

# DPHSWD in China



## Accomplishments in China

- 111 officers have graduated and currently hold leadership positions in national, provincial, and local CDCs throughout China.
- Class size increased from 10 in 2001 to 32 in 2010.
- Control measures in investigation of Yunnan Unknown-Cause Sudden Death 2005 resulted in a 80% decrease in these deaths from 2006-2011.
- Active in the 2005 Pneumonic Plague investigation in Yunnan.
- Responded to the Sichuan earthquake in 2008 in addition to other earthquakes.
- Responded to 6 provinces during the Ice and Snow Disaster in Southern China in 2008. Identified indoor stoves as a major cause of carbon monoxide poisoning.
- Identified inappropriate corticosteroid use as a cause of severe infections from enterovirus 71 and pandemic H1N1 from 2008 to 2010.
- Made population based estimates of the scope of the kidney stone epidemic resulting from the contamination of infant formula with melamine in 2008.
- Established an annual national epidemiology scientific conference for China and neighboring counties. This has been regularly held from 2006 to the present.
- C-FETP officers have published 88 journal articles (71 Chinese journals and 17 international journals). From confronting the SARS Challenge in 2003 to pandemic influenza in 2009, many articles provided scientific evidence for making important recommendations to the MOH.

## Overview and Goals

The Centers for Disease Control and Prevention (CDC), through its Division of Public Health Systems and Workforce Development (DPHSWD), has been working in China since 2001 when the Chinese Field Epidemiology Training Program (C-FETP) was established. C-FETP officers spend two years in field practice working on surveillance and threats to the public health throughout China. They provide decision-makers and other key constituencies with the highest quality evidence-based recommendations and information to help guide China's public health policy and practice.

The C-FETP has three important outputs. 1) It develops field epidemiologists for both the provinces of China and the national Chinese Center for Disease Control and Prevention. 2) It develops mentors for future C-FETP officers to ensure continuing improvement of the training. 3) It provides findings of epidemiologic investigations and surveillance directed at solutions to priority public health problems.

## Program Description

### Building Workforce Capacity

The C-FETP is supported by U.S. CDC, the World Health Organization (WHO), UNICEF, as well as the Chinese Center for Disease Control and Prevention. It takes a comprehensive approach to developing the public health workforce in China. The C-FETP is modeled after the EIS program of the U.S. CDC. The C-FETP is an applied epidemiology program that aims to develop, institutionalize, and implement dynamic public health strategies to improve and strengthen the country's public health system and infrastructure. The C-FETP is a two-year, on-the-job training program that involves both classroom instruction and field assignments including outbreak investigations, disaster response, planned investigation of ongoing public health priorities. The C-FETP also has in-depth experiential training in the utilization, development, modification, and evaluation of surveillance. Initially, the C-FETP focused on infectious disease. As demand increased it has taken on injuries, natural and man-made disasters, unexplained death, and toxic substances. Since 2010, the C-FETP has initiated a non-communicable disease (NCD) track. C-FETP officers are now posted in the Chronic Disease Department and receive part time mentoring from a U.S. CDC expert in NCDs.

### Strengthening Public Health Systems

The C-FETP has worked with 10 provinces in establishing provincial modified FETPs. They develop capacity of county-level public health doctors to carry out surveillance, epidemiologic investigations, and public health programs. The C-FETP has also helped establish and evaluate special surveillance systems such as the Severe Acute Respiratory Infections (SARI) sentinel surveillance for the 2009-2010 influenza pandemic. In 2012, C-FETP epidemiologists were charged with supporting a national realignment of food-borne disease investigation for all of China. They began by developing guidance for all of China on the investigation of food-borne outbreaks. They have followed this by training 186 provincial level staff in this systematic approach.

Center for Global Health

Division of Public Health Systems and Workforce Development





Dr. Robert Fontaine, CDC resident advisor (seated on the right), and China FETP partners interviewing villagers during Yunnan Sudden Unexplained Death investigation.



C-FETP officer, Hang ZHOU (center near blackboard), manages questionnaire completion by students exposed to a hepatitis C epidemic in Guangdong, China, 2012.



Gao Lidong, China FETP resident, interviews SARS patient during case-control study of hospital transmission of SARS, 2003.

## Strengthening Public Health Infrastructure and Institutions

In June 2010, the C-FETP began distribution of a bi-weekly dispatch which provides timely reports of epidemiologic investigations to the MOH, provincial and local CDCs, WHO and others. The C-FETP has established 20 provincial and city training bases covering more than half the population of China. At these field bases C-FETP officers are placed “close to the action.” They team with local health professionals to identify and investigate public health problems and thereby instill field epidemiology practice into the provincial and local level CDCs. Each year a mentor workshop is held to enhance management of field bases, improve technical capacity of field mentors, and solve problems met by C-FETP officers.

## Future Plans

C-FETP priorities over the next five years are:

- Continue to conduct high quality outbreak investigations, improve disease surveillance and assessments, and develop more international and regional collaboration.
- Increase the quality and quantity of epidemiological training and improve the capacity of disease surveillance for national and provincial CDCs.
- Improve the impact of public health policy decisions.
- Expand regional cooperation by strengthening collaboration between WHO, TEPHINET, SAFETYNET, ASEAN+3 and other international organizations.
- Develop C-FETP’s capacity to respond to public health emergencies through national and international networks.
- Recruit 32-35 trainees per year and increase 1-2 instructors and international consultants to ensure a high quality of graduates.
- Increase the number of field bases while ensuring the quality of outbreak investigation and base management.
- Increase the number of publications.
- Strengthen CDC China’s web-based national Notifiable Disease Reporting System activities.
- Provide informatics training for FETP officers.

## Key Partners

- Ministry of Health
- Technical units from across U.S. CDCWHO
- Chinese Medical Association

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