PHEMI - Pharmacoépidémiologie et maladies infectieuses

Rapport Hcéres

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agence d'évaluation de la recherche
et de l'enseignement supérieur

Department for the evaluation of research units

AERES report on unit:

Pharmacoepidemiology and Infectious Diseases - PhEMI

Under the supervision of the following institutions and research bodies:

Université de Versailles Saint-Quentin-en-Yvelines - UVSQ

Institut National de la Santé Et de la Recherche Médicale - INSERM

Institut Pasteur

January 2014

agence d'évaluation de la recherche
et de l'enseignement supérieur

Department for the evaluation of research units

On behalf of AERES, pursuant to the Decree of 3 november 2006[1]*,*

- Mr. Didier HOUSSIN, president
- Mr. Pierre GLAUDES, head of the evaluation of research units department

On behalf of the expert committee,

- Mr Jean Claude DESENCLOS, chair of the committee

[1] The AERES President "signs [...], the evaluation reports, [...] countersigned for each department by the director concerned" (Article 9, paragraph 3 of the Decree n ° 2006-1334 of 3 November 2006, as amended).

Evaluation report

This report is the result of the evaluation by the experts committee, the composition of which is specified below.

The assessment contained herein are the expression of independent and collegial deliberation of the committee.

Unit name:	Pharmacoepidemiology and Infectious Diseases
Unit acronym:	PhEMI
Label requested:	UMR-S
Present no.:	EA 4499
Name of Director (2013-2014):	Mr Didier GUILLEMOT
Name of Project Leader (2015-2019):	Mr Didier GUILLEMOT

Expert committee members

Chair: Mr Jean Claude DESENCLOS, INVS

Experts:

Mr Marc BAGUELIN, Public Health England, UK

Ms Hélène JACQMIN-GADDA, Université Bordeaux Ségalen (representative of CSS INSERM)

Mr Roland SAMBUC, AMU, (representative of the CNU)

Mr Rodolphe THIEBAUT, Université Bordeaux Ségalen

Scientific delegate representing the AERES:

Ms Christel PROTIERE

Representative(s) of the unit's supervising institutions and bodies:

Mr Jean BOUYER (director of the doctoral school ED420)

Ms Christine GUILLAR, INSERM

Mr Jean-Luc VAYSSIERE, UVSQ

1 • Introduction

History and geographical location of the unit

The unit is composed of a part of the multisite unit U657 that has been recognized by the Pasteur Institute in 2008 and UVSQ in 2010, member of the LABEX « Integrative biology of emerging infectious diseases [IBEID]» (team 1) and of the biostatistics team of the research centre CESP, member of the DHU « Thorax innovation (TORINO) » (team 2).

It is located on two sites: UVSQ, Montigny le Bretonneux and the Pasteur Institute, Paris. Team 2 will remain in Villejuif until 2015 when it will move to the Pasteur Institute and/or UVSQ.

Management team

Directeur of the unit: Mr Didier GUILLEMOT

Team leaders: Mr Didier GUILLEMOT (7 researchers) and Ms Pascale TUBERT-BITTER (4 researchers)

AERES nomenclature

SVE1_LS7

Unit workforce

Team workforce	Number as at 30/06/2013	Number as at 01/01/2015
N1: Permanent professors and similar positions	4	5
N2: Permanent EPST or EPIC researchers and similar positions	6	6
N3: Other permanent staff (without research duties)	2	2
N4: Other professors (PREM, ECC, etc.)	3	
N5: Other EPST or EPIC researchers (DREM, Postdoctoral students, visitors, etc.)	1	2 to be recruited
N6: Other contractual staff (without research duties)	1	1
TOTAL N1 to N6	**17**	**16**

Team workforce	Number as at 30/06/2013	Number as at 01/01/2015
Doctoral students	8	
Theses defended	9	
Postdoctoral students having spent at least 12 months in the unit	4	
Number of Research Supervisor Qualifications (HDR) taken	1	
Qualified research supervisors (with an HDR) or similar positions	9	2

2 • Assessment of the unit

Strengths and opportunities related to the context

The two teams that will join together share a common research interest in the field of pharmaco-epidemiology.

They have already collaborated in the past for the development and application of the self-control case series (SCCS) method.

The assessment of both teams past five years activities are excellent (see assessment of team 1 and 2) during which both have strenghtened their research positions, achievements and staff with the maturation of promising new researchers.

The research themes of both teams are innovative and complementary with many opportunities for interaction, scientific added value (new knowledge, development of new statistical methods), translation towards public health and industrial outcomes (team 1).

The project of the new unit has been discussed by the two teams for at least a year which has resulted in a strong shared and enthousiastic interest and willingness of the team heads, researchers and engineer staff to join together in one unit.

The management of both teams are very good with an excellent working atmosphere and interactions within teams as documented through the meeting with researchers, PhD students and engineers.

The visit has documented that the location of team 1 on two sites (UVSQ and Pasteur Institute) is very well managed by the team members who used to meet in one or the other place according to the day of the week.

There is a very strong institutional support of the UVSQ, INSERM and the Pasteur Institute. The three institutions have indicated that this research unit project is central to their strategic public health research plan.

This support, in particular, has resulted in the decision for UVSQ to gather team 1 and 2 in 2015 on the same location at UVSQ (the premises are already available) with the possibility to expand them for additional staff such as supplementary PhD/Post docs.

Weaknesses and threats related to the context

At the present time there is a lack of HDR in both teams and therefore a limitation for recruing additional PhD. However, there is currently a good potential for increasing the number of HDR substantially in both teams for the next 3 to 5 years.

Although the management of both teams and of the future unit are satisfactory there is a need to formalise it more precisely for the new unit project.

With the merging of both teams and the move of team 2 to UVSQ, the administrative support will not be sufficient (lack of about a 50% FTE secretary position).

Although the social science project of team 1 on social vaccine hesitancy is scientifically relevant and relates, to some extent, with the theme of vaccine escape and its population impact, it is based on a unique social scientist which may be a limitation in terms of productivity and visibility.

The potential interactions of merging team 1 and team 2 in one unit, although already discussed by team 1 and 2, will need further consideration and development for the unit research strategical five year plan. In particular, more interaction and development could be foreseen in developing integrative approaches for the analysis of complex contact data and genomic data that are (or will be) available in databases of team 1. These questions are major issues for development and competition within the infectious disease epidemiology and modeling international community (particularly with UK teams).

The research program of team 1 (and to some extent of team 2) is depending on the availability of further data in the cohorts that they manage: genomic testing of bacterial isolates to be done within the Ibird project; recruitments, inclusions, data collection, follow up visits and microbial testing, genotyping within the IShare prospective cohort

study (the same may apply to the CHARLY project). Delay in the availability of these data is possible (related for example to lack of timely funding) and may impact on the unit program and outputs.

Team 1 relies on the development of modelling methods to support its research aims. There has been and there is currently a development of modeling capacity of infectious disease in other research teams in France (including the creation of a modelling team within the IBEID Labex at the Pasteur Institute). If this may create positive interaction and networking benefit to the unit project, it may as well fuel more competition in France in this area of research particularly for funding, new PhD and research positions.

Recommendations

If the unit is created, gather the two teams in the same location as soon as feasible.

Give more visibility to the management plan of the new unit (scientific animation, administrative and logistical support, human ressources, offices, shared budget for common activities, coordination of response to call for tender, …).

Increase the number of HDR through a "Unit HDR development plan" for the next five years to take into account the needs and human potential of both teams and the unit priority research objectives.

Since there is currently a development of infectious disease modelling capacity in France (see above), the unit should focus its developments on its specific and innovative thematic research topics and strengths, such as the spread of antimicrobial resistance, the quantification of strain epidemicity and strain replacement.

Foster stronger interaction on statistical methods between teams 1 and 2, particularly for the integration of complex contact and molecular data which would greatly improve the already excellent work of both entities.

Develop a research agenda and identity for the unit as a whole that go beyond the sum of the two team research plans.

3 • Detailed assessments

Assessment of scientific quality and outputs

Not applicable since this is the creation of a new unit from two preexisting teams.

Assessment of the unit's academic reputation and appeal

Not applicable since this is the creation of a new unit from two preexisting teams.

Assessment of the unit's interaction with the social, economic and cultural environment

Not applicable since this is the creation of a new unit from two preexisting teams.

Assessment of the unit's organisation and life

Excellent organisation.

Good scientific animation although just begining in term of unit merging the two teams.

The governance of the unit projet will need to be detailed more precisely.

Assessment of the unit's involvement in training through research

Not applicable since this is the creation of a new unit from two preexisting teams

Assessment of the strategy and the five-year plan

The projects of both teams are excellent, innovative and competitive at the international level.

The merging of both teams in one unit is consistent and relevant with regards to each team's research area and work plan.

The potential and opportunities for strong interactions between the two teams are excellent and fully justified

the merging of team 1 and 2 into one single unit with the active development of common research agenda and plan that builds on the strengths and complementarity of both teams.

4 • Team-by-team analysis

Team 1 : Epidemiology and antiinfectives' evasion

Name of team leader: Mr Didier GUILLEMOT

Workforce

Team workforce	Number as at 30/06/2013	Number as at 01/01/2015
N1: Permanent professors and similar positions	4	4
N2: Permanent EPST or EPIC researchers and similar positions	3	3
N3: Other permanent staff (without research duties)	1	2
N4: Other professors (PREM, ECC, etc.)		
N5: Other EPST or EPIC researchers (DREM, Postdoctoral students, visitors, etc.)		
N6: Other contractual staff (without research duties)		
TOTAL N1 to N6	**8**	**9**

Team workforce	Number as at 30/06/2013	Number as at 01/01/2015
Doctoral students	4	
Theses defended	2	
Postdoctoral students having spent at least 12 months in the unit	2	
Number of Research Supervisor Qualifications (HDR) taken	1	
Qualified research supervisors (with an HDR) or similar positions	4	1

• Detailed assessments

Assessment of scientific quality and outputs

The team has demonstrated a very good level of publications during the assessed period: in the last five years (2009-2013) the team published 105 papers in scientific journals including. Major and important papers related to the team research main themes were published in journal such as PNAS (1), J Infect Dis (1), PlosMed (1), Procedia Computer Science (1), PlosOne (5), Int J Epidemiol (1), Stat Med (1), Antimicob agents Chemother (8), BMC infectious diseases, Vaccine (2), J Clin Microb (1). Several conceptual progresses have been achieved by the team, in particular regarding the measure of endemicity and the methodology for the continuous measurement of contacts in a hospital setting. The integration of different data streams (in particular of molecular data) appears as a way forward to develop further existing methods currently used and/or developed by the team.

Assessment of the team's academic reputation and appeal

The team has been or is involved in several international projects: MOSAR (Mastering hOspital Antimicrobial Resistance and its spread into the community), CHARLI (Children's Antibiotic Resistant infections in Low-Income countries), iBird (Individual Based invstigation of Resistance Dissemination), RESIVAX (social resistance to vaccine) and has participated to major international conferences in the field of it's research (ICAAC). It has developped international collaborations with major research group on the epidemiology of inrectious diseases in the UK (Imperial College, King's College, University College of London, University of East Anglia), Germany (Charitè University, Berlin, University of Erfurt). Strong collaborations, related to the CHARLI project are in place with the Institut Pasteur in Madagascar and the Institut Pasteur in Cambodia.

Assessment of the team's interaction with the social, economic and cultural environment

Some of the scientific realisations from the team are currently being translated into industrial projects. For this, a biotechnology company was created alongside the necessary work to protect the project in term of intellectual property (patent). An agent-based platform called NosoSim has been developed. It simulates pathogen transmission in a geographically realistic hospital ward. This tool is now used by health professionals to understand better the spread of nosocomial infections and better control it. The group has also made a significant contribution to the French program implemented to decrease the consumption of antibiotics in France, contributes to scientific advisory board of the French Social Security and the national agency fo environmental and occupational health and annimal health (ANSES).

Assessment of the team's organisation and life

During the last five years the team has been well managed with a flexible, pragmatic and responsive approach that is well appreciated by the team staff in terms of autonomy, scientific orientation, logistical and administrative support. A monthly seminar meeting during which current work is presented and discussed is organized for the whole team. Monthly statistical and modeling worshops in biological applications take place at the Pasteur Institute. The team also organizes a monthly social science seminar on infectious disease at the Pasteur Institute. Although the team is spread over two locations, the discussions with the team members during the visit indicated that this is well managed and does not lead to any obstacle for the interactions between team members.

Assessment of the team's involvement in training through research

The team has had an excellent involvement in training through research. It is involved in teaching in the Master of public health of University Paris Sud and of the Public Health Master at the University of Versailles-Saint-Quentin.and Master of Public health at the UVSQ. The team has hosted several PhD from the Doctoral School of public health ED420 and Master students (including students from abroad) from the Pasteur-Cnam Master, the Master of Public Health of University Paris Sud, University Pierre et Marie Curie and the Ecole Centrale.

Assessment of the strategy and the five-year plan

The team has presented a very original and coherent body of work for the next five years. The team strategic plan builds on the work of the last 5 years during which it was able to strengthen its position through researcher recruitments, the implementation of large field and cohort studies from the hospital and the community in France and in southern countries (Madagascar) with intensive and complex data collection (contact data, microbiological and genomic data…) and an increased capacity of statistical analysis and modelling. The plan aims at assessing the burden of bacterial resistance, the dynamic of human papillomavirus interaction, the time and spatial modeling of antimicrobial resistance and antimicrobial exposure, understanding the mechanisms of bacterial evolution and adaptation under drug (antimicrobial) and vaccine exposure (subtype replacement of *Pneumococci* with extension to the HPV vaccine potential genotype replacement following the current HPV vaccine programs). To achieve this, the team will use data collected during their previous field studies (iBird) or that underway (i-Share cohort and the CHARLI project) and use or develop new methods and approaches (exploiting massive data; information and communication technologies; integration of genomic data; biomathematics; multi-scale modeling of host-pathogen interactions; estimating intrinsic fitness and epidemicity). The prospects of the five-year plan are excellent and focused with perspectives and developments at the cognitive, translational (particularly public health) and industrial level.

Conclusion

- **Strengths and opportunities:**

Excellent scientific outputs.

Innovative and leading research themes of international level in the field of antibiotic resistance, nosocomial spread of resistant bacteria (quantification of strain “epidemicity”) and vaccine escape (pneumococcal vaccine and HPV vaccine).

Multidisciplinary approach including epidemiology, microbiology, genomic, biostatistics, mathematical modelling and social science.

The work of the team has an impact on public health (national plan to control antibiotic resistance spread). Project of creating a start-up from work done by the team. A patent is also considered.

Strong involvement in teaching.

Has shown its ability to obtain major national and international grants.

The team develops and manages several important databases (iBird, CHARLI, part of i-Share) or have access to large databases (insurance claims from the social security).

The team is involved in the development of a population based prospective cohort study of students (I-Share) that will be a key source of data for its research theme on the possible escape of the HPV to the current vaccine used.

- **Weaknesses and threats:**

Although integrated into an European group, the social science component of the team relies on one social science researcher only.

The genomic dimension is not sufficiently visible within the modelling activities and perspectives.

There is a potential for increasing substantially the number of HDR.

No economical dimension to the projects.

- **Recommendations:**

Some complementary directions to the existing body of work should be included or reinforced. In particular, methods for the integration of molecular data in the models and methods to deal with continuous contact data should be developed. This would greatly improve the already excellent work. The economical dimension of the interventions is not considered at the moment. In most of the cases though, the possibility of impacting on the actual public health policy will depend enormously on the economical feasibility of the proposed alternative policy. At least three members of the team should obtain their HDR within the next three years and therefore increase the number of PhD students.

Team 2 : Biostatistics and pharmacoepidemiology

Name of team leader: Ms Pascale TUBERT-BITTER

Workforce

Team workforce	Number as at 30/06/2013	Number as at 01/01/2015
N1: Permanent professors and similar positions		1
N2: Permanent EPST or EPIC researchers and similar positions (Inserm researchers and Inserm Engineer)	3	3
N3: Other permanent staff (without research duties) Administrative staff	1	
N4: Other professors (PREM, ECC, etc.) University professors in "associated collaboration"	3	
N5: Other EPST or EPIC researchers (DREM, Postdoctoral students, visitors, etc.)	1	2 to be recruited
N6: Other contractual staff (without research duties)	1	1
TOTAL N1 to N6	**9**	**7**

Team workforce	Number as at 30/06/2013	Number as at 01/01/2015
Doctoral students	4	
Theses defended Since 2009	7	
Postdoctoral students having spent at least 12 months in the unit	2	
Number of Research Supervisor Qualifications (HDR) taken		
Qualified research supervisors (with an HDR) or similar positions	5	1

• Detailed assessments

Assessment of scientific quality and outputs

The field of research of the team in the past period was the development of statistical methods in two main domains : methodology of therapeutic evaluation (clinical trial, spontaneous report data in pharmacovigilance and analysis of data from large medico-administrative data base) and longitudinal data analysis (multi-state model, correlated data, bayesian modelling and prediction).

This is the only team in France that develops statistical methods for pharmacovigilance (signal detection for spontaneous reported data about adverse events) and has an international leading position in the field of statististical methods for pharmaco-epidemiology (large medico-administrative data and application and development of the self control case series (SCCS) method for vaccine adverse events). Due to the recent opening to the research community of large medico-administrative data bases (SNIIRAM in France), the development of methodology allowing the best use of these data avoiding biases is essential. Beside the development of original statistical methods, members of the team are also largely involved in the dissemination of the methods developed and their application to pharmacovigilance and pharmacoepidemiology studies and in activities of Public Health expertises (ANSM [National agency for druf safety]). This positioning is exceptional for a research group devoted to statistical methods that maintains a very high productivity in this field.

The research of the teams led to 86 publications from 2009. The large scope of the scientific production is very impressive as the team published in the highest level journals in several disciplines: statistics (26 methodological articles including 2 Biometrics, 2 Biostatistics, 2 JRSSC, 5 Statistics in medicine), epidemiology (American journal of epidemiology, Epidemiology, Journal of clinical epidemiology) and medicine (BMJ, letter in NEJM). In the past 5 years, the team developped a methodology to evaluate vaccine safety from SNIIRAM data and developped a software called PhVID for signal detection from spontaneous reported adverse event data which is already used by ANSM (National agency for druf safety). In collaboration with the researcher that described first SCCS, the team has an international leading position on the use and extension of this method.

Assessment of the team's academic reputation and appeal

The team has a close collaboration (with doctoral exchanges) with the university of Copenhagen about survival data analysis, a long time collaboration with Prof. Paddy Farrington from the Open University (UK) on the extension and improvement of the SCCS method and also with researchers from Cambridge, Imperial College of London, Oslo and McGill. They received three international visitors during the last 5 years (1PhD, 1 post-doc, 1 professor) and gave 12 invited conferences.

They obtained 3 grants from : Institut de Recherche et de Santé Publique (IRESP), the French national agency for researh (ANR) and the National agency for druf safety (ANSM) as PI and were involved in 2 other ANR projects.

The team is a member of the DHU TORINO (pulmonary HTA) in which they develop a research project about statistical methods for analysis of data from registers.

They were involved in the organisation of 5 national workshops and 2 international conference and one member is one of the 3 French representative at the International Biometric Society. They were co-organisors of 3 inserm workshops.

Assessment of the team's interaction with the social, economic and cultural environment

The team contributed largely to the improvement of drug safety through a very rich expert activities with pharmacovigilance (ANSM, AFSSaPS) and surveillance (National public health surveillance Institute [INVS]) agencies. This contribution is exceptional for a team of limited size devoted to research in statistical methodology. Moreover, the methods and the software developped by the team are directly used by the ANSM.

The team managed the REFLEX study about adverse events from Benfluorex consumption (study initiated by M Zureik, funded by ANSM).

Assessment of the team's organisation and life

As of 1/1/2015, the team will be composed by 4 permanent researchers: 2 Inserm researchers, 1 associate professor recruited in september 2013 and one Inserm research engineer who clearly has her own research projects. Curently 4 PhD students, one project manager and 3 other students are involved in the project.

The team has been involved in a thorough evolution in the last two years due to the retirement of the two previous heads of the team (one retired in 2012 and one will retire in 2014). Following these departures, the new head has revised the scientific project focusing on the leading field of the group for which the team has a high national and international reputation (i.e. methods in pharmacoepidemiology) and an emerging theme of statistical research on genomics data that shares the common methodology of high-dimension with the pharmacovigilance data project. Moreover, two young researchers recently joined the team on permanent positions: one Inserm researcher (CR1) trained in the team who developed the emerging axis on genomics and one assistant professor that will reinforce team skills in theoretical statistics.

Given the small size of the team, the management relies on very frequent interactions between members. The team leader clearly stimulates the youngests researchers and the engineer to take the leadership of research projects and to be co-advisors of PhD students.

Assessment of the unit's involvement in training through research

The team leader is co-head of a Biostatistic speciality of the Master 2 Public Health from the Paris-Sud University. She is currently a member of the pedagogical comittee of the doctoral school of Public heath and will also be a member of the doctoral school council for the next 5 years. The team is involved in the organisation of training sessions for PhD students from this school.

During the past 5 years, 12 Master students were trained (M2) in the team and 8 PhD thesis were defended. One previous doctoral student trained in the team obtained a full time Inserm research position.

Assessment of the strategy and the five-year plan

The 5 year plan proposes a major overhaul of the scientific project due to the retirements of two researchers, the recruitement of two young researchers and the merger with the pharmaco-epidemiology and infectious disease group of D. Guillemot to create a new unit : the theme "statistical analysis of longitudinal data" will not be pursued; the theme « methodology of therapeutic evaluation » will focus on pharmaco-vigilance and pharmaco-epidemiology (with progressive disappearance of the clinical trial subtheme). A new axis on genomic data is emerging.

This project gives a completely original positioning of this team among the french research in statistics and public health with a clear focus on "Big Data". It is perfectly coherent with the size and skills of the team and will allow collaborations with the other team of the unit (team 1). The team has a longstanding internationnally recognized expertise on methods for pharmacovigilance and pharmacoepidemiology and the similarities of statistical issues for genomics data give the opportunity to develop original methods in this field by adapting methods for signal detection in pharmacovigilance.

More specifically, the following projects are very innovative and have major applied potential: pharmaco-vigilance signal detection including a priori assumptions about similarities between drugs according to chemical properties and accounting for closeness between adverse events (AE), estimation of time-to-onset of AE from pharmacovigilance data, sensitivity, extension and applications of the methods recently developed for measuring vaccine safety from SNIIRAM data (Time of observation depending on AE), SCCS (Self Control Case Series) and instrumental variable approach to account for confounding factors in analysis of SNIIRAM data and in genomics, pre-selection of variables and methods for gene-environment studies.

Conclusion

The project, is very coherent and based on the recognized expertise of the team (methods in pharmacoepidemilogy) with a a strong willingness to develop methods for genomics data that are presenting similarities with big data faced in pharmacoepidemiology. This last part is lead by a recently recruited researcher who

did his PhD in the team. The project of team 2 is very complementary to the project of team 1. Many opportunities of interaction between the two teams in the next five years do exist and should be structured actively within the merging of the 2 units.

- **Strengths and opportunities:**

The team has a leading and specific position in France on a major relevant subject of research in statistics (pharmaco-vigilance and pharmaco-epidemiology).

The methods developed are of major interest for Public Health, as evidenced by the great expertise activities provided to drug safety and surveillance agencies by the team members.

The 5 years project is perfectly adapted to the size, the skills and the environment of the team.

Two young researchers recently joined the team with permanent position, including one with a background in statistics.

Numerous high level international and national collaborations with teams with great background in mathematics.

- **Weaknesses and threats:**

The size of the team is limited with only one member with the diploma (HDR) required to be single advisor of a PhD student.

- **Recommendations:**

The process engaged during the last years should be pursued to encourage young researcher to co-supervise PhD and then to obtain their HDR and train future applicants to research position.

Within the creation of the Phemi unit, develop further collaborations and interactions with team 1 through the definition of priority areas such as integrative approaches for statistical analysis of complex data including genomics.

Continue and reinforce international collaborations in leading research areas.

The team members should take care for dispersion.

5 • Conduct of the visit

Visit dates:

Start: Tuesday 28 january 2014 at 8h30 am

End: Tuesday 28 january 2014 at 6h00 pm

Visit site:

Institution: UFR des Sciences de la Santé

Address: 2 avenue de la source de la Bièvre, 78180 Montigny Le Bretonneux

Conduct or programme of visit:

8h30 : Accueil du comité d'experts

8h45-9h15 : Huis clos - Présentation de l'AERES au comité d'experts par la Déléguée Scientifique AERES (DS) et répartition des tâches entre experts.

9h15 -9h30 : Devant l'unité, présentation du comité d'experts et de l'AERES par la DS

9h30-12h45 : Présentation de l'équipe, bilan et projet

09h30-09h40 : Présentation générale du projet d'unité (Mr Didier GUILLEMOT)

09h40-10h15 : Présentation de l'équipe 1 « *Epidemiology and antiinfectives' evasion* »

10h15-11h00 : Questions et discussion

11h00-11h15 : Pause

11h15-11h50 : Présentation de l'équipe 2 « *Biostatistics and pharmacoepidemiology* »

11h50-12h00 : Conclusions

12h00-12h45 : Questions et discussion

12h45-13h40 : Déjeuner

13h40-14h10 : Rencontre avec les représentants institutionnels

14h10-14h25 : Rencontre avec le représentant de l'école doctorale

14h25-15h25 : Session rencontre avec le personnel *(par groupe de rencontre)*

14h25-14h55 : Rencontre avec les ITA titulaires

14h25-14h55 : Rencontre avec les étudiants (doctorants et post-doctorants)

Auditoire : moitié des membres du comité d'experts, DS, sans les tutelles, ni la direction

14h55 -15h25 : Rencontre avec les chercheurs et enseignants-chercheurs titulaires

Auditoire : membres du comité d'experts, DS, sans les tutelles, ni la direction

15h25-15h55 : Rencontre avec la direction de l'unité

15h55-18h00 : Réunion du comité d'experts à huis clos

Specific points to be mentioned:

Mr Frederic Lofaso (UVSQ) was present during the meeting with representatives of institutions.

6 • Supervising bodies' general comments

UNIVERSITÉ DE VERSAILLES ST-QUENTIN-EN-YVELINES

Versailles, le jeudi 17 avril 2014

Le président de l'Université de Versailles Saint-Quentin-en-Yvelines

à

Dossier suivi par :
Christian Delporte,
Vice-Président du conseil scientifique chargé de la recherche et du développement scientifique
Réf : JLV/CD/MC/DREDVal 14-110b

Monsieur Didier Houssin
Président
Agence dévaluation de la Recherche et de l'enseignement supérieur
20 rue Vivienne - 75002 PARIS

Réf. : S2PUR150008366 - Pharmacoépidémiologie et Maladies Infectieuses - 0781944P

Objet : Evaluation des unités de recherche : Volet Observations de portée générale

Monsieur le Président,

Nous avons pris connaissance avec le plus grand intérêt du rapport de l'AERES concernant l'évaluation du projet d'Unité Mixte de Recherche UVSQ/INSERM/Institut Pasteur dénommée «Pharmacoépidémiologie et Maladies infectieuses», porté par Monsieur Didier Guillemot.

Nous remercions l'AERES et le comité pour l'efficacité et la qualité de leur travail. L'UVSQ avec le porteur de ce projet considérera en lien avec les autres tutelles (INSERM et Institut Pasteur) et son partenaire associé, l'Université Paris Sud, les recommandations des experts et leur mise en œuvre pour la période 2015-2019.

Nous vous prions de croire, Monsieur le Président, à l'expression de nos cordiales salutations.

Jean-Luc Vayssière
Professeur des universités

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