FETP Updates

July-September 2017

TEPHINET requests updates from its member programs for inclusion in each issue of TEPHINews, our quarterly newsletter. If your program would like to submit an update for a future issue, please contact trezvani@tephinet.org.
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FETP Updates

JULY-SEPTEMBER 2017

ANGOLA FIELD EPIDEMIOLOGY AND LABORATORY TRAINING PROGRAM

During the last trimester (July-September 2017), the A-FELTP students have been involved in undertaking several projects: evaluation of several surveillance systems, focusing on, for example, HIV prevention of mother-to-child transmission, onchocerciasis or yellow fever, and investigation of key outbreaks in-country, namely cholera, hemorrhagic fever, rabies and pruriginous syndrome. Furthermore, students have successfully submitted abstracts to several international conferences and have presented—or will be presenting—their works at such conferences, namely the Ghana FELTP 1st Scientific Conference and ICASA 2017.

Mr. Raidel de Jesus, our Angola FELTP Resident, has just participated in the Ghana FELTP 1st Scientific Conference held in Accra, Ghana, from 18-21 September 2017.

BRAZIL FIELD EPIDEMIOLOGY TRAINING PROGRAM (EPISUS)

From July 26-August 1, the Ministry of Health received, with great satisfaction, the accreditation reviewers of TEPHINET, Ms. Gilma Mantilla and Mr. Carl Reddy. During the review process, the reviewers were able to get to know the Brazilian program and interview the coordinators, supervisors, monitors, graduates and trainees of the existing program, in Brazil since the year 2000.

Fortunately, on August 28, 2017, we received the news that EpiSUS had been recognized internationally, through the accreditation certificate granted by the TEPHINET Global Accrediting Body (GAB), as an institution that meets the quality requirements required by the program.
A group of five representatives from FETP-Brazil participated in the 9th TEPHINET Global Scientific Conference held in Chiang Mai, Thailand, from August 7-11, 2017, including the coordinator of the Strategic Health Surveillance Information Center of the FETP-Brazil training program of the Ministry of Health, Mr. Márcio Henrique de Oliveira Garcia, and his assistant coordinator, Mr. Marcelo Wada. Mr. Garcia participated in the panel discussion, "Zika Response as an Example of Field Epidemiology Intervention."

The evaluation meeting of the first phase of the EpiSUS-Fundamental pilot project will take place in Recife, Pernambuco, Brazil on September 27 and 28, 2017, with the participation of the Ministry of Health’s representative, the health secretariats of the states participating in phases I (February to September 2017) and II (October 2017 to May 2018). The purpose of this meeting is to identify the strengths and weaknesses of phase I of the project, seeking the continuous improvement of this training program, from the technical, administrative, infrastructure, and financial perspectives, among others.

EGYPT FIELD EPIDEMIOLOGY TRAINING PROGRAM

Cohort #18 graduated on July 27 and we are now working with cohort #19 who are in their first year of training. In addition, we established a Public Health Empowerment Program-Basic Field Epidemiology (PHEP-BFE) for sanitarians in collaboration with GHD/EMPHNET.

As for Cohort #18:

On July 27, 2017, thirteen epidemiologists graduated from the program after fulfilling all graduation requirements. The graduation ceremony was honored by the presence of:

Dr. Amr Kandeel, Chief of Preventive Sector and Endemic Diseases – MOH
Dr. Mark Wooster, Country Director, U.S. CDC, Egypt
Dr. Mohannad Al Nsour, EMPHNET Executive Director
As for Cohort #19:

Module 4: Research Methodology

A five-day training course was held in Cairo from 23-27 July, 2017. Twenty residents were attending. The course included the different types of epidemiological studies, common measures of association, measures of public health impact, and questionnaire design for an epidemiologic survey or study. During the course, residents of cohort #19 were put on the starting line of their study project design. Upon completion of the course, participants were asked to submit their study project concept paper.
Module 5: Outbreak Investigation

This course was held in Cairo from 20–24 August, 2017. Nineteen residents of cohort #19 were attending. The goal of this training course is to provide participants with knowledge and skills of the outbreak investigation of diseases as it is a core function of epidemiology and a crucial part of public health practice. This course provides participants with the skills to early detect, investigate and respond to outbreaks.

Launching of Public Health Empowerment Program - Basic Field Epidemiology (PHEP-BFE)

The general objective of PHEP-BFE is to build the epidemiologic capacity within the Ministry of Health (MOH), particularly at the district level, through strengthening of public health surveillance, improved detection, investigation and response of outbreaks, more effective communication, and improved availability and use of data for decision-making, both during normal situations and during crisis.

Stakeholder Meeting

As for Cohort #1 of PHEP-BFE:

Workshop 1: Basic epidemiology and surveillance

This workshop was held in Cairo from 31 July-10 August, 2017, in which the twenty-six residents of cohort #1 were put on the starting line of their surveillance project activities. The workshop introduced basics of public health, basic epidemiology, and basic biostatistics. It addresses the importance of surveillance;
surveillance data collection, analysis, and interpretation; surveillance data quality assessment; monitoring and evaluation of surveillance, responding to surveillance findings, relevant computer skills, and mentoring.

**Workshop 2: Outbreak investigation and public health emergency**

A 5-day training workshop held in Cairo during the period 16th of July – 20th of September, 2017 in which the twenty six residents of cohort # 1 were attending. At the beginning of workshop 2, participants presented their field projects.

Classroom instruction addressed outbreak investigation and response, the role of the laboratory in surveillance and outbreak investigation, team work and team building and rapid response team structure and function. Participants returned to their jobs and will complete report on an outbreak investigation and complete case investigation form for one disease.

Participants returned to their jobs where they analyzed their office’s recent surveillance data, summarized their analysis in a brief written report (or weekly reports), then conducted data quality audit and feedback visits to selected reporting sites.
Mentorship Workshop:

This workshop was held in Cairo from 19-20 July before launching PHEP-PFE. The workshop described the characteristics of an effective mentor in field epidemiology, the roles of a mentor and mentee, and identified the strategies used by an effective mentor.

Common field activities:

- Four of our residents and graduates (from cohort #18 and #19) participated in an evaluation of a National Mass Drug Administration (MDA) campaign towards elimination of schistosomiasis by 2020 and calculation of the coverage rate of MDA of praziquantel in different selected governorates.
• Two of our residents and graduates (cohort #18, 19) participated in a medical mission to serve the Egyptian Pilgrims during the Hajj season 2017.
• Our residents participated in assessment visits of governorates capacities for surveillance, outbreak investigations, and rapid response.
• Four of our residents participated in Hepatitis C virus screening campaign targeting Upper Egypt governorates.

Participation in Regional/International Trainings:
A CBRN threats module was provided by MediPIET (the Mediterranean Programme for Intervention Epidemiology Training) in Serbia in July 2017. Two residents from cohort #18 and #19 participated. Dr. Mahmoud Hassan, FETP graduate from cohort #17, participated as a facilitator in this training and was awarded as the best presenter.

Participation in Conferences:
For the 9th TEPHINET Global Scientific Conference in August 2017, two accepted abstracts were presented by two residents from cohort #19, one as an oral presentation and the other as a poster presentation.

At the end of the conference, Dr. Sahar Samy, FETP-Egypt coordinator, was handed an achievement award as FETP-Egypt has been launched and successfully graduating residents over the last 20 years.
Dr. Wessam, FETP resident (cohort #19), was handed an achievement award for first place in the Facebook photo competition for the conference.

**Upcoming events:**

- Workshop (3) for PHEP-PFE, ending by graduation ceremony
- Advanced biostatistics module for FETP cohort #19
- Recruitment of new FETP cohort #20
- Launching our website, [www.egfetp.org](http://www.egfetp.org)

You can follow us on our Facebook page: [Egypt FETP](https://www.facebook.com/egyptfetp/)

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**JAPAN FIELD EPIDEMIOLOGY TRAINING PROGRAM**

FETP-Japan (FETP-J) supported the launch and first epi and public health seminar for the Japanese Infectious Diseases Response Team. This team is established under the Japan Disaster Relief Team (JDR) organized by JICA (Japan International Cooperation Agency) to respond to global infectious disease outbreaks as team Japan. The team consists of five components: medical care unit,
epidemiology unit, public health response unit, laboratory unit, and logistics unit. This three day seminar was targeted for epi and public response teams and configured and implemented jointly by JICA, US CDC, and FETP-J. The objective of the seminar is to train the first tier of epi and public health experts to dispatch as a part of JDR. Approximately 40 people, including seven FETP-J current trainees, five alumni, and five facilitators participated this interactive and exciting seminar. This is the first step for preparedness and response for the global infectious disease emergency as team Japan.

FETP-J sent two FETPs and two facilitators to the 9th TEPHINET Global Scientific Conference in August 2017 in Chiang Mai, Thailand. On the first day, our facilitator, Mr. Matt Griffith, led a pre-conference workshop on cleaning and analyzing surveillance data using Zika as an example. He facilitated the participants in identifying shared challenges in surveillance data collection and analysis and in developing solutions for them. Two FETPs’ presentations were on national measles surveillance data and epidemiology of a severe mumps outbreak in Okinawa. Finally, our participants wrapped up the conference with a perfectly harmonized dance performance at International Night.

Photo captions (clockwise): 1. Participants and FETP-J at JDR training; 2. FETP trainees at JDR training; 3. Workshop led by Mr. Matt Griffith; 4. FETP-J at the 9th TEPHINET Global Scientific Conference
KENYA FIELD EPIDEMIOLOGY AND LABORATORY TRAINING PROGRAM

Background
The Kenya Field Epidemiology and Laboratory Training Program (FELTP) is a two-year postgraduate and competency-based training program in applied epidemiology and public health laboratory management. The program was established in April 2004 and was designed in recognition of the need to strengthen the epidemiologic and laboratory management capacity of Kenya and East Africa region to meet the challenges of the emerging infectious diseases and other public health problems.

Mission
To contribute to the improvement of health of the people in Kenya, East Africa, and beyond through the pursuit of excellence in competency-based training in applied epidemiology and public health laboratory management, and through services provision.

Goals
The overall goals of FELTP are:

- To develop a self-sustaining institutionalized capacity to train public health professionals in applied or field epidemiology and public health laboratory management.
- To provide epidemiological services to the public health system at national, county, sub-county and local levels.
- To manage laboratory services for the public health system at national, county, sub-county and local levels.

The residents and members of the faculty of the KFELTP participated in various activities during this third quarter of FY 2016-2017 which covers the period from 1 July 2017 to 30 September 2017.

Training and Related Activities

Cohort 14: The advert for recruitment of cohort 14 was closed on July 14, 2017. Two hundred and five applications were received and 60 shortlisted for the interview. On August 30, interviews were conducted and 20 interviewees were selected to join cohort 14. Their first semester will begin on October 6, 2017.

Cohort 13: During the period under review, residents of cohort 13 undertook a Leadership and Management course from August 23 to September 1, 2017. The facilitators were Tura and Andrew from KFELTP. The course included sessions on leadership, management and health policy. The residents continue to support their placement sites.

Cohort 12: During the period, cohort 12 residents did a scientific writing workshop from July 3–14, 2017. The training was facilitated by Dorothy Southern. The residents developed framing documents of their thesis work and other field investigations. At the end of the workshop, they had developed draft manuscripts and are currently working towards submitting them to journals for publication. Moi University organized a mock thesis defense on September 12, 2017. Twelve residents presented and are awaiting submission of thesis to the University for examination.

Basic Level Field Epidemiology Trainings for Group 1A and 2A
Course 2.5 of basic epidemiology training for group 1A was held at Rainbow Ruiru Resort from July 13 to 14, 2017. Thirty four participants made PowerPoint presentations and graduated at the end of the course.
Course 1 of basic epidemiology training for group 2A was held at Sportsman’s Arms Hotel in Nanyuki Town from August 28–September 1, 2017. Forty-two participants attended course 1. Topics covered in course 1 included introduction to epidemiology, basic public health statistics, public health surveillance, introduction to MS Excel, case definitions and line listing. The participants are currently collecting data for their field projects. Course 2 will be held at the same venue from October 2-6, 2017.

**Photo captions (left to right):** 1. Participants undertake daily quiz; 2. Dr. Kadivane facilitates a case study session

![Participants of the birth defects surveillance dissemination meeting](image)

**Data Quality Audit of Birth Defects Surveillance Data and Dissemination Meeting, August 23-24, Kiambu**

The national birth defects cording committee held a two day meeting in Kiambu County to conduct a data quality audit of the data collected through the birth defects surveillance system and also share the findings of surveillance system with key stakeholders. Participants of the dissemination meeting included health workers and administration from Pumwani Maternity Hospital, Kilifi County, Nyamira County, Nairobi County, FELTP (K) and Smile Train Kenya.

**Key Findings**

A total of 33 babies with birth defects were reported through the surveillance system. Although the surveillance system was initially meant to capture three types of birth defects, namely neural tube defects, orofacial clefts and talipes equinovarus, the health care workers reported all the defects seen in the hospital, indicating eagerness to participate in the surveillance system.

**Key Recommendations from the meeting**

- Use of bright colored stickers to identify files of infants born with birth defects and their mothers
- Use of WhatsApp to provide updates from birth defects surveillance focal persons
- Step up mentorship visits by the national team
- Include birth defects form in the revised newborn and maternity files in Pumwani Maternity Hospital
- Examine stillbirths to identify those with birth defects
- Record contact information of parents for use during follow-up on access to healthcare
Records Review in Kilifi County Referral Hospital, 31 August-4 September 2017

- Dr. Jane Githuku, a field coordinator with Kenya FELTP and Mrs. Beatrice Ochieng, a graduate of Cohort 11, conducted a retrospective review of records at Kilifi County Referral Hospital to determine the prevalence of common birth defects in Kilifi county referral hospital. The aim was to establish the baseline prevalence of birth defects before starting surveillance activities.
- They found a total of 5,998 records of births and newborn admissions in the hospital, covering the period from January 1, 2016 to April 30, 2017. Seventy four records of birth defects were retrieved of which 62 were major birth defects. Overall prevalence of birth defects was 123.4/10,000 births. The leading birth defect was congenital talipes equinovarus (16.7/10,000) followed by congenital hydrocephalus (11.7/10,000), neural tube defects (8.3/10,000) and omphalocele (6.7/10,000). Gaps in documentation of birth defects, such as incompleteness in records, data inconsistencies and lack of linkage between maternal and newborn records were also identified. The findings were shared with the county health management team.

Kilifi County Referral Hospital Staff review medical records to identify birth defects cases

Outbreak and Other Related Field Activities

(a) Investigation of Kala-azar Outbreak in Marsabit County, Kenya, 2017

Background

Dr. Mark Obonyo, a field coordinator with Kenya FELTP, and three residents of cohort 13 conducted a frequency matched case control study identifying risk factors for outbreak of kala-azar in Marsabit County in Northern Kenya. Marsabit County is majorly arid and is inhabited by nomadic pastoralists rearing cattle, goats, sheep and camels. The team reviewed medical records in selected facilities in the county for the period of 1 January 2014 to July 2017. Only cases confirmed by serology, microscopy or PCR were eligible for inclusion. Controls were defined as the absence of clinical signs of kala-azar disease since 1 January 2017, had no prior history of treatment for kala-azar and did not have post-kala-azar dermal lesions (PKDL). All eligible controls were screened using rk39 test and those found positive were dropped as controls and instead enrolled as cases.

Findings

A total of 383 suspected cases were line listed and 808 (80.4%) were positive on rK39 RDT test. Overall, a total of 13 deaths were reported since 2014 (CFR=3.4%) with attack rate of 103 cases/100,000 populations. Cases recruited were 77, with 154 controls. Being male (OR 2.7; CI 1.4 – 5.0), presence of
anthill in homestead (OR 2.5; CI=1.3 – 4.8) and history of travel to kala-azar endemic areas (OR 3.1; CI=1.7 – 5.8) were associated with being a case.

Recommendations
- Health education by the county disease surveillance team among community members of Marsabit County on transmission and prevention of kala-azar
- Initiation of vector control in most affected areas

(b) Factors associated with cholera outbreak, Nairobi County, July 24-28, 2017

Background
Three residents of cohort 13 conducted a case control study in Nairobi to understand the risk factors for the ongoing cholera outbreak. The investigation also involved the Disease Surveillance and response unit (DSRU) and Nairobi County Health Department. This was a frequency matched case control study conducted from July 24-28, 2017 using facility cases from Kenyatta National Referral Hospital and community controls from five sub-counties in Nairobi County.

Results
The team recruited 44 cases and 92 controls. Males were 31 (71%) among cases and 30 (33%) among controls, average number of persons in the households was 4 persons, 10 cases (23%) and 29 (32%) controls were small scale traders, 35 cases (80%) and 55 controls (60%) had attained post primary education. Not chlorinating drinking water (OR 14.6; CI=4.4 – 47.8), eating outside the homestead (OR 9.5; CI=3.1 – 29.1), not sourcing drinking water from Nairobi water community supply line (OR 4.9; CI=1.6 – 15.5) and having drank untreated water one week before the investigation (OR 3.2; CI=1.1 – 9.2) were risk factors for the outbreak.

Recommendations
- Nairobi County Government to increase access to safe, drinking, water in the city, especially in the informal settlements
- Encourage water chlorination at the household level, especially if sourced from uncertain sources/piped through unhygienic surroundings
- Public education on cholera transmission, prevention and urgency of seeking health care if the disease is suspected

(c) Assessment of Knowledge, attitude and practices towards cholera among community members and health care workers in informal settlements in Nairobi County, July 28-August 2, 2017

Background
Nairobi City County has reported cholera cases since index case on April 16th 2017. Ten out of seventeen sub counties have been affected to date. The county has reported 954 suspected cases among whom 115 (12%) were confirmed cases. Kenya FELTP conducted a survey to assess knowledge, attitude and practices regarding cholera among community members and health care workers (HCWs) residing in the informal settlements in Nairobi County.

Results
A total of 1,227 households were interviewed. Females were 859 (70%), median age was 29 years (range 13-90 years), average household size was 4 persons (±2 persons), 1184 (96%) had heard of cholera, 589 (48%) were aware of the ongoing cholera outbreak, 945 (77%) reported that cholera is caused by
contaminated water, 1056 (86%) reported acute watery diarrhea as the predominant symptom, 843 (69%) knew cholera could be transmitted from one person to another, 471 (80%) had heard about cholera outbreak through radio, 1006 (82%) reported water treatment as main prevention method, 594 (48%) knew how to prepare a home-made rehydration solution; with 476 (80%) of these aware of the sugar/salt solution, 710 (57%) sourced drinking water from community taps, 914 (74%) reported treating their drinking water, 1078 (88%) washed their hands before eating and after visiting the toilet, 18 (58%) households had a chlorination level of ≤ 0.3 mg/L.

The team interviewed 111 health care workers. About half of the HCWs reported had no formal cholera case management training and more than half were not able to correctly state cholera case definition or assess severe dehydration. All HCWs reported to give antibiotics to all cholera patients but 52% of them did not know the type of antibiotic to prescribe for the pregnant cholera patient. Regarding attitude to cholera HCWs reported to be worried about getting cholera from their patients and they also believed that cholera can be cured. Frequent stock outs of oral rehydration solutions, intravenous fluids; doxycycline and zinc sulphate was reported by the health care workers.

Conclusions

- There were knowledge gaps in assessment of dehydration, cholera case definition and cholera case management among the HCWs.
- Half of the HCWs interviewed had not been recently trained on cholera case management
- Health facilities lacked cholera RDTs, a basic cholera screening test. They also lacked capacity to perform culture tests which is the confirmatory test.

Recommendations

- Nairobi City County department of health to train HCWs on cholera case management and surveillance with emphasis on integrated disease surveillance and response strategy.
- All facilities to put in place standard operating procedures on cholera e.g. job aids on case definition, case management, and laboratory specimen collection.
- Address inadequate lab supplies by establish point person(s) responsible for supply distribution (one to be responsible for the emergency and one for routine supplies).

(d) Outbreak of cholera at a University Hotel in Nairobi County

Background

On September 2, 2017, a suspected outbreak of cholera was reported among police officers who were accommodated at a university hotel in Nairobi. The Disease Surveillance and Response Unit (DSRU) and Field Epidemiology and Laboratory Training Program (FELTP) constituted a team to investigate, respond and control the outbreak. The team aimed to describe the magnitude of the outbreak and determine the source and cause of the suspected cholera outbreak. They reviewed; updated and consolidated the line list for Nairobi and four neighboring counties between August 31, 2017 and September 6, 2017. Additional risk factor information was collected using a structured questionnaire administered to police officers who were admitted in hospital and through phone interviews with hotel staff and police officers who did not become sick. Environmental health, water safety and food hygiene audits. Water samples were taken for bacterial and residual chlorine analysis; food samples for bacterial analysis and stool samples from the food handlers for *Vibrio cholera* test. Food specific attack rates for the different foods served at the hotel between August 31, 2017 and September 3, 2017 were calculated.
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Results
A total of 139 suspected cases were line listed; 107 (91.4%) were male, mean age was 34.8 years (± 10.2 years). Police officers were 127 (91.4%), 7 (5.0%) were university staff, 5 (3.6%) were visitors to the university cafeteria; all had taken meals at the university hotel and 7 (10%) samples taken for *Vibrio cholerae* culture tested positive. Regarding food eaten: beef stew 41 (44%), rice 34 (37%), ugali 32 (34%) and chicken stew 21 (23%) for dinner. For breakfast: tea 62 (67%), sweet potatoes 42 (45%), bread 42 (45%), chicken stew 25 (27%) and boiled eggs 22 (24%). Water samples from one tank at the university tested positive for coliforms. Onsite analysis of residual chlorine showed a level of 2.0 ppm.

Conclusion
This was a case of cholera outbreak with a continuous source transmission at the university hotel with the date of exposure being August 31, 2017. This investigation is still ongoing and interviews for the entire cohort of the food handlers at the university and police officers are being conducted.

Meetings and Conferences Attended

*9th Global TEPHINET Scientific Conference*

The 9th TEPHINET Global Scientific Conference was held in Chiang Mai, Thailand from August 7-11, 2017. Twenty abstracts from Kenya FELTP were accepted for presentation at the conference: 11 oral and 9 poster presentations. During the conference, Kenya FELTP was applauded for the good quality work presented by the residents.

*Biennial Infectious Disease Conference, Nairobi, Kenya, July 2017*

The biennial infectious disease conference was held in the Nairobi Hospital conference hall from July 7-8,

**Cholera National Task Force Meetings**

Kenya has experienced cholera outbreaks in various counties. A national task force has been set up and has been meeting every Thursdays of the week. Kenya FELTP residents have presented findings of their work on cholera during the NTF meetings. These include survey on knowledge, attitude and practice on cholera among health care workers and community in the informal settlements of Nairobi, Investigation of point source outbreak among security personnel and case control study to identify risk factors in Nairobi. The findings have been important for decision making by the NTF.

Philip Ngere (Cohort 13) makes a presentation at one of the cholera NTF Meetings

**Other Activities Conducted**

**Accreditation of Kenya FELTP by TEPHINET, August 28, 2017**

Kenya FELTP received the TEPHINET accreditation certificate that was approved on August 28, 2017. Two assessors from TEPHINET, Maria Concepcion Roces and Katharina Alpers, visited Kenya FELTP to assess requirements for TEPHINET accreditation from July 10–13, 2017. The program met the requirements needed for accreditation and was accredited without any conditions.

**Kenya FELTP Annual Scientific Dissemination Workshop in July 2017**

On July 25, 2017, KFELTP held its annual scientific dissemination meeting at Silversprings Hotel in Nairobi. The meeting brought together various stakeholders in public health. Residents presented 38 projects to showcase the activities KFELTP had conducted that contributed to Kenya’s public health.

**MS-Access/Grant Writing Workshop in July 2017**
Kenya FELTP conducted training on Microsoft Access and grant writing from July 17–20, 2017. This workshop was facilitated by Dr. James Ransom. Topics covered included searching for grants and developing grants. Participants submitted grant applications at the end of the workshop.

**Upcoming Events**

- Cholera Supplement Workshop, October 9–12, 2017
- Course 2 and 2.5 basic epidemiology training for Group 2A in October 2017
- ASTMH Conference in Maryland, USA in November, 2017

**Acknowledgements**

- All members of staff of FELTP (K)
- FELTP (K) residents and graduates
- Moi University
- Africa Field Epidemiology Network (AFENET)
- Disease Surveillance and Response Unit
- Ministry of Health
- Centers for Disease Prevention and Control (CDC) Kenya

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**MOROCCO FIELD EPIDEMIOLOGY TRAINING PROGRAM**

**FETP Morocco Advanced Program graduation on July 31, 2017**

In September 2015, FETP-Morocco started its fourth cohort which was composed of 22 health professionals in training. For the first time in its history, the program accepted participants from other countries including two health professionals from Tunisia supported by TEPHINET/CDC. After two years of training, 20 Moroccan FETP residents
obtained their diploma and degree in public health. The General Secretary of the Ministry of Health presided over the graduation ceremony.

**Participation in International Conferences**

The 9th TEPHINET Global Scientific Conference: Dr. Mouad Merabet, a fourth cohort graduate of FETP Morocco, participated in the 9th TEPHINET Global Scientific Conference held in Chang Mai, Thailand from August 7-11, 2017. His oral presentation was titled, “Epidemiological Profile of Acute Poisonings and Severity Factors at the Province of Al Hoceima, 2013-2015”. The conference was also attended by the Director of Ecole Nationale de Santé Publique, the FETP Coordinator and the Resident Adviser.

Seventeen abstracts of FETP residents and graduates have been accepted for the MediPIET Annual Scientific Conference, which will be held in Brussels (Belgium) from November 27 to December 1, 2017. The Review Module to prepare the Annual Scientific Conference will take place from 17 to 20 October at the Anargireios and Korgialenios School of Spetses, Greece. Six Morocco FETP residents and graduates were invited to participate.

**Outbreak Investigations**

**Outbreak Investigation of a Collective Foodborne Poisoning in a Training Institute in Rabat, Morocco — A case control study**: On June 18, 2017, the regional service of public health in the province of Rabat was notified of about 43 suspected patients, students in a training institute in Rabat admitted in emergency of a University Hospital Center for collective foodborne poisoning following an uptake of a meal a day before. We conducted a case control study. We selected cases and controls in the ratio of 1:1. Among 100 students interviewed, we identified 50 cases. 47 sought medical care. Among food items, Briwates (local food) were strongly associated with the illness with an odd ratio of 14.23 (5.04-40.04). Laboratory testing found E. Coli O157, Staphylococcus aureus and coliforms in the briwates (local food). This result was consistent with the results of the epidemiological analysis.

**Investigation of a lead poisoning**: Poison Control Centre of Morocco received a call from a pediatrician practicing at the University Children’s Hospital of Rabat regarding a boy, three years old, who swallowed one week prior a cylindrical cell battery at home in the urban commune (region of Rabat-Salé-Kénitra). The interview revealed that the boy is suffering from the Pica syndrome. The dosage of heavy metals showed that the blood lead concentration was 134 μg/l. On June 7, 2017, an investigation was conducted by a multidisciplinary team at the boy’s house. The investigation revealed that the potential risk factors of lead poisoning are the situation of the boy’s house in a neighborhood with high level of humidity and the fact that the house is nearby a cement plant that releases vapors all day long. Samples of water and dust were taken in order to analyze their lead concentration. Blood samples were also taken to evaluate the lead concentration in siblings and neighbors.

**Investigation of a cluster of multidrug-resistant tuberculosis (MDR-TB) among the same family: About seven cases**: The national focal point of multidrug-resistant tuberculosis at the Directorate of Epidemiology and disease control in Morocco was informed by the pulmonologist of the province of Khemisset about the cumulative of a significant number of cases of multidrug-resistant tuberculosis within the same family at the province of Khemisset. An investigation was conducted on which the aim was to describe the characteristics of a MDR-TB affecting these cases grouped in the same family. We reported seven cases resident in the province of Khemisset, locality Aït yadine; two patients were diabetic. Two deaths were reported, and one case in a child of age five. Among the suspected risk factors, we note: poor adherence to anti-tuberculosis treatment and treatment irregularities with the
consequences of failure and recidivism. In addition, we note the non-practical screening of cases, promiscuous and unhealthy habitat.

Accreditation process:

During the TEPHINET Advisory Board meeting in August in Chiang Mai, Thailand, Professor Asmae Khattabi (Morocco FETP coordinator) was designated to be a member of the TEPHINET Accreditation Working Group.

Upcoming events:

- October 3, 2017: FETP Frontline implementation workshop
- October 5-6, 2017: FETP Frontline mentor workshop
- October 9-13, 2017: FETP Frontline first training workshop
- October 16, 2017: Welcome reception of 6th cohort and first training workshop

PHILIPPINES FIELD EPIDEMIOLOGY TRAINING PROGRAM

FETP Philippines: 30th Founding Anniversary and Annual Scientific Conference

The Philippine Department of Health (DOH) trains health workers in applied public health through the Field Epidemiology Training Program (FETP) of the Epidemiology Bureau (EB). It envisions a culture of evidence-based decision making and has set its mission to develop and train competent field epidemiologists for the Philippine public health system.

Philippine FETP celebrated its 30th Founding Anniversary and Annual Scientific Conference with the theme, “Pride in the past, Joy in the present, and Hope in the future” from September 19 to 21, 2017 at Canyon Cove Hotel and Spa, Nasugbu, Batangas, Philippines. It was attended by an estimate of 110 participants.

The first day of the conference highlighted the “Pride in the Past” of Philippine FETP. This session is called “FETP Talks” which focused mainly on the creation of FETP and milestones for the past 30 years.

Dr. Manolet Dayrit, former FETP Philippines Program Manager, talked about “FETP as an idea/project”. He compared the program to a diamond where there are four corners that can be put into a square. The first tip of the diamond is the idea, the second tip is the policy that created it, the third tip is the financing that enabled it and the fourth tip of the diamond is the implementation. This diamond is within a larger square which talked about the context which the program began.
Dr. Mark White, first and only FETP Philippines Resident Advisor from US-CDC, talked about the “Early Years of FETP Philippines” when it all began as a US-CDC project. He stressed that “passion” is one of the most important things in field epidemiology. This passion enabled him to push through with the project alongside Dr. Manolet Dayrit and the rest, they say, is history.

Dr. Ma. Concepcion Roces, former Director of National Epidemiology Center and an FETP Graduate, talked about “FETP as an institutionalized program within DOH Philippines.” She highlighted the program’s access to public health decision makers and the media. FETP maintains the quality of trainees’ investigations and actively participates in the policy process. Fellows immediately responds to outbreaks and disasters as official government representatives.

Dr. Enrique Tayag, Assistant Secretary of Health and an FETP Graduate, talked about “FETP in the International Health Regulations (IHR) Arena.” It was during his time as the Director of National Epidemiology Center (now Epidemiology Bureau) that EB was designated as the IHR National Focal Point in reporting health events of Public Health Emergency of International Concern (PHEIC). He did mention that an epidemiologist already possesses the “knowledge” and that “luck” can smile at them or deprive them of glory but they should always remember to be a “good leader.”

On the second day, the program emphasized the “Joy in the present” and “Hope in the future” of Philippine FETP. Recent epidemiologic investigations conducted by FETP fellows, new opportunities and future collaborations for the training program were the main topics for this session. It enabled the participants to conduct scientific exchange of epidemiological information through open forums and panel discussions.

Graduation rites for FETP Batches 25 and 26 were held on the night of September 20, 2017. Three graduates from Batch 25 and four graduates from Batch 26 were newly recognized as “Public Health Specialist in Applied Epidemiology” by DOH.

For the past 30 years, the Philippine FETP continues to strengthen the epidemiological services of DOH Philippines in the following areas: (a) investigation of disease outbreaks; (b) reporting and analysis of disease surveillance data; (c) development of methodologies for disease prevention and control; and (d) utilization of epidemiological data for planning, managing, and evaluating health services.
Vashnee Govender, a resident from the 2015 cohort, graduated from the University of Pretoria. She was awarded her MPH *cum laude*.

*Left to right: Vashnee Govender with parents. Vashnee with mini dissertation co-author Professor Geoff Fosgate, a veterinary epidemiologist at UP Veterinary Faculty.*

**4-7 September**

SAFETP staff and six residents attended the Public Health Association of South Africa (PHASA) conference in Johannesburg. SAFETP 1st year resident Natasha Abraham won an award in the category Best Oral Presentation for her presentation titled, “Leading cancers among men and women: South Africa, 2002-2012.”

**14-18 August**

Second year residents attended a scientific writing workshop at the National Institute of Communicable Disease (NICD) facilitated by Dorothy Southern and funded by AFENET in preparation for their mini-dissertation submission.

**23-24 August**

SAFETP hosted a supervisor’s training workshop at the NICD to orient new field supervisors on SAFETP guidelines for supervision of trainees.
13-18 August

First year resident Emelda Ramutshila travelled to Cape Town to investigate a diphtheria outbreak.

5-10 August

SAFETP staff and five residents attended the 9th TEPHINET Global Scientific Conference in Chiang Mai, Thailand. Second year resident Jackie Kleinhans received an award in the category Best Poster Presentation for her poster titled, “An outbreak of influenza A (H3N2) among students at a boarding school in Eastern Cape Province, South Africa, July 2016.”

Second year resident Jackie Kleinhans with her award for Best Poster Presentation

TAIWAN FIELD EPIDEMIOLOGY TRAINING PROGRAM

Taiwan FETP started the FETP summer course in August 2017. The curriculum includes basic epidemiology, surveillance and surveillance evaluation, outbreak investigation, innovative information technology, case study and communication. With the new One Health Project, concepts of zoonoses were included in this summer course. Taiwan FETP invited Professor Burno Chomel from the School of Veterinary Medicine at the University of California Davis, USA for a week-long zoonoses workshop. Participants of the summer course and zoonoses workshop included three new

Participants of the case study workshop
FETP Updates

FETP trainees (32nd cohort), public health officers, and veterinarians from central and local governments. During September 11–15, Taiwan CDC held a case study workshop, inviting Dr. Alden Henderson (US CDC) to guide case study writing and development by senior FETP alumni. With review and input from Dr. Henderson, Taiwan FETP renewed and created eight case studies.

Participants of the zoonoses workshop

UGANDA FETP/MAKERERE UNIVERSITY SCHOOL OF PUBLIC HEALTH MASTER OF PUBLIC HEALTH PROGRAM (MPH)

Background

The Master of Public Health (MPH) of Makerere University School of Public Health (MakSPH) was established in 1994. It is one of the graduate programs at the School of Public Health in the Makerere University College of Health Sciences. It is also known as the Uganda Field Epidemiology Training Program among FETP trainings. The MPH program is modeled around the Public Health Schools without Walls (PHSWOW) concept like EIS, FETP, EPIET-A typology of practical, field oriented, competency based training approaches. The MPH training program has graduated over 380 MPH alumni.

Current MPH Resident Enrollment

For the 2017/2018 academic year that started in August 2017, a total of 37 MPH residents enrolled in the two year master’s program. These are 18 females (48.6%) and 19 males (51.4%).

In year two, there are a total of 34 MPH residents who are doing their fieldwork and last semester of taught courses, i.e. 16 (47.1%) males and 18 (52.9%) females.

MPH Residents’ Participation in Outbreak Investigation and Disease Surveillance Related Activities

In the period of July-September, eleven MPH residents participated in different disease outbreak investigations (and response) and surveillance systems evaluation and strengthening in different Ugandan districts. From 30 July to 5 August 2017, a team of five MPH residents evaluated the
Leptospirosis surveillance system in Kabale District, Uganda. Leptospirosis is a zoonotic bacterial infection with malaria like symptoms and it was reported for the first time in Uganda among children seeking care at the pediatric ward of Kabale Regional Referral Hospital between the months of March–July 2017. Because the disease was unknown in Uganda, the MPH residents participated in a stakeholder consultation to inform establishment of an enhanced surveillance system for Leptospirosis. A case based enhanced Leptospirosis surveillance system was introduced in four health facilities in Kabale District, and the guidelines developed were distributed. With the support of the Uganda Ministry of Health Officials, the team mentored the health workers and oriented them on the signs and symptoms, case definitions, management of cases, blood sample collection, storage, transportation and analysis based on the guidelines.

Another team of six MPH residents investigated and responded to an active measles outbreak in Kampala from 21 August-1 September 2017. During the activity, the residents participated in planning meetings with national stakeholders (task force), i.e. planning for the investigation and response, conducted line-listing of cases at community level as part of efforts to strengthen community bases surveillance, conducted community sensitization to mobilize parents to take their children for vaccination at the health facility. The residents also compiled and analyzed data to provide daily situation reports to the Incident Commander and also debriefed the Kampala Capital City Authorities as well as Ministry of Health to inform interventions.
MPH Residents holding a mentorship meeting with the health workers at the health facility during the Leptospirosis outbreak in Kabale District-Uganda

The MPH resident gives support supervision to the health worker on the use of immunization data during the mass vaccination exercise in response to the measles outbreak in Kampala City, Uganda

Participation in the 9th TEPHINET Global Scientific Conference: 7-11 August 2017, Chiang Mai, Thailand

Eight MPH residents presented abstracts (4 oral and 5 iPoster) at the 9th TEPHINET Global Scientific Conference. In addition, the MPH (Uganda FETP) received a Certificate of Recognition for more than 20 years of Exceptional Work in Training Field Epidemiologists to Improve Public Health and was also acknowledged for the outstanding support. The Makerere University School of Public Health Leadership including the Dean Elect (Assoc. Prof Rhoda Wanyenze) and the MPH Program Director (Assoc. Prof. Freddie Ssengooba) and MPH Field Coordinator (Ms. Doreen Tuhebwe) attended the conference to mentor students and for strategic engagements.

We acknowledge the funding support from AFENET, TEPHINET, the Uganda Public Health Fellowship Program, the Uganda Trauma, Injury and Disability (TRIAD) Program and the MakSPH Department of Health Policy Planning and Management.

Table 1: Participants at the 9th TEPHINET Global Scientific Conference

<table>
<thead>
<tr>
<th>MPH Residents</th>
<th>Title of abstract</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Yakobo Kahesi</td>
<td>Oral Adolescent Sexual Behaviour and Associated Determinants: A Comparative Study of Refugee Populations and Host Community in Kyegegwa District Uganda</td>
</tr>
<tr>
<td></td>
<td>Name</td>
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<tr>
<td>2</td>
<td>Alice Namugamba</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Esther Kisaakye</td>
</tr>
<tr>
<td>4</td>
<td>Phoebe Alitubeera</td>
</tr>
<tr>
<td>6</td>
<td>Anna Nasubo</td>
</tr>
<tr>
<td>7</td>
<td>Claire Biribawa</td>
</tr>
<tr>
<td>8</td>
<td>Magdalene Odikro</td>
</tr>
</tbody>
</table>

**Field Placement Training**

A total of 34 from MPH year 1 residents (cohort 2016/2017) completed their field attachment at the District Training Sites in Uganda. The field training lasted for 10 weeks (June-August 2017). With the support of
academic and field mentors, the residents implemented targeted activities to gain competences through experiential learning in the field working with the District Health Teams to deliver routine services and contribute to the district human resource capacity. Among the activities that the residents took part in included: health facility support supervision, evaluation of surveillance systems, outbreak investigation, attending district planning meetings, sanitation inspection, conducting immunization outreach activities and operational research as short field studies. The MPH residents were placed as “teams” in a total of 13 district field training sites in Uganda.

Table 2: MPH Residents and Field Training Sites

<table>
<thead>
<tr>
<th>Field Site</th>
<th>Team Members (MPH Residents)</th>
<th>Academic Faculty Mentors/Supervisors</th>
</tr>
</thead>
</table>
| 1 Hoima District Health Office                 | 1. Mugonyi Moses  
2. Kidodo Allan Marvin  
3. Ssenfuuka James Alex  
4. Kituyi Anold   | Mr Aloysius Mutebi  
Dr Simon Kasasa   |
| 2 Kabarole District Health Office              | 1. Mirembe Rachel Faith  
2. Nakamanya Petranilla   | Dr Sebastian Baine  
Ms Cissie Namanda   |
| 3 Kabale District Health Office                | 1. Bunani Nelson  
2. Ssekidde Stephen  
3. Nakudo George  
4. Muyonjo John   | Dr Richard Mangwi  
Mr Saul Kamukama   |
| 4 Lira District Health Office                  | 1. Nyachwo Evelyne Baevina  
2. Nakazibwe Brenda   | Mr Michael Ediau  
Dr Aloysius Ssenyonjo   |
| 5 Arua District Health Office                  | 1. Anziku Manaseh  
2. Wambete Amos Samson  
3. Ojoro Valentin   | Mr Ali Halage  
Mr Henry Komaketch   |
| 6 Tororo District Health Office                | 1. Abbo Gertrude  
2. Ayugi Brenda  
3. Izuegbunam E. Uchechukwu   | Assoc Prof David Guwattude  
Assoc Prof Fredrick Makumbi   |
| 7 Mbale District Health Office                 | 1. Ruto Cherotich Grace  
2. Atuheire Covia  
3. Nabunya Phoebe   | Mr Richard Kajura  
Dr Justine Bukenya   |
| 8 Jinja District Health Office                  | 1. Zemei Diana Rose  
2. Kalenzi Uwera Prisca  
3. Naiga Helen   | Dr Elizabeth Nabiwemba  
Assoc Prof Freddie Ssengooba   |
| 9 Masaka District Health Office                | 1. Bakika Herbert  
2. Mutebi Ronald Reagan   | Mr Simon Kibira  
Mr Sam Etajak   |
| 10 Wakiso District Health Office               | 1. Nabukwasi Harriet Nassy   | Ms Angella Kisakye  
Ms Doreen Tuhebwe   |
| 11 Uganda Ministry of Health                   | 1. Atek Kagirita  
2. Kayendeke Miriam Gift  
3. Igune Damali   | Assoc Prof Rhoda Wanyenze  
Assoc Prof Freddie Ssengooba   |
| 12 Kampala Capital City Authority and Infectious Diseases Institute | 1. Obua Mark  
2. Chandia Tiza Joyce  
3. Nalukwago Grace Kakoola   | Ms Christine Muhumuza  
Ms Doreen Tuhebwe   |
| 13 Uganda Cancer Institute                     | 1. Achieng Caroline   | Ms Doreen Tuhebwe  
Ms Florence Tushemerirwe   |
**MPH curriculum review exercise**

In August 2017, the MPH curriculum review was concluded. This very rigorous process was completed at the Makerere University College of Health Sciences Level and the curriculum that was reviewed now awaits approval by the Makerere University Senate so that it can now be fully implemented. The MPH curriculum is routinely reviewed every 3-5 years as a University requirement for quality assurance and to keep the training program relevant to changing contexts.

**Scientific Writing workshop**

In September 2017, Makerere University School of Public Health (MakSPH) together with the Public Health Fellowship Program (PHFP) held a five day scientific writing workshop for Masters of Public Health (MPH) Residents and PHFP Fellows. The workshop was funded by the African Field Epidemiology Network (AFENET), the workshop was held on 11-15 September at Imperial Royale Hotel, Kampala, Uganda. The objectives of the workshop were to strengthen the scientific writing skills of the participants, aid them in preparing and refining manuscripts for submission and publication to peer reviewed journals by October 2017. There were 28 participants including 12 Uganda FETP residents, 13 PHFP fellows, faculty from MaKSPH and staff from AFENET (table 2). The main facilitator was Dr. Peter Nsubuga who is a Medical Epidemiologist for Global Public Health Solutions, located in Atlanta. He gave presentations on strategies for writing methods, results, and discussion and introduction sections. Additionally, he thoroughly critiqued and provided feedback to each participant.

Table 3: Participants at the Scientific Writing Workshop, Kampala, Uganda.

<table>
<thead>
<tr>
<th>Name</th>
<th>Program /Affiliation</th>
<th>Study Topic/Tentative Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Aanyu Christine</td>
<td>MaKSPH</td>
<td>Knowledge, Attitudes and Practices of Shisha smoking among youths in Kampala</td>
</tr>
<tr>
<td>2 Atuhairwe Annet Joselyn</td>
<td>PHP-FET</td>
<td>Spreading Like a Wild Fire: A Tale of Three Cholera Outbreaks – Namayingo District, Uganda, March 2016</td>
</tr>
<tr>
<td>3 Atuheire Emily</td>
<td>PHFP</td>
<td>Trends of Caesarean Sections in Uganda: 2012-2015</td>
</tr>
<tr>
<td>4 Begumisa Christine</td>
<td>MaKSPH</td>
<td>Health facilities’ Readiness to manage Preterm Labour using Antenatal Corticosteroids in Jinja Regional Referral Hospital Catchment Area, Uganda</td>
</tr>
<tr>
<td>5 Claire Biribawa</td>
<td>PHFP</td>
<td>Patterns of injuries due to Gender Based Violence: 2011 - 2016</td>
</tr>
<tr>
<td>6 Denis Okethwangu</td>
<td>PHFP</td>
<td>Risk factors for MDR-TB in Arua District; 2013-2017</td>
</tr>
<tr>
<td>7 Dr Nkonwa Innocent</td>
<td>PHFP</td>
<td>Evaluation of the Surveillance Systems in, Adumani Refugee settlements, April 2017</td>
</tr>
<tr>
<td>8 Dr.Kizito Suzan</td>
<td>PHFP</td>
<td>Increasing schistosomiasis morbidity in Oyam district, April 2017</td>
</tr>
<tr>
<td>9 Dusabe Jacinta</td>
<td>MaKSPH</td>
<td>A Case-Control Study of Factors Associated with Cesarean Section at Health Facilities in Kabarole District, Western Uganda</td>
</tr>
<tr>
<td>10 Eyu Patricia</td>
<td>PHFP-FET</td>
<td>Cholera Outbreak Associated with Drinking Contaminated river water in Panyimur and Parombo sub-counties in Nebbi district: Uganda-2017</td>
</tr>
<tr>
<td>11 Fiston Muneza</td>
<td>MaKSPH</td>
<td>Determinants of timely Utilization of antenatal care in Burundi: A National Cross Sectional Study</td>
</tr>
<tr>
<td></td>
<td>Name</td>
<td>Organization</td>
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<tr>
<td>12</td>
<td>George Kiwanuka</td>
<td>MaKSPH</td>
</tr>
<tr>
<td>13</td>
<td>Harriet Aber</td>
<td>MaKSPH</td>
</tr>
<tr>
<td>14</td>
<td>Humphrey Kabugo</td>
<td>AFENET</td>
</tr>
<tr>
<td>15</td>
<td>Jimmy Ogwal</td>
<td>PHFP-FET</td>
</tr>
<tr>
<td>16</td>
<td>Kisaakye Esther</td>
<td>MaKSPH</td>
</tr>
<tr>
<td>17</td>
<td>Lydia Nakiire</td>
<td>PHFP</td>
</tr>
<tr>
<td>18</td>
<td>Miriam Nakanwagi</td>
<td>PHFP</td>
</tr>
<tr>
<td>19</td>
<td>Nabirye Juliet</td>
<td>MaKSPH</td>
</tr>
<tr>
<td>20</td>
<td>Opio Denis Nixon</td>
<td>PHFP</td>
</tr>
<tr>
<td>21</td>
<td>Owalinga Loise Odeke</td>
<td>MaKSPH</td>
</tr>
<tr>
<td>23</td>
<td>Paul Edward Okello</td>
<td>PHFP</td>
</tr>
<tr>
<td>22</td>
<td>Richard Malumba</td>
<td>MaKSPH</td>
</tr>
<tr>
<td>23</td>
<td>Tugume Abdulaziz</td>
<td>MaKSPH</td>
</tr>
<tr>
<td>24</td>
<td>Tusubira Andrew</td>
<td>MaKSPH</td>
</tr>
<tr>
<td>26</td>
<td>Freda Loy Ocheng</td>
<td>PHFP</td>
</tr>
</tbody>
</table>
Yemen Field Epidemiology Training Program

Y-FETP continues participating in response to the cholera epidemic in Yemen that has killed more than 2,000 people and infected 700,000. Y-FETP residents are supporting hot districts and coordinating the response activities. The residents also trained Rapid Response Teams (RRTs) at cholera hot districts who will play an important role in strengthening preparedness and response to cholera or any other outbreak. RRTs will be responsible for house-to-house behavioral change activities enabling people to protect themselves from cholera and other diseases.

Y-FETP organized advanced epidemiological methods and the Epi Info software workshop. The aim is to provide the participants with necessary knowledge and skill to design, conduct, and appropriately interpret findings from field investigations and research using an up-to-date Epi info software.

Y-FETP facilitated the Public Health Empowerment Program (PHEP) – Basic Field Epidemiology Training launched by the Ministry of Public Health and Population and EMPHNET. The PHEP will build the governorates surveillance officers capacities to be ready for immediate deployment in case of any event with potential public health impact.

Y-FETP participates in the first consultative meeting on neglected tropical diseases (NTDs). The meeting review the epidemiological situation of NTDs in Yemen and discussed challenges, strength and weaknesses of NTDs programs. The meeting identifies the key public-health interventions required and agreed on steps to develop the Yemen national master plan for NTDs. The WHO Neglected Tropical Diseases Regional Adviser visited the Y-FETP where the Technical Advisor briefed him on the NTDs projects conducted by the residents.
Participation in the TEPHINET Accreditation capacity building meeting in Uganda:

Dr. Nyambe Sinyange (Zambia Field Epidemiology Training Programme [ZFETP] manager) represented Zambia at the TEPHINET accreditation capacity building workshop held in Kampala, Uganda from 24-28 July 2017. Zambia FETP is committed to getting TEPHINET accreditation in the future. The program is currently developing a five year strategic plan that will incorporate minimum requirements for accreditation.

Participation in the 9th TEPHINET Global Scientific Conference in Thailand:

Four presentations were made by the Zambian team during the 9th TEPHINET Global Scientific Conference in Thailand; three oral poster presentations by advanced ZFETP residents (Dr. Fred Kapaya, Dr. Francis Mwansa and Mr. Patrick Sakubita) and one oral presentation by cohort one graduate (Dr. Patrick Kabwe) (Figure 1). Dr Nyambe Sinyange was one of moderators during the oral poster presentations.
Figure 1: From left to right: Patrick Sakubita (advanced cohort two resident), Dr. Francis Mwansa (advanced cohort two resident), Dr. Ellen Yard (current ZFETP resident advisor), Dr. Henry Kip Baggett (first Zambian FETP resident advisor), Dr. Nyambe Sinyange (current ZFETP program manager), Dr. Fred Kapaya (cohort two resident), Dr. Patrick Kabwe (cohort one graduate)

Figure 2: Dr. Patrick Kabwe making an oral presentation on descriptive characterization of the Cholera outbreak in Lusaka District, Zambia, 2016
Incorporation into Ministry of Health (MoH) programs:

Eight cohort two residents are all in their field placements and the MoH has shown great ownership and recognition of the ZFETP. To illustrate this point, from August 28-September 2, 2017, two FETP residents and the FETP program manager participated in the development of standard operating procedures for the Zambia National Public Health Institute (ZNPHI) emergency operation center. The residents participated in a threat and hazard identification and risk assessment training organized by CDC in mid-September 2017. Four residents participated in a training to incorporate integrated disease surveillance and response (IDSR) system into the district health information system (DHIS2). Zambia hosted its first ever southern African CDC regional collaboration center meeting where four residents were invited and participated in the deliberations. Two residents (Ms. Lwito Salafiya and Mr. Francis Nanzaluka) took lead in investigating reports from a community of seven people who had died from unknown causes within a period of two weeks (Figure 3). Mr. Patrick Sakubita (a cohort two advanced resident) represented the country at a regional meeting on community practice on laboratory and surveillance in Maputo, Mozambique from August 22-25, 2017. During the meeting, Mr. Sakubita presented on IDSR implementation in Zambia. Four residents actively participated in the Zambia population based HIV impact assessment (ZAMPHIA) stakeholders’ prioritization meeting for primary and secondary analysis of the data. This demonstrates the acceptance and incorporation of the ZFETP into the MoH programs.

Figure 3: Two advanced cohort two residents (Mr. Francis Nanzaluka and Ms. Lwito Salifya Mutale) interviewing community members during an investigation of seven deaths from unknown cause in a community

Level one training selection:

A total of 15 residents to be trained in level one FETP, scheduled to start on October 9, 2017, were selected. Level one training is a six-month program modified from frontline and intermediate. To ensure the ZFETP is covering the whole country, at least one applicant was selected from each of the ten provinces of Zambia. Provinces that experienced recent outbreaks were allocated two residents. Eight mentors were identified for the level one training. Five of the mentors are graduates from cohort one advanced; one is a graduate from Tanzania FELTP, and two are heads of departments at the ZNPHI.