from Slovenia joined on November 26th 2016, during the Dublin meeting. The youngest member is Turkey who joined during the Valencia Meeting, on July 13th 2018.

Besides 10 national associations representing resident physicians and trainees in public health, residents whose national associations are not eligible to join the network can apply for individual memberships. EuroNet MRPH currently has individual members from four European countries – Austria, Bosnia and Herzegovina, Poland and Malta.

Governance and Organisation

The network is run by the Board and Leads and the National Commissions (NCs).

The **Board** is made up of four EuroNet MRP members who assume the roles of President, Vice-president, General Secretary and Treasurer. Board members are chosen by election within EuroNet MRP. The Board is in charge of the administrative and representative function of the network.

The board does not represent the countries or the associations taking part in EuroNet MRP and thus the nationality of its members is irrelevant. Board members can be National Commission members, though it is not mandatory.

Leads are responsible for the coordination of the work of the network in specific fields. The purpose of their work is to enhance the development of the network in scientific, communication, social and cultural domains. Currently there are 4 Lead positions:

- Research Lead: coordination of research projects within the network.
- Communication Lead: communication of the network which comprises quarterly newsletters, maintaining mailing lists and social media.
- Internship Lead: looks for new internship opportunities to propose to the members of the network but also monitors and records activity of the network in this respect.
- Website Lead: responsible for the maintenance of internal server and email affairs, as well as update and enhancement of the website.

National Commissions are made up of a maximum of six members, representing their own national associations. Members of the NC are chosen according to the rules of their national association. The NCs have full decisional power and are asked to vote on specific issues (see the Policies and Procedures documents) where each NC will count for one single vote.

- any member of the Board,
- any member of a National Commission,
- any individual member.





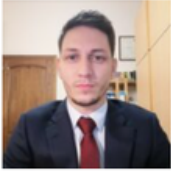

Active members can only elicit a vote through their respective NCs.

If a vote is solicited by a NC, the Executive Board must be informed to allow the Board to express its opinion and response prior to such vote.

The Board must act in accordance with the result of the NC voting outcome.

Proposals are accepted by a majority of completed votes. In the case of proposed changes to the statute a three-quarter majority is required. For all other matters, a 50% + 1 majority only will be required.

Any NC not present at the time of the original vote will be given an additional time period to complete an online vote as described in full in the policies and procedures document.

BOARD		LEADS	
	President: <i>David Peyre-Costa</i> president@euronetmrph.org 4th year resident in Montpellier, France		Communication: <i>Francesca Zanni</i> communication@euronetmrph.org 1st year resident in Bologna, Italy
	Vice-President: <i>Giovanna Failla</i> vicepresident@euronetmrph.org 3rd year resident in Rome, Italy		Research: <i>Marta Caminiti</i> research@euronetmrph.org 2nd year resident in Perugia, Italy
	Secretary: <i>Ambrogio Cerri</i> secretary@euronetmrph.org 2nd year resident in Rome, Italy		Webmaster: <i>Bertrand Galet</i> webmaster@euronetmrph.org 2nd year resident in Strasbourg, France
	Treasurer: <i>Fabiana Cazzola</i> treasurer@euronetmrph.org 3rd year resident in Grenoble, France		

Once the deadline has expired, the absence of vote from a National Commission is considered as absence (and not abstention) and it is not counted in the voting procedure. Any abstention is also not counted in the voting procedure.

Though a vote is carried through by majority within EuroNet MRPH, NCs are free to adopt their own voting model. Regardless of whatever model is adopted within individual NCs, each NC will only have one vote within EuroNet MRPH.

General Assembly

The General Assembly, taking place at least during one of the annual meetings of the network, constitutes the central decision power of the association. It reunites the Board and all the National Commissions.

Leads

The present statute expressly recognizes the

role of Lead figures. Leads are responsible for the coordination of the work of the network in a specific field. The purpose of their work is to enhance the development of the network in scientific, communication, social and cultural domains. Leads are members of the National Commission and they are elected by the General Assembly. Nationality is not a criterion for the election.

Leads hold decisional power in their domains of competence. However, decisions must be aligned to EuroNet values and principles and must be discussed with a member of the Board prior to enactment.

Legal Administration

The legal administrator is a member of the network that must live in France and is in charge of only those administrative functions that have to be carried out in France.

Membership

Residents in Public Health from the countries taking part in the EuroNet MRP with their National Association are automatically considered members.

Members have the right to attend the annual meetings, participate in working groups, and apply for internships proposed by EuroNet.

Members taking part in the activity of the association will be registered as 'Active members' on a specific mailing list in order to keep them up to date with news concerning the association and its work.

- attendance to at least one meeting
- active participation in network activities

either through newsletter contributions, working group participation or promoting EuroNet MRP activities on a national and international level.

Post-residency

Post-residency participation is limited to one year and they will be allowed to take part in EuroNet MRP as a National Commission member, board member or leader. An alumni section may be developed in the future.

Honorary members

Honorary members title applies to those resident physicians, trainees or physicians in Public Health who distinguished themselves for their work in the association and for their career. Honorary membership can be proposed by a National Commission or by a Board member and voted by the National Commissions.

We are looking forward to see you !

David Peyre-Costa
EuroNet's President

One of EuroNet MRP goals is to develop a body of scientific research: the idea is to give EuroNetters the opportunity to participate in research studies conceived by public health residents, learning from one another the methodology and the ethics of research. These projects aim at publishing in international journals, increasing participants' professional experience, curriculum and networking. Every research project has a coordinator, a supervisor and as many participants as the project requires.

Currently we have two research teams at work:

- Impact of the COVID-19 pandemic on mental health and training of European Public Health residents: this original study started in March 2021 with the coordination of Giovanna Failla and the supervision of Anca Vasiliu. The group created an online survey for European Public Health residents concerning their mental health and their trainship during COVID-19, analysed the acquired data and wrote a scientific article. An abstract was presented at EUPHA in October 2021 and now we are reviewing the last draft of the paper in order to submit it to the selected journal. Since this group has almost accomplished its goal, it is no longer possible to join the team but we'll be very happy to share the achievements of the group with all the network.
- Systematic review on caregivers' mental health: this group started in March 2022 with me as coordinator and the supervision of Laura De La Torre. In these three months, we worked on team building, we created an action plan for the next 12 months and we

assigned tasks to participants. Lately, we worked in two teams in order to find research gaps regarding the two topics proposed for our Systematic Review: "Immigrants' access to mental health care in Europe" and "Burden and quality of life in caregivers of children with mental health disorders". Based on our results, we decided to focus our research on caregivers' mental health, but we will open a new call for a systematic review on immigrants' mental health (stay tuned!). Each step of the work is guided by a training on the methodology of research and our supervisor is always available to provide her professional advice. The group meets every two weeks online and participants can choose between being an active participant (having tasks assigned and authorship privilege for the paper that will be written) or an observer, accessing all the materials and meetings without having to work offline. We are looking for EuroNetters to join the data analysis group for the Systematic Review, so please feel free to get in touch and join the team!

Do you want to join the "Systematic review on caregivers' mental health" research project? Do you have a new interesting project in mind to propose to the network? During the webinar "Corporate influence on research", our speaker Alice Fabbri suggested creating a research project on residents' perception about conflict of interests in research, in order to raise awareness on this topic: would you be interested in that?

For all these reasons and other more, send us your request at research@euronetmrph.org ! We will be glad to receive your inputs and to welcome you in our research projects!

**“No research without action, no action
without research”
(Kurt Lewin)**

Marta Caminiti
EuroNet’s Research Lead

One of the main objectives of EuroNet is promoting internship opportunities for PH residents in all the member countries, by:

- Communicating on open internship opportunities on social media and during “internship day” events,
- Facilitating communication between residents and organisations offering an internship,
- Supporting residents during the application process.

From the beginning of 2022 we helped 15 residents from 6 different countries to find information about international training and learning experiences in 5 member countries. In March, we organised the first “Internship Day”, where Dr Guillaume Dedet, policy analyst at the Organisation for Economic Cooperation and Development (OECD), presented open internship opportunities for PH residents in the organisation (you can find the recording of the session [here](#).)

Here you can find some internship programmes and opportunities:

- European Public Health Alliance.
- Médecins du Monde/Doctors of the World (French language required.)

We share open internship and job opportunities for PH residents on our social media platforms (Telegram, Instagram, LinkedIn, Facebook).

If you have any questions, do not hesitate to contact us at internships@euronetmrph.org.

Giulio Borghi
EuroNet's Internship Lead

The Public Health Medical Residency Program in Spain

The Preventive Medicine and Public health (PMPH) residency in Spain, have the aim of training which prepares for researching, applying and promoting of policies and activities directed towards the promotion and protection of health, surveillance of the population's health, identification of their health needs and the planning, managing and evaluating of health care services. This year, 110 places of Preventive Medicine and Public Health have been offered, distributed throughout the country.

Pre-Training Requirements

All residents must have graduated from general medicine (six years). After graduation they must pass the national admission exam (Medical Intern Residency- MIR); the choice is determined by the result of this exam. When it comes to international medical graduates, they can also apply for the MIR program. If they belong to the EU it is the same as the above. On the other hand if they are not from the EU they can only choose 4% of the slots offered in the MIR.



Duration of training

The duration of the PMPH residency is 4 years and consists of training at authorised medical services providers. The curriculum consists of 4 phases:

- 1st: Master in Public Health (first year)
- 2nd: 12 months in Hospital and 6 months in Primary Care
- 3rd: 15 months in Public Health Administrative Units
- 4th: 6 months in Public Health Research Units

Mandatory Educational Requirements

Theoretical education is acquired mostly in the 1st phase, during the Master in Public Health (MPH) included in the program at the first year. The MPH includes classes about epidemiology, health policy, economics, management, evidence-based public health, methods in public health, biostatistics, and modern public health concepts. At the end of the Master in Public Health, the resident must finalise the course with a thesis and defend it in front of a jury.

Mandatory Training Requirements

It's mandatory a hospital based period in Preventive Medicine (HAIs surveillance and hygiene) during 4 - 12 months. Moreover, by the end of the training period, you should have achieved a variety of competences in core areas (Health promotion, epidemiology, environmental health and health management). The following text describes the 4 phases of the curriculum of the Preventive Medicine and Public Health residency in Spain:

First Phase

Master in Public Health, 9 months.

Second Phase

Hospital and Primary Care :

12 months in the Hospital:

- 3 months in 1st then 9 months in the 2nd year
- Preventive Medicine
- Quality Management
- Management and Administration
- Promotion and Health Education

6 months in Primary Care:

- Management and Administration
- Preventive Programs
- Quality Management
- Promotion and Health Education

Third Phase

- 15 months: Public Health Administrative Units
- Epidemiological Surveillance Units
- Mobility and Mortality Registers Units
- Public Health Laboratories
- Health Promotion Units
- Preventive Programs Units
- Health Plans Units
- Food Products Security
- Health Care Services Evaluation Units
- Environmental Health Units

Fourth Phase

- 6 months in Public Health Research Units
- University Departments of Public Health
- Public Health Schools
- Evaluation Agencies
- Other units with experience in research

Training Outside Spain

Permitted 4 months per year, not exceeding 12 months during the 4 years.

End of Training Assessment Method

Residency log review made by an annual evaluation team.

Post-Training careers

In Spain the majority of opportunities are within local, regional and national government and Public Health.

There are also opportunities in different areas, included in the training:

- Hospital epidemiologist and Infection Control
- Technical Expert in Public Health
- Epidemiology Centres - Field Epidemiology
- Research Agencies and Health Technology Assessments Centres
- Health Management and Administration
- Universities (Public health department of the Faculty of medicine)

Cristina Cavero Esponera

The Public Health Medical Residency Program in Portugal

The Medical Residency is an important step for every medical student to get the practical knowledge needed to perform at the highest level of quality as a Medical Specialist.

In the following 1000 words I will simulate how you would go from medical student to Public Health Specialist in Portugal. But before talking about the Public Health residency program in Portugal it is important to briefly mention Portugal's Public Health structure.

Regarding Health institutions, Portugal's National Health Service is divided into two main components: Hospitals and Primary care. This National Service is also divided geographically in a hierarchical fashion in 3 levels, represented by 3 different kinds of institutions: Local Level (Public Health Unit), Regional Level (Public Health Department) and National Level (Directorate-General of Health).

Public Health doctors work mostly in primary care, in Public Health Units (local level), but can also work in the regional and national levels. Usually, hospitals don't have public health services, so it is uncommon to find Public Health doctors in Hospitals.

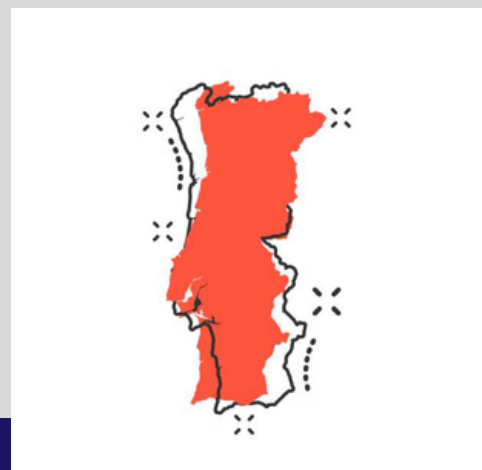
Coming back to our simulation, after completing the master's degree in Medicine to work as a medical doctor in Portugal, each student must be registered in the Portuguese Medical Association (Ordem dos Médicos). Then, having the intent to specialise, each new doctor must do a national knowledge exam, the National Exam of Access (Prova Nacional de Acesso). The main

purpose of this exam is to define the order for the applicants to choose their residency program.

During the following year (first year of residency), new doctors will have a general training program that includes internships in the following areas: General Surgery (3 months), Primary Health Care (Family Medicine and Public Health – 3 months), Internal Medicine (4 months), Paediatrics (2 months). Adding to this practical training it is also added a theoretical curriculum that includes sessions in the following areas: ER, basic life support, Public Health, infection control and adequate use of antibiotics, diagnostic methods, blood derivatives and Ethics (1-4).

In the end of this first year of residency, comes the important moment of choosing our desired specialisation program, in our case, Public Health. From now on, the following 4 years will be dedicated exclusively to this specialty.

Public Health Units (Local level) are the institutions available for residents to undergo a residency program in Portugal. However, this is not incompatible with having internships in other places in the regional and national level or other institutions. It is also always possible for residents to have internships abroad.



The specific training in Public Health is composed by the following internships (5):

- Internship in Community Health (1 year).
- Public Health Specialisation Course (1 year).
- Epidemiologic Investigation in Public Health Internship (5 to 6 months).
- Public Health Intervention Internship (10 to 11 months).
- Auditing/Consulting Internship (5 months).
- Optional Internship (3 months).

The Internship in Community Health is meant to give medical residents the basic knowledge about the day-to-day work as a future Public Health Specialist. During this year Medical Residents can collaborate with the Public Health team in the most varied activities performed in the Public Health Unit. After this year the medical resident will have acquired basic knowledge in epidemiology, demographics, planning, epidemic surveillance, amongst other topics.

The Public Health Specialisation Course is the second stage of the residency program. It corresponds to the first year of the Master's in Public Health. In Portugal there are 2 main institutions accredited to give this training: Escola Nacional de Saúde Pública (National School of Public Health) and Instituto de Saúde Pública da Universidade do Porto (Porto's University Public Health Institute.)

The following 4 internships may take place in the order that best suits each medical resident. The Epidemiologic Investigation in Public Health Internship has the main goal of giving to the medical resident practical knowledge in

performing an epidemiological investigation. It may take place in the Public Health Unit previously chosen for the specialisation training, or other institution, such as the National School of Public Health, Porto's University Public Health Institute, Lisbon Hygiene and Tropical Medicine Institute (Instituto de Higiene e Medicina Tropical de Lisboa), among others.

The Public Health Intervention Internship must take place in the Public Health Unit previously chosen for the Specialisation Training. It is aimed to put in practice the planning knowledge acquired in the previous years. Medical residents must create and develop a Public Health Intervention by contacting stakeholders, coordinating activities, promoting events, implementing systems, among other activities.

The auditing or consulting internship may take place in different institutions at a local, regional, or national level. It is meant for the medical resident to acquire knowledge and practical experience regarding the main goals of auditing/consulting. It has also the objective of auditing processes in an institution or service. Lastly there is an Optional Internship that can take place in a national or international institution of choice. The goal of this internship is to provide the possibility for the resident to have contact with areas not previously explored during the residency.

All these internships are evaluated, but there are differences regarding the type of evaluation. The internship in Community Health is evaluated by the means of a national exam. The Public Health Specialisation Course is evaluated via exams or oral presentations for each module/subject.

The following internships are evaluated via reports and oral presentation. At the end of the residency there is a final exam (with a written evaluation followed by an oral discussion of curriculum and answering of a series of questions regarding themes of Public Health.

After passing the final exam, the Public Health resident is now a Medical Specialist in Public Health. At this stage it is possible to work at local level, regional level, or national level. A Public Health Specialist can also choose to be appointed as a health authority. This professional must take decisions regarding situations of concern for community health, having a very active role in outbreaks and epidemic contexts.

Besides these functions, PH specialists can also work in other areas, such as, investigation, academic work, health quality, health economics, and others.

And with this we get to the end of this journey, 5 years of training in total, but always knowing that we are doing everything that is possible to improve the health of our communities!

Nuno Do Amparo

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Acting upon a decision taken by WHO at the first World Health Assembly in 1948, since 1950, April 7th is celebrated each year as the World Health Day.

This year, WHO decided to focus the World Health Day on the climate crisis, launching the campaign "Our Planet, our Health". In its statement, WHO pointed to several key facts regarding climate change and health: 90% of people on the planet breathe unhealthy, polluted air; extreme weather, draughts and land degradation are already displacing millions of people and damaging their health; heatwaves are not only affecting health directly in many ways (heat strokes, the worsening of NCDs...), but also allowing an alarming spread of mosquitoes and the diseases they cause; plastics have been found in the most remote places on earth, and in the depth of our bodies; the food industry producing highly processed food and beverages is driving an epidemic of obesity, NCDs, and producing one third of the total global greenhouse emissions.

While linking the current design of the economy with the ecological crisis, WHO also remarked that the international economic set-up causes unequal distribution of income, power and wealth. The UN Agency also called for a well-being economy that has human wellbeing, equity and ecological sustainability at its core. WHO made a series of data and information material available on its website, while also sharing a toolkit for joining its campaign "Our Planet, our Health":

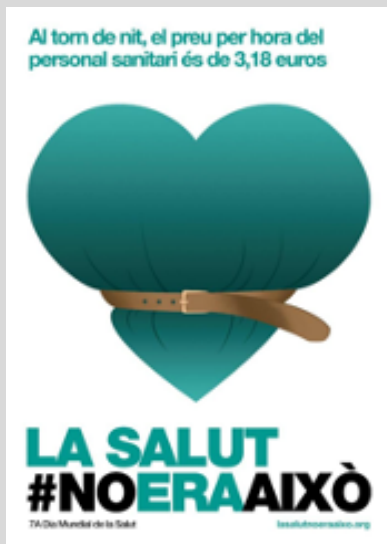
<https://www.who.int/campaigns/world-health-day/2022>



Beyond WHO, many initiatives have been organised across Europe on April 7th, 2022.

The European Network against the Privatisation and Commercialization of Health and Social Protection – a gathering of healthcare users and workers, trade unions, associations, political parties and social platforms working for tax/publicly-funded, universally accessible and democratic healthcare services – launched one week of action against the commercialisation of health and healthcare provision, what they named "the other pandemic". Following the campaign, a strike was organised in Paris and allegedly in other European cities, and a conference-debate with european parliamentarians was held on Thursday, March 31st at the European Parliament. More information on the network and their activities can be found at the following link: <https://europe-health-network.net/?lang=en>.

Around 47 Catalan organisations working with health have signed the campaign “La salut no era això” (“Health was not that”), asking to reinforce and secure primary health care, re-invert the privatisation of the healthcare service, granting more transparency of the healthcare service and put an end to healthcare professionals working precarity. More information on the campaign and the adhering organisations can be found at the following link: <https://lasalutnoeraaixò.org/>.



Finally, in the city of Bologna (Italy) the Collective Käthe, together with the association Centre for International and Intercultural Health and the Campaign Primary Health Care Now or Never, have organised the presentation of the graphic novel “Materia Viva” (Living Matter). The graphic novel was sketched during the first phases of the syndemic, and is about the right to health. If you want to get the graphic novel for free (Italian), please check the following link: <https://www.edizioniminoritarie.it/distribuzioni-minoritarie-1/kaethe-materia-viva>.

Francesca Zanni

Workers' day was celebrated on Sunday, May 1, 2022. This day stands for the commemoration of the historic struggles and gains made by the worker classes and labour movements in the present and past centuries. Internationally, this day is also called May Day. Historically, in 1889 an international federation of socialist groups and trade unions designated May Day as a day in support of workers. Curiously, prior to its current meaning, in Europe, May 1 coincided with rural pagan festivals, but progressively this meaning was changed to the international celebration we know today (1).

Many of the struggles that are remembered on this day aimed to improve working conditions, directly, and, in some cases, indirectly promoting health in the workspace.

As a reminder, according to the Constitution of the World Health Organisation (WHO), health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (2). This vision is not only applied to individuals, observed in a clinical setting such as the Emergency Room (ER), but also in the Public Health domain. In fact, the definition of health is of such concern, at a populational level, that the Public Health activity had to be divided in several essential operations (EPHO), to encompass all the actions that lead to health protection and promotion, and disease prevention. Despite the importance of these essential operations regarding the workplace, the ones that follow have the most direct impact on a person's occupational health(3):

- EPHO1: Surveillance of population health and wellbeing.

- EPHO3: Health Protection including environmental occupation, food safety and others.
- EPHO6: Assuring governance for health and wellbeing.
- EPHO9: Advocacy communication and social mobilisation for health.

But what is occupational health really?

According once again to the WHO, it is an area of work in public health with the mission to promote and maintain the highest degree of physical, mental, and social well-being of workers in all occupations. Its main objectives are to maintain and promote workers' health and working capacity, to improve working conditions and its environment, and to develop work organisation and working cultures that lead to occupational safety and health(4).

It is important to notice that the threats to health in a work setting can also change with time. For instance, in 2020, adding to the usual concerns with mortality from occupational airborne particulates, occupational carcinogens, occupational injuries, among others, there was also the concern about COVID-19 transmission in the workplace. For this reason, the WHO published considerations in 2020 for public health and social measures in the workplace. In this document it was explained both specific measures for high transmission risk jobs (such as health professionals), but also global measures for any workplace, such as hand hygiene, respiratory hygiene, physical distancing, reducing work-related travels, regular environmental cleaning/disinfection

and risk communication(5).

Getting to this point, it is important to know that the month of May 2022 was not the only one with a focus on the workers' well-being. April was also a month of celebrations and events regarding workers' health. For instance, on April 28, 2022, it was celebrated as the World Day for Safety and Health at work(6). This celebration had the goal to promote the prevention of occupational accidents and diseases around the world via raising awareness to these issues. It has the ultimate objective of reducing the number of work-related deaths and injuries(6).

The International Labour association (ILO) promoted on April 28, the High-level virtual discussion on acting together to build a positive safety and health culture(7). For this day, ILO hosted a webinar about Safety and Health in the workplace, which can be viewed in the following link:

<https://youtu.be/FhzfMq98gjs>(8).

In this session it was stressed the necessity of social dialogue, between workers, employers, and the government.

This concern is the result of the following statistics:

- Nearly 3 million workers die each year due to occupational accidents and diseases.
- Over 400 million people suffer from non-fatal occupational injuries.

Therefore, we can conclude that working conditions are highly responsible for worker's morbidity and mortality. Nevertheless,

according to the ILO, workplaces with high worker engagement and communication report 64% less safety incidents and 58% few hospitalizations. Therefore, having good communication between workers, employers, and governments may lead to big improvements concerning health.

Also on April 2022, it was celebrated the World Health Workers Week 2022 (from the 4th to the 8th)(9). This week's motto was "Build the Health Workforce Back Better". This week was celebrated by the means of a series of seminars promoted by several international organisations, such as the WHO. Almost all of them can be streamed using the following link:

<https://www.frontlinehealthworkers.org/world-health-worker-week-2022>.

The sessions' titles are the following:

- Investing in Competency-Based Education for universal health coverage (UHC).
- Health Workers Matter for Global Health security: here is why.
- After the Final Wave: Nurturing the Health Workforce we need.
- COVID-19 Clinical Updates for Global Practice: COVID Diagnostics & Exploring Test and Treat.
- Subsidising global health: Women's unpaid work in health systems.
- Community health worker Voices on UHC.
- How can we build the most supported, strongest health workforce ever?
- Africa Leads the way: A compact for a 21st Century Health Workforce.
- Vaccinating the World: Can we Achieve it?

- Localising global health: a roadmap to resilient and equitable systems.

In conclusion, Occupational Health is a Public Health field that needs to be in our mind every day, because of the impact this area has in people's life. We, as Public Health professionals need to strengthen our knowledge regarding this area to promote our population's health, because remember, we spend most of our lives in a workplace. So, the least we can do is to make it as healthy as possible!

Nuno Do Amparo

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The World immunisation Week this year, 2022, took place in the last week of April. It aims to highlight the collective action needed to promote the use of vaccines to protect people of all ages against diseases. Its major goal is to reach as many people and communities to promote the vaccination of vaccine-preventable diseases.

The hashtag of the campaign this year was: #LongLifeForAll. This concept is the ultimate ambition as everyone, independently of where they were born or their socio-economic background, has the right to live their longest healthy life. Vaccines came to us in 1796. The first of them was designed against smallpox, and since then they have become indispensable in preventing millions of deaths. Vaccines provide opportunity and hope for all of us, and that's something we should all be fighting for. It's been almost two years and a half since the beginning of the COVID-19 pandemic, and during this time we have witnessed disruption of essential health-care services, burnout of health-care workers but also achievements such as the introduction of the COVID-19 vaccine.

Unfortunately, this vaccine has shadowed the others, interrupting routine immunisation, taking us back decades. Millions of people: kids, adults and elderly are missing out on the benefits of other vaccines, making it a priority for this Immunisation Week to promote the catch up of those vaccines, harnessing the commitment and expertise of programs, partners, and advocates around the world. The hope is to be able to reach as many of the 23 million children who missed out on basic vaccines in 2020, the highest number since 2009, and the rest of the

world population that are required to get specific vaccines, either because of their age or underlying illnesses, as well as booster or catch-up shots.



During this week, the World Health Organisation, along with their partners (Gavi, the Vaccine Alliance, UNICEF, the Bill & Melinda Gates Foundation and many more) have held innovative talks on the following topics:

- **Sun 24 April**

Campaign core assets and setting the scene for the campaign

- **Mon 25 April & Tue 26 April**

Newborn, Children, Parents (25th and 26th)
World Malaria Day - Press release and Palais briefing possible (25th)
Joint press release with UNICEF (TBC) (26th)

- **Wed 27 April & Thur 28 April**

Adolescents, Adults, Partners, Friends, Peers

- **Fri 29 April**

Older Adults, Multi-Generational Families

- **Sat 30 April**

Overall vaccine facts / call to action to get vaccinated

Information about vaccine history was and still is available on the WHO website, as well as social media content, posters, wallpapers, carousels and stickers with vaccine information on them.(1)

Simultaneously, the Vaccine Centre of the London School of Hygiene and Tropical Medicine (LSHTM) and its partners, presented additional information about vaccination through webinars. The LSHTM's mission is working in partnership to achieve excellence in public and global health research, education and translation of knowledge into policy and practice, improving health and health equity in the UK and worldwide (in over 100 countries.)

One of the divisions of the LSHTM is the Vaccine Centre (VaC.) This is composed by 3 faculties of the LSHTM and two African MRC units (in the Gambia and Uganda.) Their main aims are to develop new vaccines, test new vaccines, evaluate programmes and policies, train the vaccine scientists and provide a hub to tackle important challenges in vaccine science and policy.

During the World Immunisation Week, the topics discussed in the Webinars offered by the LSHTM where the following:

- **Mon 25 April**

Malaria- where are the vaccines? – The Vaccine Centre and Malaria Centre

- **Tue 26 April**

Defeating Meningitis by 2030: the essential role of the vaccines in the WHO roadmap - The Vaccine Centre and MRC Gambia

- **Wed 27 April**

Where are the vaccines that are better than the BCG? - The Vaccine Centre and TB Centre

- **Thur 28 April**

The chequered pathway to HIV vaccine development - The Vaccine Centre

- **Fri 29 April**

Delivering life-saving vaccines on conflict situations- a casa study from Afghanistan. - The Vaccine Centre and Health in Humanitarian Crises Centre

These Webinars have been uploaded on the Vaccine Centre webpage of the LSHTM, being available for anyone. (2)

Marta Russo Sanjuanbenito

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Here we are! Another marvellous meeting has ended. This year, Lyon and Villeurbanne had the pleasure to host the EuroNet MRPH spring meeting 2022! The first face-to-face meeting after 2 years of COVID-19 pandemic.



Happiness, Unity and Reunion

"Happiness, unity and reunion" are the words that could best describe this congress.

Happiness: to finally see each other in person

Unity: to meet European colleagues, willing to learn and share knowledge about a very hot topic: "Global Health, the path to implement policies".

Reunion: We can proudly say that almost 180 people attended the meeting.

Whether they were from Italy, Spain, Portugal, France, the Netherlands, Ireland, or the United Kingdom, most of the EuroNet MRPH member countries were represented at the meeting.

Speakers from all around the world
Speakers from prestigious institutions and organisations such as Pr Agnès Buzyn (WHO),

Dr Guillaume Dedet (OECD), Dr Serge Breysse (Solthis), Dr Luis Pizarro (UNITAID), Pr Didier Pittet (University Hospital of Geneva), Pr Andre Carvalho (IARC), Dr Shufhang Zhang (The Global Fund to Fight AIDS, Tuberculosis and Malaria) attended the congress as speakers.

What an honour to welcome Pr Agnès Buzyn for the opening lecture. Actual director's envoy for multilateral affairs and executive director at the WHO Academy, she came here to present this new international structure.

"The WHO Academy is the World Health Organisation's state-of-the-art continuing education centre, bringing the latest innovations in adult learning to the global health sector"



Based in Lyon, this institution will support global health learning and more, all around the world. "Using the latest technology, it will allow all users to tailor their learning experiences, to meet their own needs and to be awarded digital certificates that they can use to prove their skills and advance their careers."

Workshops and round table

Participants also had the opportunity to attend workshops in 4 different structures on Friday morning: the Lymphoma Academic Research Organisation (Lysarc), Fondation Mérieux, Médecins du Monde (Doctors of the World) and Sanofi.



The goal of our event couldn't have been fulfilled without constructive discussions about the COVID-19 pandemic, and we decided to take advantage of the multiple skills of our speakers - Pr Pittet, Dr Pizarro, Dr Ortman - to debate during a round table entitled "Impact of COVID-19 pandemic on the global health approach". The theme of Global Health architecture and diplomacy in time of pandemic was also explored during the second day of the conference. Simona Seravesi (WHO) and Marco Simonelli (ISS) presented the experience and efforts of the Italian G20 Presidency in promoting equitable, worldwide access to diagnostics, therapeutics, and vaccines.

First edition of the European Scientific Contest

Eventually, the participants could attend and benefit from the first Euronet Scientific Contest (ESC), directly inspired by the CAISP, created by the CLISP, the french national PHR association. Seven residents from different countries had the opportunity to present their work to their colleagues and 6 other works were shown as posters! Great moments of knowledge sharing. Congratulations to our Dutch fellow Inge Van De Luitgaarden who won the first edition of the contest with her study: "Alcohol-Attributable burden of cancer in Argentina"



Social program

Of course, the social program couldn't miss this appointment! The Eurovision Song Contest, taking place during the same days of the congress, gave us the idea to have a thematic night and to share the enthusiasm of this event with all the European participants. We also gave a taste of "French cuisine" to the attendants with dinner in a typical "Bouchon Lyonnais"s. This

experience was truly enriched by some popular songs sung by participants from all over Europe, testing their choral skills in Italian, Spanish, and Portuguese. That's why, EuroNet is also an exchange of culture and fun!

**Next meeting? We will soon open the call!
Don't miss the application deadline:
August, 15th 2022!**

If you didn't come to this meeting, now you know what you have missed! Impossible to lose this opportunity again!



We are waiting for you at the next congress!

**The Lyon Spring Meeting Organisation
committee**

This section features the voices of public health residents across Europe: do you have a research project, health promotion activity, collaboration proposal to share with the rest of the network?

This is the space for you!



Ana Sofia Carvalho Pais Silva 1,2,3

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The COVID-19 outbreak was declared a public health emergency of international concern by the World Health Organisation on the 30th of January, 2020 [1]. Since then, global health systems have struggled to maintain the continuity of care for non-COVID patients [1,2]. Non-communicable diseases (NCD) comprise a relevant burden to health systems worldwide, being responsible for approximately 71% of all deaths globally [3]. The impact of the COVID-19 pandemic on health care services for patients with NCD is severe [2]. Many scientific articles have been published regarding this impact in varying countries. This literature is scattered, which makes it difficult to draw conclusions, and therefore requires a systematic approach.

Healthcare performance measurement is an essential element to evaluating and improving healthcare systems [4]. Health care quality indicators, defined as “quantitative measures that provide information about the effectiveness, safety and/or people-centeredness of care” [5], are essential tools to obtain comparative information across and within health systems [5]. Indicators need to be relevant, scientifically sound, feasible, meaningful [5], as well as transparent, standardised, and timely, providing information for policy responses, while making the best use of health information infrastructures [6]. The most common framework for distinguishing between different quality indicators is the Donabedian’s classification of structure (where healthcare is provided), process (processes of care), and outcome (patients’ health outcomes) indicators [5,7].

Outcome indicators, such as the 30-day mortality following acute myocardial infarction or ischemic stroke and the 5-year survival after a cancer diagnosis, are routinely used to evaluate the quality of care provided to cardiac and cancer patients among the Organisation for Economic Co-operation and Development (OECD) member states, respectively [8]. Process indicators, such as the number of mammography screening women aged 50-69 and breast cancer stage distribution at diagnosis are also indicators widely used [8].

However, the health systems’ response to the COVID-19 pandemic showed the need to strengthen the monitoring systems regarding the essential health services [9]. This exposed the relevance of fostering the use of an internationally standardised set of indicators to efficiently inform on changes in the quality of care provided to patients with NCD during future phases of

the COVID-19 pandemic, in future crises, and in regular times. Such indicators should ideally inform on the whole pathway of care for these diseases, which is a reality in a few OECD countries [10].

Relevant efforts are already in place, such as the OECD reports as part of its Health at a Glance series [8], the CONCORD study [11], which captures the outcomes of cancer care globally via cancer registries, and several European Union actions [12–14]. Recent tools have been developed to address the lack of standardised data and their regular collection, such as the World Health Organization (WHO) European NCD Dashboard [15,16], the European Cancer Organization’s “Time to Act Data Navigator” [17], and the “Global Cancer Observatory” [18]. However, further research and investment are necessary to strengthen data infrastructures worldwide to improve disease surveillance across health systems [6,9].

We developed a study with a scoping review methodology [19,20], that aims to provide a summary of the performance indicators used in the literature to evaluate the impact of the pandemic across the care pathways of selected NCD: cardiac diseases, cancer, and diseases with the need for urgent care. Additionally, we intend to assess the changes in the quality of care provided to these patients through the evaluation of the trends shown by the performance indicators during the early phases of the COVID-19 pandemic.

Regarding the assessment of the cardiac care pathway, a total of 699 indicators were identified and collated according to the different phases of the hospital cardiac care pathway (Figure 1).

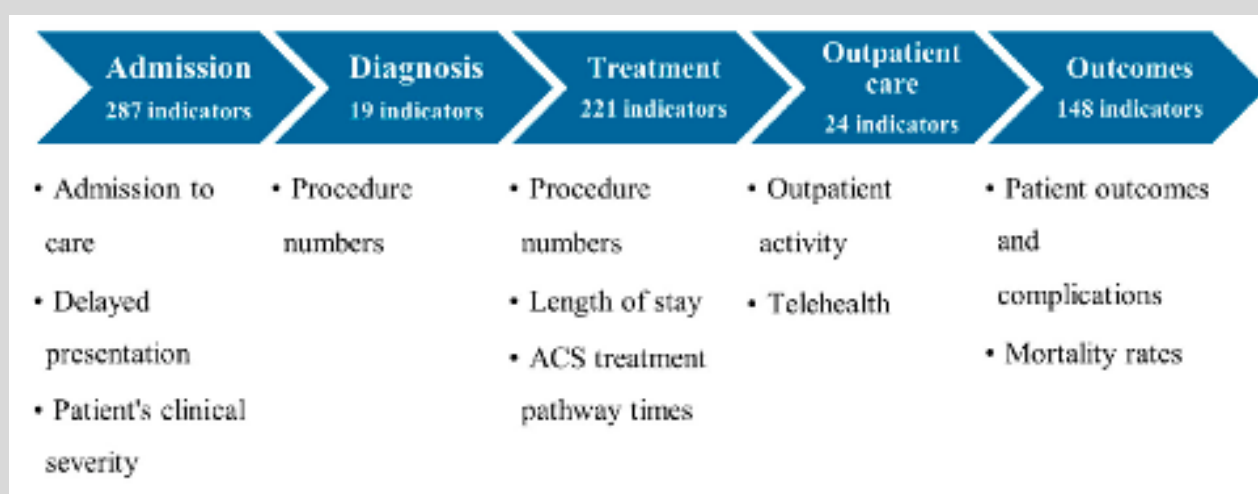


Figure 1 - Categorization of indicators according to different phases of the hospital cardiac care pathway. Abbreviations: ACS—Acute Coronary Syndrome.

Our results show that the number of patients with cardiac diseases admitted to hospitals dropped substantially and patients arrived later and in a worse clinical condition at the hospital than before the pandemic. Additionally, the number of cardiac diagnostic and treatment procedures decreased, acute coronary syndrome treatment pathway times increased, and patients were discharged from the hospital after a shorter length of stay. Outpatient activity decreased, whereas the use of telehealth services increased. Finally, worse clinical outcomes and an increase in mortality rates were reported in most of the outcome indicators collected. A research article was published recently to report these results (Figure 2) [21].

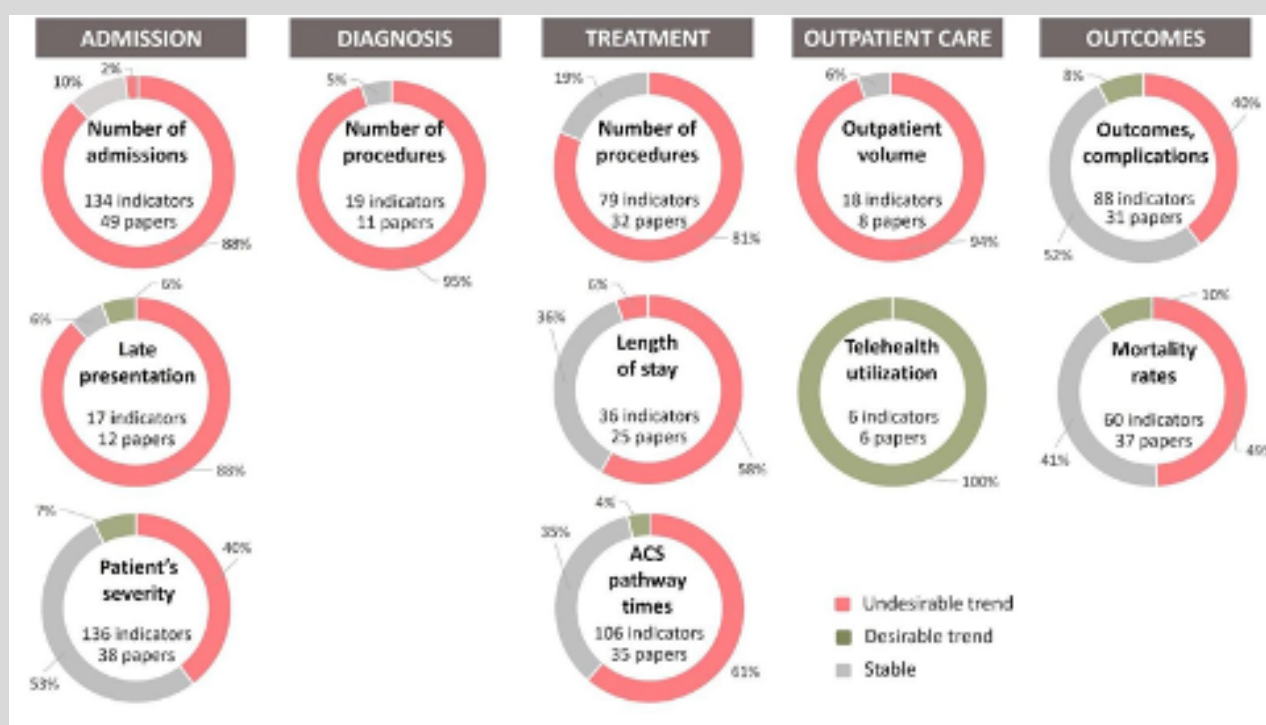


Figure 2 - Hospital Cardiac Care Pathway Indicators' Trends COVID-stages (January–June 2020).

With respect to the cancer care pathway, a total of 1013 quantitative indicators were retrieved and grouped into categories (Table 1).

Table 1– Number of quantitative indicators retrieved, grouped in categories according to the cancer care pathway (n=1013)

	Number of indicators with quantitative information ^{a)}		Number of studies
	n	%	
Early detection	59	6%	
Number of screening procedures	33		13
Early diagnosis and predisposition exams	12		7
Screening detection rates	14		5
Diagnosis and staging	418	41%	
Delay in access to diagnostic procedures	9		2
Clinical severity at diagnosis	14		7
Changes in cancer staging	110		21
Proportion of urgent/emergent referrals and procedures	25		5
Number of diagnostic, surveillance, and staging exams/procedures	90		17
Number of cancer diagnoses	157		40
Cancer detection rate	13		5
Treatment	497	49%	
Delay in treatment	42		18
Number of treatments			
• Surgeries & loco-regional therapies	104		30
• Radiotherapy	57		8
• Systemic therapy	71		12
Number of referrals / first encounters	41		9
Outpatient volume	47		14
Changes in treatment	119		21
Number of visits and hospital admissions	12		4
Telemedicine utilization	4		4
Outcomes	39	4%	
Surgical and procedures outcome measures	15		8
Mortality	24		4
	1013	100%	

a) A total of 338 indicators were not included in the analysis since they were too specific to be grouped into the defined categories.

Our findings signal decreasing trends in the number of screening, diagnostic procedures, diagnoses, treatment procedures, in-person outpatient volume, and delays in diagnosis and treatment. We found a predominantly increasing trend in the indicators reporting on the proportion of urgent cancer referrals and procedures, suggesting that patients presented to the hospital with a more severe clinical condition than before the pandemic. However, we obtained a mixed picture regarding stage-shifts in cancer presentation, which highlights the need for health systems to collect this information at diagnosis, which is a reality in few OECD countries [8]. Our results reveal a remarkable influence of the pandemic on cancer treatment: almost two-thirds of the indicators reported changes in treatment (Figure 3), which demonstrates quick practice adaptations. While some treatment modifications could be learning opportunities for the future, the impact on patients' outcomes and needs has to be monitored.

The results regarding cancer care (Figure 4) are available as a preprint manuscript [22], which is currently under review by a scientific journal.

The data related to the acute care pathway are currently being collected and collated.

This information could inform on the bottlenecks of these care pathways and contribute to identifying disparities between and within countries, as well as moments for intervention during the evolving pandemic and in future crises. Further research and investment are necessary to strengthen data infrastructures worldwide to support timely and adequate health policy responses.

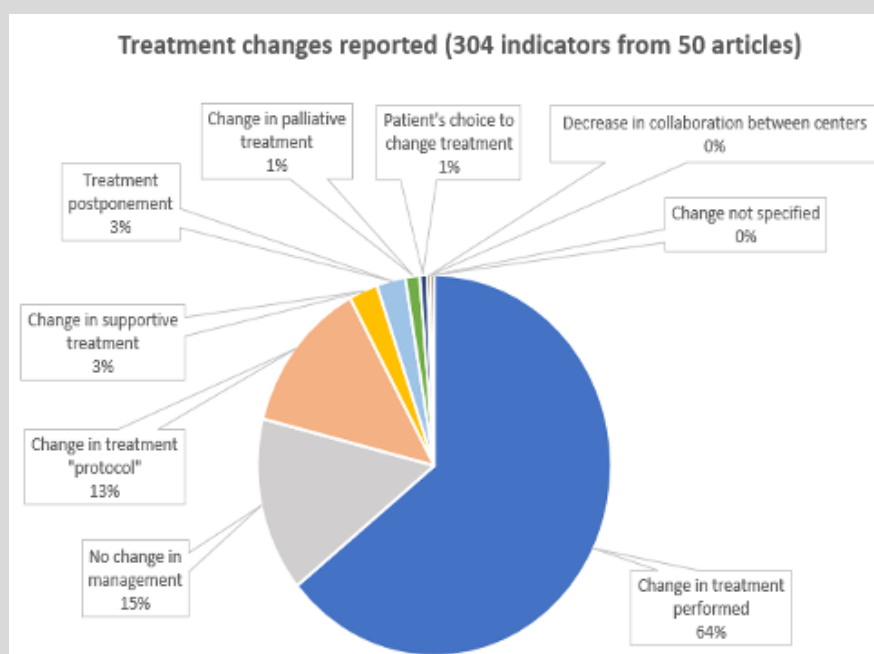


Figure 3 – Treatment changes reported in cancer care (n = 304 indicators from 50 articles)

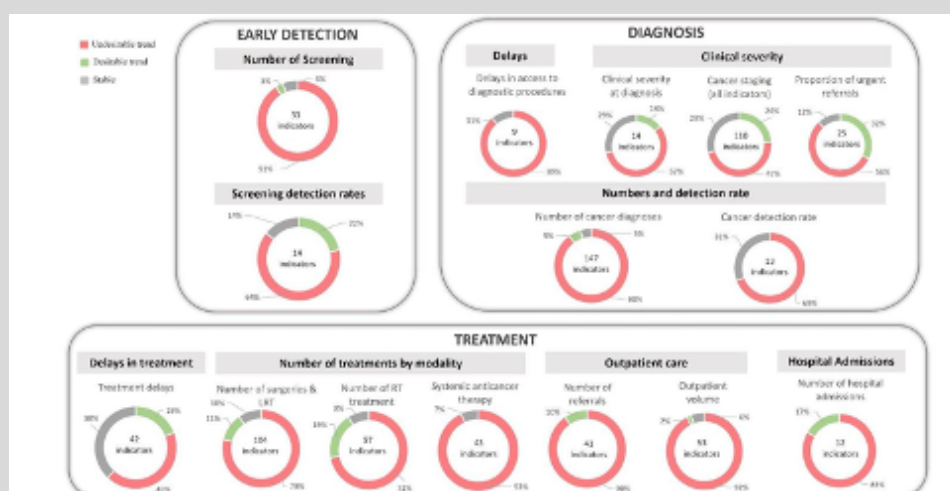


Figure 4 – Cancer Care Pathway Indicators' Trends COVID-stages (Jan-June 20)

Author's note

This work was developed as part of the Research Project for the Research Master in Health Sciences with the specialisation in Public Health Epidemiology, at the Netherlands Institute for Health Sciences, in Rotterdam, during the second year of the Public Health residency, with guidance from supervisors from the Erasmus Medical Centre - University of Rotterdam and the University of Amsterdam.

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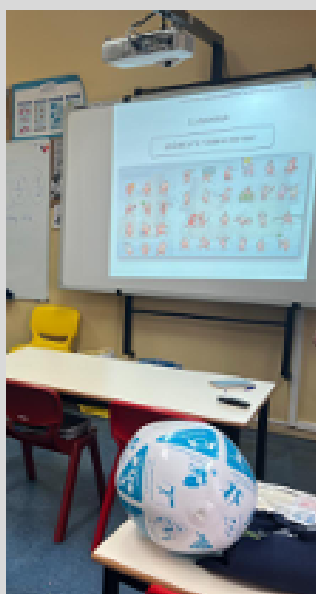
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Mental disorders are the main cause of years lost due to disability (YLD) in 5–14 year-old people around the world, in Western Europe, and especially in Portugal.¹ COVID-19 has worsened this situation, namely regarding socio-emotional competencies; the prevalence of Anxiety (20.5%) and Depression (25.2%) are twice higher than in the pre-pandemic period.²

Taking that problem into consideration, Project SELfit – a project based on Socio-emotional learning (SEL) methodology, aims at promoting mental health, by training teachers and community nurses to develop socio-emotional skills in students from primary schools in Porto.

The project includes a theoretical and a practical/training session, and monthly supervision sessions by a team that includes a public health resident (Dr^a Filipa Malcata), a psychologist (Dr^a Anabela Rodrigues), and a public health nurse (Enf^a. Adriana Machado) from the Public Health Unit of ACeS Porto Ocidental. The period of implementation is between February to July 2022.



A total of 8 community nurses and 13 teachers from 3 primary schools in Porto enrolled in this project, which corresponds to a total of 272 students from age 6 to 10 years old.

Knowledge of nurses and teachers regarding mental health literacy and social emotional learning was assessed, before and after the theoretical session. The mean percentage of correct answers before was 49% compared to 85% afterwards.

Regarding the evaluation of training sessions: 90.5% (19/21 participants) were very satisfied with the training structure; 95.2% (20/21 participants) were very satisfied with the methodology used; 100% (21/21 participants) were very satisfied with the relationship developed between trainers and participants; and 100% (21/21 participants) were very satisfied with the usefulness of this training for the practice of promoting health and mental health in school context.

Concerning socio-emotional skills of the primary school students, possible improvement will be evaluated by the end of the project (July 2022).

Mental health literacy and social emotional learning knowledge increased by 36%, which highlights the importance of such theoretical sessions promoting mental health literacy. By the end of this project, an improvement is expected on socio-emotional skills of the primary school students.

Therefore, this is a very important project, and it's expected to be implemented and replicated in other schools in Porto.

Filipa Malcata

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2. JAMA Pediatrics Journal. Global Prevalence of Depressive and Anxiety Symptoms in Children and Adolescents During COVID-19: A Meta-analysis



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Key words: Mental Health; COVID-19; Medical Residents; Public Health

Background: in Portugal, Medical Residents in Public Health (MRPH) have participated in the response against COVID-19. The pandemic has had a profound mental health (MH) impact on healthcare workers, but there is little evidence regarding the MRPH workforce. The current study aims to assess the prevalence of pandemic-related depression, anxiety and stress, and to determine the associated risk and protective factors.

Methods: between March 22 and April 11, 2021 we administered an online survey to the MPRH in Portugal. We collected sociodemographic data and assessed changes in the working conditions due to COVID-19. We used the Depression Anxiety Stress Scales-21 (DASS-21), validated for Portugal. Cut-off scores for depression, anxiety and stress were 9, 7, and 14, respectively. We applied a multivariable logistic regression model to determine risk factors for pandemic-related MH outcomes. Data analysis was performed with SPSS ® version 27.

Results: 87 out of approximately 200 MRPH responded (response rate: 43,5%). The median age was 30,0 years (IQR 28,00 – 33,00). The minimum age was 25 and the maximum was 48. 67,8% of the respondents were female. The prevalence for depression, anxiety and stress was 18,4% (n = 16); 9,2% (n = 8); and 14,9% (n = 13), respectively. Across the multivariable logistic regression model, we didn't identify any statistically significant risk or protective factors for depression. For stress, being female was a risk factor ($p=0,013$, CI [1,93-278,06]). For stress and anxiety being younger was a protector factor ($p=0,013$, CI [0,57-0,94] and $p=0,033$, IC [0,24-0,942]).

Discussion and conclusions: our sample featured moderate levels of depression, stress, and anxiety. The main identified risk factors were female gender, loss of research opportunities, and seniority in the Residency. The prevalence values for depression, anxiety and stress were lower than the ones found at a European level (the EURONET study, which assessed MRP from Portugal, Spain, France, and Italy): 18,4% vs. 60,5%; 9,2% vs. 43,1%; e 14,9% vs. 61,2%, respectively.

Key messages: during the pandemic and its aftermath it is vital to increase knowledge and awareness about the impact of the Mental Health situation in the Public Health workforce. It is important to deploy concrete efforts into building healthy work environments, guarantee adequate training and research chances, and provide opportunities to MRP accounting for gender equity.

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In the context of Russia's aggression towards Ukraine, Portugal has received thousands of asylum seekers travelling from this territory. Santa Maria da Feira (SMF), a region on the northside of the country with just over 136.000 residents, has been chosen as refugee place for dozens of displaced ukrainians.

According to the recommendations of the European Centre for Disease Control, local public health authorities play a central role in this context as it calls for special and specific health measures in support of those who have been displaced. Such measures include infection prevention and control (taking into account the different status of endemic and outbreaking infectious diseases of Ukraine, such as polio, measles, tuberculosis and rabies) as well as diagnosis and treatment of chronic disease and mental and psychosocial health, all of this taking part of an overall provision of healthcare (1). This approach required several strategies and tools, such as communication, mass screening, vaccination, adjustment of diagnostic and reporting algorithms, syndromic surveillance and strategic partnerships including with the Municipality of Santa Maria da Feira.

In late march 2022, a task force was put together composed of multidisciplinary public health professionals. After careful study of international and Portuguese law and guidelines as well as the situation diagnosis, an intervention was set to tackle this emergency. It included the elaboration and promotion of a manual for the local health professionals (containing a primary approach algorithm) and the implementation of a targeted healthcare centre - the Migrants' Reception Centre (Centro de Acolhimento para Deslocados, CAD). All materials produced and interactions were translated with the support of Ukrainian and Russian-speaking volunteers.

When arriving at SMF, migrants were approached according to the following algorithm (being informed of the procedures, unconstrainements, benefits) after collecting their consent:

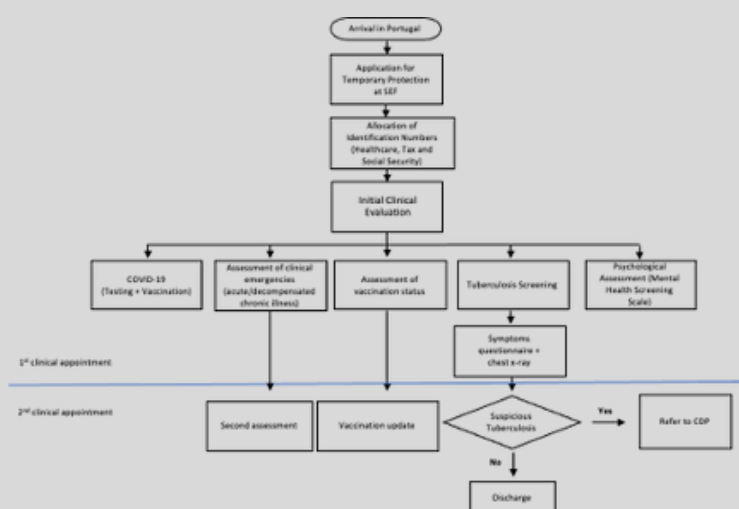


Figure 1. Algorithm for the public health reception of displaced Ukrainians at SMF (march, 2022)

Since the 4th of April, CAD has received 147 Ukrainian migrants, mostly women and children from which 87 accepted the follow-up and attended the second clinical appointment. Tuberculosis Screening was accepted by 68 patients. Regarding vaccination, a total of 32 people agreed to update their status according to the Portuguese Vaccination Plan but only 28 for the vaccination against COVID-19.

As a result of the clinical appointments, 12 patients were referred to specialised medical observation at secondary care. Seven (7) patients were also referred to dentistry observation, for treatment of dental conditions such as cavities.

The Mental Health Screening Scale reported 11 positive results for the need of psychological evaluation to which it was offered, but accepted by 4 of those patients.

After reaching the end of the algorithm, all patients were proposed to integrate local units of primary care according to their location, being therefore able to access public healthcare on the terms of the Portuguese Healthcare System.

Considering the vulnerability of this group, we believe this holistic and centralised approach brought significant benefit for both individual and community health. The readiness and proximity of this response allowed for a smoother inclusion of displaced Ukrainians in the health system as well as the promotion of health and prevention of public health emergencies.

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Authors: *Saúde+Pública 2022's team*

Saúde+Pública (free translation: More Public Health) started as a Newsletter created by a small group of Portuguese Public Health residents in 2012, to share information regarding medical residency. These include training opportunities and interesting articles about public health as well as the program of the residency in Public Health in Portugal. The first Newsletter was released in March 2012 and sent by e-mail to all Portuguese Public Health residents. Over time, it grew more and more, and, in 2018, this Newsletter was converted into a Website. In 2019, a Twitter account was created, and in 2020 we expanded to Instagram. At the moment, we have about 690 followers on Twitter and 310 followers on Instagram. Every year there is a renewal of the team, we have a call for new admissions, some members leave and others change positions in the group.

Saúde+Pública is now a recognized label among all Public Health Residents, as well as an important key decision-making tool for young doctors who are in the process of choosing a speciality. We have 3 main sections: Newsletter, Communications, and Training.

The first and oldest section is the Newsletter, which is formed by 3 members that gather all of the articles published each month and send them via e-mail to all Portuguese Public Health residents.

In the Communications section we have 12 members. It is divided in 3 subsections: "news", "in focus" and "podcast". Here we share some important Public Health highlights every week


through Twitter. Bimonthly, we explore current news or events more thoroughly, on the website. We invite experts to write about a topic relevant to Public Health in their area of expertise. We also interview various investigators and Public Health professionals, which provides a great opportunity for reflection and sharing of ideas.

The Training section is composed of 11 members and divided into 4 subsections: "suggested articles", "training opportunities", "worldwide residents" and "suggested readings". Every week, we recommend relevant articles and share their key points. We keep track of training opportunities, such as webinars, conferences, and lectures in a Google Calendar that is available to everyone through our website. We talk about internship experiences in different locations, usually abroad. Finally, we share a brief summary of books alluding to Public Health, on a monthly basis.


All this work is published on our website by our webmaster and shared on Instagram and Twitter by two members of the Communications' team.

In 2022, Saúde+Pública celebrates 10 years of existence! Since EuroNet is a great partner in promoting Public Health, we decided to take this opportunity to celebrate this anniversary with you! 10 years of public health across borders, 10 years of teamwork, 10 years of cooperation between Public Health Residents... We hope that we can grow more and more, year by year with you by our side... Looking forward to 10 more years to come!

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
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4

The first nationwide survey of systemic allergic reactions to a bee venom in the Slovenian population of beekeepers

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Stings by insects belonging to the order of Hymenoptera are quite common, as 56.6% to 94.5% of general population reported to have at least one sting in their lives,¹ mainly caused by honeybees (*Apis mellifera*), wasps and hornets (*Vespula germanica*, *Vespula vulgaris*, *Vespula Rufa*, *Vespae* sp.).² In the majority of the affected persons, sting reaction is local, with swelling, redness and itching,³ and completely resolves in less than 24–48 hours.⁴

Contrary to the normal local reaction in nonallergic subjects, a minority of people develop an allergic reaction to a Hymenoptera venom constituents, i. e. a large local reaction (LLR) or a systemic allergic reaction (SAR). By definition, a LLR is characterised by a local swelling exceeding 10 cm in diameter, lasting more than 24 hours and subsiding within a few days. In Europe, the prevalence of LLR for general population ranges from 2.4 to 26.4%.⁵ SAR is potentially a life-threatening condition of various grades, depending on the type of the classification used,⁴ with the self-reported prevalence rates in general adult population across different European countries of 0.9 to 8.9%.³

High risk exposure to bees in particular is expected in beekeepers and their family members; according to the literature⁶ and systematic literature review,⁷ the prevalence rates of the (self-reported) SAR to a Hymenoptera venom in beekeepers ranges from 14 to 30% (studies in beekeepers only) and from 4 to 26%, respectively, according to some authors even up to 43%.⁸

In Slovenia, beekeeping has a long tradition and it is an important part of a cultural and natural heritage. Slovenian Beekeepers' Association (SBA) includes more than 200 beekeeping societies, with more than 10,000 registered beekeepers, who own more than 200,000 bee families.⁹ However, there is no data regarding the lifetime (self-reported) prevalence of SAR to a bee venom in the Slovenian population of beekeepers. This is of great importance as those individuals who have survived SAR live in a constant fear of a re-sting^{10–12} and the related risks of an adverse health outcome, which has a significant impact on the quality of their lives.¹²

Therefore, an epidemiological observational cross-sectional study among the Slovenian population of beekeepers, registered at the SBA was set, with the data collecting period from November 2021 to November 2022. Prior to the start of the study, and on a basis of the literature, a comprehensive questionnaire was developed, and pretested (a group of experts (n = 15) from the fields of

The first nationwide survey of systemic allergic reactions to a bee venom in the Slovenian population of beekeepers

allergology and immunology, public health and beekeeping (an online approach)), and pilot tested (a group of beekeepers ($n = 50$), randomly sampled by the SBA (a personal approach – a telephone interview)).

To increase the visibility of the survey, a logo, especially designed for the purpose of our study was developed, (Figure 1), while all of the participants received a thankful card with a note and our hand signature. Using such a personal approach we have so far managed to involve more than 1,000 beekeepers.

In those beekeepers with SARs to a bee venom who have been treated at the University Clinic Golnik or at the local Community Health Centre, the self-reported health outcome and the exclusion criteria will be confirmed by an allergist experienced in insect venom allergy, or by the general practitioner at the local Community Health Centre.

From the perspective of public health and clinical medicine, it is of paramount importance to collect and evaluate these epidemiological data, enabling the preparation of evidence-based measures in public health and provide additional data for the clinicians that may prevent life-threatening conditions among beekeepers.



Figure 1. A logo of the Slovenian national survey

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Upcoming conferences/courses/workshops

- a) 15th Public Health Conference 2022 9-12 November 2022 - Berlin:
<https://ephconference.eu/>
- b) 4th Public Health and Well-being – 14-15 October 2022 - Online:
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- c) 8th International Conference on Public Health 28th – 29th July 2022 – Online:
<https://publichealthconference.co/>
- d) 7th International Conference on Global Public Health 2022 – October 29th 2022 – Online.
- e) One Health Congress 7-11th November 2022 – Hybrid Event – Singapore/Online:
<https://worldonehealthcongress2022.miceapps.com/client/sites/view/WOH2022>

Solthis, one of the NGOs that participated to EuroNet' Spring Meeting in Lyon with the plenary session "Global Health and Civil Society - How to get involved?", has launched a fundraising campaign to finance their activities and programmes in West Africa.



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