

Gargantuan Issue Of The International Journal Of Epidemiology Marks The End Of Editorship By George Davey Smith and Shah Ebrahim

Last Publication Dated December 2016 Includes Debate On Approaches To Causality In Epidemiology

The last issue of the International Journal of Epidemiology co-edited by George Davey Smith and Shah Ebrahim appeared in print in late March 2017. It is a gargantuan issue even by the standards of the IJE which had grown enormously in size in recent years. The final issue contains more than 75 articles, letters, and other published items spread out over 500 pages. Many of the articles which appear in

the hard copy were actually published in Advance Access online over a period of 15 months from January 2016 to March 2017.

Final Issue

The much awaited issue contains a special section on causality in epidemiology where many articles

- Causality cont'd on next page

Epidemiologist Knighted In The French Legion Of Honor For His Work On Cholera In Haiti

French officials announced earlier this month that epidemiologist Renaud Piarroux has been selected for the Legion of Honor, the highest French order of merit for military and civil achievements. Since this is a rare honor for members of the profession, we sought to learn more about what Piarroux did to earn the award and how he came to be nominated.

To get this information, we called on former UCLA epidemiologist Ralph Frerichs who has had a longstanding interest in John Snow's work on cholera in London and in Piarroux's work on cholera in Haiti. He is the well-known creator of a website about John Snow and has more recently authored a book entitled "Deadly River" about the introduction of

- Knighted continues on page 7

In This Issue

-3-
Brief Interview With Stephen Leeder

-4-
Epidemiologists on Trump Travel Ban

-5-
Epi News Briefs

-6-
NCS Notice

-10-
Notes on People

-12-
On the Light Side More Haiku

-14-
Marketplace

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expressing different perspectives on causal inference have been pulled together. The paper which kicked-off the debate was one published in January 2016 by Vandembroucke, Broadbent, and Pearce in which they criticized the potential outcomes approach to causal inference as too restrictive for epidemiology. Approximately two dozen of the more than 75 published items have been made available free of charge or are open access. Several of these, including the latest ones on causality, were only published recently in late March.

Editors Comment

According to Ebrahim and Davey Smith, "...in this final issue of the journal under our editorship, there are major contributions on causal thinking in epidemiology which illuminate what modern epidemiology can and cannot do." And they add, "A question that remains of importance is whether the focus on genetic and -omics epidemiology and new methods of causal inference are freezing out applications of epidemiology in health services, public health, and clinical medicine."

Farewell Message

In a farewell message to Ebrahim and Davey Smith published as an advance article in February 2017, the Council of the International Epidemiological Association stated that the success of the IJE in achieving a high impact factor "...lies squarely on the shoulders of George Davey Smith and Shah Ebrahim."

The Council described the journal as extraordinarily eclectic and influential" and "... a true adventure in communication for epidemiology".

Section on Causality

The debate about causality in epidemiology is highlighted in a special section of this issue. As described in their lead editorial, Ebrahim, Ferrie, and Davey Smith note that "Much debate now centres on the overemphasis on identifying causes of disease as the sole purpose of 'modern epidemiology', and with an obsession with ever more complex statistical methodology."

Judging by the comments of the participants in articles written after multiple opportunities for give and take exchanges, the different sides of the argument appear to be still divided. In one of the latest published papers on March 27, 2017 entitled "Causal inference – so much more than statistics", Neil Pearce and Debbie Lawlor conclude "...we recognize the value and power of these methods when used appropriately and cautiously, together with other approaches such as triangulation. The problem is how to use these new methods critically and appropriately, rather than being captured by them in a manner which redefines and restricts what epidemiology is. ■

Brief Interview With Stephen Leeder, New Editor Of The International Journal Of Epidemiology

We contacted Stephen Leeder, the new editor of the International Journal of Epidemiology for his thoughts as he takes over the helm of the journal. The first issue of the IJE under Dr Leeder's direction was published on April 24, 2017. It is accompanied by a very timely and thought-provoking editorial entitled "Epidemiology in an age of anger and complaint." It speaks directly to the widespread concern in this era of Trump and Brexit and the many calls for scientists to take action.

In his editorial, Leeder concludes, "Thoughtfully and sensitively contextualized, epidemiology might even aid in setting back on track a wobbling and complaining world, where bluster, arrogance, bitterness, anger, populist sound bites and Twitter feeds have displaced political and social agendas accurately informed by science, facts, scholarship, and debate." Readers can view the complete editorial to learn why epidemiology, when defined by Leeder as the "science of the people for the people", has the potential to accomplish what he proposes.

Here are our questions to Dr Leeder and his responses.

EM: The final issue under the previous editors is a real behemoth in terms of quantity and topics covered. What changes in form and content or subject matter do you plan to make or hope to make?

Leeder: Yes, George Davey Smith's and Shah Ebrahim's final edition of *IJE* is truly encyclopaedic - in every sense! They have provided outstanding leadership and leave the journal in high

standing.

The new editorial team is fully aware, and immensely admiring, of the standard established by George and Shah. We seek to maintain it - a formidable challenge!

The rapidly evolving world of scientific publication demands that all journals, including the *IJE*, adapt in order to make the best use of electronic platforms.

We are committed to extending the opportunities of publication to countries where resources are restricted, opportunities to publish are few, and where English language proficiency might be limited.

EM: What do you think is the biggest strength and the biggest challenge the journal faces as you take over?

Leeder: I think the biggest strength of the *IJE* to date has been the quality of the original articles it has attracted and published. The opportunities it provides for the publication of cohorts, for the re-visiting of important historical papers, for the commentaries and editorials have added greatly to its utility and readability.

The biggest challenge we face is maintaining the quality of the research we publish while simultaneously adapting to changing publication practice. We aim to meet the evolving demands of public health for relevant epidemiological insights and appraisals during this fourth (or fifth!) industrial revolution! ■

"...epidemiology might even aid in setting back on track a wobbling and complaining world ..."

"The biggest challenge we face is maintaining the quality of the research we publish ..."

Epidemiology Societies Speak Out Against Trump Travel Ban

A call to action was issued in Science in February after President Trump's immigration ban was characterized as "a jolt across the global scientific enterprise". Rush Holt, Executive Officer of the American Association for the Advancement of Science told scientists "taking action is the best course when science is threatened or when science can illuminate public issues. Scientists should not fool themselves with the misconception that politics is dirty compared to the scientific enterprise, and they should therefore avoid the fight. Nor should scientists think that by standing back and letting the facts speak for themselves, they allow reason to prevail and proponents of flawed policies to wilt."

"...taking action is the best course when science is threatened..."

The 21 member Joint Policy Committee of the Epidemiology Societies has taken action up this call to action to point out the negative effects of President Trump's travel ban on the promotion of health and the control of outbreaks.

Among the negative consequences of the travel ban, the epidemiology group listed the following:

1. The Order prevents travel for scientists and public health officials from six predominantly Muslim countries. The order threatens to erode the collaborative foundation of science and has already adversely impacted the work of scientists in these countries.

2. The Order prevents travel of epidemiologists and scientists who are focused on eliminating suffering and death from preventable causes. The

Order may increase poor health outcomes — particularly in war-torn countries which may need the most assistance. In addition, the prevention of travel also prevents the open exchange of observations and information vital to quickly and effectively respond to disease outbreaks.

3. The Order may also adversely hamper the ability of the USA to respond quickly to infectious disease outbreaks. Having epidemiologists in the USA with the cultural knowledge of countries which may need assistance is paramount to initiating an effective first response to outbreaks before they spread further. The public's health is dependent on a functioning scientific research community that can respond quickly and work effectively across boundaries.

4. The Order erodes basic scientific principles of trust and the open exchange of ideas. The restricted movement of scientists based solely on their national, ethnic or religious affiliation is unjustified. The ban undermines the scientific work of our IJPC-SE member societies and other professional organizations. The Order erodes the trust and partnerships the USA has with leading scientific communities around the world.

The IJPC-SE calls upon the USA to preserve the right of scientists to travel, collaborate, attend conferences, and enjoy free movement and information exchange within and throughout the USA. For a copy of the press release, visit:

<https://tinyurl.com/kxkzvpd> ■

"Scientists should not fool themselves with the misconception that politics is dirty..."

Epidemiologist Offers Advice To Scientists "Going Political"

As concerns about the Trump administration, facts, and science continue to capture the headlines, scientists are getting many calls to become more involved in the political process in the defense of science. As this appears to be "foreign territory" for many scientists, one epidemiology colleague has stepped up to offer advice from public health. Boston University epidemiologist and dean of the School of Public Health [Sandro Galea](#) writes in a guest blog in *Scientific American* about four lessons other engaged scientists should heed.

1. Changing science takes time. Changing attitudes takes even longer. Galea uses the example of Semmelweis and childbed fever to report that scientific activism is frequently a "slow, frustrating grind" which requires patience and consistent committed advocacy.

2. Now is a time for strange bedfellows. Scientists may need to partner with groups which do not appear to be natural allies. Galea cites the example of advertisers as "unnatural allies" who helped change the thinking about smoking and health.

3. Tell a story Using the example of vaccines, Galea suggests that a positive story about an issue is also needed over and above the data about the topic of interest. The goal is to win hearts as well as minds, and stories can help, according to Galea.

4. Fundamentally, it is about influencing policy. To make a difference with data, scientists must work within the political system while also applying external pressure such as with protests and marches. Galea believes that public health exemplifies an engaged, activist scientific class that can serve to instruct other disciplines.



Hepatitis B and C Burdens of Disease Are Enormous

A recent report by an expert committee at the National Academy of Sciences chaired by Rutgers University epidemiologist [Brian Strom](#) has outlined the burden of morbidity and mortality caused by hepatitis B and C viruses. According to the Academy committee, hepatitis B and C kill more than 20,000 persons annually in the United States. According to Strom, "Despite being the seventh leading cause of death in the world---and killing more people every year than HIV, road traffic accidents, or diabetes---viral hepatitis accounts for less than 1 percent of the NIH research budget."

Other facts in the report indicate that over a million persons in the US have chronic hepatitis B and almost 3 million have chronic hepatitis C. These can lead to liver cancer and hepatitis B and C cause about 80% of liver cancer worldwide. This cancer is on the increase in the United States. The good news is that hepatitis B is preventable with vaccination and

"...scientific activism is frequently a 'slow, frustrating grind'..."

"...hepatitis B and C kill more than 20,000 persons annually in the United States."

and hepatitis C is treatable. Achieving elimination will require greater prioritization of interventions than has been the case up to now. The committee report lays out a blueprint for accomplishing these goals.

<https://tinyurl.com/msnjcof>



The American Council on Science and Health Explains Epidemiology

For a schematic look at the hierarchy of evidence, readers may want to view a pyramid figure published by the American

Council on Science and Health. It seeks to present the different levels of evidence that can be created by different types of information and studies ranging all the way from in vitro test tube research at the bottom of the pyramid to systematic reviews and meta-analyses at the top. The question the article seeks to resolve for readers is which epidemiological studies are the most reliable and why. The picture presented is oversimplified,, but it is one attempt to better communicate with the public about epidemiology.

<https://tinyurl.com/kjl2ml6>

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Notice from National Children's Study Archive

The National Children's Study (NCS) Vanguard Data and Sample Archive and Access System ([NCS Archive](#)) is pleased to announce that study visit data spanning 42 months of child follow-up are now available. The NCS Archive is a federally funded data resource that provides research opportunities at no cost to users.

The NCS Vanguard was a pilot for a planned cohort study of environmental influences on child health and development. Starting in 2009, recruitment strategies were tested in 43 counties across 31 states throughout the U.S. The study enrolled over 5,600 birth families and followed them through 2014. At study visits, questionnaires and interviews, neuro-psychosocial and cognitive assessments, and physical examination data were collected, along with nearly 25,000 biological and environmental primary samples from which a sample repository of over 250,000 items was created. That information and material is now available through the NCS Archive for approved research projects by qualified

investigators.

The Archive now offers child study visit data from birth to 42 months of age, in addition to pregnancy study visit data.

For detailed instructions regarding working in the NCS Archive, refer to the online help document located under the Help tab on the home page - <https://NCSArchive.s-3.net>. Additional information is available on the [NCS web page](#) of the NICHD public website. For support questions, please email NCSArchive@s-3.com.

We remind users that the purpose of the NCS Vanguard Study was to test procedures for use in a larger study, and due to its pilot nature, identical evaluations were not conducted on all participants.

We hope you visit and find the NCS Archive a valuable resource. We welcome your comments or questions at NCSArchive@s-3.com. ■

cholera into Haiti in 2010.

Following is Frerich's account of Piarroux's work which earned him the Legion of Honor and an update on the recent progress being made to eradicate cholera from Haiti after a long delay in mounting aggressive control efforts. Another story worth telling.

Special Report: Knighted French Epidemiologist And Cholera Elimination in Haiti

By Ralph Frerich

When cholera first appeared in Haiti in October 2010, there was scant interest in CDC or PAHO in investigating how this never-before-seen disease had made its entrance. Instead, the two international institutions were dealing with treatment and care, assisting the overwhelmed Haitian society in addressing the epidemic. Wanting immediate answers, the Haitian government, with the help of the French embassy in Port-au-Prince, reached out to Marseille-based epidemiologist **Renaud Piarroux**. A short while later, his three-week investigation began.

Included in his findings was that cholera was brought to Haiti by United Nations peacekeepers from Nepal, starting an epidemic via a sewage spill into the great river serving Haiti's breadbasket. It then quickly spread throughout the country. Given the image and power of the United Nations, the apparent indifference of the United States, the counter theories of other scientists, and even a critique in *The Lancet Infectious Diseases* (1), Piarroux's

findings of UN involvement in the origin were not immediately believed or supported.

But after six years of additional field research, including development of a rapid response elimination strategy, Piarroux learned in April 2017 that he had been nominated for the highest civilian award offered in France, *Au grade de chevalier* in the *Ordre national de la Légion d'honneur*, or knighthood in the National Order of the Legion of Honor.

Since its beginning, the Haiti epidemic has officially tallied 806,000 cholera cases and 9,500 deaths, the largest on-going cholera epidemic in the world. Moreover, the United Nations has been severely criticized by legal and human rights groups for refusing a full apology and legal accountability for bringing cholera to Haiti.

Nomination

How did Piarroux's knighthood honor happen? In late 2016, Bernard Meunier, President of the French Academy of Sciences, read *Deadly River: Cholera and Cover-up in Post-Earthquake Haiti* (Cornell University Press, 2016). The book told of Piarroux's discoveries and actions, written in close collaboration with the Frenchman, providing an insider's view of the workings and thoughts of a medical epidemiologist, more public health professional and scientist than politician. Meunier contacted me in November 2016, thanking me for writing the "well-documented book," and noted, "truth is coming slowly while complex organizations are fighting for their own survival, rather than tending to their duties." Meunier

"...the Haiti epidemic has officially tallied 806,000 cholera cases and 9,500 deaths..."

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"...Piarroux had developed an interest in and a deep understanding of how cholera spreads through regions and communities..."

"...the Médecins du Monde team he was leading actually eliminated cholera from Grande Comore..."

learned more of Piarroux's 30-year career and on-going efforts and achievements in Haiti via research articles and the book epilogue at www.deadlyriver.com. In the coming months he submitted Piarroux's name as a candidate for knighthood in the Legion of Honor, formally accepted and officially posted on April 14, 2017 (2).

Background

As noted in *Deadly River*, when cholera in Haiti began, Piarroux was the department chief of the laboratory of parasitology and medical mycology at academic *Hôpital de la Timone* in Marseille, France, as well as a professor at the medical school of *Université d'Aix-Marseille*. Through his service on humanitarian missions in Afghanistan, Comoros, Honduras, Ivory Coast, and the Democratic Republic of the Congo, and his PhD studies in microbiology and tropical medicine, Piarroux had developed an interest in and a deep understanding of how cholera spreads through regions and communities – and of how epidemics can be controlled and even eliminated. In 1999, the *Médecins du Monde* team he was leading actually eliminated cholera from Grande Comore, the largest island in the Comoros nation off Africa's east coast. But it was the African country of Madagascar, an island nation similar in many ways to Haiti, which offered the best example of a cholera elimination strategy.

Example

Cholera had come to Madagascar in 1999 after decades of absence. The disease plagued the country for three

years and was then eliminated. Early on, local health efforts had resorted to several control efforts, including a reporting system to identify suspicious cases and deaths, immediate treatment (including intravenous rehydration), public education, and disinfection of houses. Mass immunization was never part of the weaponry. Piarroux and his Haitian team reasoned the pathogenic form of *Vibrio cholerae* would not become rooted in the Haitian environment independent of human amplification, and that with the quick treatment of existing cases, a rapid response approach similar to that in Madagascar could be effective in Haiti. They developed the method which featured rapid case finding and treatment using a map-based surveillance system, and treatment, education and water purification tablets issued to those living in surrounding households to interrupt further spread.

Intervention Implementation

Following local turmoil and management problems, the rapid response elimination effort in Haiti slowed for a while but then gathered steam following Hurricane Matthew in October 2016. UNICEF had become a major supporter of the effort, yet as documented in a recent report (3), the number of rapid response teams throughout the nation in early 2016 had dwindled to 32. They increased the number to 47 just prior to Hurricane Matthew, when cholera had again exploded in the southwestern region of the country.

In the weeks that followed, 41 additional rapid response teams were

mobilized, bringing the national number to 88. The epidemic peaked at over 1,400 suspected cholera cases per week immediately after the hurricane but then dramatically declined, aided a few weeks later by a limited one-dose (of a two-dose vaccine) immunization program in the hardest hit area.

By the end of the sixth week in 2017, the number of weekly cases had been reduced to nearly 200 and according to government statistics, there were only a handful of deaths.⁴ The collaborative elimination effort of Piarroux and his Haitian colleagues continues. But like John Snow in the mid-1800s, it appears that they have found their pump handle, hopefully leading to the end of Haiti's epidemic.

¹ Lancet Infectious Diseases. Editorial, "As Cholera Returns to Haiti, Blame is Unhelpful."

Vol. 10, no. 12 (2010): 813.

² LeClerc J-M. Légion d'honneur, *Le Figaro*, April 17, 2017.

³ UNICEF, Haiti Humanitarian Situation Report, 2017-02, March 7, 2017.

⁴ Ministère Santé Publique et de La Population (MSPP), Direction d'Epidémiologie de Laboratoire et de Recherches (DELR). Rapport du Réseau National de Surveillance, Sites Choléra. 6^{ème} Semaine Epidémiologique, 2017.

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"...it appears that they have found their pump handle..."

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Notes on People



Sentenced: Corrine Miller, former state epidemiologist in Michigan, to 12 months of probation, 300 hours of community service, and a fine of one thousand dollars for her role in the Flint water crisis. According to media accounts, Miller was allegedly aware of dozens of cases of Legionnaire's disease in the Flint area around the same time the city changed its water source to the Flint River, but she didn't report it to the general public. Miller pleaded "no contest" to a misdemeanor charge as part of a plea deal that has her cooperating with prosecutors.



Died: Barry Miller Farr in Charlottesville on February 15, 2017. Farr served as Hospital Epidemiologist at the University of Virginia for 18 years and directed a Master of Science program in epidemiology for 11 years. He retired as the William S Jordan, Jr., Professor of Medicine and Epidemiology at UVA at 52 because of physical disability due to the paralytic effects of multiple sclerosis. He was widely known for epidemiologic studies about control of healthcare related infections, particularly antibiotic-resistant infections and catheter infections. He served as President of the Society for Hospital Epidemiology of America (SHEA) in 2002 and Editor of the SHEA scientific journal Infection Control and Hospital Epidemiology from 2001 to 2004.



Honored: Meir Stampfer, as recipient of the AACR-American Cancer Society Award for Research Excellence in Cancer Epidemiology and Prevention. Stampfer is professor of epidemiology and nutrition at Harvard T.H. Chan School of Public Health and Associate Director, Channing Division of Network Medicine Department of Medicine, Brigham And Women's Hospital. According to the AACR, Stampfer's discovery that increased expression of insulin-like growth factor in the blood could predict elevated risk of prostate cancer is thought to have launched a major new field of epidemiologic investigation..



Honored: Kristine Yaffe, University of California San Francisco and Claudia Kawas with the Potamkin Prize for Research in Pick's, Alzheimer's, and Related Diseases. The investigators are described as two pioneers in the epidemiology of dementia and the \$100,000 Prize rewards contributions to research in neurodegenerative disease.



Named: William "Bill" Sorensen, as a Fulbright Scholar. Sorensen is an associate professor within the Department of Health and Kinesiology at the University of Texas at Tyler. He has taught at UT Tyler since 2004, and his research interests include epidemiology and research design in health studies.

Notes on People



Killed: Chesmal Siriwardhana, aged 38, by a bus as he made his way home after a night out with friends. He had earned a PHD in psychiatric epidemiology and was a researcher and tutor at the London School of Hygiene and Tropical Medicine. Peter Piot, Director of the London School of Hygiene & Tropical Medicine, said: "Chesmal joined the School in 2016 and was a highly regarded researcher and tutor in global mental health. Through his work on armed conflict, migration and mental health, he was at the forefront of some of the major public health challenges of the day.



Honored: Cassandra K. Crifasi assistant professor in the Department of Health Policy and Management at the Johns Hopkins Bloomberg School of Public Health with the Jess Kraus Award given each year to the author(s) of the best paper published in Injury Epidemiology. The winner receives a commemorative plaque and is invited by the editorial office to present a special seminar at Columbia University. Crifasi won the award for her paper "[Assaults against U.S. law enforcement officers in the line-of-duty: situational context and predictors of lethality](#)".



Named: Julie Slezak, as Executive Vice President of Clinical Analytics for GNS Healthcare. Slezak headed similar analytics positions in other companies before coming to GNS. According to the company, "As a proven leader in both epidemiology and analytics, Julie brings an extraordinary combination of experience and training to GNS. Julie will translate discoveries from our causal machine learning and simulation platform spanning a range of diseases and healthcare system scenarios into high-value clinical practices and ROI across our growing list of product and solution offerings."



Honored: Olivier Bruyere, with the 2017 International Osteoporosis Foundation (IOF) Olof Johnell Science Award. The Award recognizes extraordinary and internationally recognized contributions to the field of osteoporosis in a scientific or policy implementation area. Bruyère is Professor of Clinical Epidemiology in the Department of Public Health, Epidemiology and Health Economics, Professor of Geriatrics Rehabilitation in the Department of Motricity Sciences, and Head, Support Unit, Epidemiology and Biostatistics, at the University of Liège, Belgium.



Married: Shoshana Goldberg, 30, from the Carolina Population Center, to Noah Eisenkraft, 34, on April 20, 2017. Dr Goldberg earned a PhD in maternal and child health and epidemiology from UNC Chapel Hill. The groom is an assistant professor of organizational behavior at UNC.

On The Light Side

Given the popularity of the recent Haiku Contest we carried out here at the newsletter, The Epidemiology Monitor has agreed to help sponsor the CDC Epidemic Intelligence Service Alumni Association (EISAA) annual haiku contest. The EISAA contest is carried out differently than the newsletter contest was. The submitted haiku are entered into different subject categories and voters select their favorites within categories and overall. Some of the haiku submitted by readers of the Epidemiology Monitor were included in this year's EISAA contest. Voting closed on April 26.

Group 1: Global and Domestic Health		
A mosquito bite A devastated mother Microcephaly	Can't eat or go out Without Thinking of Disease We know too much now	Stool, rectums, vomit For enteric pathogens I have swabbed them all
Ugandan forest Aedes-bit Americas It's a Zika world	CDC mantra Disease is bad, vax is good We need ACA!	When drugs leave cities, OxyContin turn heroin, Treatment not prisons
Mosquitoes bring bad, Malaria Zika Den- Gue, can DEET save day?	Loose poop all over The globe; Vaccines save children, Make world more equal	Many infants saved Success of safe sleep campaigns But more work needed
Fugees and migrants Bolster our nation; Fear and ignorance won't win	HPV vaccines Too good to be true? No. But. Still we plead for use	A mother's tears roll, The sun sets in the distance. Darkness falls on all.
D.A. Henderson He's gone now, just like smallpox		

Group 2: EIS Training, EPI-AIDs, Clearance Process		
Numbers have meaning Each a story, a person Beyond statistics	I stare at the page. En dash, Em dash, or hyphen? My decision--guess.	Fifty miles or more? More paperwork fore you go. Field EISOs!
Only two months left Until EIS is done A bittersweet end	Hair thinning, eyes red. En dash, Em dash, or hypehn? Will they notice? Yes!	Bats and skunks and dogs Will the algorithm tell Need for rabies shots?
EISO days Gone but not forgotten fray Field epi always	EIS is gold Opportunity to serve Epi is my life	Em dash or en dash Or possibly a hypen These are things we learn

On The Light Side *continued*

Group 2: EIS Training, EPI-AIDs, Clearance Process *continued*

What is my SOCO? Can I draw an Epi Curve? Will I meet my CALS?	Epi aids galore! And I remain in my cube but there's a window	Hours and hours This 5 minute PowerPoint Has taken from me
Two by two table Odds ratio close to one Next hypothesis?	EISOs are bigly! Really, really great, Really the best epis	Shoe-worn Langmuir sleuths Design, conduct, analyze Epi-Aids save lives

The haikus that were presented in groups three and four were those that were entered in our own haiku contest.

To view those please go to our website:

<http://epimonitor.net/Epi-Haiku-Contest-Update2.htm>

Group 5: Other Public Health, Science, and Concerns

Vaccine denial Climate change skepticism Science, we need you!	A warming planet Polar bears just seen in zoos Stop this nonsense now	EIS nears end. Excitement turns to panic -- What do you mean, "freeze?!"
Jobs, Presenting, Jobs, Skit Night, Jobs, Q&A, Jobs, Recruiting, Jobs,...JOBS!	Digging the hole deep Ostrich buries head in sand Predators take note	Eighteen percent cut Making America Great? What will happen here?
ACA has helped Our future uncertain now 'Tis Trump-landia'...	Healthy People, where? In a Healthy World, how? Prevention funds slashed.	America First Who needs diplomats, when we Have bombs, guns, and walls
Good for health for U.S. That is our sole intention So...why so hard now..?	Empty ski-life chairs Looming in foggy warm air, Over cold spring snow.	Precision-run fun Rational-paced sneakers Win every time
Poison politics Threaten our greatest mission To keep us all well	Vaccines, clear water Go away; Fossil fuels stink, 'Merica first, yay?	I listened to half of Workingman's Dead before I reached Clifton Road.
Global health grenade Trump threatens to pull the pin Live? Or just a dud	Disparity looms Equity, Equality A chance to serve ALL	



Faculty Position in Pharmacoepidemiology Department of Epidemiology

The Department of Epidemiology at the Johns Hopkins Bloomberg School of Public Health invites applications for a tenure-track position as Assistant or Associate Professor with expertise in pharmacoepidemiology, including drug utilization, safety or comparative effectiveness research. Academic rank will be commensurate with experience.

The successful candidate will contribute to the Department's expansion of research and educational initiatives in pharmacoepidemiology. The candidate will serve as core faculty in the Johns Hopkins Center for Drug Safety and Effectiveness which provides a nexus for individuals within the Schools of Medicine and Public Health who are committed to research, education, clinical programs and public service to improve prescription drug use and pharmaceutical policy in the United States and around the world. The candidate will be expected to develop an independent research agenda and establish collaboration with departmental faculty as well as social scientists and clinicians in an interdisciplinary setting.

For full job description, please go to:

<http://www.jhsph.edu/departments/epidemiology/faculty/faculty-openings/>



Infectious Diseases Laboratory Chief Division of Communicable Disease Control California Department of Public Health

The incumbent will provide management oversight to the Microbial Diseases Laboratory, Viral & Rickettsial Diseases Laboratory and the Infant Botulism Treatment & Prevention Program. The Chief provides an executive staff level focus for cross-cutting laboratory policy, operational and regulatory issues. Please click on the link below which will take you to the complete job bulletin for a more detail description of the position and the information needed to apply for the exam and position.

<https://tinyurl.com/lsaxs8x>



Research Project Manager

PMI Research Project Manager Position-102195, Department of Public Health Sciences, The University of Chicago.
Please visit the [Link to Job Posting](#).

The Research Project Manager will be responsible for orchestrating the day-to-day research project in accordance with NIH-defined protocols for the Precision Medicine Initiative Program. Applicants should have a Master's degree in Epidemiology or related and 3 years post-degree research project management experience or a doctoral degree in epidemiology or related and knowledge of large study management (can involve thesis or dissertation work relevant to recruitment and data).

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The Department of Epidemiology invites applications for multiple open rank faculty positions (Instructor, Assistant, Associate, or Full Professor). The successful applicants will be expected to develop and sustain an extramurally funded research program, contribute to the teaching mission, and mentor MPH and doctoral students. The School and Department are recruiting in broad areas of public health. i.e (global health, cancer, health disparities, infectious diseases, molecular epidemiology, nutritional and others) The successful applicants will benefit from a wide range of experts within the School of Public Health (sph.rutgers.edu) and Rutgers Biomedical and Health Sciences (rbhs.rutgers.edu), because Rutgers offers extensive opportunities for collaboration with experts in its various schools and centers such as, the Cancer Institute of New Jersey (cinj.org), the Institute for Health, Health Care Policy, and Aging Research (ihcpar.rutgers.edu), the Environmental and Occupational Health Sciences Institute (eohsi.rutgers.edu), the Robert Wood Johnson Medical School (rwjms.rutgers.edu), the New Jersey Medical School (njms.rutgers.edu), the Public Health Research Institute (www.phri.org/), the Global Tuberculosis Institute (<http://globaltb.njms.rutgers.edu/>) and the Ernest Mario School of Pharmacy (pharmacy.rutgers.edu). A robust faculty mentoring program exists within the School. An attractive recruitment package will include a competitive salary and start-up funds. Successful applicants will have a doctoral degree (PhD or equivalent), a demonstrated record of peer-reviewed publications, and extramural grant support as appropriate to their faculty rank.

Applications will be received and reviewed until the position is filled.
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JOHNS HOPKINS
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of PUBLIC HEALTH

Faculty Position in General Epidemiology and Methodology Department of Epidemiology

The Department of Epidemiology at the Johns Hopkins Bloomberg School of Public Health invites applications for a tenure-track Assistant/Associate Professor specializing in epidemiologic methods including but not limited to novel study designs, the intersection of epidemiology and non-genetic big data, and causal inference.

Applicants should have a doctorate in epidemiology or a closely related terminal degree. Physicians with graduate-level training in epidemiology are also encouraged to apply.

For additional information on this position, please go to:

<http://www.jhsph.edu/departments/epidemiology/faculty/faculty-openings/>

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