
EDITORIAL**In Memoriam: Dionisio José Herrera Guibert**Ferran M. Navarro¹¹Emeritus Professor, National School Public Health, Carlos III Health Institute, Madrid, Spain

Abstract

Dr Dionisio Herrera Guibert, who passed away on 4-12-2018, was a key figure in the development of epidemiology training, both in Spain and internationally. This commentary is in his memory and recognises his achievements in field epidemiology.



Dr. Dionisio Herrera Guibert, who passed away on 4-12-2018, was a key figure in the development of epidemiology training, both in Spain and internationally.

Dr. Herrera arrived in Spain from his native Cuba in the 1990s, a time in which the adaptation of legislation of epidemiological surveillance to the new territorial model of the State was coming to an end, and when new technologies in the transmission and use of information were being incorporated, along with new methods for the analysis of epidemiological information and changes in the epidemiological pattern. This new context proved the need to improve the training of epidemiological practice, which led the health authorities to propose a training program, based on the EIS model, through a collaboration between the Carlos III Health Institute (ISCIII) and the United States CDC. The National Centre for Epidemiology and the National School of Health, both part of the ISCIII, were responsible for its development and management. The program, which was called Applied Field Epidemiology (PEAC), began in 1994 (1). Dr John Rullán was the program's first director (1994-96), at the proposal of the CDC. *Among the students belonging to the first class was Dr Dionisio Herrera Guibert, incorporated through a collaboration between the Spanish and Cuban health authorities.*

Some of the above-mentioned changes did not only occur in Spain. Between 1980 and 2000, in several countries of the European Union, groups of epidemiologists and health professionals began discussion on the role of epidemiology in public health services and their orientation towards the resolution of situations of alert and rapid response, such as outbreaks, health alerts and evaluation of intervention measures. France was a pioneer country when it started an Intervention Epidemiology course in 1984, whose responsibility fell to the Institut pour le Développement de l'Épidémiologie (IDEA) in 1985 (2). As of 1992, the European Union initiated several community public health actions, among them the creation of the Network Committee for the Epidemiological Surveillance and Control of Communicable Disease in 1998, with the purpose of harmonizing the actions of the member states. Another of these actions, which was considered a priority, was the creation of the Epidemiological Intervention European Training (EPIET) in 1995, with participation from 15 EU countries plus Norway (3). EPIET was the adaptation of the EIS to the European reality and was promoted by former EIS trainees. Other countries, such as Spain (1994), Germany (1996) and the Nordic Countries (1999), started their training programs in intervention epidemiology by joining the EPIET. The secondment of EPIET to the newly created European Centre for Disease Prevention and Control in 2005 provided stability and institutional support. *The addition of Dr. Herrera Guibert, first as Deputy Director in 1997 and later as Director of the PEAC in 2004, gave him the opportunity to participate in the development and consolidation of EPIET.*

However, the concern for the development of epidemiological practice in public health services was transformed into a general concern at the end of the last century. The WHO, the CDC, and the ECDC, among other national and international organizations, were actively involved in the promotion and development of the training of epidemiologists in the

field. The result of this collaboration was, under the auspices of the WHO, the CDC and the Charles Mérieux Foundation, the creation of the Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET, 1997) conceived as a network linking all epidemiology programs of intervention. In 1999, it was organized as a non-profit society and later merged with the Task Force for Global Health, another non-profit foundation, in 2008. *Dr Herrera Guibert was Chairman of the Board of TEPHINET from 2002 to 2006 and its director from 2009 onward, until his recent and lamented death.*

The consolidation of epidemiology within the framework of public health services, as a discipline of community interventions, has required a combined effort of international, national and other non-governmental organizations, aimed at strengthening the structures of public health and the training of epidemiologists in the field. The legacy, left to us by Langmuir (4), on the practice of epidemiological surveillance (5) and the paradigmatic message of "training through practice" remains alive among epidemiologists (6) after more than 60 years since its publication.

Dr Herrera participated actively and with great responsibility in this task. If we analyse his professional career, we see a continuous line that goes from his formation as a Doctor of Medicine and Master in Applied Field Epidemiology (PEAC) to an epidemiological practice developed within the framework of public health. He was active in the development of surveillance systems and their evaluation; investigated 135 epidemic outbreaks, as well as many health alerts and incidents; and authored 70 publications and more than 150 abstracts, which remain among us as a lasting reminder of his good work. Among his most outstanding accomplishments were those oriented to the training of epidemiology specialists in the field by participating as a teacher and as a manager or coordinator of courses. He carried out these tasks through TEPHINET by coordinating the activities of the 71 FETP programs that are carried out in more than 100 countries.

This led to a progressive assumption of responsibilities in his professional career as the new paradigms of training in the practice of epidemiology were consolidated. He was first Assistant Director and Coordinator of the Applied Field Epidemiology Program (PEAC) in 1997, and later was Chairman of the Board of TEPHINET from 2002 to 2006, and, finally, Director of TEPHINET from 2009 to 2018. But apart from an outstanding professional career, we would like to highlight his personality, which shone with a positive concept of life and an optimism that was revealed in his permanent smile and formidable power of communication. He was a tireless worker and had a clear sense of the value of his family.

Dionisio has travelled a path that goes from being my student, to being my disciple, my colleague and always my friend. His loss also reaches those of us who are part of the TEPHINET community.

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