

Updates from the Field...

Strengthening Public Health Systems and Workforce Capacity Globally

Spring 2011, Issue 2

Director's Message

Dear Colleagues:

The Centers for Disease Control and Prevention (CDC), Division of Public Health Systems and Workforce Development (DPHSWD) and the programs we offer to strengthen health systems and build capacity around the world continue to receive global attention, expand and gain momentum. Our ability to support CDC's mission and the Center for Global Health's (CGH) strategic objectives requires examination of the way we have done business before and demands that we refocus our strategies and efforts to maximize the potential this division has as a major player in improving public health, building capacity, and strengthening public health systems globally.



"Division's expansion and reorganization creates new opportunities for capacity building."

During the last few months, DPHSWD has engaged in a number of discussions internally and with CGH's leadership to determine the best ways to move forward and we are making significant strides to organize the division along its two main focuses: workforce and systems. This reorganization will allow us to put all FE(L)TPs in one branch and capitalize on the strengths of the division's FE(L)TPs across the globe. It will also allow us to share resources and experiences among all programs, focus on future FE(L)TP models, and intensify curriculum strengthening and development.

We believe that this structure will allow us to deploy and use existing resources more efficiently, and allow us to be more effective in implementing new programs as well as expanding existing ones.

The systems branch will focus on strengthening public health systems and become the focal coordinating point for this function at CGH. Over the next few months, the branch will begin to focus on and assemble the resources and expertise needed to accomplish this mission, and build on the strengths and demonstrated successes of IDSR, the Sustainable Management Development Program (SMDP), and the Global Public Health Informatics Program (GPHIP). Through the systems branch, the division will have a dedicated monitoring and evaluation unit. The expertise to help countries build public health institutions will be acquired and added to the system branch helping our partners build and strengthen their institutions.

As we continue to develop and strengthen the division's programs, it is imperative that the two branches and all of the teams and units work closely together. During our upcoming annual division meeting, all of our staff will begin the task of focusing on how to use all of CDC's assets to better serve our countries. We will examine what worked and what did not. We will better define our mission, goals and strategic objectives and how we will function as a division within CGH. We will also re-examine our team structure, implementation models and develop a strategic plan to move forward. We will be sharing the results of our discussions and plan with all of our partners and look forward to their input about how we can better support their needs.

— Bassam Jarrar, MBA, MA, Acting Director, Division of Public Health Systems and Workforce Development, Centers for Disease Control and Prevention

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DPHSWD and TEPHINET Soon to Launch "Knowledge Management Portal"



An official launching of DPHSWD's "knowledge management portal" is scheduled for the summer of 2011. According to Suzanne Elbon, "we hope that this new site will benefit the entire TEPHINET Community."

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Center for Global Health

Division of Public Health Systems and Workforce Development



Updates from the Field..

Division Update

Integrated Disease Surveillance and Response (IDSR) Team Joins Division

In 2010, the Centers for Disease and Prevention (CDC) established the Center for Global Health and brought together a number of global health programs from across CDC. The Integrated Disease Surveillance and Response (IDSR) team became part of DPHSWD as a program that directly supports the division's work in public health strengthening.

IDSR was instituted in 1998 as a strategy of the World Health Organization African Regional Office (WHO AFRO). IDSR aims to improve the availability and use of surveillance and laboratory data for control of priority infectious diseases that are the leading cause of death, disability, and illness in the African region. CDC provides technical assistance to WHO AFRO and African Ministries of Health on IDSR strategies and activities for improving surveillance and response to priority infectious diseases in Africa. Activities include developing Technical Guidelines for disease surveillance and response, IDSR indicators for monitoring and evaluation, data management, data analysis and interpretation, and strengthening laboratory capacity to support surveillance activities. IDSR is the surveillance strategy taught to FETP residents in Africa.

Recently the IDSR team has worked with WHO AFRO to develop and publish the 2nd edition of the Technical Guidelines for Integrated Disease Surveillance and Response, incorporating updated information to reflect current public health priorities and the adoption of IDSR as the strategy through which African countries will implement the International health Regulations (2005). The IDSR team is currently working with WHO AFRO to update IDSR training materials.



Please join us in welcoming the IDSR Team: Helen Perry, PhD (Team Lead), Kevin Embrey, MPH, (ASPH Fellow), and Victoria Fort, MPH, (ORISE Fellow)

Global Public Health Informatics Program (GPHIP) Joins the Division

The Division also welcomes the Global Public Health Informatics Program (GPHIP). GPHIP's vision is to transform public health practice through informatics. Its mission is to improve health outcomes, quality, and safety through interoperable, integrated, and standardized information systems that are able to capture, track, report, and

exchange data and improve decisions.

The GPHIP is currently collaborating on a number of projects, including development and deployment of an Electronic Integrated Disease Surveillance System in Saudi Arabia in collaboration with the Saudi National Guard, and in Uzbekistan, Kazakhstan, Georgia, Azerbaijan, Ukraine, and Armenia in collaboration with local ministries of health and agriculture, and the U.S. Defense Threat Reduction Agency. GPHIP is also supporting Mobile-based surveillance systems for public health emergencies (in response to the 2010 Sichuan earthquake in collaboration with the China CDC) and mass gatherings (specifically for the Hajj in collaboration with the Saudi Arabia Ministry of Health). GPHIP is also home to the WHO Collaborating Center for Public Health Informatics, which is working towards the development of an International Health Regulations Monitoring Tool and Public Health Information Toolkit.

Please join us in welcoming the GPHIP Team.

Upcoming Conferences: EIS Conference, Atlanta Georgia

International Night A Highlight of EIS Conference Week

Join your public health colleagues for an evening of global health science



featuring oral and poster presentations from 17 countries covering such diverse topics as: Hepatitis – Occupational Injuries – H1N1 – Environmental Manganese Exposure – Hand, Foot, and Mouth Disease – Peripheral Neuropathy and Stavudine Use – Cholera – Guinea Worm – Hypertension – Tuberculosis – Nosocomial Infections – Measles – Diphtheria – Vaginal Cytology and Cervical Cancer

Moderators:

Dr. Kevin DeCock

Director, Center for Global Health,
Centers for Disease Control and Prevention

Dr. Mark Rosenberg

President and Chief Executive Officer, The
Task Force for Global Health, Decatur, GA

When: Wednesday, April 13, 2011

Where: Atlanta Marriott Marquis

Web site: <http://www.cdc.gov/eis/Conference.html>

Co-Hosts: Division of Public Health Systems & Workforce Development, Center for Global Health, CDC and the Training in Epidemiology and Public Health Interventions Network (TEPHINET)

Updates from the Field..

Highlights of Investigations

Outbreak in Yemen Creates Heightened Concern

An outbreak of unknown etiology was reported in the Governorate of Al-Hodeidah, Yemen, on February 2, 2011. As of February 28th, about 2500 cases and 71 deaths have been reported. Response to the outbreak involved multiple Ministry of Public Health & Population (MOPHP) experts including the MOPH surveillance office, the Governorate of Al-Hodeidah health office, the MOPH malaria control program, and WHO. An FETP team consisting of three FETP second year officers arrived in Al-Hodeidah on March 4th and were joined on March 8th by a graduate of the Jordan FETP as well as the executive director of Eastern Mediterranean Public Health Network (EMPHNET), who is also a graduate of the Jordan FETP. Technical support was also provided by multiple groups at CDC in Atlanta.

Initial complaints included fever and joint aches followed by diarrhea, vomiting, internal bleeding, and, in severe cases, kidney failure. Blood tests showed a rapid increase in neutrophils. Although many symptoms are similar to those seen with dengue and Chikungunya fever, laboratory results on a sample of severe cases tested negative for dengue. Moreover, the severity and case-fatality rate are higher than would be expected among people with Chikungunya.

The FETP team working with the officials at the Hodeidah health office, central MOPHP and WHO staff began an initial descriptive analysis of the severe and fatal cases, and suggested changes to the case investigation form. The case investigation form was finalized and distributed to all health district offices and health centers, and was also used to abstract information on cases that had been seen in hospitals and the kidney center.

Preliminary analysis of the severe cases with available information (N=412) indicated that the majority of the cases and fatalities occurred among those less than



Dr. Al Nsour and FETP residents investigating a patient at a health center in Khuba during the Al-Hodeidah outbreak, March 6, 2011.



Investigating a patient with evidence of hemorrhage at the Al-Thawra Hospital in Al-Hodeidah, during the outbreak, March 5, 2011.

30 years of age, with equal distribution of males and females. About 20% of the cases were reported from Alluhayah District in Al-Hodeidah; it is also the place where the first case and first death occurred. Sixty four cases reported renal failure and were referred to the kidney center.

The team conducted site visits to the different districts and interviewed active and old cases or their family members. Blood and tissue specimens were collected for testing at NAMRU3 and CDC. Laboratory tests on a sample of blood specimens (N=65) at NAMRU3 identified chikungunya in about 50% of the cases. Further analysis is being



A Yemeni man in Almarughah living in a poor and unhealthy environment. Photo taken Al-Hodeidah outbreak, March 6, 2011.



Khuba resident cleaning fish in unsanitary conditions. Photo taken during Al-Hodeidah outbreak, March 6, 2011.

conducted to distinguish features reported in fatal, severely ill with hemorrhagic manifestations, and mild/moderate illness cases. Further, data and specimen collection are planned with more in-depth analysis of the reported cases. The malaria program is conducting spraying in and around the affected areas and is collecting environmental and vector samples.

Updates from the Field..

Highlights of Investigations (cont.)

FELTP in the Republic of Georgia addresses increasing toll of road traffic Injuries



Speeding and drunkenness are considered the most widespread causes of road accidents in Georgia

According to WHO, more than 1.2 million people worldwide die annually in road and traffic accidents and another 20-50 million are injured (WHO 2009 statistics). Although road traffic accidents and injuries have not traditionally been a high surveillance priority within Georgia, there is a growing recognition of their public health burden. In response to this growing concern, the South Caucasus Field Epidemiology Laboratory Program (SCFELTP), based in Tbilisi Georgia, is guiding an evaluation of the official traffic accident statistics. Records from the National Center for Disease Control (NCDC) and Ministry of Internal Affairs (MoIA), as well as those from emergency medical services, hospitals, death certificates, and forensics have been reviewed. Currently road traffic accident data are not captured within official public health surveillance system data; instead, information on road accidents, injuries, and deaths is collected by the Ministry of Internal Affairs, which is responsible for the police force. No formal evaluation of these data has been conducted to date.



Pedestrians trying to exercise their "right of way" and negotiate traffic in Georgia



In 2009, 741 people died and 8,324 people were injured in Georgia as a result of road accidents.

The mortality rate due to motor vehicle accidents in Georgia was calculated to be 16.85 per 100,000 population, which does not compare favorably with the mortality rate in Europe

Presently in Georgia, all death certificates include information on cause, but this is not reflected in annual reports of either the Georgia Department of Statistics or the NCDC. Further complicating this evaluation is the fact that there is no standard case definition for road and traffic associated death in Georgia. For example, according to MoIA, a traffic-associated death is defined as death within one month after an accident, whereas ambulance services define a death as traffic-associated only if death occurs before arrival of ambulance at the scene.

Analyzing information about accidents registered with the MoIA, the initial evaluation found that there were 5,482 road accidents in 2009, resulting in 8,324 injuries and 741 deaths. The mortality rate due to motor vehicle accidents in Georgia was calculated to be 16.85 per 100,000 population, which does not compare favorably with the mortality rate in Europe (13.4 per 100,000 for Europe according to a 2009 WHO report).

Based on these findings, the evaluation team recommended that the government should create a registration system for road accidents using standard case definitions within the National Centers for Disease Control (NCDC). Additionally, mechanisms to transfer reliable data between the Ministry of Internal Affairs and the NCDC should be developed.

Updates from the Field...

Partnership Matters

CDC-Morocco Strengthens partnership through expansion of Management Training Programs

To achieve sustainable improvements in public health systems and health outcomes, public health leaders and managers need to have specific competencies. With that understanding and during their participation in the CDC 2010 Global Health Leadership Forum, Dr. Abderrahmane Maaroufi, director of the National Institute of Health Administration (INAS), Morocco Ministry of Health (MMOH) and Dr. Abdelkrim Meziane Belefkih, Director, Tetouan Region, MMOH proposed a reformation of the current INAS masters programs in Management of Health Programs and Management of Health Organizations, to better prepare the future leaders of the Morocco MOH. As a first step, MMOH and CDC collaborated on an exercise to define appropriate competencies for directors and managers operating within the health care system. In January 2011, Denise Traicoff, an SMDP staff member, accompanied Drs. Maaroufi and Meziane to collect data from the Morocco Ministry of Health. They met with leaders at the central government and then traveled to the Tetouan region to meet with managers and directors at the provincial and local levels.

While in Tetouan, the team held two full-day workshops with managers from the local and provincial levels. The first workshop was held primarily for hospital directors, the primary target audience of the Management of Health Organizations masters program. The second workshop was largely composed of managers of local health programs, the primary audience of the Management of Health Programs masters program.

The competencies that will be defined based on the findings will drive the design of the academic curriculum. The competencies will also inform an extensive field



Dr. Maaroufi, 3rd from right, and Dr. Meziane, 2nd from right, visit a rural maternal health center in Tetouan region, Morocco. They are accompanied by Denise Traicoff, CDC, 2nd from left.

placement component, where Masters candidates will 'learn by doing', providing real services to MMOH while they develop the competencies they will use in their careers as public health leaders.

The process that the team used to conduct the needs assessment may be of interest to others who develop competency-based training programs. For more information about the process and the project, please contact Denise Traicoff at dtraicoff@cdc.gov.



Dr. Meziane Belfquih Abdelkrim (Regional director of the Morocco MOH Tanger Tetouan region) consults with workshop participants as part of a needs assessment to determine priority competencies for public health managers.

Updates from the Field...

Graduate Corner



First Nigeria FELTP Cohort Graduation Ceremony, Abuja, Nigeria, January 27, 2011

Nigeria FELTP Graduates its First Cohort of Residents

The Nigeria Field Epidemiology and Laboratory Training Program (FELTP) was established in 2008 as a long-term ongoing competency-based training program to develop capacity in applied epidemiology and laboratory management and provide epidemiological expertise to the Nigerian Federal Ministry of Health (FMOH), the Federal Ministry of Agriculture and Rural Development (FMA&RD), and State Ministries of Health (SMOH). It was the tenth FELTP in Africa and the first African FELTP to incorporate a "One Health" approach integrating collaborations between physicians, laboratory scientists, and veterinarians. Through these three distinct scientific disciplines, residents in the Nigeria FELTP work toward improving public health systems within Nigeria under a holistic strategy that connects the human-animal-environmental interface with public health practice. In addition to FMOH, FMA&RD, and SMOH, Nigeria FELTP multi-agency collaborators include: Department of Livestock, Department of Public Health State Ministries of Agriculture (SMOA), Ahmadu Bello University (ABU), University of Ibadan (UI), African Field Epidemiology Network (AFENET), Centers for Disease Control and Prevention (CDC), United States Agency for International Development (USAID), World Health Organization (WHO), and Food and Agriculture Organization of the United Nations (FAO).

Thirteen residents: six medical epidemiologists, four veterinary epidemiologists, and three public health laboratory scientists completed the two-year training program consisting of coursework and field-based training in December 2010. Each of the residents will receive a Master of Public Health degree in Field Epidemiology, Veterinary Epidemiology, or Laboratory Epidemiology and Management from either Ahmadu Bello University or the University of Ibadan. On January 27, 2011, a finalization ceremony was held in Abuja on their behalf and involved many of Nigeria FELTP partners including CDC staff from the Division of Public Health Systems and Workforce Development and the Emerging & Zoonotic Infection Diseases Branch. The finalization ceremony began with a welcome and opening address by FELTP program director, Dr. Henry Akpan, followed by a cultural dance performed by the Nembe Dance Troupe from the Nigeria Ministry of Arts and Culture. Goodwill messages were presented by many of the stakeholders and the keynote address on behalf of the Honorable Minister of Health was delivered by Dr. Akpan. The ceremony concluded with each of the thirteen residents receiving a certificate of completion and an expression of gratitude by Mrs. O.B. Adegbite, a scientist from the Nigeria Ministry of Health. At the end of the ceremony the audience was pleasantly surprised with a yearbook, "The Pacesetter" produced by the FELTP residents which profiles each member of the cohort along with well wishes from numerous stakeholders. The graduates have now returned to work in their respective positions within the Ministries and have formed an alumni association to spearhead their role in public health and support the Nigeria FELTP.

Coming Soon...

DPHSD and TEPHINET Soon to Launch "Knowledge Management Portal"

An official launching of DPHSD's "knowledge management portal" is scheduled for the summer of 2011. According to Suzanne Elbon, "we hope that this new site will benefit the entire TEPHINET Community." The site is intended to contribute toward building international collaboration between Field Epidemiology Training Programs (FETP) and alumni of the Management for International Public Health (MIPH) course by providing two new spaces on the TEPHINET.org website; the Library (<http://library.tephinet.org/>) and "Projects" (<http://projects.tephinet.org/>). The spaces are currently live and allow members to share resources, provide feedback for the improvement of materials, give FETP and MIPH teams the ability to interact and work together to share knowledge resources. Soon, we plan to offer continuing education webinars through the site. If you have suggestions or comments, please send them to: Suzanne Elbon (sge4@cdc.gov).

Tell us what you think...

This electronic quarterly newsletter is produced by CDC's Division of Public Health Systems and Workforce Development. It aims to inform residents and graduates of the Field Epidemiology Training Programs, the MIPH community, and national and regional partners about news, events, training, and resources of interest. We welcome your feedback about the Updates from the Field. Please send your comments and suggestions to rcookegibbs@cdc.gov.

Seeking Submissions...

If you would like your program to be featured in an upcoming issue of Updates from the Field, please send a 300-500 word summary of your program's activities and photos to Ruth Cooke Gibbs at rcookegibbs@cdc.gov.

Updates from the Field...

Training/Resources

CDC Global Leadership Forum attracts senior leaders from 15 countries

The Centers for Disease Control and Prevention (CDC) hosted the Global Health Leadership Forum from November 1-5, 2010 in Atlanta, Georgia, USA with the theme of "Meeting Health Challenges through Leadership and Collaboration." The Forum was designed as an exploration of tested leadership approaches and how they can be applied to strengthen capacity and promote health.

The Forum was conceptualized as a year-long event that comprised a week of leadership development activities, with opportunities for post-Forum technical assistance and continuing education. The Forum agenda addressed a number of key management and leadership themes. They included health policy advocacy, workforce capacity development, stakeholder collaboration, adherence to high ethical standards, and personal health, well-being, and resilience.

Forty-two senior leaders from ministries of health and national health programs participated in the Forum. They represented 15 country teams: Angola, Botswana, Cameroon, Democratic Republic of Congo, El Salvador, Ethiopia, Ghana, Guatemala, Kenya, Morocco, Nigeria, Rwanda, South Africa, Tanzania, and Zimbabwe. Over the course of the week, they attended plenary sessions and round table discussions led by nationally and internationally recognized experts in public health, policy advocacy, leadership and systems thinking. Senior CDC personnel, including the agency's director, Dr. Thomas R. Frieden and Center for Global Health Director Kevin DeCock, welcomed the participants to Atlanta and shared their perspectives on how to achieve global health objectives. A CDC liaison was assigned to each country team to support its project development and foster relations with subject matter experts (SMEs). Toward the end of the week, Forum participants developed leadership action



Global Health Leadership Forum Participants, CDC, Atlanta, Georgia, November 4, 2010



2010 Forum participants work through a session on successful leadership and management styles

plans to implement their projects over the next twelve months. CDC in-country staff are working with the country teams to facilitate their success. CDC Atlanta is also offering continuing education, leadership resources, and opportunities to share lessons learned through its online Management Community of Practice website.

Feedback from Forum participants and CDC staff who were involved in the program's planning and implementation indicated that participants found value in many of the sessions, networking opportunities and breakout discussions. Reflecting on the week's events, one Forum

participant said, "The sessions sharpened my skills as a leader... and also introduced some new concepts that I now need to study in more detail..." Another participant indicated that he/she would "highly recommend [the Forum] for the future."

Forum participants are currently working on country projects, with input from CDC as needed. They will share project outcomes and lessons learned with CDC staff and various stakeholders.

Planning for the 2011 Forum is underway. The constructive recommendations and suggestions for improvements that participants provided will be addressed in the planning process.

Updates from the Field..

Resources

FPD Scholarships

The Foundation for Professional Development (FPD) is pleased to announce that its highly acclaimed Health Management Programmes will now be offered to students in 8 countries in Africa, namely Namibia, Botswana, Zambia, Malawi, Uganda, Zimbabwe, Lesotho and Swaziland. Through a generous grant from the Swedish International Development Agency (SIDA), a limited number of scholarships is available to students in these countries. Full details on

the programmes, the scholarship process, timelines and terms and conditions are available at www.foundation.co.za

Foundation Center

The Foundation Center offers short web-based training courses (called webinars) that are free of charge (unless otherwise stated) to help you master the world of foundation fundraising, proposal writing, and all that goes into getting the grants you need.

<http://foundationcenter.org/getstarted/training/webinars/>

International Institute for Learning

The International Institute for Learning, Inc. offers free webinars that cover the latest topics in Project, Program and Portfolio Management, Microsoft® Office Project and Project Server, Lean Six Sigma, Business Analysis and more. Registration is required. <https://learningcenter.iil.com/Saba/Web/Main>

Upcoming Conferences/Events

- Communicable Disease Control Conference, April 4-6, 2011. Canberra, ACT, Australia. www.phaa.net.au/2011CommunicableDiseaseConference.php
- Provincial Infection Control Network of BC 2011 Educational Conference, April 2-8, 2011, Vancouver, BC. www.picnetbc.ca.2011_Educational_Conference.htm
- World Vaccine Congress Washington, April 11-14, 2011, Washington, DC, United States. www.terrapinn.com/Conference/world-vaccine-congress-washington.
- 60th Annual Epidemic Intelligence Service Conference, Atlanta, Georgia, April 11-15, 2011. www.cdc.gov/eis/conference.html
- The Unite for Sight Global Health and Innovation Conference April 16-17, 2011, Yale University, New Haven Connecticut. www.uniteforsight.org/conference/
- 5th Gulf Federation for Cancer Control Conference, May 5-7, 2010, Sharjah, United Arab Emirates. www.gfoc2011.com.
- ISEID: International Symposium on HIV and Emerging Infectious Diseases, May 23-25, 2010, Marseille, France. www.isheid.com/
- Environmental Pollution and Public Health (EPPH2011) Special Track Within iCBBE2011, May 13-15, 2011. Wuhan, Hebei, China. www.icbbe.org/epph2011
- 3rd North American Congress of Epidemiology, June 21-24, 2011, Montreal, Canada. www.epicongress2011.org
- Association for Professionals in Infection Control and Epidemiology, June 26-29, 2011, Baltimore, Maryland. www.apic.org//AM/Template.cfm?Section+Home1
- GIS in Public Health Conference, June 27-30, 2011, Atlanta, Georgia. www.urisa.org/conferences/health
- XIX IEA World Congress of Epidemiology, August 7-11, 2011, Edinburgh, United Kingdom, www.epidemiology2011.com
- 29th Annual Meeting of the Scandinavian Society for Antimicrobial Chemotherapy, August 18-21, 2011. www.congress.is/issac2011/
- Public Health International Conference 2011, September 8-9, 2011. London, United Kingdom. www.rsph.org.uk/en/courses-conferences-and-events/public-health-international-conference/index.cfm.
- PHAA 41st Annual Conference: Sustainable Population Health, September 26-28, 2011. Brisbane, QLD, Australia. www.phaa.net.au/41stPHAAAnnualConference.php
- 23rd Conference of the International Society for Environmental Epidemiology, September 13-16, 2011. Barcelona, Spain. www.iseepi.org/conferences/future.html
- Second International Symposium on Breast Cancer Prevention: Epigenome, nutrition, public Policy, October 9-11, 2011, Rennes, France. <http://purdue.edu/breastcancer>
- NCRI Cancer Conference, November 6-9, 2011, Liverpool, United Kingdom, www.ncri.org.uk/ncriconference
- TEPHINET Americas Region Scientific Conference, November 14-18, 2011, San Pedro Sula, Honduras. www.tephinet.org/conferences
- 60th Annual American Society of Tropical Medicine and Hygiene Meeting, Philadelphia, Pennsylvania, December 4-8, 2011. www.astmh.org
- EMPHNET 2nd Regional Conference, December 6-0, 2011, Sharm El Shaiekh, Egypt. www.tephinet.org/conferences

Conference alerts:

To get automatic notifications about upcoming global conferences in public health, prevention, epidemiology, and related field, register at the Conference Alerts website at www.conferencealerts.com/publichealth.htm.

Events in America list epidemiology conference and conventions at www.eventsinamerica.com/trade-shows/professional-healthcare/epidemiology/