



NCID News

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As we begin the new year in a new normal, may I wish you all Happy New Year and take some time for reflection one year on since COVID-19 reached Singapore's shores.

The year 2020 was indeed an extraordinary year for many of us. Just barely four months after the official opening of NCID, we were called upon to take up the unprecedented task against COVID-19. A drastic hammer approach known as circuit breaker to restrict population movement lasted eight weeks from 7 April to 1 June. This had effectively cut down the number of cases. What was left for the remaining part of the year was a game of tussle with the virus, having to balance between progressive relaxation of restrictions and potential rebound of cases. Despite these challenges, I am glad and extremely proud that our team has held our ground well and emerged stronger.

In this issue, we continue documenting our journey in battling COVID-19, showcasing our operations since July 2020 as we transitioned to business-as-usual activities while maintaining readiness in preparation of any resurgence of case numbers.

We specially highlight our SOCRATES (Strengthening Our Community's Resilience Against Threats from Emerging infections) research project studying the social behavioural aspects of COVID-19 on the community. Further, we showcase our Singapore Field Epidemiology Training Programme's launch of its training platform for physicians and non-physicians to meet a critical need for professionals who can carry out field investigations and communicable diseases control.

In addition, we highlight two focus areas of NCID – antimicrobial resistance and HIV as we commemorate World Antimicrobial Awareness Week and World AIDS Day – and also bring you a review of the latest edition of an important local handbook entitled *Communicable Diseases Control* featuring infectious diseases of public health importance and their management.

As COVID-19 rages on, let us continue to work together to contain and keep the virus under control. We must remain vigilant and practise good hygiene, mask wearing and safe distancing!

PROFESSOR LEO YEE SIN
EXECUTIVE DIRECTOR
NATIONAL CENTRE FOR INFECTIOUS DISEASES

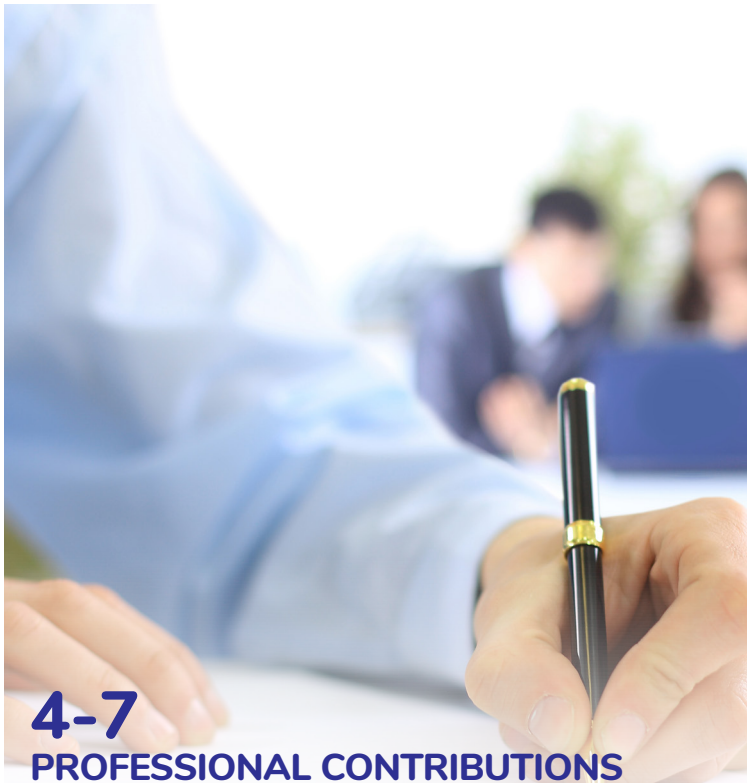


National Centre for
Infectious Diseases

EDITORIAL TEAM: Assoc Prof Steven Ooi, Marion Abraham, Louise Toh, Isabella Wong

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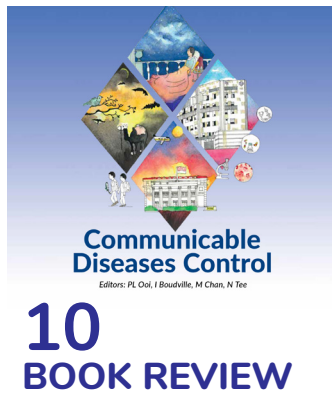


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You may notice by now that changes are gradually taking place with our NCID News – more content, and more contributors. In an age of infectious diseases complexity, when challenges are becoming more uncertain and volatile, we are keen that NCID News should remain relevant to you with fresh new contributions of topical interest for the wider clinical and public health community. We welcome relevant articles, anecdotes, snippets and suggestions to encourage scientific literacy. What else would you like to see? Your feedback is valuable. This is a continuing work so please bear with us as we strive to improve.

In this issue, you will find a call for applicants to NCID's upcoming Tier 1 Singapore-field epidemiology training programme (S-FETP). This six-day course is a self-contained foundational primer on applied epidemiology. It is also stackable with intermediate to advanced training for those seeking further public health competencies. Since 2010, S-FETP has been our national effort to groom a cadre of competent professionals from different fields who, having cross-trained in field epidemiology, can provide domain expertise in public health with skills and knowledge for outbreak management and pandemic response.

For many of us, 2020 has been a highly eventful and even exhausting year of change. As we proceed with caution and hope into 2021, the year of the Ox, we wish readers all new year blessings and cheers.

Enjoy!

Assoc Prof Steven Ooi, Editor

KEY MILESTONES OF NCID'S OUTBREAK EXPERIENCE SINCE JULY 2020

Marion Abraham, Deputy Director, Corporate Communications

“Take sensible precautions, help one another, stay calm, and carry on with our lives.”

Mr Lee Hsien Loong, Prime Minister, Singapore, on the nation's COVID-19 situation on 8 Feb 2020

In our previous issue we brought you a pictorial account of NCID's COVID-19 outbreak experience and a timeline of key milestones stopping at 19 June 2020 when Phase 2 of the safe re-opening of Singapore began.

Here is a look at the key milestones since July 2020...

COVID-19 Timeline

JULY 2020

30 Jul: Removal of Screening Centre tent near ambulance bay

AUGUST 2020

6 Aug: MOH announces that testing for all workers in the dormitories will be completed by 7 Aug

31 Aug: COVID-19 Therapeutic Workgroup publishes 4th version of Interim Treatment Guidelines for COVID-19

SEPTEMBER 2020

3 Sep: NCID reduces COVID-19 outbreak beds complement

8 Sep: Set-up of Paeds ICU-ID Sub-committee under National ICU Committee

OCTOBER 2020

5 Oct: Operating hours at NCID Screening Centre revised to 8.30am to 11pm instead of 24 hours, with screening at Tan Tock Seng Hospital Emergency Department after 11pm

20 Oct: Multi-Ministry Taskforce outlines roadmap to Phase 3 of Singapore's re-opening

23 Oct: Singapore Field Epidemiology Training Programme, a partnership of NCID with Saw Swee Hock School of Public Health, launches inaugural 6-week Foundational Level Training Course in Applied Epidemiology and Rapid Response for staff of Ministry of Health, Ministry of Manpower and Agency for Integrated Care



NOVEMBER 2020

4 & 10 Nov: First two sessions of Basic Infection Control Course for Handling Bodies with Infectious Diseases for funeral service operators and embalmers

DECEMBER 2020

4 Dec: NCID Screening Centre closes

7 Dec: COVID-19 screening merged with NCID outpatient Clinic J's services and collaborate closely with Tan Tock Seng Hospital Emergency Department that provides COVID-19 screening after hours

28 Dec: Start of Phase 3 of re-opening

30 Dec: 40 NCID staff are the first in Singapore to receive the COVID-19 vaccine



WE CAN DRAW LESSONS FOR COVID-19 FROM HIV

Dr Wong Chen Seong, Consultant and Deputy Director, National HIV Programme

In our approach towards SARS-CoV-2 and COVID-19 as a nation, and indeed as a human race, many lessons can be learned from our experience with HIV. Fear and lack of knowledge of its spread and helplessness in the absence of a cure or treatment resulted in much stigma and discrimination against those who suffered from it – which unfortunately still lingers on today. This fear of infection, or contagion, is also pervasive in the current pandemic, with numerous reports of people with COVID-19 – or even suspected to be at risk of infection, such as healthcare professionals and other frontline workers – being subjected to abuse or other discriminatory behaviour and eviction from their homes.

We can see that stigma is borne from fear, and fear arises from what we do not know or understand. The fear of being stigmatised or discriminated against may also lead those most at risk of infection to avoid seeking medical attention to get diagnosed and treated when they most need it, which can have disastrous consequences both for themselves and those around them. This can result in those who are infected developing more severe illness, as well as unknowingly spreading the infection to those they come in contact with, whether by not taking the appropriate protection during sex to prevent the transmission of HIV, or wearing a mask and self-isolating to prevent the spread of SARS-CoV-2.



COVID-19 has had an indelible impact on many aspects of everyday life. It has also affected the lives of people living with HIV (PLHIV) in numerous ways, not least of all being the way that HIV care has been affected during times of pandemic. PLHIV require regular follow-up visits with their care providers, in order to ensure that treatment continues to be effective, and that they continue to enjoy good general health and wellbeing. HIV care in Singapore remains centred in specialist hospitals and is provided primarily by infectious disease physicians, who are also part of the main vanguard providing COVID care. In addition, significant resources needed to be diverted to coping with the COVID-19 response. To add to this situation, little was known in early 2020 about whether PLHIV were at greater risk of COVID infection, severe COVID or mortality, and hence a more conservative approach was employed. Efforts were made to reduce the risk of exposing them to the virus by reducing the need to attend hospital visits as much as possible.

HIV physicians thus needed to find innovative ways to provide safe and effective care. We accomplished this in several ways. Firstly, we adopted technological innovations such as telehealth, allowing us to address our patients' concerns without the need to be physically present in clinic. Secondly, we judiciously prolonged the duration between regular clinic visits for those patients with well-controlled HIV, while ensuring that all patients had a means to contact the clinic should emergencies arise. Thirdly, we encouraged the use of home delivery of medications, further reducing the time spent in potentially crowded hospital pharmacies. Lastly, we avoided making changes to treatment regimens unless absolutely necessary to reduce the need for additional follow-up during this time. In so doing, we were able to keep on providing high-quality care for our patients in challenging times.

COVID-19 and HIV are going to be part of our lives for many years to come. They have changed the way we practise medicine, interact with one another, and live our lives. Through it all, we believe that the way to weather the storm will be by having compassion for one another, taking a scientifically-grounded approach, and, of course, having hope for better times ahead.



AN UPDATE ON THE SOCRATES RESEARCH STUDY

Dr Mark Chen I-cheng, Head, NCID Research Office

SOCRATES, which stands for Strengthening Our Community's Resilience Against Threats from Emerging infections, is a social behavioural cohort study funded by the Estate of Ong Tiong Tat and Irene Tan Liang Kheng. Our study was launched on 27 June 2019 and the first batch of participants were enrolled by a team of eight public health students of the National University of Singapore (NUS) during their internship, trained and supervised by the research team from NCID. During that time, we assessed the participants' knowledge and perceptions of behaviours towards past infectious disease outbreaks in Singapore (e.g. Zika virus infection).

This research study was designed so that the cohort could be rapidly re-surveyed in the event of a new outbreak. Since the first reported case of COVID-19 in Singapore, we have launched biweekly/monthly surveys to assess the community's knowledge, perceptions, attitudes and behaviours towards the COVID-19 outbreak. During the circuit breaker period, we continued recruitment of new study participants through video conference instead of the usual face-to-face interviews. This has allowed us to expand our cohort size rapidly in the presence of strict outbreak measures. Insights from each COVID-19 survey have allowed us to provide timely feedback to Ministry of Health (MOH) during the outbreak. As of November 2020, we have a total of 1845 participants in our cohort aged 16 and above and spread across all age groups. In the near future, we aim to reach a total of 2500 active participants in our cohort.

The findings of the first seven COVID-19 surveys from SOCRATES are published in *Bulletin of the World Health Organization* (Issue 99, Pg 92-101). In this paper, we have shown how trust in government's communication during the outbreak is associated with higher perceived seriousness of the threat from COVID-19, and yet reduced perceived risk of infection, and reduced perceived chance of dying from COVID-19. In addition, trust in government's communication is also associated with

increased adoption of protective behaviours such as handwashing, avoiding crowds and use of facemasks. Trust is a vital commodity when managing an evolving outbreak. Repeated surveys provided real-time feedback, allowing an improved understanding of the interplay between perceptions, trust and behaviour in an evolving outbreak.

Recent survey results between September and October 2020 showed that 47% of respondents felt that the current COVID-19 response measures in Singapore were proportionate to the scale of the outbreak, 32% felt that it was a bit strict but still reasonable, 16% felt that it was a bit relaxed, 2% felt that it was way too relaxed and 3% felt that it was overly restrictive. There were also points of concern. For instance, 33% felt they could carry on with the current level of restrictions only for another 1-3 months, and another 21% felt they could carry on for another 4-6 months. Overall, 87% of respondents strongly agree/agree that they would get vaccinated if there was an effective COVID-19 vaccine available in Singapore. Safety profile of COVID-19 vaccine was the major concern among those who disagree. We are currently assessing the psychological and financial impact that COVID-19 outbreak has on our cohort participants.

The SOCRATES research study has forged collaborations across multiple partners such as NUS, Alexandra Health, Nanyang Technological University, Lee Kong Chian School of Medicine, and MOH, to answer important questions with regard to health-seeking behaviour, psychological impact and also outbreak fatigue in relation to the COVID-19 outbreak.

Together with our collaborators, the next most immediate aim would be to engage our participants about their perceptions and attitudes towards a COVID-19 vaccine and other important issues during phase 3 of re-opening in Singapore. We welcome all Singaporeans and Permanent Residents, who are at least 16 years old, to join our cohort study!



TACKLING ANTIMICROBIAL RESISTANCE

Dr Lee Tau Hong (Head), Astrid Khoo (Manager), and
Ng Hui Min (Executive), Antimicrobial Resistance Coordinating Office

Antimicrobial Resistance a Cause for Global Concern

Antimicrobial Resistance (AMR) threatens the effective treatment and prevention of an increasing range of common and complex infections caused by bacteria, parasites, viruses and fungi.

The misuse and overuse of antimicrobials, such as antifungals, antivirals, and antibiotics, has accelerated the global emergence and spread of resistance, resulting in prolonged illness, disability, death and increasing the cost of healthcare.

Tackling AMR requires a multi-pronged approach which includes surveillance activities, drug research and development, new diagnostic tools, and education.

Taking Action through Prevention

Raising awareness of AMR and promoting behavioural change through public communication programmes that target different audiences in the human, animal health and environmental sectors can prevent the further emergence and spread of AMR.

For instance, educational initiatives targeted at the appropriate usage of antimicrobials could equip the public with the knowledge that the majority of upper respiratory tract infections, such as the common cold, are self-resolving and do not require a prescription of antibiotics. The management of patient expectations, in conjunction with the controlled prescribing of antibiotics, could play a role in reducing the development of antibiotic-resistant bacteria.

At the individual level, maintaining good personal hygiene practices, such as frequent hand-washing and staying home when ill, minimises the transmission of infections to others and lowers the risk of the spread of AMR.

ADOPT GOOD PRACTICES TO REDUCE THE SPREAD OF INFECTIONS



Regular hand-washing with soap and water



Wear a mask when going out



Ensure vaccinations are up-to-date



Stay home when you are unwell



Follow your doctor's advice when taking antibiotics

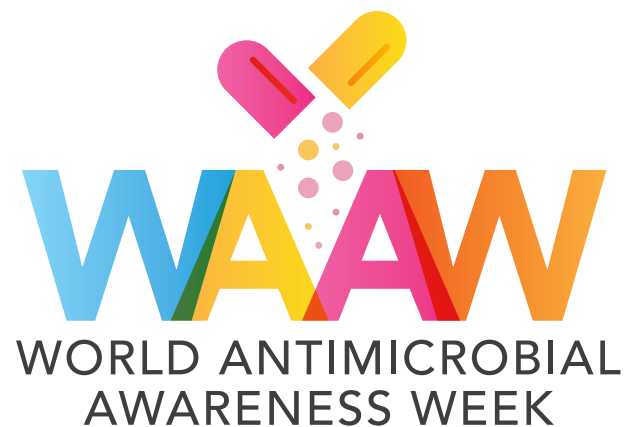
Vaccination also plays a crucial role in the fight against AMR as it reduces both the incidence and spread of new infections while reducing the need for antibiotic use. On 9 November 2020, Singapore launched an enhanced subsidy scheme on nationally-recommended vaccinations to encourage more Singaporeans to receive vaccinations, which not only protect individuals but also contribute to keeping antibiotics effective for future use.

World Antimicrobial Awareness Week 2020

The World Antimicrobial Awareness Week (WAAW) held annually from 18 to 24 November aims to raise awareness of the global threat of AMR.

In order to encourage the adoption of appropriate prescribing practices amongst healthcare professionals in the community, the Antimicrobial Resistance Coordinating Office (AMRCO) organised its second Primary Care Forum with the support of the Infectious Disease Research and Training Office. A series of four talks held on 7 and 21 November 2020 was attended by a total of 425 healthcare professionals. Guest speakers from both the acute and community settings shared on the management of common respiratory tract infections, paediatric infections, the role of vaccination in reducing AMR, as well as the relationship between antibiotic prescribing and patient satisfaction.

The first WAAW Inter-Hospital Webinar Series was co-organised by Khoo Teck Puat Hospital, KK Women's and Children's Hospital, National University Hospital, Singapore General Hospital and Tan Tock Seng Hospital, and supported by NCID. Held throughout the month of November, six talks were conducted by infectious diseases specialists and pharmacists to increase the awareness of AMR and appropriate antimicrobial prescribing practices of healthcare professionals.

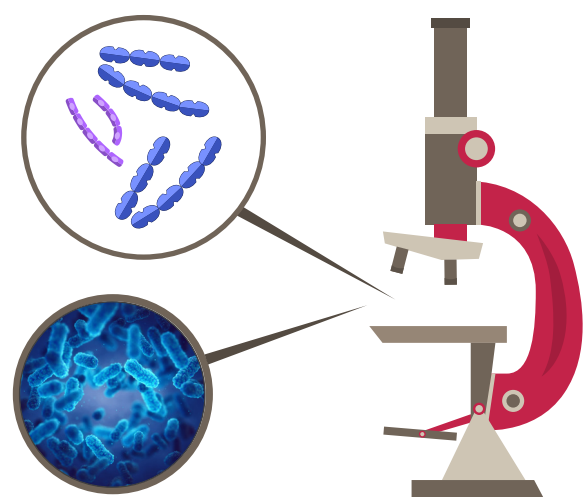


WAAW online activities

AMRCO supported all 10 public hospitals in their WAAW activities and launched an AMR social media campaign to highlight actions that can be taken to prevent the spread of infections.

NCID also contributed to the Saw Swee Hock School of Public Health's launch of an animated video from the comic book 'The Antibiotic Tales', which aims to raise awareness of the importance of reducing risks posed by AMR.

Lastly, together with other nations in the region, Singapore pledged a renewed commitment against AMR on 27 November 2020 at the WHO Regional Office for the Western Pacific's Stewards for the Future: One Region, One Movement to fight Antimicrobial Resistance Virtual Rally.





CELEBRATING NCID'S FIRST ANNIVERSARY

Marion Abraham, Deputy Director, Corporate Communications

On 7 September 2020, NCID celebrated its first anniversary. The virtual event was graced by Guests-of-Honour Mr Gan Kim Yong, Minister for Health, and Mr Lawrence Wong, Minister for Education, Co-chairs of Singapore's Multi-Ministry Taskforce set up to coordinate whole-of-government efforts to tackle the COVID-19 outbreak, and attended by collaborators and partners from the public healthcare system, academic and research institutions and NCID staff. Associate Professor Kenneth Mak, Director of Medical Services, Ministry of Health was invited to place a COVID-19 "brick" in NCID's time capsule – containing items that represent NCID's efforts – to mark NCID's milestone of being at the forefront of Singapore's COVID-19 outbreak efforts. The first "brick" was placed inside the time capsule at NCID's official opening last year to mark NCID's successful management of the first monkeypox case in Singapore and Asia.



Assoc Prof Kenneth Mak (top) and Professor Leo Yee Sin at the first anniversary celebrations.

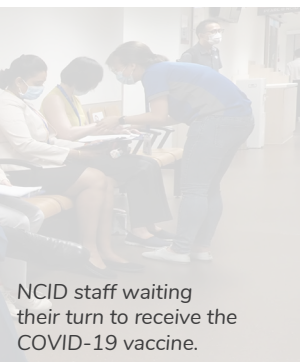
COVID-19 VACCINATION FOR NCID STAFF

Marion Abraham, Deputy Director, Corporate Communications

On 30 December 2020, 40 staff from across family groups – clinical, nursing, allied health, ancillary and administration – at NCID received the COVID-19 vaccine as the vaccination exercise commenced in Singapore. They did not report any serious side effects except for some who had muscle aches at the injection site. This is a common side effect of any vaccination and the muscle aches disappeared in a few days. All of them resumed their regular duties after vaccination. These staff returned for the second dose of the vaccine on 19 and 20 January 2021. This is within the recommended 18 to 24 days after receiving the first dose. The remaining NCID staff were progressively vaccinated with the National Healthcare Group Management and Staff starting from January 2021.



Sarah Lim, Senior Staff Nurse, NCID is the first Singaporean to receive the COVID-19 vaccine.



NCID staff waiting their turn to receive the COVID-19 vaccine.

A PURPOSE-BUILT FACILITY DESIGNED TO PROTECT, AND TO TRANSFORM HEALTHCARE

Isabella Wong, Executive, Communications Division at Tan Tock Seng Hospital

NCID has been, and still is, at the heart of our COVID-19 battle. A number of recent building award recognitions have served as testament to the uniqueness of our facility and as encouragement to our staff. In 2020, NCID, together with the Ng Teng Fong Centre for Healthcare Innovation (CHI), won awards in two highly coveted healthcare design and construction competitions.

In the **European Healthcare Design Awards**, the NCID-CHI building received recognition in the “Healthcare Design (over 25,000 sqm) Award” and high commendation in the “Design for Adaptation and Transformation” category. These awards acknowledged how our facility married intentional innovation with sustainability and urban integration. Built amidst a thick city landscape, NCID functions effectively as an independent entity (with a transformative ability to resolve complex service design challenges during health crises) and yet is also smoothly integrated with the surrounding infrastructure of Tan Tock Seng Hospital and Lee Kong Chian School of Medicine.

In the **Design & Health International Academy Awards**, the NCID-CHI building clinched a high commendation in the “International Health Project (over 40,000 sqm)” category in recognition of embodying a sustainable and salutogenic approach in the innovative design of a health facility.

The selection processes for the awards have been stringent, with judging panels comprised of multi-disciplinary experts from around the world. Embracing our mission to protect the people of Singapore from infectious diseases, NCID’s purpose-built infrastructure has been designed to strengthen our concerted national capacity and capability in infectious disease management and prevention. It is a self-contained 330-bed hospital with a full suite of facilities – isolation rooms, negative pressure rooms, ICUs, diagnostic imaging, operating theatres, mortuary, laboratories, an outpatient clinic and screening centre. These standalone facilities allow for a lockdown of the building during a large outbreak while minimising the risk of transmission of pathogens from highly contagious cases to patients, public and healthcare workers. NCID was also built with an expansion capacity and the flexible design of patient rooms allows NCID to accommodate more than 500 beds during an outbreak. NCID is equipped with advanced safety features that protect the people within the building and the surroundings. The airflow design is a single-pass air-conditioning system without recirculation with separate air handling units supplying fresh air to different zones. Exhaust air passes through HEPA filter before it is dispersed into the atmosphere. There is clear segregation of people and materials flow and a safe and thorough waste management system.



COMMUNICABLE DISEASES CONTROL

Assoc Prof Jeffery Cutter, Ag Director, National TB Programme and NCID Public Health Advisor

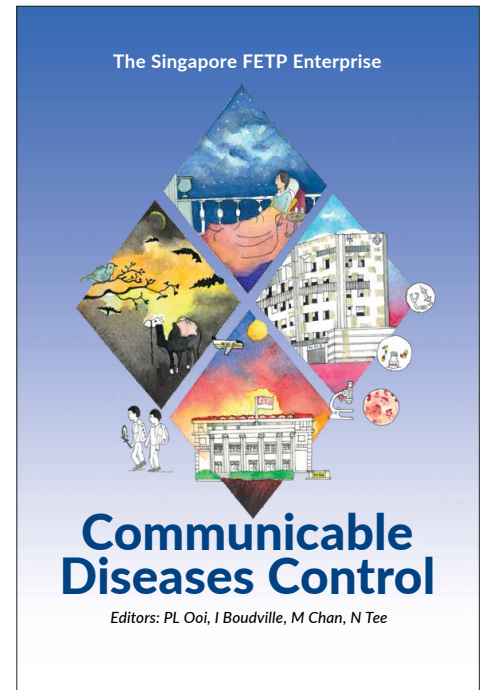
The editors have done a splendid update of a long-standing local handbook which summarises the key features of infectious diseases of public health importance and their management. This handbook, which provided a quick reference guide to the local medical and public health community, was first published in 1973 as "A Guide on Infectious Diseases of Public Health Importance in Singapore" and went through seven editions, with the last update published in 2011.

In this new handbook, new information has been added and updated where necessary so that the most up to date summary for each disease is presented. In addition, quite a number of new diseases of public health importance have been added. These include Middle East respiratory syndrome (MERS), severe fever with thrombocytopenia syndrome (SFTS), monkeypox and Zika virus infection. Covid-19 is also included, making the list truly up to date. In all, the number of diseases covered has increased from 39 in the 2011 edition of the previous handbook to 57 in this current guidebook.

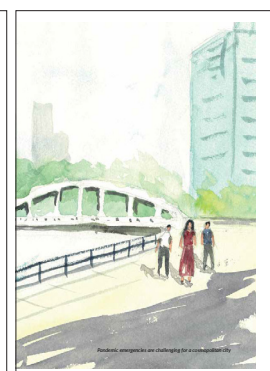
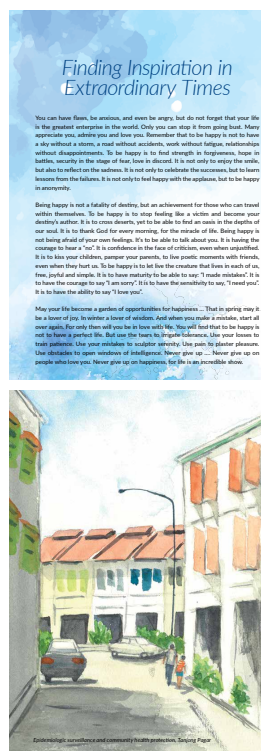
In "Communicable Diseases Control", the editors have continued to ensure that the summaries for each disease are easily digested in bite-sized sections. The information is also well-organised in keeping with the intent of the original handbook. In my view, they have even enhanced the summaries by improving the layout significantly.

What has made this handbook even more useful is the inclusion of a number of interesting articles on contemporary areas affecting communicable diseases control. These include topics on urban health security, healthcare epidemiology, antimicrobial resistance, travel medicine and on the International Health Regulations. A number of the articles are authored by Singapore-Field Epidemiology Training Programme (S-FETP) fellows.

"Communicable Diseases Control" is an indispensable guide on infectious diseases of public health importance for the medical and public health community in Singapore. The PDF copy of this book is downloadable from the NCID website via this QR code.



CLICK OR SCAN HERE



TRAINING IN APPLIED EPIDEMIOLOGY AND RAPID RESPONSE

Samantha Poon, Assistant Manager, Infectious Disease Research and Training Office at NCID

The Singapore-Field Epidemiology Training Programme (S-FETP), a new partnership of NCID and the Saw Swee Hock School of Public Health (SSHSPH), launched its first foundational training course from 23 October to 27 November 2020 with 33 participants from AIC, MOH and MOM. This is part of our national training platform for agencies to build a sustainable field epidemiology workforce to meet the challenging future of a public health fraught with emerging infectious diseases. Such training has been recognised as an important line of defence against pandemic threats.

Facilitated by Assoc Prof Steven Ooi with trainers from SSHSPH and NCID, this short course introduced knowledge and skills-building in applied epidemiology and rapid response for participants. Through group work, trainees investigated into COVID-19 issues and also helped to create a profile of community health, which in turn provided important clues to the at-risk groups in need of targeted interventions. Clearly, ensuring our health security extends beyond human health to involve good hygiene, sanitation, environmental and animal health, food safety and even social resilience.



Professor Leo Yee Sin with the team on first session of S-FETP first run.



Professor Teo Yik Ying, Dean of Saw Swee Hock School of Public Health, making a closing speech.

FEEDBACK FROM TRAINEES ON THE COURSE

“

I really appreciate the efforts to use visuals and sharings from different perspectives to explain the concepts, and share real-life examples and learning points to contextualise the content.

”

“

... very informative thus far and definitely could be linked back to the work we are currently doing.

”

“

... the class really comes to life, being able to learn from practitioners with past and recent experiences dealing with public health crises.

”

“

Learning points in the context of actual incidents have helped me to think about how my team and I can work with community care partners, NCID and other agencies to build prevention, detection and response capabilities, and to work with their stakeholders to do so better in these areas.

”

PROFESSIONAL CERTIFICATION IN FIELD EPIDEMIOLOGY

OVERVIEW

The Singapore-Field Epidemiology Training Programme (S-FETP) master class 2021 is now open for applicants. Conducted by experienced trainers from NCID and Saw Swee Hock School of Public Health (SSHSPH) in collaboration with NParks on veterinary and zoonotic elements, this programme provides practical insights for frontline, outbreak and One Health investigators to build basic competencies, such as:

- How to undertake rapid response on the ground for surveillance, investigation and control
- How to apply an evidence-based holistic approach in public health practice and outbreak management
- How to explain transmission dynamics in the emergence of unusual public health events and epidemics

COURSE SCHEDULE

A founding member of the ASEAN+3 (Japan, China, South Korea) field epidemiology training network, S-FETP's curriculum is modelled after the US CDC's Epidemic Intelligence Service training to address our unique urban health security.

Foundational-level training (3 July to 7 August 2021, specially curated to run on six Saturdays)

- Tier 1 short course on fundamentals of public health practice (20h)
 1. Rapid epidemiological response and contact tracing
 2. Emerging diseases and outbreak investigation
 3. Public health bio-surveillance
- O-J-T/practicums on elementary methods in field epidemiology (20h)

Successful candidates will be awarded by SSHSPH with the Certificate of Competence in Applied Epidemiology and Rapid Response.

Intermediate-level training (end 2021/early 2022, to be confirmed)

- Requirement to complete Tier 1 satisfactorily
- Tier 2 short course on fundamentals of public health practice (20h)
 1. Public health emergency preparedness
 2. Quantifying public health threats
 3. Social epidemiology and community dimensions
- O-J-T/practicums on elementary methods in field epidemiology (60h)

Successful candidates will be awarded by SSHSPH with the Certificate of Competence / Professional Certificate in Outbreak Alert and Response.

Advanced-level training (over 2 years, 2021-23)

- Requirement to complete Tier 2 satisfactorily
- Tier 3 courses are MPH-level modules at SSHSPH in the following subjects:
 1. Outbreak epidemiology and global health
 2. Communicable diseases control
 3. Epidemiologic risk assessment
 4. All hazards epidemic intelligence
- O-J-T/practicums and projects on community health protection
- Opportunities for public health exchange/international exposure

Successful candidates will be accorded S-FETP Fellowship status on our national rolls, and entered into the professional registry as subject matter experts/specialists.

ELIGIBILITY TO APPLY

Applicants should be medical, nursing, veterinary, scientific, operations or public health officers who are keen to serve in the field as rapid response team members. You must have some public health experience, to gauge your own aptitude or suitability, and obtain clearance from your supervisors and HR. Positions are limited because S-FETP requires rigorous mentoring.

Those interested may seek details from our Programme Director, Assoc Prof Steven Ooi at steven_pl_ooi@ncid.sg.