Partnerships in Excellence

Charting the Future in Global Health

2005

Yearly Update from the Centers for Disease Control and Prevention, Coordinating Office for Global Health, Division of Epidemiology and Surveillance Capacity Development, Atlanta, Georgia, USA

Partnerships in Excellence (*PIE*) ***is a yearly newsletter that aims to inform U.S. and global partners in public health training programs about activities at the Centers for Disease Control and Prevention.***

Current and past issues of PIE can be viewed at our Web site: http://www.cdc.gov/descd/Newsletter.html

Centers for Disease Control and Prevention, Coordinating Office for Global Health, Division of Epidemiology and Surveillance Capacity Development

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From the Director's Desk.....

Dear Colleagues:

I am very pleased to introduce the 2005 issue of Partnerships in Excellence (*PIE*), the yearly newsletter of the newly named Division of Epidemiology and Surveillance Capacity Development (DESCD), formerly the Division of International Health. I hope you will find this yearly update useful and interesting, and that you will see the faces and stories of friends and colleagues from programs like yours from around the world.

The change of the name of our division is one of many changes in recent months here at CDC. In September, DESCD was moved organizationally to the Office of Capacity Development and Program Coordination, as part of the Coordinating Office for Global Health (COGH). COGH is charged with coordinating global health activities at CDC and providing leadership in working with partners to improve health and increase global preparedness. (Please see the boxed text at the end of this letter that shows CDC's global health goals for the near future.)

In October, DESCD moved to the main CDC campus as part of the expansion which includes a new visitors' center and the new Global Communications Center. On October 1, 2005, I became the Director of DESCD. (See a brief biography of Dr. Simone on page 3.) All of these organizational changes have been in the planning stage at CDC for the past 2 years and are in the process of being implemented as part of the CDC Futures Initiative. An organizational chart of this new part of CDC is attached for your reference.

In the meantime, there have been no interruptions in the work of DESCD. Our division staff has a tradition of working in cross-cutting teams with international collaborators, other CDC programs, and other agencies involved in public health internationally. DESCD assists partner countries to develop and implement dynamic, cost-effective public health strategies. Components of these strategies include measuring, collecting, analyzing, interpreting, communicating, and applying public health information in today's ever-changing world. The division also collaborates with its international partners to establish and conduct field-based programs to train successive generations of public health decision makers, implementers, and policy setters. DESCD-sponsored or –supported programs and projects focus on disciplines such as epidemiology, investigation of infectious and non-infectious health problems, health surveillance systems, applied economics, communications science, and resource management.

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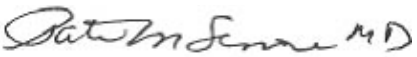
The Partnerships in Excellence (*PIE*) newsletter, DESCD's yearly update of programs and personalities for our partners and other colleagues, tries to emphasize the aspects of work in the area of capacity building in public health systems in terms of the people who do the work and the progress they represent. We are pleased to put a spotlight on trainees in the many field training programs that constitute TEPHINET, and we are also pleased to report on the work of our partners and colleagues in other countries, many of whom practice public health in far more challenging settings than we deal with in the West. In the 2005 issue, we have articles ranging from interviews with trainees who have presented at national or international scientific conferences to a description of a new chronic disease surveillance system in the Middle East.

As a primary response agency for health issues in the United States, CDC is always concerned with emerging or re-emerging health threats in both domestic and global settings. Currently, for example, great emphasis is being placed on readiness for the predicted pandemic of influenza that may be on the verge of becoming a reality in Asia and then throughout the world. We are working closely with our partners in Southeast Asia to enhance the region's capacity to respond to avian influenza with the development of an avian influenza training module for the International Thailand FETP and a "Training of Trainers" course to enhance the capacity of partner countries to manage, implement, and evaluate the FETP avian influenza module, as well as modify and develop relevant training for other public health workers who must identify and respond to an emergent outbreak of avian influenza. And although the confirmed cases of avian influenza in humans have so far been limited primarily to Southeast Asia, we know that many of you are working on preparedness plans and other related activities.

I would like to take this opportunity to recognize the ongoing support from my predecessor, Dr. Mark White, who has moved on to take a position as Associate Director for Science and Strategy in the Office of Capacity Development and Program Coordination, where he will continue to be a valuable colleague for DESCD and its work.

I am looking forward to the opportunity to get to meet and work with you and your colleagues in whatever way DESCD can be a useful partner to you in your endeavors to improve public health in your own countries or in domestic settings. I will value your input on how best to arrange and manage such collaborations. I hope that my staff and I will be able to add value to your processes, and I am confident that we have much to learn from you about how capacity can be built in your program and what the paradigms are that will actually work in your real-world settings.

With sincere best wishes,

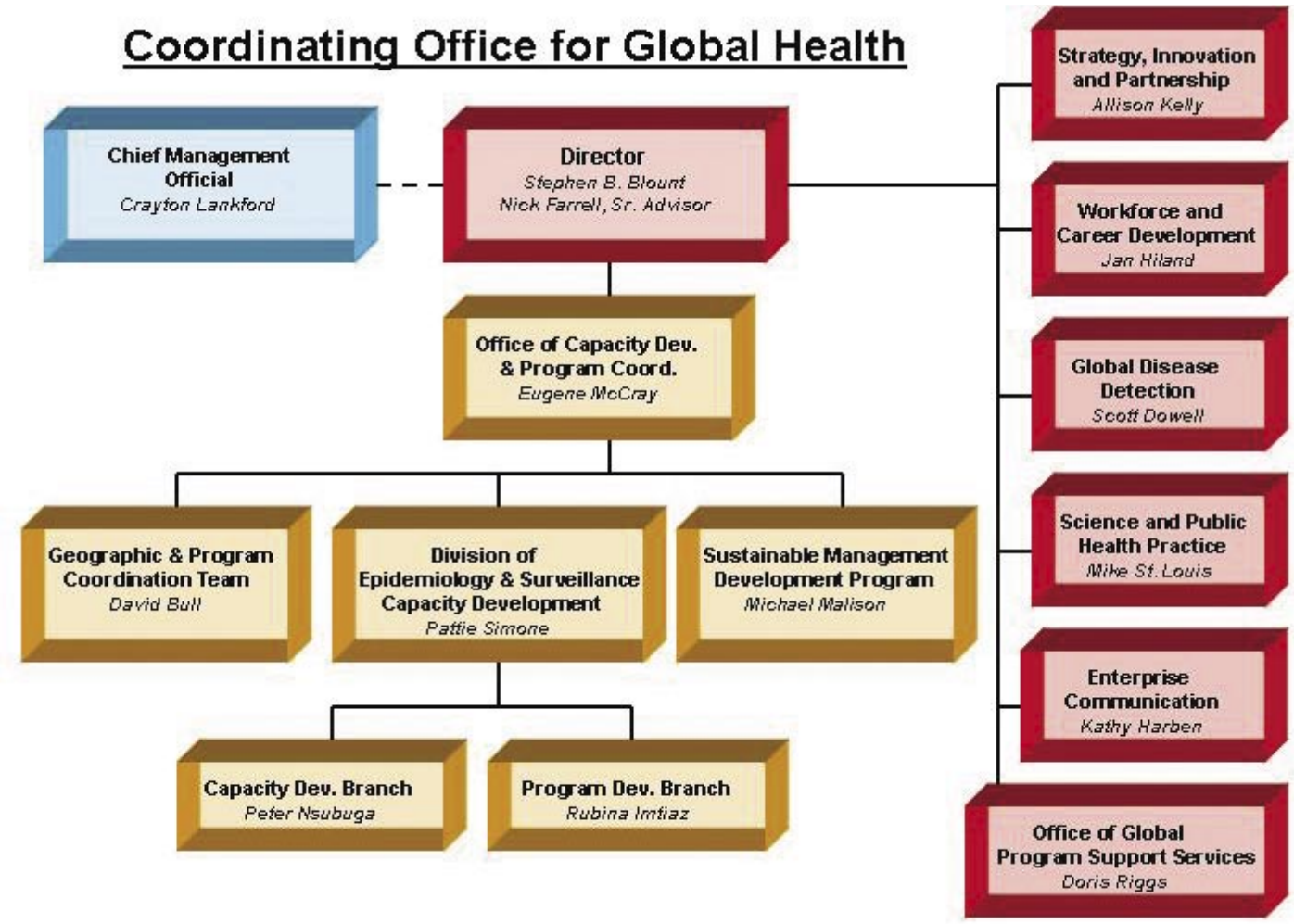


Patricia M. Simone, M.D.
CAPT, USPHS
Director
Division of Epidemiology and Surveillance Capacity Development
Coordinating Office of Global Health
Centers for Disease Control and Prevention

HEALTHY PEOPLE IN A HEALTHY WORLD

People around the world will live safer, healthier and longer lives through health promotion, health protection, and health diplomacy.

- **Health Promotion**: Global health will improve by sharing knowledge, tools and other resources with people and partners around the world.
- **Health Protection**: Americans at home and abroad will be protected from health threats through a transnational prevention, detection and response network.
- **Health Diplomacy**: CDC and the United States Government will be a trusted and effective resource for health development and health protection around the globe.



Biographical Sketch: Patricia M. Simone, M.D.

Dr. Simone trained in infectious disease at the University of Colorado and the National Jewish Center for Immunology and Respiratory Medicine where she gained experience in effective strategies for dealing with mycobacterial infections. She joined CDC in 1992 to work with state and local programs for tuberculosis prevention and control. She served as the Chief of the Field Services Branch, overseeing over U.S. $100 million in cooperative agreement awards to 68 project areas to support TB prevention and control activities.

Dr. Simone then served as the Chief of the Prevention Support Office in the Office of the Director in the National Center for HIV, STD, and TB Prevention at CDC, where she was responsible for directing cross-program activities related to HIV, STD, and TB in correctional health, minority health, women's health, as well as the Tuskegee health benefits and bioethics programs. From November 2002 through April 2003, she was the Acting Branch Chief of the Prevention Program Branch in the Division of HIV/AIDS Prevention. From May 2003 to November 2004, she served as the Associate Director for Science in the Division of Global Migration and Quarantine, where she worked on quarantine and travel-related issues, including the CDC response to SARS. From December 2004 to September 2005, she was the Associate Director for Program Development in the Division of Healthcare Quality Promotion (DHQP), where she led the division activities for health-care and infection-control preparedness for pandemic influenza. In addition, Pattie served as the Executive Secretary for DHQP's advisory committee of external experts, the Healthcare Infection Control Practices Advisory Committee.

Dr. Simone is a Captain in the United States Public Health Service and has been appointed the chair of the CDC/ATSDR Directors' Commissioned Corps Policy Advisory Committee and the CDC representative to the Surgeon General's Policy Advisory Committee. She accepted the directorship of the Division of Epidemiology and Surveillance Capacity Development as of October 1, 2005.

A New Seal on an Old Friendship

by Stephen B. Blount, Director, Coordinating Office for Global Health

Dr. Stephen Blount, Director, Coordinating Office for Global Health photo Dr. Eugene McCray, Chief, Office of Capacity Development and Program Coordination

The past year has brought many changes to the structure of CDC, including an extra letter for our office, making the Office of Global Health (OGH) officially the Coordinating Office for Global Health (COGH). We have grown through the addition of the Division of Epidemiology and Surveillance Capacity Development (DESCD), the Sustainable Management Development Program (SMDP), and other activities. COGH and DESCD have a long and close relationship because of the shared goal of improving the health of people around the world and have partnered on many successful projects, so this new relationship is a good fit.

Although the Division of International Health is now called the Division of Epidemiology and Surveillance Capacity Development (DESCD), its goals and mission will not change. The division will continue to improve public health by strengthening the capacity of our partner public health systems around the world.

Dr. Eugene McCray joined COGH in November 2004, and serves as Chief of the new Office of Capacity Development and Program Coordination. DESCD and other implementing units of COGH will be in this office.

COGH supports the work of the division and is developing a global strategic plan to drive performance expectations and financial commitments. We expect to provide clear lines of responsibility, authority, and communication and seek to improve coordination and management of cross-cutting programs. All of these actions together will provide improved program support services for global program implementation.

COGH leadership includes the following individuals:

- Scott Dowell, Global Disease Detection and Preparedness
- Nick Farrell, Senior Advisor to the COGH Director
- Kathy Harben, Enterprise Communication
- Jan Hiland, Workforce & Career Development (January 2006)
- Alison Kelly, Strategy & Innovation
- Crayton Lankford, Chief Management Official
- Eugene McCray, Capacity Development and Program Coordination
- Doris Riggs, Global Program Support Services
- Mike St. Louis, Science & Public Health Practice
- David Bull, Geographic and Program Coordination Team
- Michael Malison, Sustainable Management & Development Program
- Pattie Simone, Division of Epidemiology & Surveillance Capacity Development

And to every person working with us in this new venture, we offer our appreciation of your skills and commitment.

TEPHINET Member Programs – 2005*

Program Name	Country	E-Mail Address
Epidemiologia del Ministerio de Salud de Argentina	Argentina	orico@vigia.org.ar Dr. Oswaldo Rico
Master of Applied Epidemiology Program Nat'l Ctr for Epid and Population Hlth (NCEPH) Australian National University	Australia	Mary.Deeble@anu.edu.au Mary Beers Deeble
Programa de Treinamento em Epidemiologia Aplicada ao Sistema Único de Saúde (EPI-SUS) Secretaria de Vigilancia em Saúde (SVS) Ministério da Saúde Brasil (MS)	Brazil	vera.gattas@saude.gov.br Dr. Vera Lucia Gattas
Canadian Field Epidemiology Program Centre for Surveillance Coordination Population and Public Health Branch	Canada	Linda_Panaro@hc-sc.gc.ca Dr. Linda Panaro
Field Epidemiology Training Program China CDC	China	zeng4605@sina.com.cn Dr. Guang Zeng
Servicio en de Epidemiologia Aplicada Instituto Nacional de Salud	Columbia	fdelahoz@hemagogus.ins.gov.co Fernando de la Hoz
FETP	Costa Rica	roce2@hotmail.com Dr. Cesar Gamboa
FETP	El Salvador	gmorales@mspas.gob.sv Dr. Genoveva Morales
Programa de Entrenamiento en Epidemiologia de Campo	Guatemala	otto_cano@hotmail.com Otto Rolando Cano Velasquez
FETP	Honduras	drmtcd@hotmail.com Dr. Marco Tulio Carranza Diaz
Maestria en Epidemiologia de Campo	Nicaragua	dghe-dir@minsa.gob.ni Juan Jose Amador, Permanent Sec. of S.C.
Epidemiology and Disease Surveillance Unit and Field Epidemiology Training Program	Egypt	nasserma@link.net Dr. Abdel-Nasser Mohammed Ahmed Abdel-Ghafar
Field Epidemiology Training Program Robert Koch Institute	Germany	AmmonA@rki.de Dr. Andrea Ammon

*Note to readers: The information in this section was provided by the Office of the Executive Dirtector, TEPHINET.

Program Name	Country	E-Mail Address
School of Public Health University of Ghana	Ghana	gsph@sph.ug.edu.gh Professor Isabella Quakyi
National Institute of Epidemiology India Council of Medical Research	India	nieicmr@vsnl.com nie-icmr@eth.net Dr. R. Ramakrishnan
Programma di Formazione in Epidemiologia Applicata Laborotorio di Epidemiologia e Biostatistica Istituto Superiore di Sanita	Italy	binkin@iss.it Nancy Binkin
Infectious Disease Surveillance Center (IDSC) National Institute of Infectious Diseases (NIID)	Japan	okabenob@nih.go.jp Dr. Nobuhiko OKABE
Jordan Field Epidemiology Training Program General Directorate of Primary Health Care Ministry of Health and Health Care	Jordan	fetp@wanadoo.jo Fawaz Shehab
Central Asian Regional FETP	Kazakhstan Kyrgyzstan Tajikistan, Uzbekistan, & Turkmenistan	sajeilat@usaid.gov Simon Ajeilat
Field Epidemiology and Laboratory Training Programme	Kenya	CTetteh@cdcnairobi.mimcom.net Christopher Tetteh
Department of Infectious Disease Control National Institute of Health	Korea	drhur@mohw.go.kr Dr. Young J. Hur
Institute for Medical Research	Malaysia	fadzilah@dph.gov.my Dr. Fadzillah Kamaludin
Medical Residency Training Program in Epidemiology General Directorate of Epidemiology, Ministry of Health	Mexico	pcravioto@dgepi.salud.gob.mx Patricia Cravioto Quintana
Programa de Especialization en Epidemiologia de Campo (PREC) General Office for Epidemiology (OGE) Ministry of Health	Peru	lrevillat@oge.sld.pe Luis Revilla
National Epidemiology Center, Department of Health	Philippines	marljmantala@yahoo.com or mmantala@central.doh.gov.ph fetp@doh.gov.ph Dr. Mariquita (Marl) J. Mantala
Field Epidemiology Training Program Preventive Medicine Department Ministry of Health	Saudi Arabia	nhamdan@kfshrc.edu.sa fetp@naseej.com.sa Dr. Nasser Al-Hamdan
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Center for Disease Control Department of Health	Taiwan	jchou@cdc.gov.tw Jih-Haw Chou

Program Name	Country	E-Mail Address
Internat'l Field Epid. Training Program-Thailand Div. of Epidemiology, Permanent Secretary Office Ministry of Public Health	Thailand	chulee@health.moph.go.th Chuleeporn Jirpongsa
Institute of Public Health Makerere University	Uganda	gpariyo@iph.ac.ug George W. Pariyo
Epidemic Intelligence Service (EIS) Centers for Disease Control and Prevention	United States	dhh0@cdc.gov Dr. Douglas Hamilton erl2@cdc.gov Erica Lowe, Program Asst.
Department of Community Medicine University of Zimbabwe School of Medicine	Zimbabwe	tshimang@ecoweb.co.zw tshimang@harare.iafrica.com Mufuta Tshimanga

TEPHINET Member Programs - 2005

Partnerships in Excellence

International Night – Epidemic Intelligence Conference, 2005 Atlanta, Georgia

by Elliott Churchill, DESCD Staff Member

The 54th Annual Epidemic Intelligence Conference included an International Night program that attracted an audience of more than 300 people to hear a series of six scientific presentations and to view a group of six posters from participating global health partners.

Co-Moderators for the session were Dr. Stephen Blount, Director, Coordinating Office for Global Health, CDC, and Dr. Dionisio Herrera Guibert, Assistant Director of the Spain Field Epidemiology Training Program and current President of the TEPHINET (Training in Epidemiology and Public Health Interventions Network) worldwide group of training and service programs.

The moderators welcomed audience and presenters to the session and mentioned the growing awareness on the part of the public health world of just how critical global health issues are. Concern for our brothers and sisters in other countries is coupled with our clear understanding that the world has shrunk in terms of transmission of disease and other types of health problems. What is occurring in East Africa today may be translated to an apartment in Manhattan tomorrow. We must work together in the effort to detect transmissible health problems and to ferret out situations in which some people would deliberately create havoc, fear, and danger through terrorist activities.

Presentation topics in the evening session included such diverse areas as occupational health, toxic exposures, and a survey of injuries. Titles and authors are listed below for the reader's reference.

A poster session also generated a great deal of interest on the part of the audience. Six posters were displayed in the auditorium, and audience members were invited to view and posters and talk with the authors between 7:00 and 7:30 p.m., when the oral presentation session began. See listing below of titles and authors.

One of the high points of these International Evenings is the presentation of the William H. Foege Award, which goes to the group of authors whose presentation demonstrates the greatest utility in having a positive impact on public health. This year's winners were Dr.Ying Zhang and her colleagues from China, whose study of a large outbreak of paratyphoid fever in rural China led to repair of a water system and terminated the outbreak. This provided an excellent example of effective investigation and intervention in a health crisis situation.

DESCD (formerly DIH) congratulates all of the presenters – of both orals and posters – in the 2005 session of EIS Conference International Night. We are already looking forward to next year.

List of Oral Presentations:

Sergon Kibet - Seroprevalence of Chikungunya Fever in Lamu Island, Kenya October 2004

Zhijie An - An Outbreak of Acute Febrile Respiratory Disease from Adenovirus in School of a Township, Eastern China

FETP Scholar from India meets audience members at his poster.

International Night audience visits posters during special session.

International Night guests greet friends from many countries.

International Night audience listens intently during oral presentation session.

Jonsson Jerker - Immunization Coverage Cluster Survey – the Democratic Republic of Timor Leste, December 2004

Susanta Kumar Swain - An Outbreak of Hepatitis E Caused by a Contaminated Water Supply in Baripada, Orissa, India 2004

Richard Taylor - Nosocomial Burkhholdia Cepacia Infections Associated with Exposure to Sub-Lingual Probes—Texas 2004

Ying Zhang - A Large Outbreak of Water-Borne Paratyphoid Fever Attributed to a Contaminated Well in a Rural Junior High School in Guangxi Province, China

List of Posters:

Jose Alexandre DaSilva - Outbreak of Hantavirus Pulmonary Syndrome—Distrito Federal and Goiás State, Brazil—2004

Raquel Pimentel - Extrinsic Contamination of Parenteral Infusions as the Source of a Large Outbreak of Klebsiella sepsis in a Neonatal Intensive Care Unit (NICU), Dominican Republic, 2002

Harish Martolia - Outbreak of Measles in Nai, a Remote Village of Uttaranchal, India, December—2004

Tapas K. Sen - Persistence of Iodine Deficiency in Gangetic Flood-Prone Area, West Bengal, India, 2004

Sandro Baldissera - A National Survey of the quality of Care for Diabetic Persons in Italy, 2004

Gerna May-as - Thiamine Deficiency-Related Polyneuropathy in Davao Prison and Farm Colony in Davao City—Philippines, 2004

Pittayawonganon, Chakrarat - Mass Insecticide Poisoning in a Kindergarten School, Thailand, 2004, Using Epidemiology for Crime Scene Investigation

Tamisayi Chinhengo - Knowledge, Attitudes and Practices of Health Workers towards Voluntary Counselling and Testing and Post-Exposure Prophylaxis at Two Urban Hospitals in Midlands Province, Zimbabwe, 2004

Eric N Nyazika - Olfactory Deficits among Workers at a Nickel Refinery in Bindura, Zimbabwe, 2004

A Conversation with the Moderators, International Night 2005 Interviewers

by Denise Traicoff, DESCD Staff Member

Denise Traicoff interviewed the co-moderators of the International Night special session of CDC's 2005 Epidemic Intelligence Conference after the evening's session. The first interview is with Dr. Stephen Blount, who was then the Acting Director of the Office of Global Health. He has since become the Director. The second interview is with Dr. Dionisio Herrera Guibert, Assistant Director of the Spain Field Epidemiology Training Program and current President of the TEPHINET (Training in Epidemiology and Public Health Interventions Network) worldwide group of training and service programs.

Dr. Steve Blount

Denise: Do you consider this evening's program a success? In what way?

Dr. Blount: Absolutely. There was outstanding science, great presentations and it bodes well for the future. The quality of the work shows our efforts to build epidemiology capacity are bearing fruit.

Dr. Stephen Blount and Dr. Dinesio Herrara Co-Moderated International Night special session.

Denise: Do you think these presentations represent a cutting edge of public health practice in a global setting?

Dr. Blount: I do. The reason is that we had a variety that focused on noncommunicable disease, infectious, waterborne disease, immunizations, a wide variety. "Cutting edge" is an appropriate term because there were many edges, since we had a range of diseases and countries involved. It shows the future is bright.

Denise: What tips would you offer presenters for improving their delivery of science to a conference audience?

Dr. Blount: Something that is easy to suggest but hard to do: relax more and recognize how supportive the environment is. There are lots of questions but they are addressed in a positive way. Be more relaxed. We are here to support and encourage.

Denise: As a professor, what grade would you give to this session?

An A to A-. All were good. It is a high grade, and well earned, but you can always improve. There are good students who studied hard and made their professors proud.

Dr. Dionisio Herrera

Denise: Do you consider this evening's program a success? In what way?

Dr. Herrera: Yes, definitely. This is my 3rd session here, and they improve every year in quality and in number of participants from EIS. We should

start a discussion on how to improve visibility. We may need to add more time to recognize the posters and expand the session in general.

Denise: Do you think these presentations represent a cutting edge of public health practice in a global setting?

Dr. Herrera: This is difficult to answer because of the small number of presentations. They communicate the activity of many programs but there is a limit of what can be summarized in a short presentation.

Denise: What tips would you offer presenters for improving their delivery of science to a conference audience?

Dr. Herrera: All were very good. Practice more and use the last day to clarify the last details of the presentation.

Denise: As a professor, what grade would you give to this session?

Dr. Herrera: A high grade. The presentations showed a great interest in the work.

Conversation with Two Presenters, International Night, 2005 Inteviews

by Denise Traicoff, DESCD Staff Member

DESCD staff member Denise Traicoff interviewed two participants in the exchange of scientific findings during International Night of the 2004 EIS Conference. Dr. Sandro Baldissera was the regional coordinator of the QUADRI study, the results of which were presented in a lively poster depicting the medical status and habits of diabetic persons in Italy. Dr. Baldissera is a participant in Italy's field epidemiology training program. Dr. Sergon Kibet is a 2nd year resident of the Kenya FELTP program, pursuing the Applied Epidemiology track. He was the lead author of a report on seroprevalence of a mosquito-borne virus in that country's oldest living town, and he gave an oral presentation of the abstract of that report for the audience.

Sandro Baldissera – Italy – Poster Presentation: A National Survey of the Quality of Care for Diabetic Persons in Italy, 2004

Denise: What was the most challenging part of preparing your presentation for this evening's program?

Dr. Baldissera: There were no difficulties. We had ideas from the beginning on the graphics. The idea came from the title of the study QUADRI, which means Pictures in Italian. The study itself was harder than the posters, since it was a national survey. We had to create appropriate questionnaires for the different regions in Italy, train the interviewers and review the responses and data. It all was a great deal of work.

Denise: How did you prepare for the project?

Dr. Baldissera: We had a number of workshops with multidisciplinary participants. There were clinicians, public health officers, and several experts. We also invited diabetic patients. It was an opportunity to get in tune with the needs and ideas of the health care community.

Denise: What advice would you give a trainee in your program next year about preparing a poster for CDC's EIS Conference?

Dr. Baldissera: It is important to have good data and a clear idea of the objectives of the study. They should also have an idea of the important results. If you have these, then the poster preparation is secondary.

Sergon Kibet – Kenya – Oral Presentation: Seroprevalence of O'Nyong Nyong Fever in Lamu Island, Kenya, October 2004

Denise: What was the most challenging part of preparing your presentation for this evening's program?

Dr. Kibet: The most challenging part was trying to put all the pieces together in an organized and logical manner that would be easy to understand. It was difficult to keep the presentation to 10 minutes and still say everything.

Denise: Did you have review and rehearsal sessions before the program?

Dr. Kibet: Yes, I had several: with colleagues, with Dr. Tetteh, our resident advisor, with the Ministry of Health and also a dry run with the CDC team.

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Ms. Denise Traicoff interviews Dr. Sergon Kibet, Kenya.

Partnerships in Excellence

continued from page 11

Denise: What were you most worried about in terms of how your presentation would be received by the audience at the Atlanta conference?

Dr. Kibet: That people may not understand the presentation, that they may ask questions for which I may not have an answer. I also had a small phobia of the crowd.

Denise: How do you think the presentation turned out?

Dr. Kibet: It went well, I was able to handle the questions. I took the worries as problems I could address and solved them. By identifying the worries I was able to prepare myself better.

Denise: What advice would you give a trainee in your program next year about preparing a presentation for CDC's EIS Conference?

Dr. Kibet: Go through your presentation and get as many comments as possible, then incorporate them. Be prepared to answer questions. And stay focused on the public health impact-that's critical.

Denise: How has participation in International Night benefited you?
Dr. Kibet: I have benefited in several ways. It created confidence in myself in presenting and in my work in general. It is an opportunity to meet people who can give you suggestions. And it is important not to overlook the most important part: to pass on to others what you have done and the findings which can be a learning experience for others.

Interview with Zhang Ying – China FETP Officer by Nadine Sunderland, DESCD Staff Member

On International Night at the 2005 EIS Conference, Dr. Zhang Ying won the award for Outstanding Public Health Intervention for *An Outbreak of Acute Febrile Respiratory Disease from Adenovirus in Schools of a Township, Eastern China, 2005*

Nadine: How did you come to be involved in this investigation?

Dr. Zhang: The outbreak was detected through the emergency surveillance system. The Emergency Department leader requested the CFETP to help.

Nadine: How did your investigation contribute to the intervention being implemented?

Dr. Zhang: The results and recommendations from the investigation were used to decide what intervention should take place, although I didn't supervise the implementation.

Nadine: How were you able to help the local government?

Dr. Zhang: The local government had an idea of the source of the outbreak, but they did not have money to investigate. We told them the risk factors and what they should do to prevent another outbreak.

Nadine: Whom did you meet with to make your recommendations and get the intervention implemented?

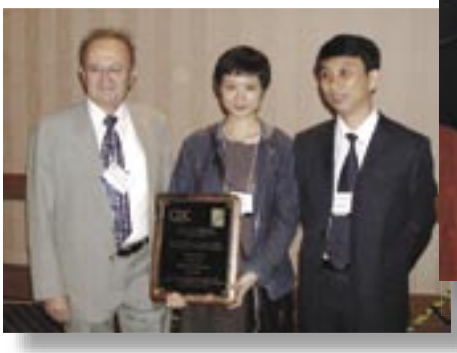
Dr. Zhang: We met with the local (China) CDC education government leaders.

Nadine: What were you most concerned about in making your presentation this evening?

Dr. Zhang: The questions. That I would not understand the question or that I would not answer the question that was asked.

Nadine: What advice would you give a trainee in your program about preparing a presentation for International Night?

Dr. Zhang: Don't be nervous. The people are very nice here. Also, the time difference and feeling tired is difficult.



Dr. Bob Fontaine with winners of the Foege Award, China FETP

Dr. Herrara congratulates Foege Award winner as Dr. Mark White looks on.

Highlights from the Program Development Branch

by Rubina Imtiaz, Chief, PD Branch

This has been a year of growth and consolidation for most of Program Development Branch (PDB) partner programs. India FETP has taken a lead in establishing critical, domestic partnership with the National Institute for Communicable Diseases (NICD), New Delhi, the lead surveillance and outbreak response institute for the Ministry of Health. As NICD gears to start its two-year FETP next year, it has agreed to follow the same curriculum, competencies and training methods as the National Institute of Epidemiology (NIE) is implementing. In return, successful graduates from both Institutes will be awarded the same degree, Masters of Applied Epidemiology (MAE) by Sree Chitra Tirunal Institute of Science and Medical Technology, Kerala. This has been a great learning experience and emphasizes the importance of establishing key institutional partnerships for FETPs within large countries like India, China and Brazil, and a large Regional program like that in Central Asia. These formal partnerships ensure standardization of outputs, maximize impact and efficiency, and provide a connected public health system that has greater absorption capacity for FETP graduates. We hope to see similar partnerships come up in our other partner programs.

China FETP trainees and staff investigate cases of Severe Acute Respiratory Syndrome (SARS).

Another newsworthy item is the progress made on defining the laboratory strengthening component that could be added to most FETPs to improve outputs with lab input. Portia Jackson, our Emerging Leaders fellow, has the lead on that and has coordinated and synthesized discussions very well as shown in her abstract.

In the paragraphs below, we describe some achievements from our partner programs that have been made in recent months.

The China FETP in 2005

Hoang Dang, PHSD, Branch Staff Member

Under the leadership of its Director, Professor Zeng Guang, and CDC Resident Advisor, Dr. Robert Fontaine, the China FETP (C-FETP) has completed the selection process for candidates to join its fifth cohort of 15 officers, who began training in Fall of 2005. The third cohort of 12 officers is completing disease surveillance, outbreak investigation, and related priority activities in preparation for its upcoming graduation and placement in key field epidemiology positions throughout China.

The C-FETP has performed more than 100 outbreak investigations since its establishment in 2001, including high-profile surveillance, investigation, prevention, and control activities for Severe Acute Respiratory Syndrome (SARS), avian flu, and other high-priority conditions. This program is being increasingly recognized as an important international partner in disease surveillance and investigation, having been selected to host the 2004 TEPHINET scientific conference, a consortium of more than 30 field epidemiology training programs worldwide. In April 2005, two C-FETP abstracts describing adenovirus and paratyphoid outbreak investigations were accepted for presentation (from more than 100 submitted) at CDC's EIS Conference International night. The report of a large outbreak of waterborne paratyphoid fever attributed to a contaminated well in a rural junior high school in Guangxi Province, China, won the prestigious William Foege award for best presentation by a developing country.

C-FETP will play an increasingly important role in strengthening China's disease surveillance and outbreak investigation functions and responding to the evolving needs and interests of the China CDC. Thus, C-FETP has undertaken two key activities to strengthen capacity in those areas: establishing annual training of mentors and supervisors to meet the expanding demands of training greater numbers of C-FETP officers and field epidemiologists; and providing CDC experts to assess China's public health laboratory capacity and recommend how to better respond to infectious disease outbreaks and other priorities.

Trainees in Central America "training pyramid program."

Central America FETP and the Pyramid Training Model

Linnea Evans and Hoang Dang, Branch Staff Members, Edmond Maes, Project Officer

To make significant improvements in health, countries with developing public health programs need motivated health workers trained to universal standards. Central America has developed an effective model for this objective at most levels. CDC began participating in the creation of an FETP in Central America and the Caribbean in 2000, with financial support from USAID and in collaboration with ministries of health and the Pan American Health Organization. Along with the 2-year FETP, several participating Central American countries developed a shorter-term (approximately 9-month) training program for public health program managers and surveillance officers, modeled after CDC's Data for Decision Making Program.

In Guatemala, CDC's consultant, Dr. Augusto Lopez, took this process one step further—by initiating a third level of training that focuses on public health professionals at the district or community health center level. Dr. Lopez has combined these three tiers into a Guatemalan training program that he has dubbed a training "pyramid."

From district to national, these three levels are named, in Spanish, as follows:

- Capacitacion de Epidemiologia Aplicada de Nivel Local [CEAL] for the community level,
- Especializacion en Epidemiologia Aplicada (EEA) for mid-level epidemiologists at regional levels, and
- Programa de Entrenamiento en Epidemiologia de Campo, which is the FETP, for more in-depth epidemiology staff levels, typically with a national focus.

This 3-tiered framework can also facilitate and standardize the selection of participants for each program—each tier's graduates serve as a pool of candidates for the subsequent training program.

This approach has also promoted the development of a foundation of epidemiology skills that can facilitate the placement of graduates through the higher echelons of the training model. In addition, FETP trainees mentor EEA trainees, and EEA trainees in turn mentor CEAL trainees while simultaneously supporting the development of management skills.

With Guatemala as an example, the pyramid model has bolstered public health capacity by amassing a network of epidemiologists who serve the 27 health area units of the country. Since the beginning of DESCD's collaboration with Guatemala, 462 trainees have graduated from CEAL, 73 from EEA, and 6 from the FETP. A testament to its success occurred this May when the Guatemalan Ministry of Health assumed primary responsibility for financing and implementing the fifth EEA cohort with an additional 35 trainees located throughout 15 of the 27 health area units of Guatemala. The pyramid training model offers another way to conceptualize development of human capacity while supporting the strengthening of public health systems and providing services to the Guatemala Ministry of Health.

Dr. Augusto Lopez, CDC Consultant, Guatemala.

Update from the Capacity Development Branch

by Peter Nsubuga, Chief, CD Branch

Cover page of Epi Track, new software tool for public health practitioners

This has been another exciting year for DESCD (formerly DIH) and for the Capacity Development Branch (CDB). We were able to demonstrate some of the training tools that have been developed by the division, with the leadership of the branch at the most recent global TEPHINET meeting in November 2004 in Beijing. Those materials included the new version of the FETP development handbook and the draft FETP generic curriculum. The FETP curriculum is now finished and will soon appear on the DESCD web site (http://www.cdc.gov/descd). The Branch is now focusing on monitoring and evaluation of FETPs with an emphasis on how the training contributes to the improvement of the health of the public.

Program evaluation is an essential practice in public health. It provides a systematic way to improve and account for public health actions. FETPs have been recognized as critical elements in assisting countries to build stronger health systems. As more programs continue to develop, it has been recognized that a standard set of guidelines for monitoring the implementation and evaluating the outcome of the programs would be useful for assisting the programs in improving their processes and the indicators will show the public health outcomes that the FETPs provide to MoHs and donors, as well as the requirements (e.g., political commitment) for implementing programs. Beginning with the fall of 2004, the Branch has been working with many others to develop a program for the systematic, periodic monitoring and evaluation of outputs and outcomes to allow for evaluation of the FETPs' impact on public health systems and ultimately the health of the public. The goal of the project is to improve the evaluation of FETP in a manner that will lead to program improvement. The objectives are to develop an FETP Monitoring and Evaluation Guide and a model database for monitoring and tracking of programs.

The process began with the development of a list of indicators. These were drawn from the TEPHINET Continuous Quality Improvement (CQI) list and organized by the components of the FETP logic model (Input/Process/Output/Outcome/Impact). The evaluation working group agreed to use that list as the basis for the creation of the proposed indicators for a standard FETP evaluation protocol.

The indicators include:

- Input – Resources available to program
  - (staff, funds, computers, communications, degree/certification for graduates)
- Process – Training program being delivered
  - (competencies, core learning activities, curriculum, field work, supervisory support)
- Outputs – Public health services provided by the program
  - (Graduates, outbreaks investigated, publications, etc.)
- Outcomes – Strengthened public health system
  - (Graduates working in public health system, improved surveillance, recommendations from investigations implemented, etc.)

Following the development of the key indicators, the working group realized that providing programs with a tool to assist them in maintaining information on program implementation and essential program outputs and outcomes would both assist programs and be useful for evaluation. A draft monitoring/tracking database developed in *Epi Info* ™ Version 3.3.2 (appropriately named "Epi Track") has been created and is begin pilot tested. This data base can be used by programs to capture information on their programs, students, and student and program outputs/outcomes in a standard and routine way such that the agreed upon indicators are routinely available. Standard reports created in *Epi Report* (the report generating function of *Epi Info*) will be developed as part of this pilot to meet the needs of the training programs and their managers. The *FELTP Monitoring and Evaluation Guide* will outline more fully all the elements of an evaluation. We hope to have this ready by early 2006.

Partnerships in Excellence

Interview with Dr. Simon Ajeilat, Central Asian AETP* Program Director

by Maureen Sinclair, Deputy Director, CDC Central Asia

Q. How did you learn about the Central Asian AETP?

A. I learned about it from Michael Favorov at the 2004 TEPHINET conference in Madrid, Spain. Because I am a graduate of an FETP and I speak both English and Russian, Michael invited me to apply. I was honored to be selected for the position.

Q. How does your experience from the Jordanian FETP help you in your current job?

A. Through the Jordanian FETP, I learned everything about FETP: structure, curriculum, and methods of teaching. I also gained much practical experience. Through the Jordanian program, I did a short assignment to WHO as a polio eradication advisor, so I learned from that experience. Everything I know learned from my experiences from the Jordanian FETP. I also learned a lot of practical knowledge from Bob Fontaine**, who was the Resident Advisor for the Jordanian program when I was in training. He is like an encyclopedia for infectious diseases. My experience as an FETP participant helps me relate to the participants now because I was in their place once. My knowledge of the culture here helps a lot, too. I did my undergraduate studies in the Former Soviet Union, so I understand the culture. It helps a lot.

Q. What are the greatest challenges you face as the CAR AETP Program Director?

A. The greatest challenge is that it is a regional program. We have trainees from four republics, so there are logistical difficulties and problems with communication, especially when the trainees are in the field. Other challenges include a lack of mentors and supervisors in the field. Unfortunately, although there is a great tradition of epidemiology in Central Asia, the techniques and methods used are not modern and therefore, we cannot rely on supervisors to be mentors. Also, the lack of transparency, which is a carry-over from the Soviet Union, can make investigating outbreaks a challenge. The bureaucracy of the system can be overwhelming and an obstacle to getting things done. The epidemiology resources, such as books and other materials, are almost non-existent in Russian. We have to rely on ourselves to provide all the necessary information and articles, which often involves translation of materials. This is a challenge as well as there is a great need for a dictionary of epidemiology in Russian.

Dr. Simon Ajeilat (right), Director, Central Asia AETP

Q. What is the greatest achievement of the CAR AETP so far?

A. We are very young still, but just being here is an achievement. Getting through all the challenges and obstacles to get the program established is a great achievement in itself. We have completed over 30 investigations and 16 planned studies since the program began in 2003. Five of the seven graduates from the first cohort of participants went back to their home institutions,

Ms. Julia Ershova instructing Central Asian Public Health Officials in Epi Info.

and two are working for an international non-governmental organization in the region. One of the biggest achievements is that we are getting more and more appreciated by the locals. At first, they were apprehensive, but when they saw our work, they got interested, and now we have more opportunities to collaborate with local officials and organizations. When they have serious problems, we get invited to assist. Now, more people are trying to get into the program. The competition for the limited spots increases each year. Also, during the TEPHINET Conference in Beijing, we had four abstracts accepted for presentation. This happened after only the first year the course was offered.

*Applied Epidemiology Training Program
**Robert Fontaine, M.D., current CDC Resident Advisor to the China FETP.

Highlights of 2004 TEPHINET Conference*

by Jean Jones and Nadine Sunderland, DESCD Staff Members

Opening session of TEPHINET Conference, Beijing, China, November 2004.

The third Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET) Global Scientific Conference was held in Beijing, China, November 7-12, 2004, under the leadership of its Director, Professor Zeng Guang; CDC Resident Advisor, Dr. Robert Fontaine; and other partners. TEPHINET, a non-profit organization, was established in June 1997 to encourage relationships among field-based training programs throughout the world.

Thanks to logistical support from TEPHINET, a grant from the Bill and Melinda Gates Foundation, and a concerted effort from a broad array of partners including the China CDC International Office, C-FETP, and the US CDC's Division of International Health, this conference attracted a large audience of 289 participants from 39 country or regional programs.

Most of the conference attendees are associated with FETPs that are currently affiliated with the US CDC or programs that began as CDC-affiliated FETPs but are now managed by their own countries. In addition, some TEPHINET-member programs represent post-graduate public health training programs developed independently of CDC partnership.

The theme for the third TEPHINET conference *was* "Bridging a Gap in Public Health Excellence through Global Networking." That goal was amply met for the conference as field epidemiology trainees from around the world shared the results of their studies through oral presentations and posters and through

*Abstracts from the November, 2004 conference in Beijing can be found in *Biomedical and Environmental Sciences* Vol 18, Supplement, 2005.

continued on page 19

TEPHINET Writers' Workshop

by John Orr, Executive Director, TEPHINET

TEPHINET was formed in large measure to promote excellence among its FETP member programs in the rigor of the science practiced and in the manner in which findings are shared. One of the objectives trainees are expected to achieve is to prepare work that is suitable for publication in a peer-reviewed journal.

TEPHINET organized a writers' workshop, to assist six individuals from among those invited to present their research at the Third TEPHINET Global Scientific Conference, held November 8 – 12, in Beijing. Authors of the fifty highest-scoring abstracts submitted were given an opportunity to apply for a "scholarship" to attend a writers' workshop in Atlanta, the week of April 3rd, 2005. Scholarships were awarded to the following, who distinguished themselves at the Beijing conference:

Dr. Saravanan from India works on his article in Atlanta workshop.

Ms. Elliott Churchill instructs group of writers as they research their scientific articles.

Workshop participants both stayed and worked at the *Villa International*, a hostel for people visiting CDC/Emory University from abroad. TEPHINET sponsored participants' round-trip travel and stay in Atlanta for the week, with funding provided by CDC.

TEPHINET made arrangements to have three "mentor-editors" assist trainees to edit their work so as to be in a form suitable for publication: Ms Elliott Churchill, Senior Communications Officer with the Division of International Health, Ms Frances Porcher, former Chief, Editorial Services, National Center for Infectious Disease, CDC, and Dr. Martha Tacker of Biomedical Communication Services. The aim was for each participant to finish the week with the submission of a completed manuscript to a suitable journal, which included titles such as the *International Journal of Epidemiology* and *Pediatrics*. By all accounts the workshop was a success.*

Author	Country	Topic for Publication
Dr. Darin Areechokchai	Thailand	Evaluation of AIDS and symptomatic HIV surveillance
Dr. Kylie Carville	Australia	Differences in the patterns of infection & hospital admission among aboriginal children in Australia
Dr. Sheba Gitta	Uganda	Risk factors for neonatal tetanus
Ms Elizabeth Gonese	Zimbabwe	Factors associated with occupational Injuries among refuse collectors
Dr. Nobuo Mori	Japan	Calculating the measles vaccine coverage needed to prevent transmission in school
Dr Sivasankaran Saravanan	India	Coverage evaluation of the measles immunization, by lot quality assurance sampling (LQAS) method

*Editor's Note:
As of the end of November 2005,

- four of the six reports had been accepted for publication in a peer-reviewed journal;
- one report had been returned by a journal editor, following peer review, with a request for additional commentary in the 'Discussion' section;
- one report had been expanded by the author and awaits review and approval by the author's training program director.

Highlights of TEPHINET Conference continued from page 17

discussions of measurable objectives and impact during workshops and organized opportunities to confer and network.

Dr. Julie Hall, Communicable Disease Surveillance and Response Coordinator for the World Health Organization, started off the conference with her keynote address, "Forging a Future for Public Health and Field Epidemiology in a Connected World." Dr. Hall set the tone for the conference with her vision of connecting people in professional relationships "like a chain that cannot be broken," so information of value to world health can be shared. As an example, she referred to the relationships that have been forged around the world because of the SARS outbreak and the continuing threat of avian influenza.

More than half of the 84 scheduled presentations made were given by current CDC FETP participants, and the bulk of the remainder were given by trainees from countries whose field epidemiology training programs started in conjunction with the CDC FETP program and have since become self-sustaining programs.

A diverse array of topics were addressed in speaker presentations and as posters, ranging from infectious diseases such as avian influenza, HIV/AIDS, and SARS, to safety issues including seat-belt use and jelly fish envenomation. Dr. Jim Mendlein, one of 58 subject matter experts who reviewed the more than 160 submissions, was clearly impressed with the work of the participants, "The presentations that were chosen were excellent. Many of the abstracts would be good enough for publication in a peer-reviewed journal with just a few editorial changes. The overall pool of abstracts and posters was stronger than in past years, and it was difficult to reject many of them. We've come a long way in improving the quality of reporting what we find in the field." He then added, "I think this reflects the growing strength of field training programs in applied epidemiology and surveillance throughout the worldwide TEPHINET and partner communities. We've had several global public health events in recent decades, and having enthusiastic professionals in this position has been a great source of not only a disaster-ready team, but of competent scientists who were able to contribute to the body of knowledge about emerging pathogens and health threats."

The four workshops provided were well-attended. "Enhancing TEPHINET Program Participation in International Outbreaks" concentrated on preparedness planning and on creating and sharing emergency contact lists that consider skills and location. Concurrently, Workshop 2 participants practiced working with action thresholds. While Workshop 3 participants concentrated on surveillance during mass gatherings, attendees in Workshop 4 explored the development of SARS epidemiology during the discovery and control of the first known outbreak in China in 2003.

In addition to the workshops, a special session hosted by US CDC highlighted computer-based training and curriculum development.

On day 3 of the conference, a roundtable discussion was held on the topic of evaluation and improvement of our training programs. The moderators, Drs. Mary Beers Deeble and Augusto Lopez reviewed the ongoing TEPHINET initiative for continuous quality improvement. Representatives of several individual programs shared the results of evaluation of their training efforts, and an open discussion was held.

Attendees also took advantage of being at the conference to convene *ad hoc* meetings to discuss common concerns. As a result of one of these meetings, the African FETPs are collectively preparing a proposal for the consideration of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

At the closing ceremony, awards were announced for the best presentations. Dr. Darin Areechokchai and colleagues from the Thailand FETP won the award for best oral presentation. The report described investigation of the initial outbreak of avian influenza in Thailand in late 2003 and the health policies and interventions that were implemented as a result. Dr. Gao Lidong and colleagues from the China FETP won the award for best poster**.**

The success of the Beijing conference has provided encouragement to efforts to train increasing numbers of field epidemiologists in the People's Republic of China. Several Chinese provinces are beginning such programs. Representatives of both Hong Kong's Centre for Health Protection (Department of Health) and the Chinese University of Hong Kong attended the conference. A field epidemiology training program is now being established in Hong Kong and our colleagues in Hong Kong have applied for membership in TEPHINET.

An attentive audience as presenters from many countries describe their science.

Chronic Disease Surveillance in Jordan

by Henry Walke and Bassam Jarrar, DESCD Staff Members

Jordan has made great strides in decreasing the burden of infectious disease and has now made chronic disease surveillance and prevention a priority. A CDC surveillance project, the Jordan Applied Epidemiology Project (JAEP), is assisting the Ministry of Health in this effort. The surveillance project was begun in 1998 and its initial goals were to assist the Ministry of Health (MOH) strengthen infectious disease surveillance and produce and use data on the main causes of mortality and morbidity in the country. The project is funded by USAID.

In this project, MOH personnel have been trained in field epidemiology and management through two training programs, a Field Epidemiology Training Program (FETP) and a Data for Decision Making (DDM) program. As part of their training, some of the participants worked on chronic disease topics. During a project review with MOH and other partners in the summer of 2001, FETP and DDM trainees presented their chronic disease projects, and soon after the MOH requested assistance in chronic disease surveillance. In addition to accelerated efforts to strengthen infectious and emerging disease surveillance, JAEP is now working with MOH on three main components of chronic disease surveillance: mortality surveillance, surveillance of risk factors for chronic disease, and hospital discharge.

Mortality Surveillance

Building on 2001 civil affairs legislation that streamlined the reporting process and defined the parties responsible for reporting a death, the MOH (with JAEP and other partners) designed a new death notification form that complies with international standards. These new forms, along with appropriate instructional aids to clinicians, were disseminated through local directorate-level public health officers, who were trained in a formal cause of death (COD) training course. These health officers are using this COD training course, translated into Arabic, to train physicians in their districts.

Intensive *ICD-10* coder training was also conducted for selected members of the MOH along with representatives from the Civil Registration Office. A mortality data base was created within the MOH information center and *ICD-10* coding of mortality was implemented in 2003.

A conference to disseminate and discuss the new mortality surveillance in Jordan was held March 24, 2004. During the last 6 months of 2003, heart disease was the leading cause of death, followed by cancer. Injuries were the third leading cause of death. The conference was attended by the minister of health, the WHO representative in Jordan and delegations from the Civil Registry Office, ministry of health, universities, royal medical services, private sector and a large delegation from the Iraqi ministry of health and the WHO office in Iraq. The Mortality Statistics Branch Chief at CDC, Bob Anderson, was the keynote speaker at the conference. He evaluated the progress in implementation of the mortality surveillance system. His report indicated that progress in implementing the system and improving timeliness and accuracy is impressive and recommended moving into automated coding.

Chronic Disease Surveillance System in Jordan photo a. TO BE ADDED.

Chronic Disease Surveillance System in Jordan photo b. TO BE ADDED.

Behavioral Risk factor Surveillance System (BRFSS)

In 2002 and 2004 the Ministry of Health in Jordan conducted behavioral risk factor surveys (BRFS) in order to obtain information to reduce non-communicable disease. Jordan is the first Middle Eastern country to begin BRFSS. This effort was made possible because of strong collaboration among MOH, the Jordan Department of Statistics, and JAEP. Using the results of these surveys in combination with mortality statistics, hospital discharge surveys and other periodic surveys, the MOH intends to develop effective control and promotion strategies for chronic diseases.

The 2002 BRFSS national survey covered topics on hypertension, diabetes, cholesterol, obesity, smoking, physical activity, and diet. These questions were added to a Department of Statistics quarterly household unemployment survey and respondents aged 18 years or over were directly interviewed.

The survey found that 6.4 percent of Jordanians said they had been told by a physician that they had diabetes. Among persons who ever smoked in their lifetime, 50 percent of males and 8 percent of females smoke everyday or some days. Also notable was that 13 percent of the Jordan population would be considered obese by international standards. For comparison in the United States (U.S.) in the same age group, 6.7 percent of the population have been told by a physician that they have diabetes, 26 percent of males and 21 percent of females currently smoke everyday or some days and 22 percent of the U.S. population would be considered obese. The results of the 2002 survey were published in the MMWR, October 31, 2003 52(43); 1042-1044.

BRFSS was repeated in 2004 and will be repeated every two years. The 2004 BRFSS results will be officially released soon. This survey was expanded to include 140 questions and covered the core questions on the 2002 survey as well as additional questions on healthy behaviors, oral health, injuries, nutrition, women's health, and use of medical services. Interest in the BRFS based on the 2002 results was high and implementing programs within the MOH were actively involved in contributing and reviewing the questions on the survey. A line item has been created in the MOH budget to conduct this BRFSS survey on a biannual basis.

Hospital discharge

Hospital discharge information is another important source of data used by decision makers at the local and national level in health policy development. Hospital discharge information provides data on the most prevalent community and national health conditions and serves as a source of information to evaluate public health programs.

A joint 5 year plan with MOH was developed to implement coding and reporting of hospital discharge data in MOH 25 hospitals. 22 MOH personnel have just completed an intensive training course in medical terminology and ICD-10 coding. The necessary computer hardware and software was purchased and a pilot system is set to begin in July at one hospital before implementation in other facilities.

In summary, Jordan has significantly strengthened the surveillance of chronic disease through improving and institutionalizing mortality, behavioral risk factor surveillance, and hospital discharge.

Congratulations to the Thailand Field Epidemiology Training Program on the 25th Anniversary of Its Founding in 1980

Contributed by Thailand FETP

As the first of nearly 30 such programs that have been founded in the past 25 years, the Thailand Field Epidemiology Training Program was begun in 1980, as a section of the Division of Epidemiology or the Thailand Ministry of Public Health (MOPH). Within a few years, the program had been accredited by the Thai Medical Council, which qualified its graduates to test for Board Certification in Internal Medicine. The 2-year training-and-service program is a parallel program to CDC's Epidemic Intelligence Program, and in fact these two programs, as well as others in the Training in Epidemiology and Public Health Interventions Network (TEPHINET) family of programs, are all aimed at building capacity in public health practice in their host countries. The end goal of all these programs is a substantial reduction in preventable morbidity and premature mortality for the publics they serve.

The Thailand FETP states its primary objective as developing the capacity of Thai and foreign physicians through on-the-job training in applied epidemiology, surveillance, and public health response and intervention. In the years since its implementation in 1980, the Thailand FETP has amassed an impressive record of achievements, including the following:

- **91 FETP graduates, with from 1 to 7 persons graduating each year.** Of the graduates of the program, 73 work in the Thailand Ministry of Health (37 at the central government level and 36 at the provincial level); eight are staff members in Thai universities; three serve in the armed forces; five are staff members in such international agencies as UNAIDS, UNDP, WHO, and CDC-Atlanta; and five are in private clinical practice.
- **314 rapid responses to health threats.** These interventions were primarily dealing with infectious disease (214 incidents), but the remainder represented a broad spectrum of chronic disease and other types of threats to health. Each year of the program's operation has involved approximately 25 rapid responses, or at least three responses per trainee.
- **Provide training to physicians from other countries within the region.** Among 16 who graduated from the Thailand

Photograph of the original class of graduates from the Thai FETP program as they visit CDC Atlanta

FETP between 1998 and 2005, four are from Malaysia, four are from Myanmar, three are from Laos, one is from Cambodia, and one is from Southern China. This outreach helps track public health concerns across political borders.

Perhaps the most well-known events surrounding Thailand's FETP is the HIV/AIDS surveillance systems that were developed early in the program's existence there. In 1984, the first HIV serologic test kits were produced, and a Thailand FETP faculty member used them to conduct the first HIV serosurvey, yielding the first HIV-positive result in Asia. The FETP carried out the surveillance activities for this momentous program. Subsequent surveys over the next few years documented the rapid increase of HIV in Thailand.

Graduates of the FETP went on to contribute to Thailand's MOPH. These AIDS-related surveillance activities conducted by the FETP and its graduates laid the groundwork for increasing cooperation between the MOPH and CDC. This included the creation in 1990 of the HIV/AIDS Collaboration, which later was renamed and grew in the early 2000s into the Thailand MOPH – US CDC Collaboration, which featured expanded AIDS prevention activities and a new component focusing on other emerging infections in Thailand and the region.

Some of the most recent challenges Thailand has faced include SARS, avian influenza, and emergency response and service following the tsunami of December 26, 2004, that caused devastating destruction to large sections of Asia. In each case, the FETP was mobilized immediately and played an important role in tracking and evaluating the threat of public health events.
The Thailand FETP is an excellent example of what a winning situation is: the participants gain knowledge and experience as the MOPH gains from the efforts of innovative and enthusiastic epidemiologists, then has trained professionals to add to its work force. But the public is the biggest winner, with health threats identified, evaluated, and controlled as a result of this cooperative relationship.

In Remembrance

Dr. Tito de Jesús Rodríguez, graduate of the 2nd cohort of the Central America FETP, passed away May 29, 2005. Dr. Rodríguez was the Director of the La Libertad health unit in El Salvador and a respected epidemiologist who made significant contributions to the field of public health. During his time in the FETP, Dr. Rodríguez investigated leptospirosis and Venezuelan equine encephalitis outbreaks, and led a planned investigation in sports injuries during the XIXth Central American and Caribbean Games. Colleagues in the DESCD and the Central America FETP would like to recognize the accomplishments of Dr. Rodríguez and convey our heartfelt sympathies to his family and friends.

Announcement of Regional Conferences

TEPHINET has conducted a number of regional scientific conferences in 2005, including the European Scientific Seminar scheduled for 13-15 October in Minorca, Spain, the Americas Region Scientific Conference slated for 9-11 November in Buenos Aires, Argentina, and the African Region Scientific Conference during 5-9 December in Accra, Ghana. Following closely will be the 3rd Southeast Asian & Western Pacific Bi-Regional Conference, scheduled for 9-13 January 2006 in Chennai, India.

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