

EAN MONTHLY NEWSFLASH

June Edition

Spotlight on the Olympic Games



In this issue, we interview Nelly Fournet (C2011, RIVM, The Netherlands), an epidemiologist at the Ile-de-France Regional office of Santé Publique France and Anne-Sophie Barret (C2009, Health Protection Surveillance Centre, Dublin), an epidemiologist in the Respiratory and vaccination unit, Infectious disease department of Santé Publique France.

Thank you so much for your time while working on the Olympic and Paralympic Game and friendly conversation!

What were your principal concerns during the preparation of the Olympic games? What scenarios have you planned for?

The Olympic and Paralympic Games (OPG) are events of exceptional scale, with a massive influx of population expected in the territory—around 15,000 athletes, 20,000 journalists, 50,000 seasonal workers or volunteers, and several million spectators. Most competitions will take place in the Ile-de-France region (the Greater Paris area), along with the Olympic Village, the Media Village, and several fan zones that will gather thousands of people simultaneously. Therefore, our preparations focus on risks associated with large gatherings.

France last year), foodborne outbreaks, increasing cases of measles and whooping cough, and other respiratory pathogens (e.g. meningococcal disease). Other risks encompass industrial accidents, crowd movement dangers, alcohol abuse, and potential terrorist threats.

We conducted a comprehensive review of scientific literature on past large gatherings and consulted with colleagues from England, Japan, and Brazil to learn from their experiences with previous Summer Olympic and Paralympic Games, allowing us to identify and map these risks effectively.

How have the Olympic and Paralympic Games impacted the routine work you do at SPF? What departments are involved?

Nelly took a position at the regional office of SpF in Ile-de-France over two years ago specifically to prepare for the epidemiological surveillance of the OPG in Île-de-France and to strengthen existing surveillance systems while developing new ones. Previously, she worked in the infectious diseases department of SpF. This new position enabled her to collaborate with numerous partners at the regional level, including the regional health agency from IdF, frontline partners in surveillance, and various SpF departments.

All departments at SpFrance are involved at national level and in regional offices in the regions where some competitions will take place. A significant number of SpF personnel are dedicated to the Olympics. For many people, this meant a lot of organization and to pausing their routine activities for a while.

Of course, other institutions are also involved, such as the General Health Directory (DGS) which was in charge of the global coordination of the preparation with all health agencies and liaised with the Olympic and Paralympic Games institutions. DGS has prepared specific documents to raise awareness among French health professionals but also those from foreign countries who came to help during the OPG. In addition, the National Reference Centers are also on alert and are ensuring a continuity of services throughout the OPG. There was a lot of meetings with the organizing committee of Paris 2024 so that the organization and the role of each partner is clear for all stakeholders. Finally, we are collaborating with the ECDC epidemic intelligence team (which includes some EPIET/EUPHEM alumni!) to benefit from their expertise and monitor international public health threats.

In terms of public health, what would be a successful completion of the OPG ?

A successful OPG would be hopefully one with no major epidemics or heatwaves, with rapid detection of any alerts and suitable and timely response. If it happens, a key element would be the successful collaboration with all institutions to investigate and implement public health measures.

Our strengthened surveillance systems, both existing and newly developed, aim to detect any health threats promptly while also providing reassurance that nothing is amiss. Maintaining these new surveillance systems would also be a significant success as part of the Olympic and Paralympic Games heritage. For example, the syndromic surveillance ensured by the first-aid stations could be reactivated for other events. We also aim to sustain the syndromic surveillance provided by the firefighters from Paris (Brigade des sapeurs-pompiers de Paris) in the long term.

Existing surveillance systems will be essential to detect and investigate any health threats. These include specific surveillance and syndromic surveillance systems. An exploratory

produce documents to review the situation, even if everything went smoothly. We hope to maintain the collaboration that was established for the Games and foster it to face other events. Finally, a successful completion would mean many medals for France and games that are celebrated joyously and safely!

There are many mass gathering events in Europe regularly. What would you advise public health authorities when preparing for them?

I can provide more precise recommendations after the Games, but for now, I would advise:

- Start preparations early. At least 2 years before the start of the event. For the OG in London, preparations started 7 years before!
- Consult with countries that have previously hosted similar events to share experiences
- Conduct regular risk assessments to identify major risks and contribute to prevention measures (e.g. vaccination)
- Reinforce existing surveillance systems and raise awareness among healthcare professionals to report any unusual events quickly.
- Work closely with all partners, including healthcare professionals who are directly involved in the events, such as doctors at first aid stations and medical teams of the event. We have developed surveillance systems with them and collaborate closely with the medical coordination of Paris 2024.
- The challenge is to quickly identify any emerging issues for a rapid response.
- Finally, ensure that the systems and protocols developed or reinforced for the event remain in place for future use.

EAN celebrated World Hepatitis Day 2024

At the Robert Koch Institute, a team of dedicated EAN patriots and ESCAIDE addicts (**Ida Sperle-Heupel – cohort 2020, Michael Brandl – cohort 2019, and Sandra Dudareva – cohort 2009**) have committed their work to eliminating viral hepatitis B, C, and D as public health problems. As part of the WHO Collaborating Centre for Viral Hepatitis and HIV at the RKI, they work closely with countries in Eastern Europe, South Caucasus, and Central Asia. Their efforts involve conducting studies to collect strategic information essential for designing interventions and monitoring hepatitis elimination efforts. They also provide technical support for WHO in assessing viral hepatitis programmes and priorities in the WHO European Region.

Examples of their work include conducting hepatitis B serosurveys among children to demonstrate the impact of vaccination, collecting data on the fraction of cirrhosis and liver cancer attributable to viral hepatitis, and investigating barriers and facilitators to hepatitis and HIV testing. With their EPIET/PAE background, these tasks are both manageable and enjoyable, ensuring smooth project execution.



partners and thus sharing EPIET knowledge further. The fellowship spirit can be found everywhere and when meeting fellows or graduates of other programmes such as the Central Asian fellowship programme, they easily find common ground, fostering inspiration and collaboration towards a hepatitis-free world. They are also active in supervising and mentoring fellows and of course, bond over free time together, enjoying some national drinks, and celebrating their shared mission.

See our post and follow us on Instagram !!!

Note from the field : Laura Paris for GOARN

Laura Paris, EPIET fellow at the Health Protection Surveillance Centre in Ireland (C2023), went on a GOARN deployment to support the response to the escalation of violence in Gaza in 2024.

The EPIET programme provides fellows with a unique opportunity to conduct a field assignment overseas. On 20 November 2023, United Nations Relief and Works Agency for Palestinian Refugees in the Near East (UNRWA) submitted a request for assistance from the Global Outbreak Alert and Response Network (GOARN) for an epidemiologist to support with disease surveillance, outbreak investigation and data analysis in response to the escalation of violence in the Occupied Palestinian territories (oPt), namely Gaza.



According to UNOCHA, since the start of the war on October 7th Gaza's entire population (2.2 million people) have been repeatedly displaced, approximately 36,000 people have been killed, including over 15,000 children, more than 81,000 injured, and 10,000 missing.¹ Health services face ever mounting

constraints with only 12 of 36 hospitals partially functioning and an average bed occupancy of 323%.^{1,2} IDPs remain extremely vulnerable to infectious diseases due to total destruction of infrastructure, limited access to clean water, poor hygiene, and highly overcrowded living spaces.² In UNRWA shelters the number of persons per toilet and shower reaches up to 818 and 3,437, respectively, far exceeding Sphere guidelines of maximum of 20 persons per toilet and shower.³ People have resorted to open defecation and consumption of contaminated water, further exacerbating disease spread.

reporting of infectious disease data at primary care level across the Gaza strip through UNRWA shelters, health services and medial points. This included the management and maintenance of an infectious disease dashboard monitoring 10 diseases of epidemic potential, verifying alerts, conducting risk assessments, and triggering targeted

responses where possible. Furthermore, I regularly presented UNRWA data at Health and WASH Cluster meetings to inform coordinated health and WASH responses by the Ministry of Health supported by humanitarian actors. Additionally, I was involved in evaluation of WHO's Early Warning, Alert and Response System at UNRWA which aimed to centralise infectious disease reporting across humanitarian actors for enhanced monitoring of infectious diseases, streamlining information sharing between health partners, and early detection of outbreaks, eliciting better informed and coordinated responses.



UNRWA initiated surveillance of infectious diseases of epidemic potential on 23 October 2023. A continuous surge in infectious diseases has been observed across all governorates.³ In January diarrhoea rates were 25 times higher than pre-conflict levels, with half of cases presenting in children under 5.⁴ There have been over 150,000 cases of upper respiratory infection, as well as numerous cases of meningitis, skin rashes, scabies, lice, and

chickenpox. Widespread hepatitis is also suspected with an alarming number of people presenting with acute jaundice syndrome.⁵ The impact of these diseases is further exacerbated by the high levels of food insecurity and malnutrition which are severe and widespread. Northern Governorates are classified as IPC Phase 5 (Famine) and southern governorates as IPC Phase 4 (Emergency) with the risk of famine by July 2024.⁶ UN agencies in mid-February [reported](#) that 5% of children under 2 were acutely malnourished. Gaza's Health Ministry [reported](#) as [of April 1](#), that 32 people, including 27 children, had died of malnutrition and dehydration.⁷

Despite the determination and resilience of health responders, the health of Gazans continues to deteriorate. At the end of my deployment, the situation worsened with ground military operations in Rafah, hosting over 1.8 million IDPs.² This has resulted in further destruction of health and civilian infrastructure, evacuation of international aid workers, and re-displacement of people with nowhere safe left to go. During the short deployment the UNRWA team experienced the devastating loss of a colleague whose home



It was both a privilege and a pleasure to provide support to this humanitarian response and my thoughts and prayers will remain with my colleagues, their families, and all persons affected by this conflict for the foreseeable future.

References:

1. [United Nations Office for the Coordination of Humanitarian Affairs - occupied Palestinian territory | Home Page \(ochaopt.org\)](#)
2. [UNRWA Situation Report #110 on the situation in the Gaza Strip and the West Bank, including East Jerusalem | UNRWA](#)
3. [UNRWA at the frontlines: managing health care in Gaza during catastrophe - The Lancet](#)
4. [Controlling the alarming rise in infectious diseases among children younger than 5 years in Gaza during the war - The Lancet Infectious Diseases](#)
5. [Lethal combination of hunger and disease to lead to more deaths in Gaza \(who.int\)](#)
6. [IPC Gaza Strip Acute Food Insecurity Feb July2024 Special Brief.pdf \(ipcinfo.org\)](#)
7. [Gaza: Israel's Imposed Starvation Deadly for Children | Human Rights Watch \(hrw.org\)](#)

Pictures:

2. Ettore Severi (ECDC) and Laura Paris (EPIET Fellow) at UNRWA HQ Office in Amman, Jordan
3. UNRWA Shelter, Gaza Occupied Palestinian Territories 2024
4. UNRWA Shelter, Gaza Occupied Palestinian Territories 2024

Be part of the community : ways to stay involved and connected!

Do what you love to do!

You'd like to get active on a project for our community? An experience you'd like to share or a topic you'd like to educate on? Please reach out to us at eanboard@gmail.com if you'd like to discuss your idea and want our support. We are available to help you bringing your ideas come to life.

Support us with mini-assignments

Our community lives from all of us and the capacities of the board alone are limited. Every now and then, we may reach out to ask for your help on specific tasks or activities to get the best out of it for all of us.

Activate your membership

Many benefits are lined up for active members of the network (GOARN requests of assistance, bulletins, discounts on mini-modules, access to specific resources on our website...).

Membership runs from Nov. 1 until Oct 31 of the following year - but you can activate your membership at anytime! **The annual membership fee is now €30 / £28. There is a 10-year membership available at €250 / £230.**

Fellows in their first and second year of training are exempt from paying membership fees. We have added a new payment option for credit cards to make membership renewal a bit easier. To use this option, please go to our website and follow the instructions there.

The details for how to transfer fees by online banking are also on the [EAN webpage](#); if you require any further information on membership payment, we kindly ask you to contact the EAN board (eanboard@gmail.com), putting "membership payment" in the subject line.

Please indicate your name and membership year as reference in the bank transfer and also send an email to eanboard@gmail.com with a copy of the receipt/invoice to inform us about your payment (sometimes names are not correctly transmitted with the transfer). Thank you for your support!

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