

## Simple Public Health Intervention Against Iron Deficiency, First Conceived By Epidemiologist, Wins Prize At Cannes Festival

### “Lucky Iron Fish” Organization Created To Tackle Anemia Worldwide

A simple public health intervention to fight iron deficiency anemia has won a prestigious Cannes Lion Grand Prix for product design at the Cannes Lions International Festival of Creativity. Invented and first tested by epidemiologist Christopher Charles while a doctoral student working in Cambodia in 2008, the intervention consists of a piece of iron which can be added to cooking pots so that it may leach iron into the food and decrease iron deficiency anemia.

#### Origins

Cast iron pots to fight iron deficiency anemia had been tried in randomized controlled trials in other countries, according to an early article by Charles. The pots did work to leach iron into food, however, compliance was not optimal. Since aluminum pots were in use in Cambodia, the cast iron pots were not an option. Charles thought of using a small iron ingot instead that could be placed in

*- Iron continues on next page*

## Descriptive Epidemiology Data Prove Extremely Valuable In Setting Vaccine Policy And Preventing Disease

“A simple yet novel idea”. That’s how Matthew Moore and Cynthia Whitney, epidemiologists at the Centers for Disease Control and Prevention in Atlanta, describe an active surveillance program that was population- and laboratory-based for invasive bacterial infections, including those caused by *Streptococcus pneumoniae*. The modest goal of the program was to identify and

characterize these infections, however, the descriptive surveillance data have contributed in substantive ways “to every pneumococcal vaccine policy decision in the past 20 years,” according to Moore and Whitney writing in the journal *Emerging Infectious Disease* published ahead of print (see below).

*- Descriptive continues on page 6*

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aluminum pots commonly used for  
cooking in Cambodia.

To promote compliance the original  
iron ingot was shaped in the form of  
a local fish and named "Happy Fish"  
because that fish is a symbol of luck  
in the local Cambodian culture.

#### **First Trial**

In a community trial carried out in  
2008-09 and reported in 2010 in the  
European Journal of Public Health,  
Charles and colleagues showed  
blood iron levels were higher in  
women at 3 months, but not at a  
longer 6 month interval. The results  
were judged promising enough to  
call for more research

The fish design has now gone  
through multiple iterations from the  
original concept and renamed  
"Lucky Iron Fish". Its current form is  
one created by Gavin Armstrong ,  
CEO of the newly created Lucky Iron  
Fish organization which describes  
itself as a socially-minded business.  
The most recent version of the fish is  
one designed in 2014 and the  
winning one entered in the Cannes  
Festival.

#### **Impact**

According to the Lucky Iron Fish  
website, subsequent work described  
in Charles' PhD thesis online has  
shown that users of the iron fish for  
cooking are feeling better by 6  
months and have a greater capacity  
to work. The group also reports that  
by 9 months a dramatic and  
sustained increase in circulating  
levels of iron in the blood and iron  
stores in the body can be found. The  
incidence of iron deficiency had  
decreased by half in test areas,

according to Lucky Iron Fish.

#### **Going Big**

Lucky Iron Fish has a management  
team and a 5 person Board of  
Directors, including Charles who is  
now a medical student. It has been  
set up to tackle iron deficiency  
anemia in Cambodia which has 6  
million persons affected. Eventually  
the organization's goal is to tackle  
the worldwide anemia problem  
estimated to affect some 3.5 billion  
persons.

A larger 1 year clinical trial in  
collaboration with the Danish Red  
Cross and the University of British  
Columbia is underway to provide  
more evidence about the efficacy of  
this intervention. The organization's  
goal is to reach 1 million families in 5  
years and make iron deficiency  
anemia a thing of the past.

#### **Other Awards**

Lucky Iron Fish has earned the  
Commitment to Action Award from  
the Clinton Global Initiative  
University and it was named 1 of 5  
innovations that will change the  
world by MacLean's magazine. It  
also won several other silver or gold  
awards at Cannes in other categories  
other than product design such as  
marketing.

To learn more about Lucky Iron Fish,  
visit [luckyironfish.com](http://luckyironfish.com)

If you are iron deficient or want to  
help support the mission of Lucky  
Iron Fish, consider buying a fish for  
yourself (\$25) and the organization  
will give one to a family in need.  
Visit: <https://tinyurl.com/pbn4k2s> ■

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# Impressive Progress Against HIV/AIDS Documented In UN Report

## 15 Lessons Learned Are A Path To Ending AIDS By 2030

The numbers are impressive – new infections down by 35%, AIDS-related deaths falling by 41% and both translating into 30 million new infections and 7.8 million deaths averted since 2000. These are the figures in a new UNAIDS report on the Millenium Development Goal on AIDS by 2015. “The world has delivered on halting and reversing the AIDS epidemic,” according to UN Secretary General Ban Ki-moon. According to the UN, there are 15 million people on retroviral treatment today – something considered impossible when the development goal was established 15 years ago. In 2000, fewer than 1% of people living with HIV in low to middle income countries had access to medicines costing about \$10,000 per person per year. Cost is now down to \$100 per person

### Elimination For Children

Also striking in the report is the success in halting new HIV infections among children. Between 2000-2014 the percentage of pregnant women living with HIV with access to antiretroviral therapy rose to 73% and new HIV infections among children dropped by 58%. UNAIDS estimates that by 2014 some 85 countries had less than 50 new HIV infections among children per year. Cuba, the report notes, became the first country to be certified by WHO as having eliminated new HIV infections among children.

### 15 Lessons Learned---How AIDS Changed Everything

UNAIDS simultaneously released a report on 15 lessons it claims have been learned in responding to AIDS. These lessons are viewed as critical to ensuring the success of the new Sustainable Goals now under development and which will replace the Millenium Development Goals. If addressed, the lessons are a path to ending the AIDS epidemic by 2030, according to the UN Agency.

The lessons are presented below, including two lessons on Science and Data. These latter two lessons are described in more detail. A link to the full report is provided below.

### 15. The Data Lesson Overall

What gets measured gets done. Through data, a better understanding of the epidemic has emerged and helped programs to reach the right people at the right times in the right place. Since 2004, the number of countries reporting their progress on HIV/AIDS has risen from 53% to 92%

More specifically, the quality data on HIV led to:

- a) Setting ambitious, measurable, and time-bound targets for tracking progress and ensuring accountability.
- b) Helping civil society create demand and enable access to HIV services.
- c) National ownership and capacity to

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*"Cuba...became the first country to be certified by WHO as having eliminated new HIV infections among children"*

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*"...the lessons are a path to ending the AIDS epidemic by 2030..."*

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### Epidemiologists Share Views About Cell Phones and Brain Cancer Risk

A recent ordinance passed by the City Council in Berkeley California requires purchasers of cell phones to be informed about federal guidelines for exposure to radio frequency radiation. This ordinance has ignited a flurry of media articles about the risk of cell phone use and brain cancer. Two well-known epidemiologists gave CNN their takes on the risk involved.

Jon Samet, the University of Southern California epidemiologist who led the IARC panel in 2011 which classified cell phones as “possibly carcinogenic” told CNN, “I don’t think any evidence has come along that would necessarily move from this uncertain designation to something on one side or the other...In reality, we are in a very gray zone with the evidence.”

Brown University’s David Savitz was also asked about cell phone radiation and told CNN “There are individual studies and findings that do produce a risk, but on balance the judgment has to be made on the totality (of the evidence)...we know quite a bit (about the risk) actually and it seems extremely unlikely that there is an effect. We are down to the range that there is no risk or a risk that is almost too small to detect.”

Samet added about the risk, “I think if it were terribly large we would have more consistent results from epidemiological data. These pictures are compatible with perhaps a weak or moderate risk.”

To read the article--Cell phones and risk of brain tumors: What's the real science? visit:

<https://tinyurl.com/onoa5ah>

### Is Shoe-Leather Epidemiology Dead In The Era Of Whole-Genome Sequencing?

This was the debate question posed at a roundtable debate at the annual meeting of the International Association for Food Protection recently in Portland Oregon, according to a summary of the session in Food Safety News. Among the arguments against epidemiology is that while it can be helpful, the approach has several limitations including the need to get enough study subjects and to standardize questionnaires across international boundaries. The argument for epidemiologic approaches is quite simply that despite its being hard work, it has paid off, and epidemiologists should be given the money and resources and we should do the difficult thing, said the debator in favor of epidemiology. In the article, he pointed out a challenge with genomic sequencing. He said bacteria are “a gigantic identical twin issue” because they cannot be differentiated using DNA evidence. He explained the limitation by saying, in murder cases involving identical twins, “we cannot know which one committed the crime, and we cannot convict.”

According to Food Safety News, the audience agreed that epidemiology, if not fully alive and well, should retain a role in this modern age of whole genome sequencing.



### Being Less Educated As A Risk Factor Is Comparable To Being A Current Rather Than Former Smoker, Analysis Finds

Disparities in education level have widened over time and are greater now than in earlier years. In an attention-grabbing report in Plos One, investigators have estimated the magnitude of the health burden caused by low education in persons who were aged 25-85 in

- News continues on page 5

the 2010 US population. They used National Health Interview Survey and prospective mortality data to conclude that "If adults aged 25-85 in the 2010 U.S. population experienced the educational disparities in mortality observed in the 1945 cohort, 145,243 deaths could be attributed to individuals having less than a high school degree rather than a high school degree, 110,068 deaths could be attributed to individuals having some college rather than a baccalaureate degree, and 554,525 deaths could be attributed to individuals having anything less than a baccalaureate degree rather than a baccalaureate degree.

According to the authors, existing research suggests that a substantial part of the association between education and mortality is causal. They offer the striking comparison that mortality attributable to low education is comparable in magnitude to mortality attributable to individuals being current rather than former smokers. They assert that policies that increase education could significantly reduce adult mortality.

To read the journal article, visit:

<https://tinyurl.com/noq84bh>

## Letters to the Editor

Dear Epidemiology Monitor:

I think an apology is needed after the inclusion of the political cartoon on page 3 of the recent Epi Monitor. It's not just in bad taste, but inaccurate, demonizing and has nothing to do with the articles at hand. In fact, I have no idea why it was included as the article it's listed with is regarding gun violence and not climate change, vaccinations or creationism (which the terrorist characters represent).

In light of terrorist groups who are mutilating, raping, removing rights, orphaning people throughout the world, is it really appropriate to compare them to people who simply disagree with environmental/medical/philosophical stances? I think not!

Aaron Norman  
Mayo Clinic

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Dear Epidemiology Monitor

Extremely inappropriate and offensive cartoon in the July edition. If this is considered the "Voice of Epidemiology", then my institution needs to reevaluate our relationship with the Epimonitor. Completely disgusted.

Suzette Bielinski  
Mayo Clinic

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[Ed. We agree with these readers who say that the cartoon in our July issue exaggerates the nature of the attack on science. However, exaggeration is a common feature of cartoons, and helps to make a point forcefully. We regret any offense taken.]

### Scope of Surveillance

The program begun two decades ago initially tracked invasive pneumococcal disease in 7 states with a population greater than 19 million and grew to include other sites covering 31 million persons by 2014. The methods used to count cases were audits of clinical laboratories where specimens were tested coupled with reviews of medical records in each site to ascertain underlying conditions and discharge status. Estimates of disease burden in this population have been provided annually since 1998.

### Risk Assessments

Moore and Whitney provide multiple examples in their article of how descriptive data proved useful for vaccine policy. Data showing an increased risk in infants not eligible at the time for vaccination and in older persons who were eligible but not vaccinated influenced vaccine advisory bodies to recommend pneumococcal vaccine for children and to intensify efforts to raise coverage for adults over 65. Descriptive data on cases and antimicrobial resistance was used to shape treatment policy for pneumonia and meningitis. Sometimes data from special studies were used--- not to recommend more vaccination but to recommend limiting the age at which adults should be targeted for vaccination. This was shown to be desirable because the existing target age recommendation already included most of the high risk persons. This fact was not known

when the question about broadening the target age for vaccination first arose.

### Natural Experiments

The existence of the ongoing surveillance program allowed investigators to take advantage of "natural experiments" when vaccine shortages occurred to evaluate different vaccine dose schedules. This work produced evidence that using three instead of four doses of vaccine for children could produce very high efficacy.

### Modes of Transmission

An interesting payoff of the surveillance data on asymptomatic infections was to elucidate the dynamics of pneumococcal transmission. While the primary driver for immunizing children was initially the prevention of otitis media, subsequent surveillance data showed that because vaccinated children were not being colonized with pneumococci to the same extent, population-based surveillance data showed that disease in adults decreased as well. According to the authors, "... a key driver after [vaccine] introduction was the reduction in adult disease...The cost per IPD (invasive pneumococcal disease) episode averted without consideration of herd protection was \$33,000, and the cost per episode averted with herd protection decreased to \$5,500. This observation fundamentally changed the method for cost-effectiveness analyses of pneumococcal conjugate vaccines, not

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*"...the ongoing surveillance program allowed investigators to take advantage of 'natural experiments'..."*

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*"This observation fundamentally changed the method for cost-effectiveness analyses..."*

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generate and use strategic information.

d) Prioritization of access to HIV services using the population-location approach.

e) Evidence-informed approaches to HIV treatment, prevention, care, and support.

#### **14. The Science Lesson Overall**

Working together, communities and scientists have found innovative solutions. There is hope that a cure and vaccine will be found soon.

More specifically, HIV research has shown that:

a) When communities and scientists work together, solutions are found.

b) Antiretroviral medicines have multiple uses – saving lives and preventing transmission of HIV

c) Social research can uncover nonbiomedical HIV-prevention tools

d) An HIV vaccine and cure are possible, despite some setbacks

e) Increased understanding of HIV spurs discovery of treatments and cures for other diseases.

For more details about the following lessons, access the full report at the link below.

#### **13. The Children and Young People Lesson Overall**

New HIV infections among children can be eliminated and their mothers

kept alive. Young people have the potential to transform the AIDS response and end the epidemic.

#### **12. The Key Populations Lesson Overall**

Gay men and other men who have sex with men, sex workers, transgender people, and people who inject drugs have made themselves visible, heard, and counted.

#### **11. The Women and Girls Lesson Overall**

Women's rights, gender equality, and empowerment must be priorities for the AIDS response. Programs that reduce poverty and violence also can reduce HIV incidence among women.

#### **10. The Security and Humanitarian Lesson Overall**

HIV must be integrated into national disaster preparedness and response plans.

#### **9. The Rights and Social Justice Lesson Overall**

Social justice is achieved when people's rights, including their right to health, education, and work, are fulfilled. When people are treated with respect and dignity by health-care providers, employers, and communities, new HIV infections and AIDS-related deaths decline.

#### **8. The HIV Prevention Lesson Overall**

There is no magic bullet for HIV prevention. People need options and access to HIV prevention services that meet their life contexts.

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*"When communities and scientists work together, solutions are found."*

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*"There is no magic bullet for HIV prevention."*

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*-Descriptive continued from page 6*

only in the United States but also in other countries.”

### **Broadening the Recommendation**

Despite the success of pneumococcal vaccines in reducing disease in children and adults, surveillance data showed that the remaining disease burden in adults was sufficiently high for CDC’s vaccine advisory group to recommend pneumococcal vaccine in 2014 not only for high risk persons but for all adults 65 years or older. According to the authors, this was perhaps “the widest-ranging” change in vaccine policy made possible by the descriptive surveillance data.

In concluding their review, the authors re-emphasize that the surveillance programs “have contributed in fundamental ways to every pneumococcal vaccine recommendation in the United States since 2000.”

To read the article, visit:

<https://tinyurl.com/osf2p5e> ■

*-HIV continued from page 7*

### **7. The Treatment Access Lesson Overall**

Fifteen million people are on antiretroviral therapy, but millions more still need access to these life-saving medicines. The AIDS response has proven that access to quality healthcare and adherence to treatment is possible in resource-poor settings.

### **6. The Civil Society Lesson Overall**

Civil society was and continues to be

the engine of the AIDS response, driving the call for funding and research and demanding access and the protection and promotion of human rights.

### **5. The Partnerships Lesson Overall**

The AIDS response created partnerships that have turned heads and hearts – people from all sectors have united and contributed.

### **4. The Country Ownership Lesson Overall**

Health becomes a multi-sectoral issue. Local ownership of the AIDS response created demand for high quality health services and fostered innovation.

### **3. The Financing Lesson Overall**

Unprecedented investments in the AIDS response ensured that resources went from millions to billions. Results followed.

### **2. The Advocacy Lesson Overall**

People demanded answers, resources, and a voice. People have held leaders accountable.

### **1. The Political Leadership Lesson Overall**

Political leadership has translated commitments to action and action to results. This has restored dignity and respect to people living with and affected by HIV.

To access the colorful and dramatic complete 520 page UNAIDS report, visit: <https://tinyurl.com/oma4y4x> ■

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*"Civil society was and continues to be the engine of the AIDS response..."*

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*"People demanded answers, resources, and a voice."*

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## Notes on People



**Named:** Timothy Lash, professor of epidemiology at Emory University Rollins School of Public Health, as leader of the Cancer Prevention and Control Research Program at Winship Cancer Institute of Emory University. Lash's research focuses on molecular biomarkers that predict cancer recurrence and on age-related disparities in the quality of cancer care.



**Honored:** Tom Monath, Chief Scientific Officer of the Infectious Disease Division at NewLink Genetics, with the James Steele Gold-Headed Cane award of the American Veterinary Epidemiology Society. The award is given for career accomplishments that advance human health through veterinary epidemiology and public health. Monath has been involved in the development of multiple vaccines and is currently helping to develop an Ebola vaccine.

No image available

**Honored:** Dmitry Shaposhnikov, Senior Researcher, Environmental Health Lab, Institute for Economic Forecasting, Russian Academy of Sciences, with the Rothman Prize for the best paper published in Epidemiology in 2014. The paper is entitled "Mortality Related to Air Pollution with the Moscow Health Wave and Wildfire of 2010". The award includes a \$5,000 cash prize.



**Appointed:** Stephen Schwartz, epidemiologist in Fred Hutchinson Cancer Center's Public Health Sciences Division, to the National Cancer Institute's Board of Scientific Counselors – Clinical Sciences and Epidemiology.

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