

North Carolina State Epidemiologist Resigns In Defense Of Public Health

Political Pressures Not Uncommon In Public Health Practice

North Carolina State Epidemiologist Megan Davies surprised many when she resigned from office earlier this month ending a seven year tenure. Davies had been at the center of a discussion regarding contaminant levels, specifically hexavalent chromium, in well water surrounding the coal ash dumps of Duke Energy. Her sudden resignation was in response to an open editorial¹ published by the top leadership of the North Carolina Department of Health

and Human Services (DHHS) that, according to Davies, “deliberately misleads the public.”

Misrepresentation of The Public Health Process

The controversy began in early 2014 when nearly 40,000 tons of coal ash landed in the Dan River following a pipe break. Six months later the Coal

- NC continues on next page

Expected Increase In Microcephaly Cases In Brazil Fails To Materialize

Good News For Public Health Creates A New Epidemiologic Mystery

Despite the fact that the Zika epidemic has spread throughout Brazil since first being detected in early 2015, almost 90% of microcephaly cases have been clustered in a relatively small portion of the northeastern corner of the country where the epidemic first took off (see WHO map below). Health officials expected a similar surge in

microcephaly to follow in the rest of the country, but so far that has yet to materialize.

For instance, adjacent to the areas experiencing the highest levels of microcephaly is Brazil’s second-most populous state, Minas Gerais, which

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Ash Management Act (CAMA) was passed. At that time, no state or federal standards existed that defined unacceptable levels of potential coal ash contaminants such as hexavalent chromium, so new ones were developed. The process of defining those thresholds is at the heart of Davies' resignation. The open editorial signed by Tom Reeder, Assistant Secretary for the Environment, Department of Environmental Quality (DEQ), and Randall Williams, MD, Deputy Secretary for Health Services (DHHS), asserts that state toxicologist, Ken Rudo (DHHS), acted independently to set the threshold for hexavalent chromium. In her resignation letter², Davies describes a very different process that involved the input from four different toxicologists (including Rudo) and was presented and vetted up the chain all the way to the Secretary of Health and Human Services.

Can We Separate Public Health and Politics?

As North Carolina Health News reported³, the now very public disagreement between state officials leaves the "impression of a department where decisions reflect political expedience, rather than public protection." This undermines the public health process and engenders distrust. Reduced confidence in public health can ultimately lead to unnecessary disease and illness in the future. According to Davies, "They accused public health of being unprofessional and irresponsible, and I couldn't leave that out there."

All this begs the question, is it possible to isolate public health officials from political pressure? While asserting that "public health is politics" may be going too far, state epidemiologists as well as other public health professionals in decision-making or advising roles often face situations where they must balance the demands made by political realities and those dictated by scientific evidence. It is a "constant balancing act", according to Jeff Engel, Executive Director of the Conference of State and Territorial Epidemiologists.

In state health departments, the final decision making role is often that of the state health director and the role of the state epidemiologist is to weigh in on the side of the evidence. The values of the political leadership will vary depending on their views about the role of government in society, and the same evidence may be interpreted differently or lead to very different policy decisions in different states--- think red states versus blue states. Another important factor is the level of risk tolerance on the part of the population. This presents a communication challenge for any scientists trying to explain risks and their attendant uncertainties.

Many other epidemiologists have been in situations similar to those confronted by Megan Davies, and according to Engel, "epidemiologists are all incredibly proud of her for taking the ultimate step." Many in her position might choose to stay in either because they fear the long-term

Evidence Shows That Alcohol Is Likely Cause of Cancer At Multiple Sites, Says Reviewer

Alcohol is one of the most widely consumed psychoactive substances in the world. The US 2014 National Survey on Drug Use and Health found that almost 88% of people over the age of 18 report having consumed alcohol at some point in their life and more than half have drunk alcohol in the past month. Although it offers many social and mood benefits, alcohol consumption is estimated to contribute to a significant proportion of the global economic, social, and health burden.

A recent report by the World Health Organization (WHO) in 2014 attributed 5.9% of all deaths worldwide each year (roughly 3.3 million) to harmful alcohol use. The WHO report also states that harmful alcohol use has been shown to have a causal relationship with 200 adverse health conditions (e.g. cirrhosis and alcohol dependence) and even influences the clinical outcomes of infectious diseases including tuberculosis and pneumonia.

Cancer and Alcohol

One association that has been less clear however is the relationship between alcohol consumption and cancer. Decades of research and reporting on the association between the two has often only resulted in equivocal statements that do not fully commit to a conclusion of causality. Some of this ambiguity is for good reason, and stems from the underlying complexity of these cancers or is attributable to the strength of the evidence (or lack thereof) given the designs and limitations of the

available studies. Over time though, more evidence has been mounting, particularly from larger observational studies, demonstrating that the 'link' between alcohol and some types of cancer may indeed be causal.

Alcohol As Cause

Now, a recent review in the journal *Addiction* authored by Jennie Connor, from the Department of Preventive and Social Medicine at the University of Otago in New Zealand, takes aim at summarizing the most recent data that support a causal association between alcohol consumption and cancer. Dr. Connor believes that there is enough evidence to conclusively state that alcohol is a cause of the disease. Specifically, she reviews the direct evidence that alcohol can cause cancer in seven sites throughout the body in the oropharynx, larynx, oesophagus, liver, colon, rectum and female breast.

Connor's conclusion is based on comprehensive reviews published over the past decade, some from a number of organizations including the World Cancer Research Fund and American Institute for Cancer Research, the International Agency for Research on Cancer, and the Global Burden of Disease Alcohol Group, that indicate there is a dose-response relationship between alcohol and these cancers. Evidence appears to be most strong for cancers

"One association that has been less clear however is the relationship between alcohol consumption and cancer."

"Specifically, she reviews the direct evidence that alcohol can cause cancer in seven sites throughout the body..."

- Alcohol continues on next page

of the mouth, pharynx, and oesophagus where consumption of at least 50 grams of alcohol per day (equivalent to about 4 beers) was associated with a relative risk of cancer ranging from 4-7 compared to no drinking. Furthermore, this risk may be reversible for the latter two cancer types, whereby cessation of drinking can attenuate risk over time. Weaker was the support for colorectal, liver and breast cancers, in which relative risk was about 1.5 for similar daily alcohol intake.

"Even light to moderate drinking may put one at risk according to Connor's review."

Lower Doses

Even light to moderate drinking may put one at risk according to Connor's review. She cites newer research by Cao et al. (2015), who used data from two prospective US cohort studies, and found that women who drank just one alcoholic beverage a day were already at a higher risk for breast cancer and that their total risk of cancer was also increased. Similar conclusions are supported by data from the United Kingdom's Million Women cohort study. Furthermore, smoking has been shown to compound these risks, particularly for cancers of the mouth, pharynx, larynx and esophagus.

Mechanisms

Besides the the evidence from observational studies, Connor provides a brief discussion of the mechanisms by which alcohol might cause cancer at some sites but not others. One reason could be from DNA damage due to acetaldehyde, a carcinogenic metabolite produced during the metabolism of ethanol. But

genetic factors are also thought to play a role as they do in many cancers. Breast tissue seems to be particularly sensitive to alcohol, which may interfere with estrogen metabolism, and appears to be separate from other cancer-causing pathways.

Overall the interplay between these mechanisms and factors are complex and not entirely understood, so Connor cautions that the biological mechanisms must be supported by sound, consistent and robust epidemiological research to ultimately provide a strong conclusion.

Limitations

Much of the skepticism and criticism towards the evidence that alcohol causes cancer, or the levels at which it may do so, is based on the limitations of the studies which have addressed the issue. Chief among these problems is estimating consumption via self-report. Consumers commonly underestimate and/or underreport their consumption but this effect varies by sex, socioeconomic status, and country, making it difficult to statistically correct for. There is also a lack of data regarding the effect that patterns of drinking (binge vs average) have on these associations. Better attention must be paid, not just to the average amount of alcohol consumed over a given time period, but also to the frequency and 'other dimensions' of consumption. Another problem stems from the underestimation of the cancer effect caused by including former but now non- drinkers in the abstainer reference group. Lastly, there is the potential for residual confounders to affect the outcome

"Consumers commonly underestimate and/or underreport their consumption..."

Former Michigan State Epidemiologist Faces Criminal Charges Over Flint Water Crisis

Corinne Miller, former Michigan State Epidemiologist and director of the Michigan Bureau of Epidemiology, was arraigned August 1st on charges stemming from alleged misconduct in her handling of lead poisoning information during the Flint water crisis. To date, criminal charges have been filed against nine state and local officials.

According to a press release received from the Michigan Attorney General's office, a July 2015 report on blood lead levels in Flint children showed an unusual spike. Two other individuals who were charged alongside Miller reportedly then falsified a second report showing no rise in blood lead levels. It is alleged that Miller, "received the first report but instructed others not to take action, rebuffing other employees who asked about next steps of action." Additionally, "Miller later instructed another MDHHS [Michigan Department of Health and Human Services] employee to delete emails concerning the original blood lead data report." Corinne Miller is charged with felony misconduct in office, felony conspiracy and misdemeanor willful neglect of duty. The felony charges each carry a potential for 5 years in prison and/or a \$10,000 fine and the misdemeanor 1 year and/or \$1,000 fine.

To our knowledge, Miller is the first state epidemiologist to face criminal charges. The coincidence of Miller's indictment with the resignation of State Epidemiologist Megan Davies

in North Carolina has brought to the forefront questions regarding the complicated relationship between politics and public health, a topic we cover in depth more in this issue. For now, Michigan Attorney General, Bill Schuette is clear, "Providing justice to families of Flint means accountability. Those who committed crimes will be held accountable."

We first became aware of this story through an article on mLive.

<https://tinyurl.com/z4x3mbh>

"120,000 Nurses Who Shook Public Health"

The American Journal of Public Health is celebrating the 40th anniversary of the groundbreaking first Nurses' Health Study (NHS). A series of articles about or from the study are included in the issue. The study is widely known among epidemiologists for its contributions to women's health and chronic disease prevention, and because "nurses joined, persisted, and used their unique and essential skills to make this cohort study an exemplar."

Inspired by the British Doctor's Study and begun in 1976, the NHS originally sought to investigate long-term effects of oral contraceptive use. The scope was expanded in the 1980s to include diet, nutrition and lifestyle factors. Unlike the BDS which required only a passive follow-up, the NHS required bi-annual follow-up involving questionnaires and routine lab work.

"...received the first report but instructed others not to take action, rebuffing other employees who asked about next steps of action."

"...nurses joined, persisted, and used their unique and essential skills to make this cohort study an exemplar."

"... the greatest active contribution an occupational group has ever made to science and to public health."

"Thanks to both the competence and skills of the investigators and the grit and collective will of the nurses, the NHS was built on two strong methodological foundations: high quality exposures and almost exhaustive ascertainment of outcomes."

The impact of the study also reaches beyond its own conclusions through numerous offspring studies. Though the study is not without flaws including potential sample bias relative to total population, it stands out "as the greatest *active* contribution an occupational group has ever made to science and to public health."

<https://tinyurl.com/znx5fjr>

Reading Books Found To Be Associated With Longer Lifespan

" The researchers found a significant effect of book reading on cognitive score..."

A recent study published in the journal *Social Science and Medicine* has found that regular book reading confers a survival advantage among the elderly. The study used data from the Health and Retirement Study (HRS) conducted by the University of Michigan's Institute of Social Research, in which individuals over the age of 50 completed regular telephone and mail surveys. This study followed participants for 12 years beginning in 2001, the first year questions about reading habits were included. The dataset included 3635 people who were followed for an average of 9.49 years during which 27.4% of the sample died. Participants were divided into three groups based

on reading habits: those who did not read any books in the last week, those who read books for up to 3.5 hours in the last week, and those who read books for longer than 3.5 hours in the last week. Compared to non-book readers, a higher proportion of book readers were female, college educated and in the higher wealth group. The authors controlled for these variables in their analysis, as well as age, race, health, job status and marital status, though these additional variables were not significantly different between groups.

Interestingly, they found a dose-response survival advantage for book readers, with those reading up to 3.5 hours a week 17% less likely to die over the course of the study and those reading more than 3.5 hours a week 23% less likely to die than non-readers. Combining these groups together, they found that at the 80% survival point in their model, book reading at any amount led to a 23 month survival advantage compared to non-readers. The authors also found a similar, but weaker effect associated with magazine and periodical reading.

As sedentary behaviors are typically known to be risk factors for mortality in older populations, the authors hypothesized that deeper cognitive engagement involved in book reading accounted for the benefits. Indeed, cognitive function measures taken from the HRS data support this idea. The researchers found a significant effect of book reading on cognitive score, leading them to suggest that

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has reported only 3 cases of microcephaly to date. Similarly, the rest of Brazil has seen only modest increases in microcephaly despite widespread Zika transmission, leading officials to question if Zika alone is truly responsible for the large increase in severe brain abnormalities.

The Mystery

Fatima Marinho, the Brazilian Health Ministry's director of information and health analysis, recently told the *Globe and Mail*, "We know here Zika caused neurological damage – we have no doubt – but the question is how can we explain this situation in the epicentre that was not reproduced in other areas – in Colombia, and in other states in Brazil. A lot of pregnant women were infected and there were few cases of microcephaly or congenital malformation – it must be more than Zika itself."

Mystery In Columbia

A lot of attention is being paid to neighboring Colombia, where nearly 100,000 suspected cases of Zika have been reported since August of 2015 and as of yet there have been only 18 cases linked to birth defects. A preliminary report on the status of Zika virus in Colombia published in June in the *New England Journal of Medicine* found no birth defects or brain abnormalities at all in a cohort of over 600 Colombian babies whose mothers showed symptoms of Zika virus infection during their third trimester¹. At the same time, the overall levels of microcephaly reported in Colombia have yet to show a significant increase. However,

data from Brazil have shown that there is a far greater risk of birth defects from infection during the first or second trimester and the majority of the pregnant women with first and second trimester infections have not yet delivered.

New Study

Sparked by the unusual geographic distribution of microcephaly cases, the Brazilian Health Ministry is launching an official probe enlisting the help of Oliver Brady, an epidemiologist from the London School of Hygiene and Tropical Medicine, and Simon Hay, the director of geospatial science at the Institute for Health Metrics and Evaluation in Seattle. The study is aimed at identifying cofactors that may be acting in concert with Zika virus infection to produce severe birth defects.

Leading Hypotheses

The Health Ministry's new probe will explore a number of theories that may explain the high density and severity of microcephaly cases in northeastern Brazil.

1) One of the more frequently discussed hypotheses is that co-infection with another virus either before or simultaneous with Zika may alter the way the viruses interact with the mother and fetus. Both dengue and chikungunya are endemic to Brazil and some parts of the highly-affected northeastern region even experienced measles during this time period.

2) Similarly, researchers at the Federal University of Rio de Janeiro recently

"At the same time, the overall levels of microcephaly reported in Colombia have yet to show a significant increase."

"The study is aimed at identifying cofactors that may be acting in concert with Zika virus infection to produce severe birth defects."

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reported preliminary findings in an online preprint describing the discovery of bovine viral diarrhoea virus (BVDV) proteins in the brains of three fetuses with microcephaly². BVDV has not been known to infect humans but causes birth defects in cattle.

3) Others have raised the possibility that socio-economic factors may play a role, as mothers of affected fetuses are overwhelmingly black or mixed-race (77% compared to 52% of the total population). The majority of these women are also poor, in contrast to infection patterns of dengue which affects socio-economic classes more

equally in Brazil despite being transmitted by the same mosquitos as Zika.

4) Finally, a recently published paper examined whether vaccination patterns could be a potential factor³. The authors found that clusters of microcephaly cases in the northeast of Brazil overlapped with areas of the lowest yellow-fever vaccination coverage in the country. The authors suggest that prior vaccination for yellow fever may convey some protection against Zika, as they are related flaviviruses. In fact, prior studies have shown that flavivirus infections can produce cross-reactive

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"The authors suggest that prior vaccination for yellow fever may convey some protection against Zika..."

-NC continued from page 2

career consequences of resignation or because they believe the only way to remain effective is to stay within the organization.

The Nature of Accountability

Just nine days before Megan Davies' resignation, Michigan State Epidemiologist, Corinne Miller, also found herself embroiled in a water quality controversy*, but the similarities end there. Miller was arraigned on charges for alleged misconduct during the Flint water crisis. Some interesting questions do arise from the coincidence of these two cases. Can epidemiologists in possession of data or actionable information be held liable for public health inaction? What responsibility do epidemiologists have to advocate for evidence-based public health

policies when the evidence appears to dictate a course of action?

According to Jeff Engel, such inaction is unlikely in the case of a disease outbreak because the media serves as the court of public opinion and inaction vis a vis controlling an outbreak is difficult to imagine. On the other hand, when very few persons or households are affected as is the case in the North Carolina water controversy, or when a long latency period exists between exposures and disease, such inaction may be more likely.

1. <https://tinyurl.com/gt5t8jy>
2. <https://tinyurl.com/jdnb72x>
3. <https://tinyurl.com/glxlgna>

*For more on Corinne Miller, see this month's Epi News Briefs. ■

"Can epidemiologists in possession of data or actionable information be held liable for public health inaction?"

antibodies for other members of the virus family.

The Data Problem

Experts question the reliability of Brazil's data and estimates of microcephaly rates prior to the epidemic are considered inaccurate. Many believe there was overreporting of microcephaly cases once the epidemic took off and very few of these had confirmed positive lab tests for Zika. Ernesto Marques, a professor of infectious disease and microbiology at the University of Pittsburgh, summed up the situation to the *Globe and Mail*, "The current epidemiological info is very fragile." As part of investigating potential cofactors, an essential part of the Ministry's new probe will be a thorough reexamination of the microcephaly data itself and how it's being collected across different regions of the country.

Unfortunately, it might require time and the collection of more solid data as the epidemic spreads across South and Central America before scientists and public health officials can truly address the role of cofactors in Zika-related birth defects. Microcephaly rates in Colombia and the rest of the region over the next year should go a long way towards answering the question of whether the pattern in Brazil is a true anomaly. In addition, the Zika in Infants and Pregnancy Study is now underway in Puerto Rico tracking 10,000 pregnant women and examining a number of potential cofactors related to nutrition, environment and socio-economic status.

"Many believe there was overreporting of microcephaly cases once the epidemic took off..."

1. <https://tinyurl.com/z7bz5lj>
2. <https://tinyurl.com/zlcmhls>
3. <https://tinyurl.com/hgo5tvh>



by cancer-type.

Despite these criticisms of the research, Connor firmly concludes that 'there is strong evidence that alcohol causes cancer at seven sites, and probably others' and that population-wide reduction in alcohol use has the potential to greatly impact the incidence of many of these diseases. She points out that some public health officials around the world have begun to consider cancer risk in the development of alcohol consumption recommendations. The UK specifically has initiated a campaign to educate the public on cancer risks associated with alcohol intake. Additionally, she takes aim at the alcohol industry and its promotion of health benefits from drinking, particularly as the current scientific evidence cannot support a safe level of alcohol consumption with respect to cancer risk.

Reactions To The Review

In an article published in a New Zealand news site, Robert Brewer of the New Zealand Spirits industry voiced some protest, calling the real story "more complicated" and emphasizing that many other factors must be considered. Dr Samir Zakhari, who works for the Distilled Spirits Council of the United States, also thinks the story is more complex. In an editorial piece written by Professor Doug Sellman, Dr. Zakhari is quoted as saying that not enough consideration is given to "interactions between lifestyle, sociocultural and genetic issues". Zakhari even goes one step farther and takes aim at Connor directly, accusing her of "cherry-picking data".

However, Professor Sellman, who is director of the National Addiction Centre at the University of Otago thinks that these critiques amount to industry obfuscation. Sellman emphasizes the enormous burden that alcohol has on society in New Zealand and the fact that 30 per cent of all alcohol-related deaths are due to cancer. So the battle will continue to play out between the industry and academic research, but it seems clear that the evidence is stacking up in support of a direct link for alcohol causing cancer.

References:

Connor 2016 :

<https://tinyurl.com/h2ubun2>

Cao et al, 2015:

<https://tinyurl.com/qgrrjuw>

<https://tinyurl.com/jz68h25>

<https://tinyurl.com/zjo7b9j> ■

"...officials around the world have begun to consider cancer risk in the development of alcohol consumption recommendations"

"Sellman emphasizes the enormous burden that alcohol has on society..."

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"reading books provide a survival advantage due to the immersive nature that helps maintain cognitive status."

View the full study here:

<https://tinyurl.com/j6qrndy> ■

Haiku Contest and Amazon Gift Card Winners Announced

Francois Theriault, a second year PhD student in the School of Epidemiology, Public Health, and Preventive Medicine at the University of Ottawa is the winner of our popular haiku contest and a \$300 cash prize. He submitted a single haiku and received more than double the number of first place ranks compared to the nearest competitors. His winning haiku by this wide margin is:

Silent fall of tears

Wasted grant and squandered youth

P of point o six

When asked to comment on his inspiration for the winning haiku, Theriault told the Monitor “I am often frustrated with the importance attributed to arbitrary p-value cut-offs. This frustration was the main inspiration for my haiku. I tried to capture the absurdity and angst of the precise, deflating moment when researchers realize that their findings fall just short of an arbitrary cut-off for statistical significance, and that few people will consequently be interested in their results.”

The haiku receiving the most second place rankings was submitted by Sheila Weiss a Consultant Epidemiologist with Avigilan LLC in Potomac Maryland.

Sheila added an interesting note with her poem submission. “My Haiku is inspired by Dr. Leon Gordis. He introduced thousands of public health professionals (myself included) to epidemiology while instilling a healthy fear of summer picnics and potlucks.” She entitled her poem **Epidemiology Exercise #1**

Egg salad, stuffed ham

Hot sun, cool shade, eat and play

Outbreak tomorrow

We are awarding the third place finish based on rankings to Ed Pettitt a student at the University of Texas School of Public Health. His entry was:

Disease detective

Searching for a cause and cure

Alas, no funding

Haiku winners continue on next page

On The Light Side - *continued from page 11*

Other top 10 haiku which garnered the most rankings are listed below:

*With Snow in pursuit
Of pump handle causation
A science is born*

Larry Kushi
Division of Research
Kaiser Permanente
Oakland, CA

*Genies grant wishes
But poor epi researchers
Wish for grants instead*

Rosi Hirst
Department of Epidemiology and Biostatistics
Imperial College London

*Preventable deaths
Epi curves will save the world
If funding follows*

Tamara Chavez-Lindell
East Tennessee Regional Health Office,
Knoxville, TN

*“Association”
Be sure not to confuse this
Word with “causation”*

Aisha Dickerson
Postdoctoral Research Fellow
Departments of Environmental Health and
Epidemiology
Harvard T.H. Chan School of Public Health

*Confounded no more
Perhaps association
Reveals causation*

Talia Malagon
Postdoctoral Fellow
Department of Oncology, Division of Cancer
Epidemiology
McGill University

*Disease shed data
Epidemiology
Spreads understanding*

Matthew Francis
Epidemiologist
Procter & Gamble
Morrow, Ohio

*Disease within few
Provides us with the insight
To prevent in more*

Matthew Francis
Epidemiologist
Procter & Gamble
Morrow, Ohio

Haiku winners continue on next page

More than 200 readers ranked their three favorite poems and the following eight readers were randomly chosen to receive a \$25 Amazon gift card.

Tabatha Offutt-Powell

State Epidemiologist and Section Chief
Epidemiology, Health Data, and Informatics
Delaware Division of Public Health
Dover, Delaware 19901

Adaze Wosu

PhD student in Epidemiology
Johns Hopkins Bloomberg School of Public Health.

Starr Eaddy

Director of Service- Learning
Associate Professor
Department of Biology and Health Science
St. Francis College
Brooklyn Heights, NY

Lara Blumstein

Research Project Manager
University of Illinois at Chicago,
Institute for Health Research and Policy

Craig Olbrich

Senior Hardware Design Engineer
HP Inc.
Corvallis, OR

Cheryl Broussard

National Center on Birth Defects and
Developmental Disabilities
Centers for Disease Control and Prevention



Amy Hirst

VTTI MLP Services Ltd
Warwick House
25-27 Buckingham Palace Road
London

Margaret Wrensh

Professor Emeritus
University of California
San Francisco

Many thanks to all for participating in our Epi Haiku Contest!

Notes on People



Died: Donald A. (DA) Henderson, former head of the WHO effort which led to the eradication of smallpox. DA, as he was widely known, was a former CDC trained epidemiologist who later went on to become the Dean of the Hopkins School of Public Health. The CDC director Tom Frieden called DA a giant in the field of public health and someone who set a precedent for the field of epidemiology. Full obituary: <https://tinyurl.com/hpe2oeb>



Died: Harrison Spencer, Head of the Association of Schools of Public Health, in a tragic family related incident. He was stabbed to death by his son who had a history of mental illness. Dr. Spencer was formerly a CDC epidemiologist who had extensive international experience and was much admired and respected in his leadership role at the Association. Full obituary: <https://tinyurl.com/gwqtaj7>



Resigned: Megan Davies, as North Carolina State epidemiologist following publication of an editorial by the state health director which Davies asserted misrepresented the work of the public health professionals in the state. See related article in this publication.



Indicted: Corrine Miller, former Michigan State epidemiologist for her role in the Flint water related crisis. She was accused of instructing others not to take action on a report about lead poisoning and telling them to delete relevant emails about the report. Miller retired from her position earlier this year. See related article in the Epi News Briefs section of this publication.



Appointed: Susan Rollo, as Texas State epidemiologist. Dr. Rollo previously served in a field epidemiologist position for the Texas Animal Health Commission.



Tulane University Translational Sciences Institute and Department of Epidemiology
Tulane University School of Public Health and Tropical Medicine

Multiple Tenure Track Faculty Positions in Genomic Epidemiology in Cardiometabolic Disease, and Clinical Research in Obesity and Nutrition Epidemiology

The Department of Epidemiology at the Tulane University School of Public Health and Tropical Medicine and the Tulane University Translational Sciences Institute are seeking applications for tenure-track faculty positions in the above research areas. Candidates with experience in any of these areas of research will be considered. We offer a supportive environment for faculty to participate in these funded studies or develop new projects.

The Tulane University Translational Sciences Institute has been funded by the NIH to provide 50% salary support and substantial research funds to promising junior faculty investigators in the genomic and metabolomic research of cardiometabolic diseases. Qualifications for Assistant Professor candidates include a doctoral degree in epidemiology/genetic epidemiology, or MD with epidemiology/genetic training.

The Tulane University Obesity Research Center seeks candidates at the Assistant Professor level with training and research experience in nutrition, obesity and/or clinical trials. Qualifications include a doctoral degree in epidemiology, or MD or PhD in nutrition with a master's degree in epidemiology.

Successful applicants should have post-doctoral experience, demonstrated potential to establish independent research programs, evidence of excellence in teaching, and interest in collaborative research. Review of applications will begin as soon as possible and applications will be accepted and reviewed until the positions are filled. Applicants should send a cover letter, complete resume, and at least three letters of recommendation to: Jiang He, MD, PhD, Tulane University School of Public Health and Tropical Medicine, 1440 Canal St., New Orleans, LA 70112. E-mail: jhe@tulane.edu.

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<http://www.texastech.edu/careers/>

See Requisitions: 5352BR; 5353BR; 5354BR

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COLLEGE OF PUBLIC HEALTH

Faculty Position Cancer Molecular Epidemiologist

The Department of Epidemiology, College of Public Health is pleased to announce an exciting new faculty position in the area of molecular epidemiology in cancer. This open-rank position will be for a tenure-track faculty member whose research will be on discovering and validating biomarkers for use as risk or prognostic factors related to pathways of disease, predictors for response to therapies, and modifiable factors for preventive or therapeutic intervention at the individual level.

To learn more about the position please visit and apply through the following link: <https://tinyurl.com/hrtwzyf>
Candidates should provide a letter of interest, research statement, curriculum vitae and names of three references. Please address inquiries and nominations to the search committee chair, Elizabeth Chrischilles, at e-chrischilles@uiowa.edu or call (319) 384-1545



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UNIVERSITY OF MINNESOTA

Research Fellowship in Translational Pediatric Cancer Epidemiology NIH T32 CA099936

The University of Minnesota Department of Pediatrics and Masonic Cancer Center seeks applicants for its highly successful training program in translational pediatric cancer epidemiology research. Our Program is sought nationally by scholars, and provides opportunities for 3 postdoctoral students to enhance their research and experience across a spectrum of pediatric cancer research, with a goal of interdisciplinary cross-training. Trainees work in a variety of research settings including classical epidemiology, statistical genetics/computational biology, laboratory bench science, and clinical investigations. Along with coursework specific to pediatric cancer, strong graduate school degree programs at the University of Minnesota in Epidemiology (PhD) and in Clinical Research (MS) offer opportunities for courses in epidemiology, cancer epidemiology, biostatistics, cancer biology, statistical genetics, immunology, clinical trials/methods, and field research. Further, students have several unparalleled opportunities for supervised translational research projects in stem cell biology, human and animal research, study design and development, statistical analysis approaches, and individual and team grant writing. The postdoctoral trainees are drawn from the medical, basic and applied sciences, and medical fellows who have completed advanced clinical training in pediatric oncology and are embarking on the research component of their training. Special attention is given to recruitment of individuals from under-represented minorities. We anticipate that two of our postdoctoral trainees will choose to obtain an MS in Clinical Research. Each trainee is guided by at least two senior mentors from complementary disciplines in their research projects. All trainees participate in courses in pediatric cancer topics and readings in pediatric cancer epidemiology, weekly pediatric cancer seminar meetings and pediatric tumor conferences. Trainees who graduate from this program will have the capacity to undertake high impact pediatric cancer research across a spectrum of disciplines.

Applicants must be United States citizens or permanent residents. Criteria for selection of all trainees include academic performance and a career orientation toward independent research in an academic, clinical, or public health setting. For further information, go to the website: <http://www.pediatrics.umn.edu/divisions/epidemiology/education>

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