ANNUAL REPORT

2024

# Centre for Epidemic Interventions Research (CEIR)

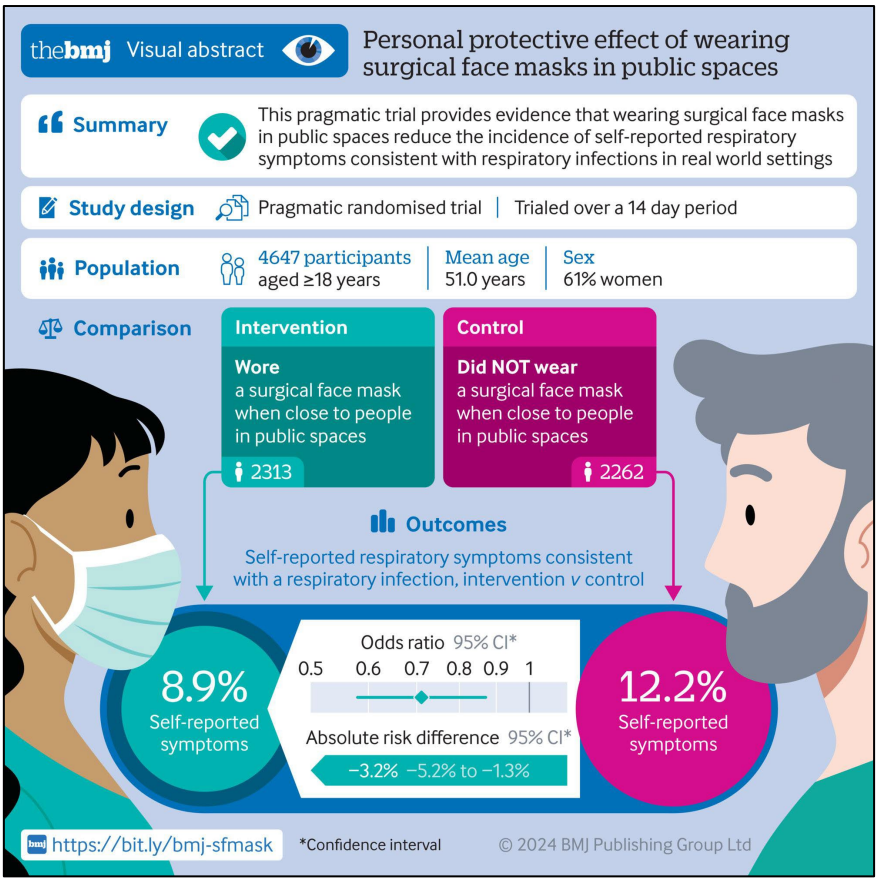
Research to inform decisions about public health and social measures in epidemics, and to reduce the harms of misinformation.

NIPH
Norwegian Institute of Public Health

# Centre for Epidemic Interventions Research (CEIR)

## Annual Report 2024

*Research to inform decisions about public health and social measures in epidemics, and to reduce the harms of misinformation.*




NIPH
CENTRE FOR EPIDEMIC INTERVENTIONS RESEARCH

Published by Norwegian Institute of Public Health
Centre for Epidemic Interventions Research (CEIR)
September 2025

**Title:**
Centre for Epidemic Interventions Research (CEIR), Annual Report 2024

**Authors:**
CEIR-staff

The report can be downloaded as pdf at www.fhi.no/en/publ/

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Fete Typer

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## Introduction

During the COVID-19 pandemic, the Norwegian Ministry of Health asked the Norwegian Institute of Public Health (NIPH) to establish a research centre to support decision making in epidemics. The request was directly related to the weak evidence base for the effects of infection control interventions during the COVID-19 pandemic.

The Centre for Epidemic Interventions Research (CEIR) was formally established in the autumn of 2021, hosted by the Norwegian Institute of Public Health (NIPH).

CEIR has been tasked with three main activities, as defined by the following aims:

Prepare for the conduct of studies of effects of non-pharmaceutical infection control measures.

Carry out effect studies of infection control measures.

Develop and evaluate tools to support the use of research in decision-making in health crises and improve critical health literacy in the population.

Ingeborg H. Elgersma (CEIR) sampling for viruses from air filtering unit. (Photo: Cathinka H. Julin).

## Activities and achievements 2024

In addition to carrying out research projects directly related to the center's stated aims, in our third full year of operation CEIR has invested time and resources in building collaborative relationships and pushing the public discourse around the need for reform of the Norwegian Health Research Act.

CEIR is organizationally and physically placed within the Division for Health Services at the Norwegian Institute of Public Health. Formal arrangements are in place with staff from the Division of Infection Control and the Division of Mental and Physical Health, allocating part of their work time to supporting CEIR.

We held the third meeting with our National Advisory Board in March 2024.

CEIR web page: www.fhi.no/ceir/

## AIM 1 – Prepare for the conduct of studies of effects of non-pharmaceutical infection control measures:

- CEIR has been designated as a WHO Collaborating Centre on effectiveness research on public health and social measures in health emergencies
- We finalized a prioritization exercise using consensus methods to identify the most pressing research questions to address in our future projects. User involvement is ensured by inviting a wide group of stakeholders to participate in a survey and by engaging directly with staff from the Division of Infection Control (NIPH) and our National Advisory Board in the process. A description of the process and the results has been submitted for publication in a scientific journal.
- Our efforts to have a public discourse around the informed consent requirement in the Norwegian Health Research Act, were rewarded in 2024, with the Ministry of Health and Care Services launching a process to revise the law. CEIR hosted a debate on this issue in Oslo, 15th October, with broad participation including members of ethical committees for health research, and from academia. The meeting was reported on in national media[1] and we published an op-ed as a follow-up[2].
- In 2024 we have focused on increased international collaboration and on establishing networks of research groups with an interest in effectiveness studies of non-pharmaceutical infection control measures:
    - We were involved in establishing the Pandemic EVIDENCE Collaboration
    - Our application to NordForsk for funding to establish a Nordic research network (NordPrep) succeeded (project start 2025)
    - We were part of an application to fund a European network of researchers in our field (submitted to the EU in November)
- In collaboration with colleagues at WHO and The American University in Beirut, we completed and published an overview of existing systematic reviews of non-pharmaceutical interventions that were evaluated during the COVID-19 pandemic.

## AIM 2 – Carry out effect studies of infection control measures:

[1] https://www.morgenbladet.no/aktuelt/2024/10/18/vil-forske-pa-oss-uten-at-vi-blir-spurt/

[2] https://www.aftenposten.no/meninger/kronikk/i/xm93AR/er-det-greit-at-du-blir-gjort-til-forsoeksperson-uten-aa-bli-spurt-foerst

Completed randomized trials:

- Face masks to protect against respiratory infection (publication)
- Glasses for prevention of SARS-CoV-2 – additional results from a randomized controlled trial (publication)
- Air purifiers in classrooms – pilot study (submitted for publication – registration in clinicaltrials.gov)

RESEARCH

OPEN ACCESS

Check for updates

# Personal protective effect of wearing surgical face masks in public spaces on self-reported respiratory symptoms in adults: pragmatic randomised superiority trial

Runar Barstad Solberg,[1] Atle Fretheim,[1,2] Ingeborg Hess Elgersma,[1] Mette Fagernes,[3] Bjørn Gunnar Iversen,[3] Lars G Hemkens,[4,5,6] Christopher James Rose,[1,7] Petter Elstrøm[1]

For numbered affiliations see end of the article

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Additional material is published online only. To view please visit the journal online.

Cite this as: *BMJ* 2024;386:e078918 http://dx.doi.org/10.1136/bmj-2023-078918

Accepted: 29 May 2024

**ABSTRACT**

OBJECTIVE

To evaluate the personal protective effects of wearing versus not wearing surgical face masks in public spaces on self-reported respiratory symptoms over a 14 day period.

DESIGN

Pragmatic randomised superiority trial.

SETTING

Norway.

PARTICIPANTS

4647 adults aged ≥18 years: 2371 were assigned to the intervention arm and 2276 to the control arm.

INTERVENTIONS

Participants in the intervention arm were assigned to wear a surgical face mask in public spaces (eg, shopping centres, streets, public transport) over a 14 day period (mask wearing at home or work was not mentioned). Participants in the control arm were assigned to not wear a surgical face mask in public places.

MAIN OUTCOME MEASURES

The primary outcome was self-reported respiratory symptoms consistent with a respiratory infection. Secondary outcomes included self-reported and registered covid-19 infection and self-reported sick leave.

RESULTS

Between 10 February 2023 and 27 April 2023, 4647 participants were randomised of whom 4575 (2788 women (60.9%); mean age 51.0 (standard deviation 15.0) years) were included in the intention-to-treat analysis: 2313 (50.6%) in the intervention arm and 2262 (49.4%) in the control arm. 163 events (8.9%) of self-reported symptoms consistent with respiratory infection were reported in the intervention arm and 239 (12.2%) in the control arm. The marginal odds ratio was 0.71 (95% confidence interval (CI) 0.58 to 0.87; P=0.001) favouring the face mask intervention. The absolute risk difference was −3.2% (95% CI −5.2% to −1.3%; P<0.001). No statistically significant effect was found on self- reported (marginal odds ratio 1.07, 95% CI 0.58 to 1.98; P=0.82) or registered covid-19 infection (effect estimate and 95% CI not estimable owing to lack of events in the intervention arm). Self-reported sick leave was equally distributed between the intervention and control groups (marginal odds ratio 1.00, 0.81 to 1.22; P=0.97).

CONCLUSION

Wearing a surgical face mask in public spaces over 14 days reduces the risk of self-reported symptoms consistent with a respiratory infection, compared with not wearing a surgical face mask.

TRIAL REGISTRATION

ClinicalTrials.gov NCT05690516.

**WHAT IS ALREADY KNOWN ON THIS TOPIC**

The effectiveness of face masks as a protective measure against infection is uncertain

Observational studies suggest that face masks reduce the risk of respiratory tract infections

Findings from randomised trials are, however, highly uncertain owing to methodological limitations such as insufficient statistical power

**WHAT THIS STUDY ADDS**

Our pragmatic trial provides evidence that wearing surgical face masks in public spaces reduces the incidence of self-reported respiratory symptoms consistent with respiratory infections in real world settings

Unlike most earlier trials of face mask, our study was sufficiently powered

Similar trials can and should be conducted for other public health and social measures

## Introduction

As of 3 November 2023, more than 76.9 million confirmed SARS-CoV-2 infections and more than 6.9 million deaths with covid-19 have been recorded worldwide.[1] Although public health and social measures, such as wearing face masks and school closures, were widely implemented to limit the spread of the virus,[2] evidence on the effectiveness and unintended consequences of these measures is limited.[3 4]

Systematic reviews of observational studies have reported an association between wearing face masks and lower risk of respiratory infections.[5 6] On the basis of findings from 10 randomised trials, however, the authors of a recent Cochrane review concluded that use of a face mask in the community had little or no effect on risk of developing a respiratory viral infection.[7] They also noted that adverse effects were rarely measured and poorly reported.[7] Several factors could explain the seemingly discrepant findings from observational studies and randomised trials, including the higher risk of bias inherent to observational studies, insufficient power of the randomised controlled trials, or low adherence to the intervention.[7]

We carried out a pragmatic randomised trial to evaluate the personal protective effect of wearing surgical face masks in public spaces over 14 days on self-reported symptoms consistent with respiratory infection, compared with not wearing face masks.





Face mask-trial publication (BMJ 2024).

Ongoing trials:

- The evaluation of NOST – a tool for observing infection control measures in the health service (protocol)
  - A cluster randomized trial on the effectiveness of direct observation of hand hygiene and a qualitative study on the feasibility and acceptability of implementing NOST

- Air purifiers in classrooms – cluster trial under preparation

Quasi-experimental studies (ongoing analyses):

- Vaccine pricing: Here the aim is to assess the association between vaccine costs (to the consumer) and vaccine coverage, utilizing variation in the cost of influenza vaccination by primary care physicians in Norway
- Restricting visitor access to long-term care facilities: Here we plan to study the association between the restriction on visitor access and incidence of COVID-19 infections
- TISK (Test, Isolate, Trace and Quarantine). The aim is to assess the impact of the various components of the TISK-strategy, in reducing COVID-19 transmission, using registry data (collaborative project with Skåne University Hospital)

## AIM 3 – Develop and evaluate tools to support the use of research in decision-making in health crises, and improve critical health literacy in the population:

- In 2024 we successfully recruited 22,000 individuals in Norway to the FHI-panel. The panel members have volunteered to receive invitations to participate in online experiments (i.e. the MessageLab-platform) and other studies conducted by CEIR
- Content for the ung.no-website was developed, including a Tik-Tok-style video on the need to identify and appraise health claims. The content will be published in early 2025


Brainstorming session to develop learning resources for primary school pupils. (Photo: Christine Holst).

- Learning resources for primary school pupils were pilot tested in Norwegian nurseries and school classes
- Established a Norwegian Network for Informed Health Choices.
- Resources for school nurses, to help them improve the pupils' ability to critically assess health claims, were developed (to be finalized in 2025)
- Findings from the SUPPORT-SYSTEMS project, which supports health systems decisions in Ghana and Kenya for universal health coverage, were presented at the Global Evidence Summit and at the 8th Global Symposium on Health Systems Research. PhD-candidates from Ghana og Kenya are expected to submit their theses in 2025

## Finances

CEIR is funded primarily through the core funding of the Norwegian Institute of Public health. In addition, CEIR received funding from the Norwegian Research Council for the SUPPORT-SYSTEMS-project (described above) and from the Norwegian Directorate of Health for developing content for ung.no (described above). Our NordForsk-application to establish a Nordic network for effectiveness research on infection control measures (NordPrep) was successful, and this 3-year project will begin in 2025. CEIR submitted one proposal to the Norwegian Research Council and one to EU's Horizon program with partners in Sweden, France, Austria, Spain and Norway, but neither succeeded.

The centre employed 19 individuals (approximately 13.25 full time equivalents) through 2024. The total budget was 19 million NOK. There was some underspending due to barriers with implementing a planned large-scale trial of air purifiers in schools (ethical approval was not secured until October 2024).

Guri Rørtveit (General Director, Norwegian Institute of Public Health), Atle Fretheim (CEIR) and Usman Ahmad Mushtaq (State Secretary, Norwegian Ministry of Health and Care Services) at the WHO Collaborating Centre launch event. (Photo: Hilde Holsten)

## CEIR-staff 2024

- Mona Bjørbæk, Senior Advisor (100%)
- Ingeborg H. Elgersma, Researcher (100%)
- Cathinka Halle Julin, Researcher (100%, until September)
- Petter Elstrøm, Researcher (100%)
- Signe Flottorp, Researcher (100%, until May)
- Atle Fretheim, Centre Director (100%)
- Christine Holst, Researcher (100%)
- Unni Gopinathan, Researcher (80%)
- Heather Munthe-Kaas, Researcher (80%)
- Andy Oxman, Researcher (100%, until July)
- Matthew Prescott Oxman, PhD-candidate (100%)
- Christopher J. Rose, Statistician (50%)
- Sarah Rosenbaum, Researcher (100%)
- Runar Solberg, Researcher (100%)
- Tone Bruun, Epidemiologist (40%)
- Arnfinn Helleve, Researcher (20%)
- Mette Fagernes, Senior Advisor (20%)
- Simon Lewin, Researcher (10%)
- Annlaug Selstø, Senior Advisor (50%)

## National Advisory Board

- Bjørn-Inge Larsen (Head of Advisory Board), Helse- og omsorgsdepartementet (Ministry of Health and Care Services)
- Eirik Nikolai Arnesen, Legeforeningen (Norwegian Medical Association)
- Liv Arum, Pensjonistforbundet (Norwegian Pensioners' Assocation)
- Ingrid Tyridal Bjerring, Kommuneoverlege, Lier commune (Municipal Chief Medical Officer, Lier Municipality)
- Kristin Bleie, Landsorganisasjonen i Norge (LO) (Norwegian Confederation of Trade Unions)
- Anita Brekken, Norsk Sykepleierforbund (Norwegian Nurses Organisation)
- Esperanza Diaz, Pandemisenteret, Universitetet i Bergen (University of Bergen)
- Per Øystein Eikrem, Finansdepartementet (Ministry of Finance)
- Merete Habberstad, NHO reiseliv (Norwegian Hospitality Association)
- Håkon Kavli, Kunnskapsdepartementet (Ministry of Education and Research)
- Hege Lorentzen, Kommunesektorens organisasjon (KS) (Norwegian Association of Local and Regional Authorities)
- Espen Nakstad, Helsedirektoratet (Norwegian Directorate of Health)
- Herdis Nundal, Caritas Norge (Caritas Norway)
- Einar Ove Standal, Utdanningsforbundet (Union of Education Norway)
- Bente Westrum, Statsforvalteren i Innlandet (County Governor, Innlandet)

# Publications 2024

## In scientific journals

- Solberg RB, Fretheim A, Elgersma IH, Fagernes M, Iversen BG, Hemkens LG, Rose CJ, Elstrøm P. Personal protective effect of wearing surgical face masks in public spaces on self-reported respiratory symptoms in adults: pragmatic randomised superiority trial. ***BMJ***. 2024 Jul 24;386:e078918. doi: 10.1136/bmj-2023-078918.
- Fretheim A, Elstrøm P, Julin CH, Gopinathan U, Elgersma IH, Solberg RB, Helleve A. Why were so few randomized trials of public health and social measures conducted during the COVID-19 pandemic? The Norwegian experience. ***Trials***. 2024
- Fretheim A, Solberg RB, Hemkens LG. The polarised discourse around face masks is hindering constructive debate. ***BMJ***. 2024
- Elgersma IH, Elstrøm P, Hemkens LG, Helleve A, Kacelnik O, Fretheim A. Effect of wearing glasses for prevention of SARS-CoV-2 on visits to health care providers-additional results from a randomized controlled trial. ***Trials***. 2024
- Munthe-Kaas HM, Oxman AD, von Lieres B, Gloppen S, Ohren A. Public participation in decisions about measures to manage the COVID-19 pandemic: a systematic review. ***BMJ Glob Health***. 2024
- **Munthe-Kaas HM**, Booth A, Sommer I, Cooper S, Garside R, Hannes K. & CAMELOT Development Group. (2024). Developing CAMELOT for assessing methodological limitations of qualitative research for inclusion in qualitative evidence syntheses. ***Cochrane Evidence Synthesis and Methods***, *2*(6), e12058.
- Rosenbaum S**,** Moberg J, Chesire F, Mugisha M, Ssenyonga R, Ochieng MA, Simbi CMC, Nakyejwe E, Ngatia B, Rada G, Vásquez-Laval J, Garrido JD, Baguma G, Kuloba S, Sebukyu E, Kabanda R, Mwenyango I, Muzaale T, Nandi P, Njue J, Oyuga C, Rutiyomba F, Rugengamanzi F, Murungi J, Nsangi A, Semakula D, Kaseje M, Sewankambo N, Nyirazinyoye L, Lewin S, Oxman AD, Oxman M. Teaching critical thinking about health information and choices in secondary schools: human-centred design of digital resources. ***F1000Res***. 2024
- Fadlallah R, El-Jardali F, Karroum LB, Kalach N, Hoteit R, Aoun A, Al-Hakim L, Verdugo-Paiva F, Rada G, Fretheim A, Lewin S**,** Ludolph R, Akl EA. The effects of public health and social measures (PHSM) implemented during the COVID-19 pandemic: an overview of systematic reviews. ***Cochrane Ev Synth***. 2024
- Chesire F, Mugisha M, Ssenyonga R, Rose CJ, Nsangi A, Kaseje M, Sewankambo NK**,** Oxman M, Rosenbaum SE, Moberg J, Dahlgren A, Lewin S, Venkateswaran M, Papadopoulou E, Oxman AD. Effects of the informed health choices secondary school intervention after 1 year: a prospective meta-analysis using individual participant data. ***Trials***. 2024
- Ssenyonga R, Lewin S, Nakyejwe E, Chelagat F, Mugisha M, Oxman M, Nsangi A, Semakula D, Nyirazinyoye L, Sewankambo NK, Munthe-Kaas H, Holst C, Rosenbaum SE**,** Moberg J, Oxman AD, 2024. Process evaluation of teaching critical thinking about health using the Informed Health Choices Intervention in Uganda: a mixed methods study. ***Global Health: Science and Practice***, *12*(6).
- Chesire F, Oxman AD, Kaseje M, Gisore V, Mugisha M, Ssenyonga R, Oxman M, Nsangi A, Semakula D, Nyirazinyoye L, Sewankambo NK, Munthe-Kaas H, Holst C, Rosenbaum SE, Lewin S**.** 2024. Process evaluation of teaching critical thinking about health using the

Informed Health Choices Intervention in Kenya: a mixed methods study. ***Global Health: Science and Practice***, *12*(6).

- Mugisha M, Oxman AD, Nyirazinyoye L, Uwitonze AM, Simbi CML, Chesire F, Ssenyonga R, Rosenbaum SE, Lewin S. Process evaluation of teaching critical thinking about health using the Informed Health Choices intervention in Rwanda: a mixed methods study. ***Global Health: Science and Practice*** 12, no. 6 (2024).
- Galmiche S, Coustaury C, Charniga K et al. incl. Elstrøm P. Patterns and drivers of excess mortality during the COVID-19 pandemic in 13 Western European countries. ***BMC Global Public Health*** 2, 78 (2024)
- Li M, Devane D, Beecher C, Dowling M, Duffy AG, Duggan C, Grimes DR, Kennan A, Kilty C, Nsangi A, Oxman AD, Stewart DC, Toomey E, Tierney M. Prioritising Key Concepts for informed health choices in cancer: An evidence-based online educational programme. ***PEC Innov***. 2024
- Zeraatkar D, Ling M, Kirsh S, Jassal T, Shahab M, Movahed H, Talukdar JR, Walch A, Chakraborty S, Turner T, Turkstra L, McIntyre RS, Izcovich A, Mbuagbaw L, Agoritsas T, Flottorp SA, Garner P, Pitre T, Couban RJ, Busse JW. Interventions for the management of long covid (post-covid condition): living systematic review. ***BMJ***. 2024
- Tu K, Lapadula MC, Apajee J, Bonilla AO, Baste V, Cuba-Fuentes MS, de Lusignan S, Flottorp S, Gaona G, Goh LH, Hallinan CM, Kristiansson RS, Laughlin A, Li Z, Ling ZJ, Manski-Nankervis JA, Ng APP, Scattini LF, Silva-Valencia J, Pace WD, Wensaas KA, Wong WCW, Zingoni PL, Westfall JM; INTRePID. Changes in reasons for visits to primary care after the start of the COVID-19 pandemic: An international comparative study by the International Consortium of Primary Care Big Data Researchers (INTRePID). ***PLOS Glob Public Health***. 2024
- Silva-Valencia J, Lapadula C, Westfall JM, Gaona G, de Lusignan S, Kristiansson RS, Ling ZJ, Goh LH, Soto-Becerra P, Cuba-Fuentes MS, Wensaas KA, Flottorp S, Baste V, Chi-Wai Wong W, Pui Ng AP, Ortigoza A, Manski-Nankervis JA, Hallinan CM, Zingoni P, Scattini L, Heald A, Tu K; INTRePID. Effect of the COVID-19 pandemic on mental health visits in primary care: an interrupted time series analysis from nine INTRePID countries. ***EClinicalMedicine***. 2024
- Peng K, Tu K, Li Z, Hallinan CM, Laughlin A, Manski-Nankervis JA, Apajee J, Lapadula MC, Ortigoza A, Da Roza CC, Baste V, Flottorp S, Wensaas KA, Goh LH, Ling ZJ, Kristiansson R, Gaona G, Pace WD, Westfall JM, Ng APP, Wong WC. Global impacts of COVID-19 pandemic on sexual and reproductive health services: An international comparative study on primary care from the INTRePID Consortium. ***BJOG***. 2024
- Heltveit-Olsen SR**,** Gopinathan U**,** Blix HS, Elstrøm P, Høye S. Effect of methenamine hippurate shortage on antibiotic prescribing for urinary tract infections in Norway-an interrupted time series analysis. ***J Antimicrob Chemother***. 2024
- Danielsen AS, Elstrøm P, Eriksen-Volle HM, Hofvind S, Eyre DW, Kacelnik O, Bjørnholt JV. The epidemiology of multidrug-resistant organisms in persons diagnosed with cancer in Norway, 2008-2018: expanding surveillance using existing laboratory and register data. ***Eur J Clin Microbiol Infect Dis***. 2024
- Peacocke EF, Dale E, Mori AT, Koduah A, Gopinathan U. Measuring the value of the *WHO Model list of essential medicines*. ***Bull World Health Organ***. 2024
- Glenton C, Paulsen E, Agarwal S, Gopinathan U, Johansen M, Kyaddondo D, Munabi-Babigumira S, Nabukenya J, Nakityo I, Namaganda R, Namitala J, Neumark T, Nsangi A, Pakenham-Walsh NM, Rashidian A, Royston G, Sewankambo N, Tamrat T**,** Lewin S. Healthcare workers' informal uses of mobile phones and other mobile devices to

support their work: a qualitative evidence synthesis. ***Cochrane Database Syst Rev***. 2024

### Study protocols

- Gopinathan U, Peacocke E, Abankwah DN, Aryeetey GC, Glenton C, Khisa PN, Koduah A, Ram R, Nonvignon J, Nzinga J, Ottie-Boakye D, Pakenham-Walsh NM, Tsofa B, Waithaka D, Lewin S. Using evidence from civil society in national and subnational health policy processes: a qualitative evidence synthesis (Protocol). ***Cochrane Database of Systematic Reviews*** 2024, Issue 6. Art. No.: CD015810. DOI: 10.1002/14651858.CD015810


Runar Solberg (CEIR) and Petter Elstrøm (CEIR) presenting findings from the face mask trial (Smittevernforums Årskonferanse, Bergen, 15-16. October). (Photo: Mette Fagernes).

## Academic presentations etc.

- Methodological insights and lessons learned from conducting a pragmatic randomised trial on surgical face masks, National Institute of Health (US), Collaboration Grand Rounds, 16. August (Runar Solberg)
- Personal protective effects of wearing surgical face masks in public spaces on self-reported respiratory symptoms in adults, Smittevernforums Årskonferanse, 15-16. October (Runar Solberg)
- Personal protective effects of wearing surgical face masks in public spaces on self-reported respiratory symptoms in adults, Pandemic Centre Annual conference, 28. October (Runar Solberg)

- FHI-panelet – A pool of potential participants for rapid conduction of RCTs related to Public Health and Social Measures, Pandemisenteret, Universitetet i Bergen annual conference: Preparedness for Multicrisis. Scandic Bergen City, Bergen 28. October (Christine Holst)
- Message Lab – en plattform for forskning og forbedring av helsekommunikasjon. Forskningsgruppe Helsekommunikasjon, OsloMet, 16. January (Christine Holst)
- Kritisk tenkning om helsepåstander inn i skolehelsetjenesten (KRISK). Forskernettverket i helsekompetanse, OsloMet. 23. January (Christine Holst)
- Kritisk tenkning om helsepåstander inn i skolehelsetjenesten (KRISK). Nasjonalt kompetansemiljø for helsestasjons- og skolehelsetjenesten (NASKO) Fagseminar. Trondheim. 6. June (Christine Holst)
- Bringing community voices into health systems planning, SHEtalk – Fagmøte ved Enhet for bærekraftig helse, Universitetet i Oslo, 22. February (Unni Gopinathan)
- Strengthening research preparedness for crises: lessons from Norwegian government agencies in using randomized trials and quasi-experimental methods to evaluate public policy interventions, Preparedness for Multicrises – UiB Pandemic Centre Annual Conference, Bergen, 28. October (Unni Gopinathan)
- Reexamining Prevailing Notions of Evidence: How Civil Society Evidence Can Advance Equity and Inclusion in Health Systems, Global Health Unpacked – Fagmøte ved Senter for Utvikling og Miljø, Universitetet i Oslo, 12. November (Unni Gopinathan)
- Advancing equity and inclusion in health systems through increased use of civil society knowledge (symposium), 8th Global Symposium on Health System Research, Nagasaki, Japan, 21. November (Unni Gopinathan)
- Meta-analysis workshop, Cochrane Sweden, Lund, 28–29 April (Chris Rose)
- Designmetoder i forskningsprosjekter. Workshop - Forskningsgruppe for helsekommunikasjon, OsloMet, 19. November (Sarah Rosenbaum)
- Critical appraisal of qualitative research, PhD-course in systematic reviews (PHVIT 9550), OsloMet, 12. November (Heather Munthe-Kaas)
- GRADE-CERQual and Evidence-to-Decision frameworks, Producing, interpreting and using evidence in health care - 48609-01, University of Basel, 26. April (digital), (Heather Munthe-Kaas)
- Cochrane Qualitative Methodological Limitations Tool (CAMELOT), webinar series on evidence synthesis, Evidence Synthesis Ireland/Cochrane Ireland, 29. February (digitalt), (Heather Munthe-Kaas)
- CAMELOT: A new approach for assessing methodological limitations of qualitative research. Webinar, Department for Evidence-Based Medicine and Evaluation, University for Continuing Education Austria, September (digital), (Heather Munthe-Kaas)
- Development of the CochrAne qualitative MEthodological LimitatiOns Tool (CAMELOT), Global Evidence Summit, Prague, September (Heather Munthe-Kaas)
- Research priorities for public health and social measures to manage epidemics. Evidence-Based Research Conference, Prague, September (Heather Munthe-Kaas)
- The effect of hand hygiene observations in Norwegian hospitals. Årskonferanse i Nordic Society of Clinical Microbiology and Infectious Diseases (NSCMID). Clarion Hotel The Hub, Oslo 31. August (Petter Elstrøm)
- Which questions related to public health and social measures should we research? Pandemisenteret, Universitetet i Bergen sin årlige internasjonale konferanse: Preparedness for Multicrisis. Scandic Bergen City, Bergen 28. October (Petter Elstrøm)

- Gir luftrensing mindre smittespredning? Fagmøte i Norsk Innemiljøorganisasjon, Diakonhjemmet sykehus, 7. March (Atle Fretheim)
- Samtykke eller ikke samtykke? Ei etisk utfordring i kontrollerte studier av folkehelsetiltak. Åpent seminar om samtykkekravet i Helseforskningsloven, Thon Conference Universitetsgaten, 15. October (Atle Fretheim)

Kommentar

For Ukraina er Viktor Orban en eksistensiell trussel

Christina Pletten
Nyheter side 3





Lillebjørn Nilsen

Hvordan skal han hedres? Debatten er i full gang.

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Kronikk

Hamas taper krigen hvis de mister tunnelene

Meninger side 32-33

Aftenposten

- Årets mediehus -

Grunnlagt 1860 av Christian Schibsted

**Politikk:** SV-leder Kirsti Bergstø ber Senterpartiet snu og åpne døren for SV og rødgrønn samling Nyheter side 20



Foto: Stein J. Bjørge



Sverre Bjørn Holøs er ekspert på inneklima. Her monterer han luftrensere ved Steinberg skole i Drammen.

# Luftrensere i klasse-rommene kan hindre virussykdommer

*Kan helt vanlige luftrensere redusere smitte? Det vil forskere fra Sintef og Folkehelseinstituttet finne ut. Målet er å holde barna friske og unngå at skoler blir stengt.* Nyheter side 8-9

Busskaoset

Oslo-byråden forventer rask forbedring

Nyheter side 6



Marit Vea (V)

NIPH
Norwegian Institute of Public Health

Published by the Norwegian Institute of Public Health
September 2025
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The report can be downloaded as a pdf at www.fhi.no