Lilas Mercuriali

The European Programme for Intervention Epidemiology Training (EPIET), Cohort 2023
Public Health Agency of Lower Saxony (Niedersächsisches Landesgesundheitsamt, NLGA), Germany

Background

The ECDC Fellowship Programme is a two-year competency-based training with two paths: the field epidemiology path (EPIET) and the public health microbiology path (EUPHEM). After the two-year training, EPIET and EUPHEM graduates are considered experts in applying epidemiological or microbiological methods to provide evidence to guide public health interventions for communicable disease prevention and control. The Administrative Decisions ECDC/AD/2023/23 and ECDC/AD/2023/06 govern the EU-track and MS-track, respectively, of the ECDC Fellowship Programme, field epidemiology path (EPIET) and public health microbiology path (EUPHEM), Cohort 2023.

Both curriculum paths provide training and practical experience using the 'learning by doing' approach at acknowledged training sites across the European Union/European Economic Area (EU/EEA). This final report describes the experiences and competencies the fellow acquired by working on various projects, activities, theoretical fellowship training modules, other modules or trainings, and international assignments or exchanges during the fellowship.

Pre-fellowship short biography

Lilas Mercuriali completed her medical degree at the Pompeu Fabra and the Universitat Autònoma de Barcelona in 2017, and her Master's degree in Epidemiology at the London School of Hygiene and Tropical Medicine in 2022. She gained early clinical experience through internships in the emergency room in Mdiq, Morocco, and as an interim general practitioner at a primary care facility in Martorell, Spain. From 2018 to 2022, Lilas served as a medical epidemiologist at the Public Health Agency of Barcelona, where she worked on the surveillance and control of notifiable diseases, with a particular focus on vector-borne diseases, sexually transmitted infections, outbreak management, and the impact of climate change on communicable diseases. In 2022, she joined the Regional Health Agency of Ile-de-France, Saint Denis, where she worked in health surveillance, alert, and outbreak investigation and control until 2023.

Results

The objectives of the core competency domains were achieved partly through project and activity work and partly by participating in the training modules. Results are presented in accordance with the EPIET/EUPHEM core competencies, as set out in the ECDC Fellowship Manual[1].

[1] European Centre for Disease Prevention and Control (ECDC). European public health training programme. Stockholm: ECDC; 2020. Available from: https://www.ecdc.europa.eu/en/publications-data/ecdc-fellowship-programme-manual-cohort-2021

Stockholm, 2026

1. Epidemiological investigations

1.1. Outbreak investigations

1.1.1. Outbreak of legionellosis in Lower Saxony, 2024

Supervisors: Johanna Schneider

Category: Food- and waterborne diseases

Aim: To investigate and describe a cluster of Legionellosis cases in a district of Lower Saxony in 2024, identify potential sources of infection, and recommend control measures.

Methods: We defined probable cases as laboratory confirmed legionellosis cases with geographical proximity of exposures. We mapped cases' main exposures with a 1.5 km buffer and potential environmental sources using QGIS and conducted interviews using a structured questionnaire. Household and environmental water specimens were collected and tested for the presence of *Legionella spp*.

Results: Ten cases were reported in 2024 (versus ≤2/year previously); six formed a probable cluster. All were diagnosed by urinary antigen test. No respiratory specimens were available from any of the cases, and monoclonal antibody subtyping was not performed. Legionella was found in two household water specimens; other environmental samples were negative. Five cases lived within 1.5 km of a sewage treatment plant.

Conclusions: The cluster investigation highlighted the importance of rapid case detection, systematic environmental assessment, and enhanced communication between health authorities and regulatory agencies. Although we could not identify a definitive source, a sewage treatment plant, recognised in the literature as a potential Legionella source, warrants further attention. Recommendations included improved diagnostics (systematic respiratory sampling), prompt notification of healthcare providers, systematic mapping of potential sources, and standardised case interviews to enhance outbreak response.

Role: Co-investigator: Collaborated in hypothesis generation; developed and adapted the case interview questionnaire and mapped cases and potential sources using GIS software; participated in data collection and analysis; wrote the outbreak report (5); shared results of the investigation at the German FETP meeting (*PAE Treffen*) (9).

1.1.2. Outbreak of hepatitis A in Lower Saxony, 2025

Supervisors: Elke Mertens

Category: Food- and waterborne diseases

Aim: To identify the source of a hepatitis A (HAV) outbreak among attendees of a church gathering and prevent further transmission.

Methods: We conducted a retrospective cohort study all church attendees, who were tested serologically; post-exposure prophylaxis (PEP) was provided to those susceptible. Cases were defined as attendees with confirmed HAV infection and immune individuals were excluded from risk analyses. Food specimens were not available but traceback was initiated. HAV genotyping was performed. We calculated risk ratios (RR).

Results: Serostatus was known for 41/43 attendees: 24 had prior immunity, seven were susceptible (of whom four accepted PEP) and 10 were confirmed cases (median age 71 years, interquartile range 67–82 years), with onset between 7 April 2025 and 25 April 2025. Using the established HAV incubation period, likely exposure was narrowed to two meal dates: 12 March 2025 and 19 March 2025. A dessert containing frozen berries was served on 12 March 2025. Seventeen attendees qualified for the risk analysis; the risk was higher (RR=3.8; 95%CI:0.29–49.1;p=0.175). among those who consumed frozen berries. Genotyping confirmed HAV genotype IA with molecular similarity to other cases reporting berries as a suspected source. None of the attendees had prepared food during their infectious period.

Conclusions: Among this cluster of 10 cases of HAV in participants of a community meal, frozen berries were identified as the most plausible source. Although the statistical association was not significant, genotyping linked the cases to a HAV genotype circulating in other berry-associated cases.

Role: Co-investigator: Helped define outbreak control measures; developed questionnaire and data entry mask; performed data collection, data entry and analysis; wrote communication materials for participants of the gathering; wrote an abstract which was accepted for a poster presentation at the 2025 conference of the European Society for Clinical Virology (ESCV) (7).

1.2. Surveillance

1.2.1. Evolution of hepatitis C seroprevalence and viraemia in correctional facilities in Lower Saxony, Germany, 2008–2022

Supervisors: Martina Scharlach, Armin Baillot

Type of project: Analysing data from a surveillance system

Aim: To estimate testing coverage, seroprevalence and prevalence of HCV viraemia (PHV) among incarcerated persons in correctional facilities of Lower Saxony, from 2008 to 2022, to inform elimination efforts.

Methods: We obtained the annual number of incarcerated persons from the Office of Statistics and retrieved routine serology and PCR results from the Laboratory Information System. We calculated coverage for serology and PCR testing as the number of individuals tested divided by occupation, and determined annual seroprevalence and PHV as the proportion of positive serology and PCR results, respectively. We counted individuals with multiple tests only once per year.

Results: The population of incarcerated persons decreased from 5 528 in 2008 to 3 547 in 2022. Serology coverage decreased from 55% in 2008 to 42% in 2010, peaked at 59% in 2014, and declined to 33% in 2022. PCR coverage was similar to serology coverage until 2016 and remained approximately 10% higher during 2017–2022. Seroprevalence ranged from 25% in 2011 to 19% in 2014, and was 22% in 2022. PHV decreased from 13% in 2008 to 10% in 2022, ranging from 9% in 2014 to 18% in 2011.

Conclusions: Between 2008 and 2022, seroprevalence and PHV in correctional facilities of Lower Saxony remained high. Temporal fluctuations may reflect changes in testing and treatment practices, which were possibly influenced by drug development advancements such as the approval of sofosbuvir in 2014. Testing coverage was suboptimal and declined in recent years. Our findings highlight the need for more systematic testing and for tailored public health measures to reduce transmission and meet national and international elimination targets.

Role: Principal investigator. Performed data cleaning and analysis, submitted an abstract which was accepted for a poster presentation at the 2024 German Society of Epidemiology (DGEpi) conference (6).

1.2.2. Evaluation of the surveillance system for hepatitis C (HCV) in correctional facilities in Lower Saxony, Germany

Supervisors: Martina Scharlach, Armin Baillot

Type of project: Evaluating a surveillance system

Aim: To conduct a baseline evaluation of the HCV surveillance system in correctional facilities in Lower Saxony, which has been in place since 2005. A secondary aim was to develop targeted recommendations for improvement.

Methods: Following ECDC and CDC guidelines, we consulted stakeholders through interviews and online surveys with staff and policy-makers, assessed data quality and validity of 14 222 questionnaires collected from 2008 to 2023, and evaluated questionnaire coverage by matching laboratory and questionnaire databases.

Results: Between 2008 and 2023, 48 234 specimens were submitted, with only 23% having a matching questionnaire. Coverage declined substantially from 39% in 2008 to 14% in 2023, with marked heterogeneity across facilities (0-41%). Data completeness exceeded 85% for most variables, with few logical inconsistencies detected. Stakeholder consultation (32 participants from 14 institutions) identified monitoring HCV prevalence, treatment impact, and intervention effectiveness as priority uses. Barriers to participation included lack of multilingual materials, insufficient resources, and low awareness of the system's benefits. The reliance on serostatus alone, infrequent analyses, and lack of treatment data limit its ability to monitor elimination progress.

Conclusions: While the HCV-JVA system provides a foundation for surveillance, modernisation is needed to monitor the full HCV care cascade, improve data capture through addressing acceptability barriers, and transform it into a useful tool supporting Germany's 2030 elimination goals.

Role: Principal investigator. Wrote the study protocol and report (4), designed data collection tools, performed data collection and analysis, as well as interviews with key stakeholders, presented a poster at the 2025 ESCAIDE conference (8), submitted a manuscript to a peer-reviewed journal (2).

Routine surveillance activities

Surveillance of scabies in Lower Saxony

Activities and role: As a response to an increase in scabies cases in Lower Saxony, the Public Health Agency of Lower Saxony (Niedersächsisches Landesgesundheitsamt, NLGA) has since 2012 been developing actions and tools for the management of the disease in the territory. In April 2023, a transdisciplinary working group encompassing the parasitology, infection control and epidemiology areas, was established with the goal to identify and respond to the needs of local health authorities. Surveillance activities included: supporting routine operations for the information system; supporting the concept development of diagnostic solutions for local health authorities; supporting literature reviews and international benchmarking; developing an outbreak toolbox including a line list template, outbreak management support tool and communication supports for patients; setting up and piloting an online collaborative platform for local health authorities to exchange tools and experiences, including regular monthly meetings; reviewing and updating guidelines for the management of scabies in living facilities in Lower Saxony; representing the NLGA at the initial meetings of the international scabies group.

Establishing epidemic intelligence in Lower Saxony

Activities and role: Lilas supported the development of a regional epidemic intelligence/event-based surveillance concept at the NLGA. Activities included: engaging in public health intelligence shadowing at the Robert Koch Institute (RKI) in June 2024; attending RKI-led training sessions in preparation for UEFA events; setting up an EIOS board; and conducting onboarding sessions to train colleagues in epidemic intelligence practices.

Surveillance of zoonosis in Lower Saxony

Activities and role: Surveillance activities included: supporting routine operations for the information system; supporting the source investigation of an increase in cases of enterohemorrhagic *E. coli* (EHEC) in Lower Saxony and co-authoring a manuscript on the findings (1); creating an outbreak database for the NLGA.

Surveillance of vaccine-preventable diseases in Lower Saxony

Activities and role: Surveillance activities included: supporting routine operations for the vaccine-preventable diseases team.

Epidemiology department weekly situation reporting in Lower Saxony

Activities and role: took part in weekly meetings to evaluate the current epidemiological situation in Lower Saxony in terms of communicable diseases.

2. Applied public health research

2.1. Assessing vaccination readiness and awareness using an online survey panel – 2025, Lower Saxony

Supervisors: Elke Mertens, Konrad Beyrer

Aim: We aimed to estimate vaccination readiness (VR) in Lower Saxony and to assess awareness vaccination recommendations and current detection of polio virus in wastewater in Germany.

Methods: Cross-sectional survey (May–June 2025), using the HuGO survey panel. Participants completed a self-administered questionnaire covering demographics, the 7-Cs scale for VR, and awareness and behaviour related to vaccination recommendations and poliovirus detection. We used bifactor confirmatory factor analysis (CFA) to evaluate the scale's factorial structure, k-means clustering based on the mean of 7Cs components to identify VR profiles and post-stratification weighting based on age and sex to estimate population distributions.

Results: A total of 663 participants were included (median age 55 years; 58.2% female). CFA demonstrated acceptable fit ($\chi^2(171) = 652$, $p < .001$; CFI = .936; TLI = .921; RMSEA = .065; SRMR = .049). Four distinct VR clusters emerged: high readiness (22.4% weighted), moderate readiness (28.0%), high readiness but reflective (36.2%), and low readiness (13.4%). Low-readiness respondents showed higher socioeconomic deprivation (44.5% in high-deprivation areas versus 27.8% in high-readiness cluster) and lower educational attainment (33.5% with higher education versus 56.3%). Poliovirus detection awareness ranged from 30.7% in moderate-readiness cluster to 46.1% in reflective cluster. Low-readiness respondents relied more on social media (31.9%) and interpersonal networks (22.7%) than other clusters (14.8–18.1% and 5.7–9.7% respectively), with traditional media most prevalent overall (40.9–60.3%).

Public health implications: Results highlighted groups with lower VR and awareness, informing campaigns to improve vaccination awareness.

Role: Principal investigator. Developed protocol, designed questionnaire, coordinated data collection and analysis, presented the protocol at the German FETP in-person meeting (PAE Jour Fixe), and wrote a manuscript for submission to a peer-reviewed journal ().

3. Teaching and pedagogy

3.1. Lecture on Infectious Disease Surveillance (Medizinische Hochschule Hannover, MHH)

A lecture on infectious disease surveillance in Germany was delivered in German to medical students at the Medical School of Hanover on 12 June 2024. Lilas was involved in updating teaching materials and attending a colleague's lecture for preparation. The lecture was presented face-to-face, focusing on surveillance systems under the German Infection Control Act (*Infektionsschutzgesetz, IfSG)*.

3.2. Peer-educational activities at the training site

Lilas participated in peer-educational activities at her training site. She regularly attended the weekly R meetings, which provided a platform for knowledge exchange on R programming practices. During these sessions, she shared her experience using regular expressions in R. In addition, she facilitated a presentation on geographic information systems (GIS) and demonstrated the practical uses of QGIS software in infectious disease surveillance and outbreak investigations.

3.3. NLGA Journal Club

A regular Journal Club was initiated at the NLGA Institute to encourage scientific exchange across departments. Lilas was involved in the conceptual planning, drafting the core concept, and organising logistics. Meetings are held online and focus on critical discussion of recent attended conferences or research articles, enhancing participants' critical appraisal skills.

3.4. One Health Workshop on Foodborne Outbreaks

Lilas collaborated with the organisation and facilitation of the three-day workshop *'One Health Workshop zu lebensmittelbedingten Krankheitsausbrüchen'*, aimed at training local health authorities on investigating and controlling foodborne outbreaks, held from 27 to 29 May 2025. Activities included delivering a lecture in German on outbreak investigation steps, and facilitating group case study discussions. The workshop promoted collaboration between health and food safety authorities and was conducted face-to-face.

3.5. Workshop Surveillance and Outbreak (in collaboration with the Deutsche Zentrum für Infektionsforschung (DZIF) and RKI)

This teaching activity included a two-day online webinar (on 17 and 18 October 2024) followed by a three-day in-person workshop (from 6 to 8 November 2024) on outbreak investigation and surveillance at the DZIF in Braunschweig. Lilas took part in this teaching activity by organising and delivering a lecture online on the introduction to infectious disease epidemiology and surveillance, and facilitating a case study on WNV outbreak investigations at DZIF in person. Actions included collaborative planning, delivering a lecture on disease transmission, facilitating the workshop, updating case study guides, and designing and administering an online evaluation form.

3.6. Open Data Kit (ODK) Training

Lilas delivered several trainings on Open Data Kit throughout the fellowship. The trainings targeted different audiences, including data collectors, public health professionals and data analysts in Guinea, South Sudan and Germany. The trainings included demonstrations and practical exercises, with participants engaging in both individual and group activities. The trainings were delivered both face-to-face and online.

4. Communications related to the EPIET fellowship

4.1. Manuscripts submitted or published in peer-reviewed journals

- Jung-Sendzik T, Wollenweber M, Hille K, **Mercuriali L**, Falkenhorst G. Rise in the number of notifications of Shiga toxin-producing Escherichia coli (STEC) infections probably linked to an increased use of multiplex PCR assays, Germany, 2023. Euro Surveill. 2025;30(48):pii=2500268. https://doi.org/10.2807/1560-7917.ES.2025.30.48.2500268
- **Mercuriali L**, Scharlach M, Baillot A, Mertens E, Dreesman J. Evaluation of the hepatitis C surveillance system in correctional facilities in Lower Saxony, Germany. *Submitted*.
- **Mercuriali L**, Beyrer K, Bölsche J, Wollenweber M, Dreesman J, Mertens E. Assessing vaccination readiness and awareness using an online survey panel – 2025, Lower Saxony (Germany). *Pending submission*.

4.2. Other reports

- **Mercuriali L**, Scharlach M, Baillot A, Mertens E. Description and evaluation of the Hepatitis C in incarcerated settings public health surveillance system in Lower Saxony.
- **Mercuriali L,** Schneider J. Increase in Legionellosis cases in Lower Saxony (German: *Häufung von Legionellose-Fällen in Niederachsen*).

4.3. Conference presentations

- **Mercuriali L**, Baillot A, Schneider J, Mertens E, Dreesman J, Scharlach M. Temporal trends of hepatitis C prevalence and viremia in correctional facilities in Lower Saxony, 2008 to 2022 *(in German: Der zeitliche Verlauf von Hepatitis C-Prävalenz und -Virämie in Justizvollzugsanstalten in Niedersachsen, 2008 bis 2022),* Presented at: German Society of Epidemiology - Deutsche Gesellschaft für Epidemiologie (DGEpi); 8–13 September 2024; Dresden, Germany.
- **Mercuriali L,** Hirsch T, Fürch S, Moudiou A, Coordes AG, Monazahian M, Wenzel J, Dreesman J, Mertens E. Outbreak of hepatitis A virus linked to a community meal in a church setting, Lower Saxony (Germany), 2025 (poster). Presented at: 27th European Society for Clinical Virology (ESCV) Annual Meeting; 17–20 September 2025; Thessaloniki, Greece.
- **Mercuriali L,** Baillot A, Mertens E, Regan S, Dreesman J, Scharlach M. 20 years of hepatitis C surveillance in correctional facilities in Lower Saxony, Germany – A surveillance system evaluation (poster). Presented at: ESCAIDE 2025; 19–21 November 2025; Warsaw, Poland.

4.4. Other presentations

- **Mercuriali L,** Investigation of a legionellosis cluster in Ammerland. Presented at: German FETP meeting (*PAE Treffen*), 10 October 2024; online
- Dreesman J, **Mercuriali L**, Wollenweber M. Looking back at ESCAIDE 2024 (*in German: Rückblick auf die ESCAIDE 2024)*. Presented at: Große Runde – Public Health Agency of Lower Saxony, 11 February 2025; Hanover, Germany
- **Mercuriali L,** Cholera outbreak in South Sudan: Epidemiological support on site (*in German: Choleraausbruch im Südsudan: Epidemiologische Unterstützung vor Ort*). Presented at: Große Runde – Public Health Agency of Lower Saxony, 27 May 2025; Hanover, Germany
- **Mercuriali L,** Surveillance project presentation - HCV surveillance in correctional facilities of Lower Saxony. Presented at: German FETP meeting (*PAE Treffen*), 10 July 2025; online
- **Mercuriali L,** GOARN deployment to support the cholera outbreak response in South Sudan. Presented at: GOARN Tier 1.5 training, 14 July 2025; Berlin, Germany
- **Mercuriali L.** Assessing vaccination readiness and awareness using an online survey panel – 2025, Lower Saxony (Germany). Presented at: PAE Jour fixe, 15 July 2025; Hanover, Germany

5. EPIET/EUPHEM modules attended

- Introductory Course, 25 September–13 October 2023, Spetses, Greece
- R Introductory course (19–22 September 2023)
- Study Protocol and Scientific Writing, 26–27 October and 7–8 November 2023, virtual
- European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE) 2023, 22–24 November 2023, Barcelona, Spain
- Time Series Analysis, 11–15 December 2023, Rome, Italy
- Multivariable Analysis, 19–23 February 2024, Berlin, Germany
- Vaccinology, 4–8 March 2024, virtual
- Writing Abstracts for Scientific Conferences, 20 March 2024, virtual
- Qualitative Research, 19 and 22 March 2024, virtual
- Rapid Assessment and Survey Methods, 15–19 April 2024, Dublin, Ireland
- Public Health Microbiology I - Basic phylogeny, 17–18 June, 2024, virtual
- Project Review Module, 26–30 August 2024, Lisbon, Portugal
- Ethics in real world research and public health surveillance, 6 November 2024, virtual
- European Scientific Conference on Applied Infectious Disease Epidemiology (ESCAIDE), 20–22 November 2024, Stockholm, Sweden
- Time Series Analysis, 9–13 December 2024, Utrecht, the Netherlands
- Public Health Microbiology II – Biorisk & Quality Management, 28–30 April 2025, virtual
- One-Health, 12–15 May 2025, virtual
- Project Review Module, 25–29 August 2025, Lisbon, Portugal
- Public Health Leadership, 1–3 September 2025, Lisbon, Portugal.

6. Other trainings

Master of Applied Epidemiology at the Charité Universtätsmedizin & Berlin School of Public Health (the two-year full-time course (120 ECTS) is integrated into the EPIET training program)

By organising institution:

- **WHO/GOARN/UN online courses:** Public health preparedness for mass gathering events (12 April 2024) ; Introduction to Epidemic Intelligence from Open Sources (EIOS) (22 April 2024) ; EPI-WIN webinar: Managing diphtheria: the new WHO clinical management guidelines (28 March 2024) ; WHO EPI-WIN webinar: 'Cholera: treatment strategies to decrease deaths' (2 May 2024) ; EPI-WIN webinar: Community Protection Partners Meeting: Communities at the center of managing health emergencies (7 May 2024) ; UN Security Awareness Course (BSAFE) (26 April 2024) ; UN Prevention of Harassment, Sexual Harassment and Abuse of Authority (PSEA) (10 February 2025) ; WHO's New Policy and Strategy on Preventing and Addressing Sexual Misconduct (10 February 2025) ; United to Respect: Preventing Sexual Harassment and Other Prohibited Conduct (10 Feb 2025) ; WHO Ethics Empowerment (10 February 2025)
- **MSF:** Preparation Primary Departure (PPD) training, covering life in mission, code of conduct, DEI, and Safety and security (20–27 January 2025). As part of the preparations for a cancelled deployment to support a *Post-campaign vaccination coverage survey for pentavalent vaccine among children of 0–23 months in Buhimba, Mugunga and Methodist health areas of Goma and Karisimbi health zones, North Kivu Province – Democratic Republic of Congo (DRC) 2024.*
- **ECDC:** GenEpi-BioTrain Virtual Training 6: Introduction to SARS-CoV-2 wastewater analysis (24 and 31 January 2024) ; Rapid Risk Assessment e-Learning course (12 April 2024) ; PETAL Seminar – Health economics (16 October 2024) ; PETAL Seminar – Abstract writing workshop using the ECDC Crowd (28 November 2024)
- **RKI:** PAE Induction Days (*Einführungstage*) (11–15 September 2023) ; PAE Jour fixe (17–18 January 2024, 15–16 January 2025 and 15 July 2025, in-person, Berlin) ; Lab4Epi (11–15 March 2024, Berlin & Wernigerode) ; Summer school decolonizing Global Health (25–28 March 2024) ; Epidemiology in Healthcare Settings (3–5 July 2024; Berlin; co-organised with UK-FETP) ; GOARN Tier 1.5 training (14 July 2025)
- **NLGA:** VIII Tuberkulose Forum (8th Tuberculosis Forum) (15 November 2023) ; R für Data Science (IOMIDS) (4–5 December 2023) ; Fachtagung Infektionsepidemiologie (22 January 2024)
- **Other:** Fortbildung Evidenzbasierung im ÖGD (3 Nov 2023); Tagesseminar und Expertenworkshop 'One Health Monitoring' (6 December 2023); Visualization Best Practices in R - Datacamp (1 February 2024); AI Ethics, Datacamp (2 May 2024); IT Security, SoSafe (19 July 2024); Marburgvirus, STAKOB (15 October 2024)

7. International assignments

- One-week deployment to support the Evidence-Based Public Health group (ZIG 2) of the Center for International Health Protection at the Robert Koch Institute (RKI), in the implementation of Work-Package 2 of the increasing Vaccine Readiness in Sub-Saharan Africa (VRSA) project, **Conakry, Guinea, September 2024,** in collaboration with colleagues from the African Center of Excellence for the Prevention and Control of Communicable Diseases (CEA-PCMT). Lilas supported the ODK data collection tool development, deployment and troubleshooting; she supported the on-site training of data collectors and piloting of data collection tools; wrote code for daily data quality check reports in R; performed daily data quality checks and provided solutions in collaboration with local partners, and facilitated trainings on ODK.
- Eight-week deployment with **GOARN** to support the outbreak response team of the WHO Country Office of South Sudan, in collaboration with the South Sudanese Ministry of Health, **Juba, South Sudan, February–April 2025.**

8. Other activities

- Lilas coordinated the organisation of an **FETP career series event**, held online on 13 May 2024, with the support of the EPIET Alumni Network (EAN) and other FETP fellows.
- Supported the organisation of the **PAE Jour Fixe:** As part of the organising committee, Lilas drafted the first version of the agenda and evaluation form, and co-facilitated a session aimed at redesigning and improving the weekly German FETP meeting (*PAE Treffen*). She also designed and disseminated the evaluation questionnaire.
- One-week internship (12/09/2025 to 18/09/2025) at the **local health authority**, Hanover, Germany.
- One-week internship (03/06/2025 to 07/06/2025) at the **Public Health Intelligence,** department of the Center for International Health (ZIG), Robert Koch Institute, Berlin.
- Supported the investigation of a multispecies outbreak of NDM-5-Producing Enterobacterales infections.
- Supported the routine provision of guidance and responses to requests addressed to the NLGA from local health authorities and the Lower Saxony Ministry of Health.

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