

Field Epidemiology Training Programs

Introduction

For more than 60 years, the U.S. Centers for Disease Control and Prevention (CDC) has been dedicated to protecting health and promoting quality of life through the prevention and control of disease, injury, and disability.

We work to improve the health of the people of the United States and other nations by partnering with national and international organizations and foreign governments to build strong, transparent, sustainable public health systems to improve public health on local, national, and global levels.

Applied epidemiology

In 1980, to help control epidemic outbreaks around the world, CDC started working with foreign Ministries of Health (MOHs) to establish applied (or field) epidemiology training programs in various countries. The programs allow MOHs to strengthen their disease surveillance, outbreak response, and program evaluation. They are modeled after the Epidemic Intelligence Service, an applied epidemiology training program created by CDC in 1951.

FETPs and FELTPs

On a global scale, CDC, through its Division of Public Health Systems and Workforce Development, has two types of applied epidemiology training programs: the Field Epidemiology Training Program (FETP) and the Field Epidemiology and Laboratory Training Program (FELTP). An FELTP contains all the components of an FETP, but it also trains select laboratory scientists using a competency-based curriculum that supports laboratory-based surveillance and outbreak response.

Program structure

FETPs and FELTPs are two-year full-time training and service programs. Residents who are enrolled in the programs typically are MOH employees with a medical or scientific training. They spend about 25% of their time taking courses and 75% performing duties in the field.

This combination of classroom-based instruction and mentored practical work allows residents to receive hands-on multi-disciplinary training in public health surveillance, outbreak investigation,



“CDC has re-emphasized the priority it places on responding effectively and efficiently to health threats—domestic or global—and reaffirmed its traditional focus on science and evidence-based public health practice. Key to this has been the strengthening of surveillance and epidemiology—historically among the organization’s greatest assets.”

Thomas Frieden, CDC Director

laboratory management, program evaluation, and other aspects of epidemiology research and methods.

Curriculum

While in class, residents take courses in epidemiology, communications, economics, and management. In the field, they conduct epidemiologic investigations and field surveys, evaluate surveillance systems, perform disease control and prevention measures, report their findings to decision-makers and policy-makers, and train other health workers. Residents learn detection, confirmation, reporting, analysis and feedback of disease data, as well as implementation of effective public health responses in a participatory approach.

As graduates, residents apply these skills in their work for the MOH to operate and further strengthen the public health surveillance and response systems and to use the information for more effective disease detection, control, and prevention.

Resident advisors and technical support

We typically support programs by assigning experienced resident advisors (RAs) in-country for 4 to 6 years. RAs provide technical assistance in developing training materials, teaching and mentoring program residents, and giving consultation on priority public health issues.

We also provide targeted short-term technical assistance through our cadre of experts including physicians, epidemiologists, public health advisors, instructional designers, health communications specialists, and support personnel. These health professionals provide additional scientific expertise, training consultations, and other programmatic support and advice to sustain FETPs and FELTPs.

Funding, partnerships, and networks

We regularly collaborate with national and international organizations such as the U.S. Agency for International Development, the World Health Organization, the Bill and Melinda Gates Foundation, the Ellison Medical Foundation, the World Bank, and MOHs around the world to help set up and support FETPs and FELTPs.

Countries that set up programs also can collaborate with two non-profit network organizations to share resources and best practices among FETPs and FELTPs: the global Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET), and several regional networks. These organizations offer multiple resources to the various applied epidemiology programs worldwide. For more information on these networks, visit www.tephinet.org.

- CDC has helped establish 35 programs that have produced more than 2,100 graduates
- We currently support 15 programs, covering 29 countries and have 20 RAs to help manage some of these programs in-country
- In 2009, the programs had 236 active residents who conducted 216 outbreak investigations, 96 planned investigations and 239 surveillance evaluations and analyses
- In 2009, residents gave 251 international conference presentations and had 51 manuscripts accepted for publication

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