



# EpiMonitor

**We're not just for epidemiologists anymore!**

*A monthly update covering people, events, research, and key developments*

## **Editor's Note:**

Regardless of what Punxsutawny Phil tells us, summer is on the horizon. That may be hard to believe for those of us who have lived through freak snow storms and bitter cold weather in the last 45 days, but what it really means is that it is time to think about what summer program you want to attend this year. You'll find an overview of all the programs we were able to locate listed in this month's issue. If you have a program that was not included in this list, please email us at [info@epimonitor.net](mailto:info@epimonitor.net) and we will try to profile it in the next issue.

In addition to that we have a piece on fluoride, one on communications and its impact on vaccine decisions, and one on finding the right public health practicum for your specific situation. A last minute addition is a piece about open dialogue and how two respected professionals handled a discussion last summer and walked away having learned from each other and understanding how much of what they were experiencing was similar regardless of how different their views were on the issue in question.

## **FREE BOOKS**

A few years ago, our founder was downsizing and didn't want to throw away a library that represented decades of accumulation. To avoid that, we listed them in the hopes that there were others who could use them. The response was overwhelming. This month we have another multi-decade collection listed - all the donor has requested is that the recipient pay a minimal shipping and handling fee for each book. Do you have an over stuffed bookshelf? Let us know and we'll try to help you place those tomes with someone who could use them.

We are starting to hear from many of you with articles that you'd like us to consider publishing. We are always interested in your offerings and are finding your peers are really enjoying them. Please also consider nominating people for our profile series, writing a review of a book, or letting us know about individuals whose accomplishment should be added to our monthly Notes on People feature.

As always, we continue to provide you with our popular monthly word game feature, Notes on People, an overview of what we are reading from the public media, and a listing of near term upcoming events. Ask us about the sponsorship opportunities for these standard monthly features - it offers you great exposure for your event, institution, book or other item of interest to our readers!

Until next month - stay safe and busy!

## In This Issue

- 3- *What if Fluoride Was Never Safe?*
- 8- *Shared Decision-Making, Informed Consent, and the Rhetoric of False Empowerment*
- 13- *The Job Hunt: Paths to Public Health Practicum*s
- 16- *The Test of Open Dialogue: Jay Bhattacharya as the New CDC Director*
- 21- *Resources: 2026 Summer Programs*
- 42- *Resources: Free Books*
- 43- *Monthly Word Game*
- 44- *What We're Reading*
- 46- *Notes on People*
- 51- *Near Term Event Calendar*
- 56- *Newly Listed Public Health Jobs*
- 61- *Marketplace - Sponsored Jobs & Events*



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*Did you miss last month's issue? Read it here: <https://tinyurl.com/5234xy7j> or here: <https://tinyurl.com/ybsh73b3>*

# What if Fluoride Was Never Safe?

The Bitter Truth About Fluoridation

**Author:** Bruce Lanphear, MD, MPH

NOTE: This article was originally published on October 28, 2025 by [Plagues, Pollution & Poverty](#) on Substack.



## A Public Health Triumph—or a Cautionary Tale?

For decades, the story of fluoridation has been told as a triumph of modern science—a simple, inexpensive way to prevent tooth decay. In 1999, the U.S. Centers for Disease Control and Prevention [listed](#) community water fluoridation among the “Ten Great Public Health Achievements of the 20th Century.”

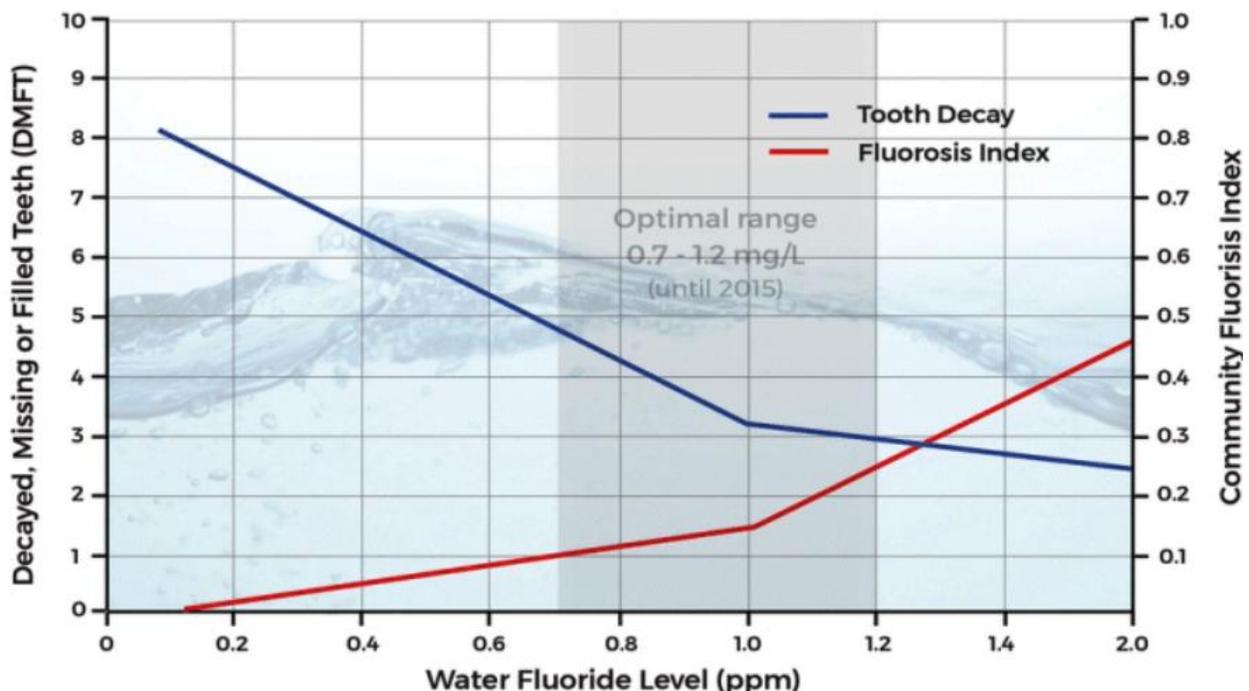
But every triumph deserves re-examination.

**Behind the tidy narrative lies a more complicated story—one that involves corporate influence, incomplete data, and an assumption of safety that may have blinded us to risk.**

## The Birth of a Chemical Cure

The practice began with H. Trendley Dean, a dentist with the U.S. Public Health Service. In the 1930s and 40s, Dean [examined](#) more than 7,000 children in 21 towns across the American West, where natural fluoride levels in drinking water varied widely. He discovered that levels up to one part per million of fluoride reduced tooth decay, while higher levels produced mottled or stained enamel—a condition he called *dental fluorosis*. It looked like a manageable trade-off: fewer cavities in exchange for a few white spots. And in mid-century America, when tooth decay was rampant, that sounded like progress.

## The Risks & Benefits of Fluoride



Dean's findings were published in 1942, and soon fluoride was hailed as a modern miracle. Yet even at the time, there were doubts. In 1944, the editor of the Journal of the American Dental Association, Dr. Pierce Anthony, called fluoridation "speculatively attractive" but [warned](#) that the addition of a highly toxic substance to drinking water" carried potential dangers that had not been studied.

The following year, in 1945, the U.S. Public Health Service launched the first community trials—in Grand Rapids, Michigan (with Muskegon as a control), and in Newburgh, New York (with Kingston as its control). Dr. David Ast, the chief of the New York State Health Department Dental Bureau, [assured](#) the public that "special attention will be given to mental development and emotional stability" of exposed children. No such data were ever published; perhaps they were never collected. But they indicate that concerns about the potential impact of fluoride on brain development were recognized.

### **How a Public Experiment Became Policy**

By the early 1950s, fluoridation was spreading rapidly. Following on the heels of DuPont's massive marketing campaign, the postwar era was [infatuated](#) with chemistry as progress—"better living through chemistry". The American Dental Association and the U.S. Public Health Service became its most enthusiastic promoters.

Tooth decay was a visible public problem; fluoridation offered an elegant, invisible solution. By 1960, over 50 million Americans were drinking fluoridated water.

But the toxicity of fluoride was defined narrowly—as dental fluorosis, not systemic harm. Few questioned whether a substance

that could alter enamel formation might also affect other tissues. And no one—despite the assurance of Dr. David Ast—had tested for subtle developmental neurotoxicity.

By 1971, the National Institute for Dental Research [launched](#) a national caries-prevention program with fluoridation as its centerpiece. Decay rates did fall—but they also [fell](#) in unfluoridated countries such as Sweden, Denmark, and the Netherlands, where improvements in diet, hygiene, and dental care occurred at the same time. That should have prompted a deeper look. It didn't.

### **Regulatory Inertia**

Under the 1974 Safe Drinking Water Act, the U.S. Environmental Protection Agency was required to set standards for contaminants that may pose health risks. In 1986, the EPA set a maximum contaminant level of 4 mg/L for fluoride—a threshold intended to prevent severe dental fluorosis and skeletal fluorosis.

Two decades later, in 2006, the National Research Council [reviewed](#) the evidence and concluded that this standard was too high and failed to protect against bone fractures and other adverse effects. The committee also found "several lines of evidence" suggesting that fluoride may affect the brain, thyroid, and endocrine system. They recommended the EPA to lower its standard for the levels of fluoride in drinking water.

Nearly twenty years later, the agency has not acted.

## Rising Fluorosis, Hidden Concerns

By 2010, rates of dental fluorosis in U.S. children had climbed dramatically. One CDC survey found that over 60 percent of adolescents had some degree of fluorosis—visible evidence of overexposure.

In 2015, the U.S. Public Health Service [lowered](#) its recommended level for community water systems from 0.7–1.2 ppm to a single value of 0.7 ppm. The official reason was aesthetic: to reduce mottled teeth.

## Revisiting the Science We Thought We Knew

For decades, no one studied fluoride's effects on the developing brain. That silence began to break in the 1990s with a pioneering—if controversial—study by Phyllis Mullenix at the Forsyth Dental Center in Boston. Using laboratory rats, Mullenix [found](#) that high concentrations of fluoride accumulated in brain tissue and altered behavior in ways consistent with neurotoxicity. Her study, published in *Neurotoxicology and Teratology* in 1995, suggested that early-life exposure could impair learning and memory.

The dental establishment dismissed her work, and Mullenix soon lost her position. But in retrospect, her findings foreshadowed what would emerge from human studies decades later.

In the 1980s, researchers began studying children living in areas of China, India, and Iran with naturally elevated fluoride levels in water. These were simple, cross-sectional studies, often with limited controls and small sample sizes. Still, they pointed in a consistent direction: children exposed to higher fluoride concentrations scored lower on tests of intelligence.

Then, in 2012, Dr. Anna Choi and colleagues at Harvard [published](#) a *meta-analysis* of 27 such studies. Their conclusion was sobering: children in high-fluoride areas had, on average, seven points lower IQ than those in low-fluoride areas. Most of the studies were imperfect—many lacked individual exposure data—but the consistency of results was striking. It should have been a red flag that fluoride, long assumed to be safe, might affect the developing brain.

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***Their conclusion was sobering: children in high-fluoride areas had, on average, seven points lower IQ than those in low-fluoride areas.***

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Recognizing these hints, a new generation of scientists began applying the same rigorous, prospective methods that Herbert Needleman and others had used to uncover the dangers of lead.

In 2017, Dr. Morteza Bashash and colleagues [found](#) that higher prenatal fluoride exposure, measured in maternal urine, was associated with lower IQ in their children—affecting both boys and girls. Importantly, the urinary fluoride concentrations in Mexican mothers were later [shown](#) to be comparable to those of women living in fluoridated communities in North America.

- Fluoride cont'd on page 6

Two years later, in 2019, our team [published](#) data from the Maternal-Infant Research on Environmental Chemicals (MIREC) study in Canada. Importantly, our study was conducted in communities with and without optimally-fluoridated drinking water. We found that each 1 mg/L increase in maternal urinary fluoride—a measure of exposure during pregnancy—was associated with a 4.5-point decrease in IQ in boys. The pattern held when we looked at municipal water data: children whose mothers drank water with higher fluoride concentrations scored significantly lower on IQ tests than those whose mothers consumed less-fluoridated water.

In 2025, Taranbir Singh and his team in Bangladesh reported similar findings in a large, well-controlled study: children exposed to prenatal fluoride levels—often lower than those found in many fluoridated communities—showed measurable reductions in IQ.

By now, the evidence had become impossible to ignore. More than 75 human studies have examined the relationship between early-life fluoride exposure and IQ scores. Most—though not all—found an inverse association.

### **The Evidence That Changed the Equation**

To clarify the growing debate, Dr. Kyla Taylor and colleagues at the National Toxicology Program [conducted](#) a systematic review of 74 studies from ten countries. After a series of rigorous external reviews, the draft report reached a clear conclusion: fluoride exposure is consistently associated with lower IQ scores in children. In the highest-quality studies, each 1 mg/L increase in urinary fluoride corresponded to an average 1.1-point decrease in IQ.

A one-point loss might sound trivial. It isn't. As with lead, small shifts in the population mean

have large social consequences: fewer gifted children, more needing special education, and a measurable reduction in lifetime earnings and national productivity. The EPA Science Advisory Board has acknowledged that a 1–2 point shift in average IQ can have profound public-health implications.

Then, in September 2024, federal judge Edward M. Chen reviewed the accumulated evidence in *Food & Water Watch et al. v. U.S. Environmental Protection Agency*, a case brought under the Toxic Substances Control Act. After hearing expert testimony and reviewing the NTP's findings, he [ruled](#) that fluoridation of public water at 0.7 mg/L—the level considered “optimal” in the United States—“poses an unreasonable risk of reduced IQ in children.”

It was a historic decision—the first U.S. court ruling to recognize developmental neurotoxicity from community water fluoridation—and a turning point in a debate that had been frozen in certainty for seventy years.

### **The Hidden Inequity of Fluoridation**

Fluoridation was promoted as an egalitarian measure—a way to protect poor children's teeth. Yet it now appears that its burdens fall most heavily on the same families it was meant to help.

Formula-fed infants in fluoridated communities can [receive](#) up to 70 times more fluoride than breastfed infants, because breast milk naturally contains almost none. Wealthier families can avoid exposure by using filters or bottled water. Low-income families cannot.

A policy intended to narrow health disparities may instead be widening them.

## The Science Caught in Time

The scientific foundation of fluoridation has not kept pace with modern knowledge. The 1954 National Academy of Sciences report assumed that water was the only major source of fluoride exposure. It did not account for fluoride in toothpaste, processed foods, tea, or pesticide residues—all of which now [contribute](#) to total intake. Nor did it consider effects on the brain.

We also know much more about fluoride's mechanism. Its cavity-fighting benefit is mainly *topical*—from contact with tooth enamel—not from ingestion.

Numerous randomized controlled trials [show](#) that brushing with fluoride toothpaste reduces decay. But a RCT of systemic fluoride supplements given to pregnant women [found](#) no benefit for their children's teeth. Swallowing fluoride does not appear to prevent cavities.

In 2024, a Cochrane Collaboration review of post-1975 studies—after widespread use of fluoride toothpaste—[found](#) that community water fluoridation was associated with only a 3–4 percent reduction in dental caries, a difference that was not statistically significant.

## The Principle of Consent

British epidemiologist Geoffrey Rose once drew an important distinction:

“The situation is different where individuals have no choice to reject a preventive measure. They can buy toothpaste with or without added fluoride, but if fluoride is added to drinking water, they can hardly avoid imbibing it. We should expect a higher level of scientific evidence and popular acceptability for measures such as water fluoridation which are imposed and not chosen by the recipients.”

Exactly. When a measure is imposed on everyone, the burden of proof must be higher—not lower.

## The Lesson We Keep Ignoring

The focus on fluoridation has diverted attention from other important determinants of dental health. Lead exposure, poor nutrition, and deficiencies in vitamin D also influence enamel formation. Promising alternatives—such as hydroxyapatite, the mineral that makes up tooth enamel—has been shown to reduce caries.

But for decades, fluoride was treated as the only tool we needed. Other paths were neglected.

Public health has a history of holding on too long. We minimized the risks of lead poisoning. Now we are doing the same with fluoride.

The evidence has shifted. The benefits of drinking fluoridated water are smaller than we once believed. The risks—especially to the developing brain—are now impossible to ignore.

Anyone who insists otherwise either hasn't read the new research or chooses not to.

It's time for a re-evaluation.

## Coming Next

In the next part of this series, I'll dive into the debate over the cohort studies and the National Toxicology Program's review of fluoride and IQ—and explore why policy has lagged behind what the science now shows. ■

*To read more content like this please subscribe to [Plagues, Pollution & Poverty](#) on Substack.*

# Shared Decision-Making, Informed Consent, and the Rhetoric of False Empowerment

What these terms mean and how they're fueling confusion about vaccines

**Author:** [Kristen Panthagani, MD, PhD](#)

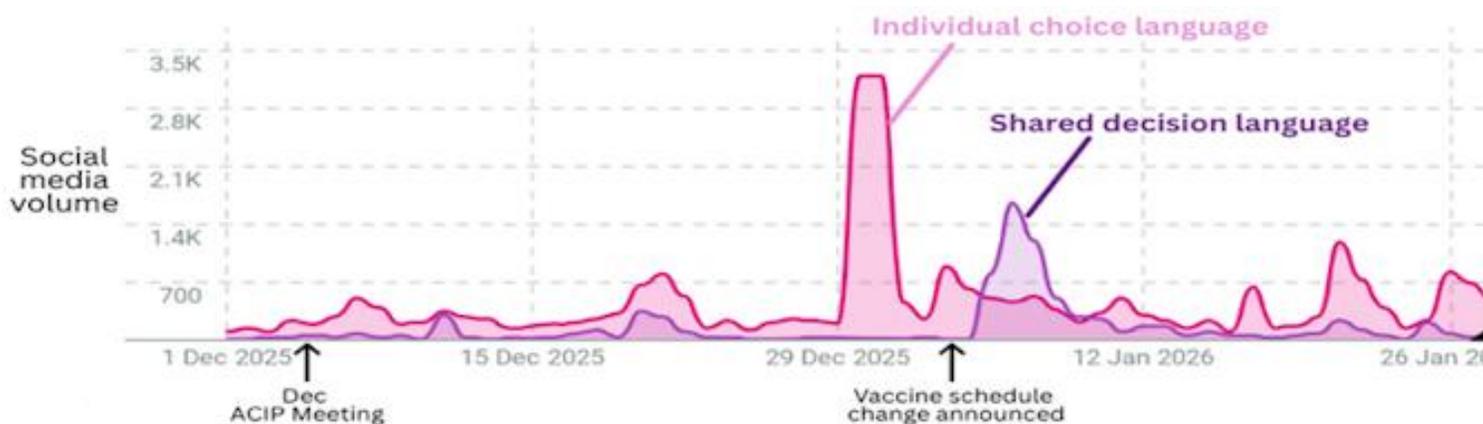
**Editor's Note:** *This article was originally printed in Your Local Epidemiologist on January 28, 2026. To read more content from this source subscribe to Your Local Epidemiologist (YLE): <https://tinyurl.com/32pd2a8r>*



Recently, RFK Jr. made sweeping changes to routine childhood immunization recommendations in the U.S., with [more changes](#) likely to come next month. Many of

these changes have centered on medical phrases such as “shared clinical decision-making” or “informed consent.” While these phrases may sound like empowerment on the surface, they’re creating confusion and obscuring what’s actually happening.

So here’s a breakdown for you: What do these phrases actually mean in the medical world? Where’s the rhetorical twist leading to confusion and distrust? And importantly, whether you’re a clinician, community leader, health department, or parent talking to other parents, what’s the best way to talk about this?



Volume of social media results for ‘individual choice’ and ‘shared decision-making’ language with reference to vaccines in the United States over time. Figure by Your Local Epidemiologist

## Shared clinical decision-making (SCDM)

**What it means in the medical world:** On the surface, this phrase sounds like it means “involving patients (and parents) in decision-making.” But, perhaps counterintuitively, this face-value definition is **not** how the phrase is typically used in the medical world. SCDM doesn’t refer to parental authority to make decisions about their child’s health—parents

are the decision-makers for all their child’s health care decisions, including vaccination, regardless of the SCDM label.

Instead, when a doctor says “shared clinical decision-making,” they’re usually referring to something very specific: a situation where **the medical evidence does not give one clear recommendation**, and there are multiple

- Rhetoric cont'd on page 9

treatment options to choose from. When that happens, “shared clinical decision-making” is how physicians approach walking the patient through the different treatment options to come to a decision.

This phrase, in medical terms, isn’t just about involving parents in decisions—it **implies** that no clear medical recommendation exists. It refers to this very specific situation, and typically **isn’t used to describe patient involvement in decisions generally**.

**The rhetorical twist:** Many of the vaccines on the childhood immunization schedule were changed from “recommended” to “shared clinical decision-making.” On the surface, this sounds like it’s empowering parents by encouraging them to be involved in decision-making, but again, that’s not what this phrase typically means. Instead, in medical terms, this shift in language implies that there isn’t a clear recommendation for these vaccines, contrary to the data. It gives the appearance of supporting parent autonomy while undermining vaccine recommendations. It also has behind-the-scenes implications for physicians and clinics, such as time spent charting in your medical record, ordering vaccines so they are readily available to you, automatic reminders, and more.

**The communication solution:** Pushing back against SCDM for childhood vaccines can easily be misinterpreted as pushing back on involving parents in decision-making. So, when talking about this topic:

- Explain that parents have always been the decision-makers regarding their children’s health care, including immunizations, and changing the label from “recommended” to “shared clinical decision-making” doesn’t change that.

- This means the SCDM label doesn’t actually give parents more options, but it does make it more confusing which vaccines are beneficial for their kids.
- Recognize that this label is confusing to people, and has a lot of implications on the backend for clinicians and hospitals.

## **Informed consent**

**What it means in the medical world:** Informed consent is the process by which patients (or parents) are informed about the risks, benefits, and alternatives of a recommended treatment or procedure. It involves the clinician explaining why the treatment is recommended, the risks and benefits, assessing the patient’s understanding, and answering questions. For certain riskier procedures (like surgery), consent is formally documented by signing a form, and for other lower risk procedures, verbal consent is obtained.

The point of informed consent is not to simply throw a bunch of information at a patient, but to ensure that the patient **understands** the procedure or treatment so they can make an informed decision. The goal is education and empowerment, so they are able to make reasoned decisions about their health.

**The rhetorical twist:** This phrase has been distorted in discussions about vaccine risks, with a push towards overemphasizing rare or unverified risks of vaccines and underemphasizing benefits. But true informed consent helps the patient understand not only what the risks are, but the likelihood of those risks and how to weigh them against the benefits of immunization. Overemphasizing rare or unverified risks distorts patient

understanding of the decision, therefore **undermining** the process of informed consent. It is crucial that patients understand the risks in a balanced way that helps them make an overall informed decision, not a decision driven by fear.

**The communication solution:**

- Explain that the goal of informed consent is to help patients have an accurate and balanced view of the risks and benefits of immunizations.
- Distorting this balance by overemphasizing risks undermines patients' ability to make an informed decision for their family.

**Immunization requirements**

**What it means in the medical world:** There is no universally required vaccine in the U.S. There are, however, certain locations where specific age-appropriate childhood immunizations are required for entry, mostly in places where children come together and share germs, like in schools, daycares, and some pediatrician's offices. Recognizing that high rates of immunization is what disrupts the spread of serious childhood diseases (especially to others who are immunocompromised or too young to be vaccinated), school and daycare immunization requirements have been established by individual states to reduce the spread of disease in these higher risk areas.

**The rhetorical twist:** Because many of the school immunization requirements use the CDC childhood vaccine schedule as guidance, the childhood vaccine schedule has been inaccurately framed as a vaccine mandate in itself. This misrepresents the purpose of the childhood vaccine schedule, which is to provide evidence-based *recommendations* regarding

which vaccines are beneficial for children, and when is the best time to get them based on children's development and risk of exposure. Inaccurately reframing the childhood vaccine schedule as a mandate falsely suggests that even vaccine **recommendations**—not requirements—impinge on personal freedom, a distortion that hinders the CDC's ability to make clear recommendations for children in the U.S.

**The communication solution:**

- Explain that the childhood vaccine schedule is not a mandate.
- Immunization requirements are focused on specific locations like schools and daycares due to the high risk of sharing germs in these locations.

**Patient autonomy**

**What it means in the medical world:**

Respecting patient autonomy is central to the practice of medicine. Patients have a right to make decisions about their health, or as it was stated in a [court decision in 1914](#): "Every human being of adult years and sound mind has a right to determine what shall be done with his own body." This is one of the central principles of medical ethics, is taught in every medical school, and is paramount to the practice of medicine. Dark stains on the history of medicine such as the [Untreated Syphilis Study at Tuskegee](#) show us what happens when this principle is ignored.

**The rhetorical twist:** The principle of patient autonomy has more and more become blurred with a totally separate value: the idea that patients should not just be making health decisions, but that they should be doing so **by themselves**, without the help of physicians or

experts. This rhetorical trick falsely implies that expert involvement in health care decisions—such as vaccine recommendations from physicians—interferes with a patient or parent’s autonomy merely by recommending them. This distorts what the ethical principle of autonomy is: the goal is to empower patients to understand their health (with the assistance of experts as needed) and make their own decisions, not to tell them they have to figure everything out on their own.

**The communication solution:**

- Explain that the goal of patient autonomy is to protect patients’ right to make decisions, not to suggest patients should make health decisions without external help.
- Recommendations and input from clinicians are not there to limit choice, but are meant to help patients make their own decisions by empowering them with health information and synthesizing complex evidence.

**Summary**

Phrase	What it means in the medical world	The rhetorical twist	Where clarification needs to step up 
<b>Shared Clinical Decision-Making (SCDM)</b>	Clinicians and patients (or parents) collaboratively discussing different treatment options when the medical evidence doesn't provide a clear recommendation.	Suggesting SCDM means doctors and parents are deciding together for the first time, providing new freedom for families.	Clarify that SCDM generally signals uncertainty in evidence, not increased patient/parental authority.
<b>Informed Consent</b>	The process of explaining the risks, benefits, and alternatives of a recommended intervention so patients can make an informed decision.	Suggesting true informed consent requires emphasis on rare or unverified risks, while simultaneously underemphasizing benefits.	The goal of informed consent is to provide a balanced view of risks and benefits to help patients make a truly informed decision.
<b>Immunization Requirements</b>	Required immunizations in specific settings like schools and daycares.	The childhood vaccine schedule is incorrectly framed as a universal mandate rather than a set of medical recommendations.	Clarification should distinguish evidence-based guidance in the childhood vaccine schedule from location-specific requirements.
<b>Patient Autonomy</b>	The ethical principle that individuals have the right to make decisions about their own healthcare.	Autonomy is increasingly conflated with making health decisions without expert input, framing medical recommendations as a threat to freedom.	Explain that autonomy is supported, not undermined, by clinician guidance that helps patients understand complex evidence.

Figure by YLE

### Bottom line

Patient autonomy, shared decision-making, and informed consent are foundational to medical care in the U.S. But these concepts have been twisted into rhetoric that claims to empower patients while subtly igniting confusion and driving a wedge of distrust between patients and the physicians who want to help them. This creates isolation masquerading as empowerment, and now you have some tools to spot it when it happens. ■

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# Paths to Public Health Practicums

Everything you need to know about finding (and surviving) your public health practicum

**Author:** Public Health Hiring Help

Public health students—both undergrad and grad alike—dread the practicum. Beyond being a rite of passage, it can feel like a defining experience. *What am I going to do? Where will it lead me after graduation?*

The truth is, while it's often required, the practicum is what you make of it. It's an opportunity to explore and a chance to flex the public health muscles you've built in the classroom. Sometimes, it provides clarity—a path to a full-time job or a connection within a specialized area. Sometimes, it doesn't. And sometimes, you don't even *want* it to.

Every option has tradeoffs. A smaller organization might give you the chance to wear many hats and learn new skills, but lack name recognition. A large agency or company may offer prestige, but limit your scope. Either way, you're still gaining valuable experience.

So why put so much pressure on it? It's easy to fall into comparison—wanting your practicum to lead to publications, job offers, or future funding. But regardless of where you land, you'll walk away with new skills, professional connections, and the same degree as your peers.

So, without further ado, let's unpack the public health practicum (or APE...or ELA...or whatever else your school calls it).

## Typical Constraints

Most public health programs have specific parameters for what counts as a practicum. Nearly all require at least one **deliverable**—a tangible contribution to your host organization, such as a manuscript, presentation, dataset, or SOP.

Programs may differ on timing—some allow practicums during the academic year, while others reserve them for the summer. Check your school's rules early so you can plan accordingly.

Your practicum must also align with your program's concentration (e.g., health policy, global health, epidemiology). "Alignment" is usually defined by your department's **core competencies**, which are intentionally broad. As long as you can justify how your work connects to these skills, you're likely in the clear. If an opportunity doesn't meet *all* your academic requirements—say, if you're also completing a certificate—many schools will let you combine multiple experiences to fulfill your practicum.

Finally, most schools require your practicum to serve a **community partner**, meaning your work must have stakeholders outside your university.

## Typical Challenges

Of course, the requirements aren't the only factors at play. Like any internship, not all community partners can pay students or offer

convenient locations.

Only you can decide what's feasible. Are you open to relocating for the summer for a paid opportunity? Would you prefer to stay local, even if unpaid? Some public health programs offer **funding** for practicums abroad, and many organizations are now open to **hybrid or remote** arrangements.

Don't be afraid to ask questions—about funding, flexibility, or deliverables. The worst someone can say is no.

### Finding a Practicum

Students find practicum opportunities in all kinds of ways. Here are a few strategies that worked for my peers:

#### 1. Leverage Existing Work-Study Opportunities

If your current work-study job involves projects that meet your practicum requirements, talk to your supervisor about carving out deliverables. Many supervisors are happy to formalize extra work from students they already trust. I know firsthand that this strategy works—I did this for my own MPH practicum in the spring of my first year!

Even if you don't currently have a work-study role, consider asking around your cohort—sometimes community partners are looking for help after another student leaves or in a busy season. For example, I referred a girl in my program to my position when I was away for the summer. Similarly, a friend of mine helped her roommate get her practicum by connecting her with her work study supervisor—then they were coworkers for the summer! A simple referral from a classmate could lead to a practicum of your own.

#### 2. Formal Internships

You're already ahead of the game if you're reading this—many internships featured in the [Public Health Hiring Help](#) can double as practicums. These paid opportunities often align with core public health areas and offer meaningful, real-world experience. Just be aware—not all opportunities are designated for Summer 2026, some are listed for spring or winter.

This approach worked well for a friend of mine in health policy and management—he worked for a pharmaceutical company for a summer! Another did infectious disease epidemiology work at Columbia for the summer through Kennedy Krieger RISE program.

#### 3. Institution-Affiliated Projects

Don't overlook opportunities within your school. Many research centers and initiatives are community-facing and need student assistance. If the work benefits an external stakeholder, it likely qualifies. Ask your professors, advisors, and departmental staff—many are connected to ongoing projects that could use your help.

This strategy worked well for a friend of mine studying environmental health—she reached out to a professor, who connected her with an on-campus research center focused on PFAS exposures! A friend in epidemiology also did this. He reached out to a professor who studied HIV patient populations abroad, and she took him under his wing. Both are likely to be published!

#### 4. Use Your Network and Resources

Leave no stone unturned until you have an opportunity to accept.

Talk to older students in your program—what did they do last year? Can they connect you? For example, a friend of mine continued a project in Brazil someone in his student organization had helped initiate the summer before.

Talk to alumni! Maybe some are still able to connect you to their old supervisor, or maybe they have new connections they can link you to! Connections are everything—my friend from the example at the pharmaceutical company was hired by an alum of our school and his specific department!

Similarly, talk to your school's career center—they may have guidance on where to start and who to talk to, especially if they coordinate career fairs or networking opportunities.

And, of course, don't be afraid to reach out directly to community partners you're interested in and chat about opportunities to work with them. Don't fear the cold email!

As I told [By Ben](#) in our [collaboration](#)—that's how I've gotten my foot in the door. My global health undergraduate practicum came from cold emailing someone at an NGO I admired, and I was able to become my division's first-ever intern.

### Conclusion

The practicum may feel like a mountain to climb, but it's really a bridge—a way to connect your classroom learning to the world of practice. Whether your experience leads directly to a job, sparks a new interest, or simply helps you grow as a professional, it's all progress.

Approach it with curiosity, flexibility, and openness. Don't chase the "perfect" practicum; **chase the one that fits you right now.** No matter where you land, you'll come away with the same thing every great public health professional has—experience, perspective, and the confidence to keep going. ■

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# The Test of Open Dialogue

In the Face of Jay Bhattacharya as the New CDC Director

**Author:** Matt Willis, MD

**Editor's Note:** *This article was originally printed in Your Local Epidemiologist on February 25, 2026.*

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The federal government has appointed an interim director of the CDC, and it turns out to be the same person who leads the NIH: Dr. Jay Bhattacharya. For now, one man sits atop the two most important scientific agencies responsible for our nation's health.

It also happens to be the person I debated after the pandemic, about the pandemic. That experience shapes how I see this moment—and why I believe the real test of his leadership has already begun.

## Jay's ride from professor to NIH and CDC Director

A Stanford physician and economist, Jay became nationally known for co-authoring the Great Barrington Declaration (GBD). That declaration and the response to it have defined his public identity and, in some ways, shaped the American pandemic experience.

The document was brief but explosive. In October 2020, its authors argued that the U.S. was mishandling Covid-19. Instead of broad restrictions, they proposed "focused protection": isolate those at highest risk, especially older adults, while allowing widespread transmission among everyone else

so herd immunity could develop through infection. In their view, lockdowns, mask mandates, and other measures were causing more harm than good.

But public health leaders' tolerance for undermining pandemic control measures was low. I admit, it was low for me. The proposal was [ethically, epidemiologically, and logistically](#) challenging. At that time, the U.S. was losing more than 1,000 people a day, hospitals were strained, there was no vaccine, data were incomplete, and we were making decisions under extraordinary uncertainty.

But what followed became just as consequential as the declaration itself.

Jay was invited to the White House, and his idea and prominence spread. Over the months and years, Jay became a symbol of resistance to the public health establishment. He spoke frequently about the need for open scientific debate and the dangers of censorship. (Communications later revealed that former NIH Director Francis Collins wrote to Anthony Fauci that the declaration needed "swift and devastating published take down of its premises.") Jay became a celebrity scientist for the political right, running on a platform of scientific free speech. He was invited to give many talks, as shown in the flyer below [on the following page].

**- Dialogue cont'd on page 17**

*James Madison Program*  
in American Ideals and Institutions

# The End of Free Speech is the End of Science

**Jay  
Bhattacharya**

Professor of Health Policy,  
Stanford University



The Harold T. Shapiro Lecture on Ethics, Science, and Technology



[jmp.princeton.edu](http://jmp.princeton.edu)

Monday  
**April 15, 2024**

4:30 pm

Guyot Hall 10

 PRINCETON UNIVERSITY

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Then I received a call in 2024: will you engage with Jay in a public conversation about public health authority?

It was [Braver Angels](#), a nonprofit dedicated to bridging divides between red and blue America. I accepted. I later learned I was the sixth person asked to represent a public health perspective;

the first five declined. This, in itself, says something. As much as we lament the divides, we also resist the conversations that might bridge them. The event was held in Kenosha, Wisconsin, symbolically between Chicago and Milwaukee, where the two parties were holding their national conventions.



The author & Jay Bhattacharya, still smiling, following their debate at the Braver Angels Conference, June 2024.

When I met Jay in Kenosha, we had mutual connections and some basis for respectful conversation. During the pandemic, as a public health officer, I created a monthly meeting with a group of researchers close to Jay who questioned Covid-19 restrictions and vaccine mandates. While we didn't always agree, I gained a perspective I wasn't getting elsewhere. Ultimately, this helped me and this community balance the complex trade-offs between the physical, mental, and social harms wrapped up in pandemic response.

Coming out of the pandemic, I knew it was

critical for me to learn from mistakes and listen to contrary views, so we could all do better next time. The goal of Braver Angels is to seek to understand, and not retreat into our echo chambers.

From Jay, I learned that he believed pandemic policies were harming communities and that those harms were being minimized. He felt his ideas were dismissed—labeled unscientific, treated as illegitimate, blacklisted. In his words, I heard the feelings of so many Americans who felt talked down to or excluded from decisions affecting their lives.

From me, I hope he heard that public health officials weren't acting from a desire for control, but from the responsibility placed in us, while death rates climbed daily. I described the weight of pandemic policymaking, when at best it's a choice between competing harms. Close schools or risk viral spread—you choose. Jay acknowledged that those were hard calls to make and that, as an academic at the time, he was glad he didn't have to make them.

We disagreed a lot. But there's nothing like sitting down with someone when the goal is to understand one another's viewpoint to create connections you wouldn't have imagined were possible.

One of the unexpected points of connection was personal. Both Jay and I had received personal attacks—not just critiques of our ideas, but threats. We had both seen our names dragged through social media, headlines, and commentaries. We talked about the toll that takes—on our wives and children, on the quiet spaces of private life. And we agreed that was no way to conduct civic dialogue.

In that exchange, something shifted. We didn't change each other's conclusions, but we did see one another as people rather than positions. If Americans are going to move beyond our divides in science—whether over vaccines, climate change, or anything else—it won't be because one side defeats the other. It will be because we learn to disagree and debate without dehumanizing each other.

### **That shared belief is why this moment matters**

A lot has changed since then. Jay now *leads* those federal institutions. He's part of an administration that's narrowing debate and

transparency rather than expanding it:

- Public comment at Health and Human Services has been largely removed.
- Advisory boards like ACIP have been reconstituted wholesale without the standard engagement with scientists within the agency.
- The top ultra-processed foods scientist was fired from NIH for refusing to bend his results to fit an agenda.
- Long-standing medical evidence, like the routine childhood immunization schedule, has been replaced without explanation, new evidence, or open discussion.
- Materials on issues such as climate change and health equity have been removed from federal websites.
- Advisory processes have shifted in ways that limit independent review. Senior officials have departed or been dismissed amid concerns that scientific integrity was being subordinated to political alignment.

The irony is difficult to ignore: a scientist who rose to prominence by arguing that dissent was suppressed now oversees agencies that suppress dissent of a different kind.

This is Jay's defining leadership test.

In Kenosha, Jay argued that open scientific dialogue is essential to democracy. He warned against reflexively labeling alternative views as misinformation. He insisted that debate strengthens institutions rather than weakens them.

- Dialogue cont'd on page 20

Jay Bhattacharya now holds extraordinary authority. He has long argued for expanding the space for scientific disagreement and, in turn, increasing trust. The country will now see whether he expands that space for others, including those who disagree with him.

**It is one thing to call for open dialogue when**

**you feel excluded. It is another thing to protect it when you are in charge.**

The standard Jay once demanded of public health now rests with him.

And the country will be watching. ■



*Dr. Matt Willis is the author of [Your Local Epidemiologist in California](#). A California native, he's served as a primary care physician, CDC epidemiologist, and public health officer for Marin County, where he guided the pandemic response. He lives in Marin with his wife, children, and their dogs Teddy and Ramona. [Subscribe to his newsletter— YLE California— here.](#)*



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*[Your Local Epidemiologist](#) (YLE) is founded and operated by Dr. Katelyn Jetelina, MPH PhD—an epidemiologist, wife, and mom of two little girls. YLE reaches more than 425,000 people in over 132 countries with one goal: “Translate” the ever-evolving public health science so that people will be well-equipped to make evidence-based decisions. This newsletter is free to everyone, thanks to the generous support of fellow YLE community members.*

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# 2026 Summer Programs in Epidemiology & Biostatistics

Compiled by The EpiMonitor with direct input from the programs listed or gleaned from the program websites.

<https://www.epimonitor.net>

*episummer@columbia*  
*Columbia University – New York City*

<b>Name</b>	episummer@columbia
<b>Sponsors</b>	Department of Epidemiology, Columbia University Mailman School of Public Health
<b>Location</b>	Online synchronous and asynchronous
<b>Program year</b>	15 <sup>th</sup> (over 500 participants each year)
<b>Types and dates of Courses</b>	All in June Full course list: <a href="https://tinyurl.com/bdcnptj8">https://tinyurl.com/bdcnptj8</a>
<b>Dates</b>	June 1-30, 2026
<b>Number of Courses</b>	37
<b>Language</b>	English
<b>Number of faculty</b>	30
<b>Target audience</b>	The typical participant is a Master's level public health practitioner. The courses are also suitable for doctoral students, NIH K-awardees, fellows, faculty, and clinician researchers.
<b>Cost</b>	15% discount for Columbia University affiliates & alumni. Please email <a href="mailto:cuepisummer@cumc.columbia.edu">cuepisummer@cumc.columbia.edu</a> for information.
<b>Deadline for registration</b>	10% Discount if registered prior to April 1, 2026 May 1, 2026 is the regular registration deadline
<b>Limit on participants</b>	A few courses have enrollment caps
<b>Course directors</b>	Thelma Mielenz / Asst Professor / Dept of Epidemiology

<b>Contact information</b>	Gerald Govia <a href="mailto:gg2431@cumc.columbia.edu">gg2431@cumc.columbia.edu</a> General email: <a href="mailto:cuepisummer@cumc.columbia.edu">cuepisummer@cumc.columbia.edu</a> Program website: <a href="http://episummer.org">episummer.org</a>
<b>Comments</b>	<p>In 2011, the Department of Epidemiology launched a successful summer institute, <a href="mailto:episummer@columbia">episummer@columbia</a> [formerly known as Epidemiology and Population Health Summer Institute at Columbia (EPIC)], that provides opportunities to gain foundational knowledge and applied skills for advancing population health research. Our synchronous courses vary in length from 4 hours to 20 hours delivered in an online live format. These courses are offered only on a specific date and time allowing registrants the ability to interact live with their <a href="mailto:episummer@columbia">episummer@columbia</a> course instructor and other registrants. Our asynchronous courses vary in length from 5 hours to 40 hours and contain lectures and course material presented online with materials released by the instructor accordingly. The flexible format will include video recordings of lecture material, file sharing and topical discussion fora, self-assessment exercises, real-time office hours via Zoom, and access to instructors for feedback during the course.</p> <p><b>New courses this year:</b></p> <ul style="list-style-type: none"> <li>▶ Introduction to Python for Epidemiologists</li> <li>▶ Advanced Python for Epidemiologists</li> <li>▶ Intensive Python for Epidemiologists</li> <li>▶ Introduction to Data Visualization in Tableau Desktop</li> <li>▶ Introduction to Relational Databases and SQL Programming</li> <li>▶ Project Management for Public Health Professionals</li> </ul>

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# University of Michigan Summer Session in Epidemiology

## Ann Arbor, MI

<b>Name</b>	The University of Michigan Summer Session in Epidemiology
<b>Sponsors</b>	UM School of Public Health
<b>Location</b>	Online
<b>Program year</b>	61 years
<b>Types and dates of Courses</b>	5 new courses: Control of Infectious Diseases; NIH Research Grant Proposal Development; Cost-Effectiveness Analysis in Health; Epidemiologic Data Visualization; Intermediate Epidemiological Data Analysis with Regression  2 CaSToR-sponsored courses: Simulation Modeling of Tobacco Use, Health Effects and Policy Impacts; Complex Systems Modeling for Public Health Research
<b>Number of Courses</b>	29
<b>Language</b>	English
<b>Number of faculty</b>	30, including 5 new faculty for 2026: Dr. Ella August, Dr. David Hutton, Dr. Arnold Monto, Dr. Nancy Santesso, Dr. Jessie Tong, and Dr. Erik Westlund
<b>Target audience</b>	Graduate students & working professionals in public health and health sciences
<b>Deadline for registration</b>	June 1, 2026
<b>Limit on participants</b>	No limits
<b>Course directors</b>	Eduardo Villamor, MD, MPH, DrPH
<b>Contact information</b>	Mackenzie Smith, Program Coordinator, <a href="mailto:macksmi@umich.edu">macksmi@umich.edu</a> Program website: <a href="https://summerepi.org">https://summerepi.org</a>
<b>Comments</b>	Join the SSE for 1-week and 3-week courses led by world-renowned instructors--perfect for professionals and students seeking advanced epidemiologic training. As the longest-running summer epidemiology program, SSE provides unparalleled opportunities to enhance your expertise in applied and advanced epidemiologic methods.

## *McGill Summer Institute In Global Health Montreal, Quebec, Canada*

<b>Name</b>	McGill Summer Institutes in Global Health
<b>Sponsors</b>	McGill University
<b>Location</b>	Montreal, Canada and Virtual
<b>Program year</b>	11th
<b>Types and dates of Courses</b>	May 25 – June 19, 2026
<b>Number of Courses</b>	The 2026 McGill Summer Institutes in Global Health is offering 19 courses.
<b>Language</b>	English
<b>Target audience</b>	Varies by course, but generally health care professionals, researchers, and students.
<b>Cost</b>	Discounted pricing for students, and participants from low- and middle-income countries. More info: <a href="https://tinyurl.com/7x9zwuye">https://tinyurl.com/7x9zwuye</a>
<b>Deadline for registration</b>	When a course is full or 7 days prior to the start of the individual course.
<b>Limit on participants</b>	Varies by course—see website
<b>Program director</b>	Dr. Madhukar Pai, Inaugural Chair, Department of Global and Public Health
<b>Contact Information</b>	<a href="https://www.mcgill.ca/summerinstitute-globalhealth/">https://www.mcgill.ca/summerinstitute-globalhealth/</a> <a href="mailto:summerinstitute.med@mcgill.ca">summerinstitute.med@mcgill.ca</a> (514) 398-4118
<b>Comments:</b>	6 new courses are offered for 2026. Two courses are offered on-site in Montreal. Please check visa requirements for entry to Canada if attending the on-site courses.

## *Johns Hopkins 43rd Graduate Summer Institute of Epidemiology and Biostatistics*

<b>Name</b>	Johns Hopkins 44th Graduate Summer Institute of Epidemiology and Biostatistics
<b>Sponsors</b>	Johns Hopkins Bloomberg School of Public Health
<b>Location</b>	Baltimore & Online
<b>Program year</b>	43
<b>Types and dates of Courses</b>	June 8-26, 2026
<b>Number of Courses</b>	41
<b>Language</b>	English
<b>Number of faculty</b>	44
<b>Target audience</b>	Institute participants include students, clinicians, public health practitioners, physicians in training and those considering a career in public health.
<b>Cost</b>	For Summer Institute courses in Summer 2026, the proposed tuition rate is \$1,458/credit (to be confirmed by April 2026) / \$729 per credit for non-credit students.
<b>Deadline for registration</b>	May 22, 2026
<b>Limit on participants</b>	None
<b>Course directors</b>	Moyses Szklo, MD, MPH, DrPH
<b>Contact information</b>	Program website: <a href="https://tinyurl.com/mr22dpiz">https://tinyurl.com/mr22dpiz</a>
<b>Comments</b>	We offer courses on modern epidemiological and biostatistical methods, including those related to special applications, such as case-control studies, clinical trials, and health situation analysis. We also offer courses in substantive areas, such as infectious diseases and cancer, in the use of epidemiologic methods in evidence-based decision making, in risk sciences and public policy and in the management of epidemiologic studies.

## 2025 Public Health Institute University of Minnesota

<b>Name</b>	2025 Public Health Institute
<b>Sponsors</b>	University of Minnesota
<b>Location</b>	West campus - Twin Cities / Minneapolis, MN for 2 classes others are virtual courses
<b>Types and dates of Courses</b>	May 18 - May 29, 2026
<b>Number of Courses</b>	10
<b>Language</b>	English
<b>Number of faculty</b>	13
<b>Target audience</b>	<p><b>Graduate students</b> in public health, medicine, veterinary medicine, nursing, dentistry, public affairs, law, social work, pharmacy, public policy, global health, agricultural, food, and environmental sciences</p> <p><b>Practicing professionals</b> in public health and other health and human service organizations; city, county, state, and federal government agencies; private-sector businesses and industry</p>
<b>Cost</b>	\$1,231 per credit for students wanting credit \$ 549 for those not seeking credit
<b>Course directors</b>	Meghan Taylor / <a href="mailto:tayl0427@umn.edu">tayl0427@umn.edu</a> / 612-626-8434
<b>Contact information</b>	<a href="mailto:phi@umn.edu">phi@umn.edu</a> <a href="https://www.sph.umn.edu/academics/public-health-institute/">https://www.sph.umn.edu/academics/public-health-institute/</a>
<b>Comments</b>	<p>The Summer Public Health Institute offers courses for students and practicing professionals in public health and related fields. Participants can build or expand their professional expertise, learn best practices, broaden career options, network with other professionals, or explore a new area of interest.</p> <p>The Public Health Institute features in-person courses that will be taking place on the University of Minnesota Twin Cities West Bank campus. Select courses will be available online. Students taking online courses are expected to participate during the scheduled dates and times as online courses are synchronous.</p>

# BioStatEpi

## Treviso, Italy

<b>Name</b>	Summer School on Modern Methods in Biostatistics & Epidemiology
<b>Sponsors</b>	BioStatEpi
<b>Location</b>	Brandolini Colomban Castle, Treviso, Italy
<b>Types and dates of Courses</b>	May 31 - June 13, 2026
<b>Number of Courses</b>	19
<b>Language</b>	English
<b>Number of faculty</b>	21
<b>Target audience</b>	Researchers, physicians, clinicians and public health professionals from public and private institutions who are looking for systematic training in the principles of epidemiology and biostatistics, or epidemiology applied to health care planning and evaluation.
<b>Cost</b>	Varies based on the number of weeks of attendance
<b>Registration</b>	Final deadline - end of May 2026
<b>Course directors</b>	Marco Bonetti & Nicola Orsini
<b>Contact information</b>	Administrator - Federico Perlino: <a href="mailto:info@bioepiedu.org">info@bioepiedu.org</a> <a href="https://www.bioepiedu.org/">https://www.bioepiedu.org/</a>
<b>Comments</b>	Immerse yourself in an enriching and memorable learning experience at the stunning Brandolini Colomban castle, where our comprehensive courses in biostatistics and epidemiology will enrich your knowledge of data science and elevate your research skills to new levels.

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## *Florida's Summer Institute in Biostatistics and Data Science Program*

<b>Name</b>	Florida's Summer Institute in Biostatistics & Data Science Program (SIBDS)
<b>Sponsors</b>	Florida Atlantic University
<b>Location</b>	Boca Raton, FL
<b>Types and dates of Courses</b>	May 18 - June 26, 2026
<b>Deadline</b>	Application deadline - March 13, 2026
<b>Language</b>	English
<b>Target audience</b>	Undergraduate students or those recent graduates not currently in graduate programs.
<b>Course directors</b>	Dr. Katherine Freeman and Dr. Andre Williams
<b>Contact information</b>	<a href="mailto:kfreemancostin@health.fau.edu">kfreemancostin@health.fau.edu</a> or <a href="mailto:andrewilliams@health.fau.edu">andrewilliams@health.fau.edu</a> <a href="https://tinyurl.com/nwdmmwra">https://tinyurl.com/nwdmmwra</a>
<b>Comments</b>	<p>Calling all undergraduate students or those recent graduates not currently in graduate programs, it's time to discover how working with data can change your life through Florida's Summer Institute in Biostatistics and Data Science Program (SIBDS), funded by the National Institutes of Health.</p> <p>This opportunity is the key to understanding how data, driven by participants' responses, can help draw conclusions on everything from why COVID-19 impacts certain populations more than others, to why clinical trials are important and a whole lot more.</p>

# Aarhus University

## Pharmacoepidemiology Summer School

<b>Name</b>	Pharmacoepidemiology Summer School 2026
<b>Sponsors</b>	Aarhus University / Dept of Clinical Epidemiology
<b>Location</b>	Grenaa, Denmark
<b>Program year</b>	11th
<b>Types and dates of Courses</b>	June 15-19, 2026 <ul style="list-style-type: none"> <li>- Pharmacoepidemiology and Comparative Effectiveness Research</li> <li>- Meta-analysis</li> <li>- Pharmacoepidemiology Using the US FDA Sentinel System Framework</li> </ul>
<b>Number of Courses</b>	There are 3 courses but they are offered as 1 unit
<b>Language</b>	English
<b>Number of faculty</b>	5 faculty members - most are international faculty
<b>Target audience</b>	Aimed at PhD students, postdocs, clinicians, and other professionals seeking to advance their skills and knowledge
<b>Cost</b>	The course fee includes full tuition, five-night hotel stay, breakfast and lunch, fruit + coffee/tea, a complimentary course dinner, and a social program.
<b>Deadline for registration</b>	TBA
<b>Limit on participants</b>	30
<b>Course directors</b>	Professor Vera Ehrenstein, Dept of Clinical Epidemiology, Aarhus Univ
<b>Contact information</b>	Helle Vester, Communications Officer Email: <a href="mailto:summerschool@clin.au.dk">summerschool@clin.au.dk</a> Website: <a href="https://tinyurl.com/mvjst3ch">https://tinyurl.com/mvjst3ch</a>
<b>Comments</b>	This year's summer school will cover the fundamental principles and methods of pharmacoepidemiology, provide guidance on synthesis of the evidence, and offer an introduction to some sources of real-world data in the United States.  <b>Format:</b> Lectures, group work, and exercises. <b>Prerequisites:</b> Basic training in epidemiology and biostatistics is assumed. <b>Equipment:</b> Laptop. All participants will get a short-course STATA license, which needs to be installed on the laptop.

# 11<sup>th</sup> Annual Summer Institute in Statistics for Clinical & Epidemiological Research (SISCER)

<b>Name</b>	Annual Summer Institute in Statistics for Clinical & Epidemiological Research (SISCER)
<b>Sponsors</b>	University of Washington, Dept of Biostatistics
<b>Location</b>	Virtual
<b>Program year</b>	13th
<b>Types and dates of Courses</b>	July 7 – July 30
<b>Number of Courses</b>	14 available - fees are structured based on the number of courses a student chooses to take.
<b>Language</b>	English
<b>Number of faculty</b>	16 instructors representing faculty from UW as well as other universities and research centers (national and international)
<b>Target audience</b>	The mission of SISCER is to strengthen the statistical proficiency and career development of researchers from all backgrounds. Attendees include graduate students as well as junior and senior researchers.
<b>Deadline for registration</b>	Seven days prior to the start of a course. Registration is tentatively scheduled to open around March 1, 2026.
<b>Course directors</b>	Kathleen Kerr, UW Professor of Biostatistics
<b>Contact Information</b>	Deb Nelson, Event Manager - <a href="mailto:uwbiost@uw.edu">uwbiost@uw.edu</a> Website: <a href="https://tinyurl.com/5xwkmwdy">https://tinyurl.com/5xwkmwdy</a>
<b>Comments</b>	The Summer Institute in Statistics for Clinical & Epidemiological Research (SISCER) offers introductory and advanced short courses in methods for clinical research and epidemiology. Participants will find learning opportunities for clinical trials, causal inference, two-phase studies, complex surveys, and analyzing longitudinal and time-to-event data. New course this year: Multi-state models for time-to-event data, with applications to clinical research

## 17th Summer Institute in Statistics & Modeling in Infectious Disease (SISMID) 2025

<b>Name</b>	Annual Summer Institute in Statistics & Modeling in Infectious Disease 2026
<b>Sponsors</b>	Rollins School of Public Health at Emory University
<b>Location</b>	Atlanta, GA and online
<b>Program year</b>	17th
<b>Types and dates of Courses</b>	Online: Jun 22-26, 2026 In person: July 13-24, 2026  Modern methods of statistical analysis and mathematical modeling
<b>Number of Courses</b>	22 total (between in-person and online)
<b>Language</b>	English
<b>Target audience</b>	SISMID has trained thousands of researchers from academia, government, and industry.
<b>Cost</b>	\$395-\$895 per module based on format (online or in-person), classification of attendee (student, industry, etc), and date of registration. Limited scholarships are available. Online courses are not available outside the USA due to tax constraints.
<b>Registration</b>	Early bird pricing end April 30, 2025 Registration closes June 30, 2025
<b>Course directors</b>	Dr. Natalie Dean
<b>Contact Information</b>	Website: <a href="https://tinyurl.com/3vp8fysh">https://tinyurl.com/3vp8fysh</a> <a href="mailto:sismid@emory.edu">sismid@emory.edu</a>
<b>Comments</b>	The Summer Institute in Statistics and Modeling in Infectious Diseases (SISMID) has moved to Atlanta.  Dr. Betz Halloran co-founded SISMID in 2009 and was the previous director of the Summer Institute in Statistics and Modeling in Infectious Diseases (SISMID). SISMID introduces infectious disease researchers to modern methods of statistical analysis and mathematical modeling and introduces statisticians and mathematical modelers to the statistical and dynamic problems posed by modern infectious disease data.

## Summer Session for Public Health Studies 2025 Harvard University

<b>Name</b>	Summer Session for Public Health Studies 2025
<b>Sponsors</b>	Harvard T.H Chan School of Public Health
<b>Location</b>	Boston, MA
<b>Types and dates of Courses</b>	Summer Session I: July 7 - July 24, 2026 Summer Session II: July 27 - August 14, 2026  A sample course listing is available on the website.
<b>Language</b>	English
<b>Target audience</b>	The <b>Summer Session</b> is intended for health professionals in training or those who are considering a mid-career change into public health and feel the need to strengthen their skills. Applicants must have a bachelor's degree to be eligible to apply. Applicants are public health professionals, primary care practitioners, physicians engaged in the evaluation of health care delivery and management and physicians in training.
<b>Cost</b>	Varies but no financial assistance is available for the 2026 summer program
<b>Course directors</b>	Stephanie Lemoine
<b>Contact Information</b>	Website: <a href="https://tinyurl.com/2s4xbh4d">https://tinyurl.com/2s4xbh4d</a>  <a href="mailto:slemoine@shph.harvard.edu">slemoine@shph.harvard.edu</a> / (617) 432-0090
<b>Comments</b>	A sample course listing and financial information are available on the website in the "additional information" section.

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## *ESCMID Summer School Dublin, Ireland*

<b>Name</b>	ESCMID Summer School
<b>Sponsors</b>	ESCMID
<b>Location</b>	Budapest, Hungary
<b>Program year</b>	24th
<b>Types and dates of Courses</b>	June 28 – July 4, 2025
<b>Number of Courses</b>	Preliminary program: <a href="https://tinyurl.com/yerp47jj">https://tinyurl.com/yerp47jj</a>
<b>Language</b>	English
<b>Target audience</b>	Summer School is open for ESMID members and non-members currently enrolled in or holding a postgraduate degree in fields such as Infectious Diseases, Clinical Microbiology, or related disciplines.
<b>Cost</b>	1,300 € - 1,600 €
<b>Registration</b>	The deadline to register is June 5, 2026
<b>Course directors</b>	Maeve Doyle & Cathal O’Broin
<b>Contact information</b>	Email: <a href="mailto:courses@escmid.org">courses@escmid.org</a>  Website: <a href="https://tinyurl.com/3jn7x3w8">https://tinyurl.com/3jn7x3w8</a>
<b>Comments</b>	<p>Featuring an experienced faculty board with a range of Clinical Microbiology (CM) and Infectious Diseases (ID) lectures, attendees will benefit from a workshop style setting and have the opportunity to apply their knowledge in practical exercises. A special section in the agenda is dedicated to student presentations, offering the opportunity to share personal experiences and enhance presentation skills through feedback from recognised experts. Do not miss this memorable and enriching experience with ESCMID.</p> <p>Budapest, Hungary's vibrant capital, known for its stunning architecture, rich history, and unique blend of cultures, features landmarks like Buda castle and Gellért thermal baths. Its bustling streets showcase a unique mix of heritage and modernity.</p>

# *Advanced Epidemiology & Preventive Medicine*

## *Tel Aviv University*

<b>Name</b>	Advanced Epidemiology & Preventive Medicine 2026
<b>Sponsors</b>	Tel Aviv University
<b>Location</b>	Tel Aviv, Israel - a Zoom format is available for international students
<b>Types and dates of Courses</b>	<p>July 12-22, 2026</p> <p>2026 Courses:            Reproductive Epidemiology – Sociodemographic, Environmental and Clinical Determinants</p> <p>One Health – Advanced Themes in Infectious Diseases Epidemiology</p> <p>Nutrition and Public Health</p>
<b>Language</b>	English
<b>Target audience</b>	The program is open to graduate and qualified undergraduate students, clinicians, healthcare professionals, researchers, policymakers, and others with a professional interest in the field, from Israel and abroad.
<b>Cost</b>	\$900 for each 2hr credit course Partial scholarships are available
<b>Registration</b>	Registration for 2025 will open soon
<b>Course directors</b>	Gabi Bar, International Program Coordinator
<b>Contact information</b>	Email: <a href="mailto:gabibar@tauex.tau.ac.il">gabibar@tauex.tau.ac.il</a>  Phone: +972 (0)3 640-8021  Website: <a href="https://tinyurl.com/4ekfra2m">https://tinyurl.com/4ekfra2m</a>
<b>Comments</b>	The <a href="#">Summer Institute of Advanced Epidemiology and Preventive Medicine</a> offers intensive one–two week courses taught in English by faculty from Tel Aviv University’s School of Public Health, in collaboration with leading international experts from academic, research, and public health institutions worldwide.

## 12th Summer Institute in Statistics for Big Data (SISBID) 2026

<b>Name</b>	Annual Summer Institute in Statistics for Big Data 2026
<b>Sponsors</b>	University of Washington / Dept of Biostatistics
<b>Location</b>	Online
<b>Program year</b>	12
<b>Types and dates of Courses</b>	July 15-31
<b>Number of Courses</b>	5
<b>Language</b>	English
<b>Target audience</b>	Attendees include graduate students as well as junior and senior researchers.
<b>Cost</b>	\$475-\$675 per module
<b>Registration</b>	Registration ends 7 days prior to the start of a course
<b>Course directors</b>	<a href="#">Ali Shojaie</a> Professor and Interim Chair, UW Biostatistics
<b>Contact Information</b>	Website: <a href="https://tinyurl.com/mueh5e3p">https://tinyurl.com/mueh5e3p</a> Deb Nelson, Event Mgr: <a href="mailto:sisbid@uw.edu">sisbid@uw.edu</a>
<b>Comments</b>	<p>The Summer Institute for Statistics in Big Data (SISBID) is designed to introduce biologists, quantitative scientists, and statisticians to modern statistical techniques for the analysis of biological big data. This year's courses include:</p> <ul style="list-style-type: none"> <li>• <b>Data Wrangling with R</b> — July 15-17 (tentative)</li> <li>• <b>Data Visualization</b> — July 20-22</li> <li>• <b>Supervised learning</b> — July 22-24</li> <li>• <b>Unsupervised learning</b> — July 27-29</li> <li>• <b>NEW for 2026:</b> <b>Deep Learning and Artificial Intelligence</b> — July 29-31</li> </ul>

# Summer Course in Epidemiology

## European Educational Programme in Epidemiology

<b>Name</b>	Summer Course in Epidemiology
<b>Sponsors</b>	European Educational Programme in Epidemiology (EEPE)
<b>Location</b>	Florence, Italy
<b>Program year</b>	38th
<b>Types and dates of Courses</b>	June 15 – July 3, 2025 Additional specialized week beginning July 7th
<b>Number of Courses</b>	The course offers in the first two weeks five general modules on epidemiological study design and statistical analysis of epidemiological data. In the third week several special modules cover topics of current relevance for health and advanced methodological issues.
<b>Language</b>	English
<b>Number of faculty</b>	The courses are taught in English by lecturers mostly from European universities and research institutes and are held in residential form in the “Studium” centre on the hills close to Florence.
<b>Target audience</b>	The course is intended for epidemiologists, public health practitioners, statisticians and clinicians with an interest in epidemiology.
<b>Cost</b>	3,965 € inclusive for the 3 week main course
<b>Deadline for registration</b>	Places are allocated on a first come, first serve basis
<b>Limit on participants</b>	See above
<b>Course directors</b>	Lorenzo Richiardi and Neil Pearce
<b>Contact information</b>	Mrs. Maria del Mar Ferrer <a href="https://www.eepe.org/">https://www.eepe.org/</a>
<b>Comments</b>	Participants have appreciated the opportunity of combining an intensive learning experience with the unique attraction for cultural and artistic enjoyment offered by Florence and Tuscany. We are proud to report a comment written by a participant in the evaluation form at the end of the course “Nowhere else such a high quality presentation of the key topics in modern epidemiology in such a short time”.

# Summer Institute in Biostatistics & Data Science (SIBS) Boston University

<b>Name</b>	Summer Institute in Biostatistics & Data Science (SIBS)
<b>Sponsors</b>	Boston University
<b>Location</b>	Boston, MA
<b>Types and dates of Courses</b>	<b>Monday, June 8<sup>th</sup> through Friday, July 10<sup>th</sup>, 2026</b> participants will be in-residence at Boston University. <b>Monday, July 13<sup>th</sup> through mid-August 2026</b> , participants will continue working remotely on their research project.
<b>Number of Courses</b>	<p><i>Topics covered in the SIBS Program:</i></p> <ul style="list-style-type: none"> <li>• Biostatistics Analysis</li> <li>• Data Science</li> <li>• Epidemiology</li> <li>• Design and Conduct of Clinical Trials</li> <li>• Statistical Genetics</li> <li>• Infectious Disease Modeling</li> <li>• Programming in SAS and R</li> </ul>
<b>Language</b>	English
<b>Number of faculty</b>	9 plus industry speakers and former program graduates
<b>Target audience</b>	Current undergraduate students with an interest in mathematics, statistics, biology, or health sciences who would like to learn how to apply methods to investigate important health issues.
<b>Cost</b>	There is no tuition, travel, room or board cost associated with the program. A stipend may be provided.
<b>Deadline for registration</b>	Places are allocated on a rolling basis with priority given to those who apply prior to March 13, 2026
<b>Contact information</b>	<a href="mailto:sibs@bu.edu">sibs@bu.edu</a>  <a href="https://tinyurl.com/yc2hcfwv">https://tinyurl.com/yc2hcfwv</a>
<b>Comments</b>	<p>Students will gain hands-on experience working with actual data collected in internationally recognized studies that have been funded by the National Heart, Lung and Blood Institute including:</p> <ul style="list-style-type: none"> <li>▶ The Framingham Heart Study</li> <li>▶ The Jackson Heart Study</li> </ul>

# Advanced Statistics Summer Workshop

## Indiana University

<b>Name</b>	Advanced Statistics Summer Workshop
<b>Sponsors</b>	Indiana University
<b>Location</b>	Program is delivered via Zoom
<b>Program year</b>	3rd
<b>Types and dates of Courses</b>	June 1-12, 2026 (weekdays only) Advanced Study Design, Advanced Statistical Models, High-Dimensional Analysis
<b>Number of Courses</b>	3
<b>Language</b>	English
<b>Number of faculty</b>	15
<b>Target audience</b>	The workshop is tailored for physicians, scientists and researchers actively engaged in biomedical research.
<b>Limit on Students</b>	Must have internet access. Starting with course 1 and proceeding in order is highly recommended.
<b>Registration</b>	The deadline for registration is May 31, 2026
<b>Program Director</b>	Sujuan Gao, PhD, Indiana University
<b>Contact information</b>	<a href="https://medicine.iu.edu/biostatistics/news-events/advanced-statistics">https://medicine.iu.edu/biostatistics/news-events/advanced-statistics</a> , registration link at the top of the page. Registration link: <a href="https://go.iu.edu/8x3u">https://go.iu.edu/8x3u</a>
<b>Comments</b>	Course 1 – 6/1-12 9am-12n  Course 2 – 6/1-12 1pm-4pm  Course 3 – 6/1-12 9am-12n  Courses can be attended Asynchronously.  Non-IU Registrant – one course \$400, two courses \$300 each.

## *Target Trial & RWE Virtual Workshop*

### *University of Pennsylvania*

<b>Name</b>	Target Trial Emulation & Real-World Evidence
<b>Sponsors</b>	Univ of Pennsylvania - Perelman School of Medicine / Center for Real-World Effectiveness & Safety of Therapeutics
<b>Location</b>	Virtual via Zoom
<b>Types and dates of Courses</b>	June 9–12 and June 15–18, 2026 (8 consecutive business days for 3 hours/day plus a 15-minute break)
<b>Number of Courses</b>	1 - An interactive, hands-on online workshop to learn and apply target trial emulation and real-world evidence methods
<b>Language</b>	English
<b>Number of faculty</b>	5 faculty instructors ( <a href="#">instructor profiles available here</a> )
<b>Target audience</b>	Individuals interested in target trial emulation and real-world evidence (RWE), including students, researchers, clinicians, regulators, and industry professionals seeking to strengthen their understanding of topical epidemiologic methods.
<b>Deadline for registration</b>	Early Bird Registration Rate ends April 15, 2026; Final Registration Deadline is June 8, 2026
<b>Program Directors</b>	Sean Hennessy and Charles Leonard
<b>Contact information</b>	Charles Leonard <a href="mailto:celeonar@pennmedicine.upenn.edu">celeonar@pennmedicine.upenn.edu</a>
<b>Comments</b>	Synchronous, practical online short course focused on trial emulation and real-world evidence (RWE). The program integrates lectures, hands-on computer labs, and discussion-based journal clubs, enabling participants to learn and apply core concepts such as target trial emulation, bias and confounding control, and the use of external comparator groups, with the opportunity to earn a certificate of completion from a globally recognized academic center.

Join EpiMonitor on our Facebook page at: <https://bit.ly/2U29gUA>

or on Twitter at: @theEpimonitor or on Instagram at: @epimonitor

# Bruce Weir Summer Institute in Statistical Genetics (SISG)

<b>Name</b>	Bruce Weir Summer Institute in Statistical Genetics (SISG)
<b>Sponsors</b>	GA Tech, National Science Foundation, Regeneron Genetics Center
<b>Location</b>	Atlanta, GA
<b>Types and dates of Courses</b>	June 1-12, 2026
<b>Number of Courses</b>	17
<b>Language</b>	English
<b>Number of faculty</b>	32
<b>Target audience</b>	Scholars from all backgrounds, including those from groups historically underrepresented in STEM such as racial and ethnic minority groups, low income, first generation college students, and individuals with disabilities.
<b>Deadline for registration</b>	<ul style="list-style-type: none"> <li>• Applications opens: January 12, 2026</li> <li>• Scholarship application closes: March 6th, 2026</li> <li>• Registration opens: March 1st, 2026</li> <li>• Close of all Applications: May 20th, 2026</li> <li>• Registration closes: May 25th, 2026</li> </ul>
<b>Program Director</b>	Greg Gibson, Regents Professor and Tom and Marie Patton Chair in the School of Biological Sciences at the Georgia Institute of Technology
<b>Contact information</b>	SISG Manager: <a href="mailto:sisg@biosci.gatech.edu">sisg@biosci.gatech.edu</a> Greg Gibson: <a href="mailto:greg.gibson@biology.gatech.edu">greg.gibson@biology.gatech.edu</a> Website: <a href="https://sisg.biosciences.gatech.edu/">https://sisg.biosciences.gatech.edu/</a>
<b>Comments</b>	The <b>Bruce Weir Summer Institute in Statistical Genetics (SISG)</b> introduces geneticists to modern methods of statistical analysis and statisticians to the challenges posed by modern genetic data. The goal of SISG is to strengthen the statistical and genetic proficiency and career preparation of scholars from all backgrounds, especially those from groups historically underrepresented in STEM including low-income, first-generation college students, veterans, individuals with disabilities.

# Epi On The Island 2026

<b>Name</b>	Introduction to Systematic Review and Meta-Analysis
<b>Sponsors</b>	University of Prince Edward Island
<b>Location</b>	Online via Zoom
<b>Types and dates of Courses</b>	July 13-17, 2026
<b>Number of Courses</b>	1
<b>Language</b>	English
<b>Number of faculty</b>	4
<b>Deadline for registration</b>	Early registration ends June 21, 2026
<b>Program Director</b>	Dr. Jan Sargeant, Professor Emerita, Ontario Veterinary College, University of Guelph
<b>Contact information</b>	Website: <a href="https://tinyurl.com/3rn2dcyw">https://tinyurl.com/3rn2dcyw</a>
<b>Comments</b>	<p>This intensive course will provide participants with an understanding of the principles and practical application of research synthesis and translation methodologies, namely systematic review and meta-analysis. Our aim is to provide participants with the knowledge and skills required to develop protocols for systematic reviews and work through the steps of a successful systematic review and meta-analysis, in accordance with published guidelines. The focus in meta-analysis will be on the standard methods for PICO/PECO frameworks, including fixed and random effects models, evaluations of publication bias and assessing sources of heterogeneity. In addition, participants will be introduced to advanced topics in meta-analysis such as network meta-analysis and diagnostic accuracy.</p> <p>The course content will primarily use the statistical software package Stata, however R scripts will be provided and supported by the instructors. The course schedule will allocate time to practical work on participants' own research questions and/or data. An optional online follow-up session for discussion of the progress made by the participants on work initiated during the course will be scheduled 1-2 months after the course.</p>

# Resources

## FREE Books

### **Editor's Note:**

This month's book list comes to us from Greta Bunin who is clearing some shelf space in her library. The books themselves are free but she is asking for \$5 per title to cover shipping & handling. If you are interested in obtaining any of these titles please contact Greta directly at:

[greta.bunin@gmail.com](mailto:greta.bunin@gmail.com)

We are also interested in publishing book reviews. If you have a new book that you have read or written that you believe deserves to be seen by a wider audience please send us the information you have on it. If you're interested in reviewing books for the EpiMonitor, just drop us a line and we'll start a discussion to see what we can work out.

1. Modern Epidemiology, Rothman and Greenland, 2nd Edition, 1998
2. Nutritional Epidemiology, Willett, 2nd Edition, 1998
3. Foundations of Epidemiology, Lilenfeld and Lilenfeld, 2nd Edition, 1980
4. Case-Control Studies: Design, Conduct Analysis; James Schlesselman, 1st Edition, 1982
5. Statistical Methods in Cancer Research: Vol1: The Analysis of Case-Control Studies, Breslow and Day, 1980
6. Principles of Biostatistics, Pagano and Gauvreau, 2nd Edition, 2000  
Textbook, Student Solutions Manual and Instructor's Manual
7. Biostatistics: The Bare Essentials, Norman and Streiner, 3rd Edition, 2008
8. Statistics: A Tool for Social Research, Healey, 9th Edition, 2012 Instructor's Edition

### **Disease Atlases**

9. Atlas of Cancer Mortality for US Counties 1950-69
10. Atlas of Cancer Mortality in the United States 1950-94, Devesa et al, NCI, 1999
11. Atlas of Cancer Mortality among US Nonwhites: 1950-69, Mason et al., NCI
12. An Atlas of Mortality from Selected Disease, Mason et al, 1981  
(Everything from syphilis to cystic fibrosis to ALS)

# Epi Word Search – February 2026

## What's In A Title

This month's puzzle spotlights job titles for openings listed in this issue. So work the puzzle and then go find your job opening. Good luck - don't let the puzzle frustrate you!

For an interactive online version go to: <https://tinyurl.com/4cu97hc6>

H R I A H M D E O E E A R P S N O I I L E  
E H E S I T O O E O S I O R T D O A S O H  
A E M A M A I O U I D S G E E O A E A D S  
L O L R E W I A S F T G T S N G M N D O P  
T R A S E H T S O D O L A E M R C T O N E  
H I O M A S H O O T U I D A T S C O A E C  
E N P T L E E C D S T A D R G H C I T P I  
D T S R S D F A N A T T P C R T C T S I A  
U E E I O E R O R A L M S H T I O S T D L  
C R S E L G C O S C I U M A T R H Y L E I  
A N L L P Y R C O T H T A S I O M L A M S  
T E O E C O I A I C S I I S E A I A D I T  
O W T I R E I O M C T T N T L D D N A O I  
R E L I N T T S E M A C A T T G T A L L S  
E O H T A S O S N T A D E E E R H A I O R  
P H I H L C E D S E A N G J C R E T P G U  
I S O N M Y S O T P E O A T O I N A I I E  
T O A L D S I A O L Y E Y G T R T D O S I  
T P T C T B D O M A T G S R E E P A I T O  
T A R A S C D R O O C H C A E R T U O I T  
H E N R D H T S Y L A N A S E M O C T U O

### Words to find:

1. Biostatistician
2. Data Analyst
3. Data Scientist
4. EH Specialist I
5. Epidemiologist I
6. Health Educator
7. HEOR Intern
8. Outcomes Analyst
9. Outreach Coord
10. Policy Consult
11. Postdoc Fellow
12. Program Manager
13. Project Coord
14. Research Asst
15. Research Intern

What's In A Title by Michele Gibson  
Powered by [PuzzleMe™](#)

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Your Ad Will Appear Here**

**Contact: Michele Gibson / 770.309.7937  
[michele@epimonitor.net](mailto:michele@epimonitor.net)**

## What We're Reading This Month

**Editor's Note:** All of us are confronted with more material than we can possibly hope to digest each month. However, that doesn't mean that we should miss some of the articles that appear in the public media on topics of interest to the epi community. The EpiMonitor curates a monthly list of some of the best articles we've encountered in the past month. See something you think others would like to read? Please **send** us a link at [info@epimonitor.net](mailto:info@epimonitor.net) and we'll include it in the next month.

### Washington DC Chaos

- ◆ A Plan to Restore Trust in Science From a 'Fringe Epidemiologist' (NYT)  
<https://tinyurl.com/mv93zprm>
- ◆ HHS Public Health Policy Actions Under the Trump Administration 2025-2026 (KFF)  
<https://tinyurl.com/4n9ab28f>
- ◆ Some Public Health Service officers deployed in detention centers suffer 'moral distress' (NPR & Miami Herald - Audio)  
<https://tinyurl.com/yn89zncw>      <https://tinyurl.com/mw4zybcf>
- ◆ National Institutes of Health Director Bhattacharya to temporarily run CDC after shake-up (Bloomberg via AppleNews)  
<https://tinyurl.com/4x3r6dtv>
- ◆ White House, RFK Jr. shake up health leadership after controversies (WAPO via AppleNews)  
<https://tinyurl.com/45vc485x>
- ◆ Bhattacharya's growing power in Trump's HHS worries health experts (The Hill)  
<https://tinyurl.com/2zpxf56v>
- ◆ Another C.D.C. Vaccine Skeptic Steps Down (NYT & CNN)  
<https://tinyurl.com/4z2bes53>      <https://tinyurl.com/2de92r5x>
- ◆ U.S. rejection of new mRNA flu vaccine 'sends chills,' epidemiologist says (PBS - Video)  
<https://tinyurl.com/jj5fk6r8>
- ◆ Trump tried to troll Greenland's free public health care system with U.S. Navy hospital ships still in dock. 'It's a no thank you from here,' PM says (Fortune)  
<https://tinyurl.com/yp48xeby>

- Reading cont'd on page 45

### Public Health Topics

- ◆ Proximity to nuclear power plants associated with increased cancer mortality (Harvard SPH)  
<https://tinyurl.com/2p9z68eh>
- ◆ The biostatisticians who drive medical research (Texas Public Radio - Audio)  
<https://tinyurl.com/aaj6tjdk>
- ◆ UC Irvine-led team creates first cell type-specific gene regulatory maps for Alzheimer's disease (UC Irvine News)  
<https://tinyurl.com/yc6j62b2>
- ◆ U.S. Nears 1,000 Measles Cases in 2026 — Largest Outbreak in a Generation (Newswise)  
<https://tinyurl.com/5n6uespu>
- ◆ 2 cases of tuberculosis detected at El Paso ICE facility (Texas Tribune via AppleNews)  
<https://tinyurl.com/3nx757fk>
- ◆ 4 Months Trapped in a Hospital for an Obsolete Way of Treating Their Disease (NYT)  
<https://tinyurl.com/2zbuxcsa>
- ◆ Is autism preventable in certain cases after all? Some scientists say yes. (WAPO via AppleNews)  
<https://tinyurl.com/3c7vh267>
- ◆ Flu reaches highest level in the US in 25 years (CNN)  
<https://tinyurl.com/y5mcn3dx>
- ◆ Scientists say these two viruses may become the next public health threats (Univ FL)  
<https://tinyurl.com/3e5aynxa>

# Notes on People

## Do you have news about yourself, a colleague, or a student?

Please help The Epidemiology Monitor keep the community informed by sending relevant news to us at this address for inclusion in our next issue. [people@epimonitor.net](mailto:people@epimonitor.net)



**Honored:** [Dr. Michael Osterholm](#), Regents Professor, McKnight Presidential Endowed Chair in Public Health and director of the Center for Infectious Disease Research and Policy (CIDRAP) at the University of Minnesota, has been named by Time Magazine to the [2026 TIME100 Health List of the World's Most Influential Leaders in Health](#).



**Honored:** Harvard faculty member, **Tianxi Cai** has been named the 2026 Mosteller Statistician of the Year. This award recognizes outstanding contributions to the field of statistics. Dr. Cai's research develops practical statistical methods that strengthen medical research and improve patient care, bridging rigorous methodology with real-world applications.



**Honored:** SDSU Imperial Valley researcher **Linda Lara-Jacobo**, who studies environmental risks along the U.S.-Mexico border with the aim of reducing severe health inequities, has received the 2026 American Association for the Advancement of Science (AAAS) Early Career Award for Public Engagement with Science. Lara-Jacobo, an assistant professor in the School of Public Health at SDSU Imperial Valley, brings together researchers, local governments and community organizations in her work to address public and environmental health challenges and STEM education.



**Honored:** Michigan State University College of Human Medicine is proud to announce that [Dr. Mona Hanna](#), associate dean for public health, has been named to the [2026 TIME100 Health list of the World's Most Influential Leaders in Health](#) for her visionary leadership in founding [Rx Kids](#), the nation's first community-wide maternal and infant cash prescription program.

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**Elected:** **Jason D. Coleman**, PhD, MSPH, associate dean in UNO's College of Education, Health, and Human Sciences, has been elected president of the Council on Education for Public Health (CEPH), the national accreditor for public health schools and programs. He will serve in 2026. Coleman is the first CEPH president to represent a standalone undergraduate public health program, marking a milestone for both UNO and the broader field of public health education. His election highlights the growing national importance of undergraduate training in preparing the next generation of public health professionals.



**Appointed:** **Dorothy Cilenti, DrPH**, clinical professor in the Department of Maternal and Child Health (MCH) at the UNC Gillings School of Global Public Health, has been named associate dean for practice effective Jan. 1, 2026.

Cilenti is a three-time UNC-Chapel Hill graduate: She earned a Master of Public Health degree in MCH, a Master of Social Work degree and a DrPH degree in health policy and management. She currently directs the National Maternal and Child Health Workforce Development Center, a cooperative agreement with the Health Resources Services Administration.



**Appointed:** **Katherine Keyes**, PhD, a leader in psychiatric epidemiology and population mental health research, was appointed as the inaugural director of the Susan Lasker Brody Center for Population Mental Health and the Susan Lasker Brody Professor of Population Mental Health. She serves as Vice Chair for Research in the [Department of Epidemiology](#) and is the director of the [Psychiatric Epidemiology Training Program](#), supported by the National Institute of Mental Health.



**Appointed:** Pope Leo XIV has appointed, **Tyler J. VanderWeele**, a Harvard University epidemiology professor and director of the Human Flourishing Program to the Pontifical Academy of Social Sciences.

He holds degrees in mathematics, philosophy, theology, finance, and biostatistics from Harvard, the University of Oxford, and the University of Pennsylvania and is also co-director of the Initiative on Health, Spirituality, and Religion at Harvard University and a contributor to the Institute for Family Studies.

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**Appointed: Rita Hamad**, professor at Harvard T.H. Chan School of Public Health and leading social epidemiology scholar, has been named the next faculty director of the Harvard Center for Population and Development Studies. Hamad is a social epidemiologist whose research investigates how social factors, like poverty and educational opportunity, shape inequities in health. In addition to her role as professor of social epidemiology and public policy, Hamad serves as director of Harvard Chan School's Social Policies for Health Equity Research (SPHERE) Center.



**Passed: Donald James Goodwin** DrPH age 81 passed away February 11, 2026. He was an Epidemiologist and educator. He was the Chief Scientist for the United States Air Force Research Laboratory at Wright Patterson Air Force Base for nine years where he planned, developed funding for, and implemented epidemiologic research; served as Principal Investigator for clinical trials to develop and enhance Tuberculosis diagnosis using interferon gamma release assays (IGRA Tests). He had 25 Publications involving tuberculosis and 7 involving hepatitis. Technical Officer and Epidemiology Consultant at Myanmar National AIDS Program (SE Asia Regional Office) for the World Health Organization, World Health Organization Epidemiology Consultant Global AIDS Professor in Geneva, Switzerland for four years, Director of the Bureau of Epidemiology and South Carolina State Chronic Disease and Epidemiologist for South Carolina State Department of Health and Environmental Control for over five years, Adjunct Associate Professor Department of Epidemiology and Biostatistics, University of South Carolina School of Public Health, Columbia, SC, for five years, Associate Professor Department of Epidemiology and Biostatistics University of Alabama at Birmingham School of Public Health for over two years and developed the school's first HIV/AIDS course.

<https://tinyurl.com/bdfkbe79>



**Passed: Jack Leonard Follis**, a resident of Houston, Texas passed away on January 8, 2026. Jack earned a PhD in Biostatistics from the University of Texas Health Science Center in Houston, Texas. He served as Associate Professor and Chair of the Department of Mathematics, Statistics and Computer Science and Director of the MS in Applied Data Science program. He loved the challenge of a good proof, the elegance of theory, and the real-world impact of applied mathematics. Whether teaching statistics and data analytics, advising students, or talking through ideas with colleagues, Jack brought patience, clarity, and enthusiasm to everything he did. <https://tinyurl.com/bts7ph5j>

### Do you have news about yourself, a colleague, or a student?

Please help The Epidemiology Monitor keep the community informed by sending relevant news to us at this address for inclusion in our next issue. [people@epimonitor.net](mailto:people@epimonitor.net)



**Passed: Alan Robert Zinsmeister**, beloved husband, father, grandfather, brother and respected scientist, passed away on January 6, 2026 in Rochester, MN. Al devoted his professional career to biomedical research as an accomplished biostatistician at The Mayo Clinic, where he served for 35 years. His work made meaningful contributions across multiple fields, including gastroenterology, medical resource utilization, diabetes, and laboratory experimentation! He earned his Ph.D. from Florida State University, and his bachelor's degree from Luther College. <https://tinyurl.com/3663ubu6>

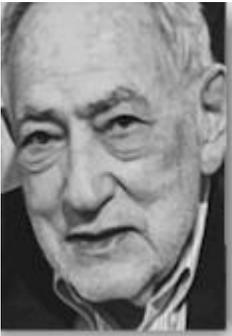


**Passed:** After 88 years of an extraordinary life, **Dr. Alan R. Hinman** has shuffled off this mortal coil, run down the curtain, and joined the choir invisible, passing away on Monday, January 26, 2026. Alan earned his undergraduate degree from Cornell University, his medical degree from Western Reserve University, and a Master of Public Health from Harvard University. Beginning in 1965 with his training in the Epidemic Intelligence Service, he devoted his life to public health at the state, national, and international levels, including the Centers for Disease Control and Prevention (CDC), where he served as Director of the Immunization Division (1977-1988) and later Director of the National Center for Prevention Services (1988-1995). He also worked with the state health departments of New York and Tennessee, rose to the rank of Assistant Surgeon General, and after retiring from governmental public health service joined The Task Force for Global Health in 1996. Alan authored or co authored more than 400 publications, served on the board of Gavi, the Vaccine Alliance, and chaired a WHO advisory committee. In his later years, he continued teaching and mentoring as an adjunct professor of Global Health and Epidemiology at the Rollins School of Public Health at Emory University.

Alan played a major role in advancing the first Presidential Initiative on Immunization during the Carter Administration, encouraging states to enact and enforce school immunization mandates to prevent outbreaks of vaccine preventable disease. Alan also served the American Public Health Association with deep devotion, including many years on the Executive Board and 11 years as Speaker of the Governing Council (1996-2007). During his tenure, the Governing Council experienced meaningful growth and modernization, including standing rules that continue to guide the Association and the further formalization of the policy statement process. <https://tinyurl.com/yn5b8c9j>

### Do you have news about yourself, a colleague, or a student?

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**Passed: Kenneth Bart**, devoted public health leader who helped prevent infectious diseases and advance public health at home and abroad, passed away peacefully on January 18, 2026 at home. Professionally, Ken dedicated his life to helping others through a distinguished career in public health. Trained as a physician, pediatrician, and epidemiologist, he served with the U.S. Public Health Service, the Centers for Disease Control and Prevention (CDC). During his tenure at CDC, he played a major role in efforts to eliminate measles from the United States as well as improving our overall vaccination program to minimize the burden of vaccine preventable diseases. His work took him across the globe, where he contributed to major international efforts to control infectious diseases and expand immunization programs. These efforts benefited other countries, but also US domestic health security by decreasing the chances that vaccine preventable pathogens could be transported into the United States.

His impact continued after leaving CDC when he served with the National Vaccine Program Office and worked for the United States Agency for International Development.

His enduring legacy lies in his lifelong commitment to reducing the global burden of infectious diseases and advancing public health for years to come.

<https://tinyurl.com/27f66wcb>



**Passed: Alice Whittemore**, PhD, a professor emerita of epidemiology and population health who used mathematics to answer real-world questions about cancer, died at her home in Palm Desert, California, on Dec. 2, 2025. She was 89. Whittemore started as a senior research scientist in statistics. In 1979 she joined the Stanford School of Medicine as a professor of family, community and preventive medicine. In 1987 she became a professor of epidemiology and biostatistics in the Department of Health Research and Policy, and from 1997 to 2001 she was the chief of its epidemiology division. From 2003 to 2005 she served as co-chair, then chair of the department. She retired in 2018 at 81.

<https://tinyurl.com/4desf22m>

## Near Term Epidemiology Event Calendar

Every December The Epidemiology Monitor dedicates that issue to a calendar of events for the upcoming year. However that often means we don't have full information for events later in the upcoming year. Thus an online copy exists on our website that is updated regularly.

To view the full year please go to: <http://www.epimonitor.net/Events> The events that we are aware of for the next month follow below.

### March 2026

March 2-4           **Type:** Conference           **Web:** <https://tinyurl.com/32jem77y>  
**Title:** Microbiome Interactions in Health & Disease  
**Sponsor:** Wellcome Connecting Science   **Location:** Hinxton, England & Virtual

March 2-6           **Type:** Short Course           **Web:** <http://tinyurl.com/wkhee8uy>  
**Title:** Implementation Science  
**Sponsor:** Erasmus MC   **Location:** Rotterdam, The Netherlands

March 2-17       **Type:** Short Course           **Web:** <http://bit.ly/33XqJSl>  
**Title:** Intensive Course in Applied Epidemiology  
**Sponsor:** University of Aberdeen   **Location:** Virtual

March 2-6           **Type:** Short Course           **Web:** <https://bit.ly/3v2gRXS>  
**Title:** An Introduction to the Analysis of the Next-generation Sequencing Data  
**Sponsor:** Erasmus MC   **Location:** Rotterdam, The Netherlands

March 2-11       **Type:** Short Course           **Web:** <http://tinyurl.com/yh8ce5ha>  
**Title:** Public Health Across the Life Course  
**Sponsor:** Erasmus MC   **Location:** Rotterdam, The Netherlands

March 3-13       **Type:** Short Course           **Web:** <https://tinyurl.com/mryhh3w7>  
**Title:** Item Response Theory  
**Sponsor:** EpidM   **Location:** Virtual

March 9-13       **Type:** Short Course           **Web:** <https://bit.ly/320OvIT>  
**Title:** Advanced Clinical Trials  
**Sponsor:** Erasmus MC   **Location:** Rotterdam, The Netherlands

## Near Term Epidemiology Event Calendar

### March 2026

- March 11-13      **Type:** Conference      **Web:** <https://bit.ly/3WuSZrQ>  
**Title:** Public Health 2026  
**Sponsor:** Canadian Public Health Association      **Location:** Montreal, Canada
- March 17-20      **Type:** Conference      **Web:** <https://tinyurl.com/2p9fmtep>  
**Title:** Epi Lifestyle Scientific Sessions - 2026  
**Sponsor:** American Heart Association      **Location:** Boston, MA
- March 12-13      **Type:** Conference      **Web:** <https://tinyurl.com/57z9dr6j>  
**Title:** 99th Annual Meeting - American Epidemiological Society  
**Sponsor:** AES      **Location:** Atlanta, GA
- Mar 16 – Apr 1      **Type:** Short Course      **Web:** <http://tinyurl.com/4kzuxcys>  
**Title:** Repeated Measurements  
**Sponsor:** Erasmus MC      **Location:** Rotterdam, The Netherlands & Virtual
- March 18-20      **Type:** Conference      **Web:** <https://tinyurl.com/mseuj593>  
**Title:** 2026 ASPPH Annual Meeting for Academic Public Health  
**Sponsor:** Association of Schools & Programs of Public Health      **Location:** Arlington, VA
- March 23-24      **Type:** Conference      **Web:** <https://tinyurl.com/342wpz83>  
**Title:** The Future of Preventive Medicine and Public Health  
**Sponsor:** Peers Alley Conferences      **Location:** Rome, Italy
- March 16-18      **Type:** Conference      **Web:** <https://tinyurl.com/22jyzn2y>  
**Title:** SCPHA Annual Conference  
**Sponsor:** South Carolina Public Health Association      **Location:** Columbia, SC
- Mar 16 – Apr 1      **Type:** Short Course      **Web:** <http://tinyurl.com/4kzuxcys>  
**Title:** Repeated Measurements  
**Sponsor:** Erasmus MC      **Location:** Rotterdam, The Netherlands & Virtual
- March 19-21      **Type:** Conference      **Web:** <https://tinyurl.com/yxrzrm7>  
**Title:** 5th International Public Health Conference - Global Health Security  
**Sponsor:** Magnus Group      **Location:** Singapore or Virtual

## Near Term Epidemiology Event Calendar

### March 2026

Mar 23-25      **Type:** Conference      **Web:** <http://tinyurl.com/4kzuxcys>  
**Title:** RISE Conference on Social Determinants of Health  
**Sponsor:** RISE Health   **Location:** Orlando, FL

Mar 23-26      **Type:** Conference      **Web:** <https://tinyurl.com/5n6bzvuu>  
**Title:** Antimicrobial Resistance - Genomes, Big Data and Emerging Technologies  
**Sponsor:** Wellcome Connecting Science   **Location:** Hinxton, England

Mar 25-27      **Type:** Conference      **Web:** <https://tinyurl.com/56fc85hu>  
**Title:** Annual Meeting - Society for Veterinary Epidemiology  
**Sponsor:** SEVPM   **Location:** London, England

March 26-27      **Type:** Conference      **Web:** <https://tinyurl.com/4u9sj4b4>  
**Title:** Conference on Epidemiology and Public Health  
**Sponsor:** Conference Series   **Location:** Tokyo, Japan

March 26-27      **Type:** Conference      **Web:** <https://iwhod.org/>  
**Title:** Workshop: 28th Annual International Workshop on HIV and Hepatitis Observational Databases (IWHOD)  
**Sponsor:** IWHOD   **Location:** Thessaloniki, Greece

March 30 - April 2      **Type:** Conference      **Web:** <https://tinyurl.com/chtprfav>  
**Title:** 2026 World Vaccine Congress  
**Sponsor:** Multiple   **Location:** Washington, DC

### April 2026

April 1-2      **Type:** Short Course      **Web:** <https://tinyurl.com/5b4t8b8b>  
**Title:** Introduction to Bayesian Statistics  
**Sponsor:** EpidM   **Location:** Amsterdam, The Netherlands

April 7-9      **Type:** Short Course      **Web:** <http://tinyurl.com/msdrnpt2>  
**Title:** Cardiovascular Epidemiology  
**Sponsor:** Erasmus MC   **Location:** Rotterdam, The Netherlands

# Near Term Epidemiology Event Calendar

## April 2026

April 7-10      **Type:** Conference      **Web:** <https://tinyurl.com/2p9m5ex5>  
**Title:** SHEA (Society for Healthcare Epidemiology of America) Spring 2026  
**Sponsor:** SHEA      **Location:** Chicago, IL

April 9-10      **Type:** Conference      **Web:** <https://tinyurl.com/mu2d38pp>  
**Title:** Cancer Retreat 2026  
**Sponsor:** Erasmus MC Cancer Institute      **Location:** Rotterdam, The Netherlands

April 9-12      **Type:** Conference      **Web:** <https://tinyurl.com/46tjyuvn>  
**Title:** CUGH 2026 Conference  
**Sponsor:** Consortium of Universities for Global Health      **Location:** Washington, DC

April 12-14      **Type:** Conference      **Web:** <https://tinyurl.com/4hnr7svm>  
**Title:** 50th Annual Conference - American Society of Preventive Oncology  
**Sponsor:** ASPO      **Location:** Denver, CO

April 13-15      **Type:** Conference      **Web:** <https://tinyurl.com/35aa7ja8>  
**Title:** Mutations in Time and Space  
**Sponsor:** Wellcome Connecting Science      **Location:** Hinxton, England

Apr 13-16      **Type:** Conference      **Web:** <https://bit.ly/3oLZ2Kz>  
**Title:** NACCHO Preparedness Summit 2026  
**Sponsor:** Multiple      **Location:** Baltimore, MD & Virtual

April 17-21      **Type:** Conference      **Web:** <https://tinyurl.com/2ku8d5mn>  
**Title:** ESCMID Global 2026  
**Sponsor:** ESCMID      **Location:** Munich, Germany

April 17-22      **Type:** Conference      **Web:** <https://tinyurl.com/3tym854p>  
**Title:** 2026 Annual Meeting - American Association for Cancer Research  
**Sponsor:** AACR      **Location:** San Diego, CA

April 19-21      **Type:** Conference      **Web:** <https://tinyurl.com/34x5tnn5>  
**Title:** Teaching Prevention 2026  
**Sponsor:** Association for Prevention Teaching & Research      **Location:** Savannah, GA

# Near Term Epidemiology Event Calendar

## April 2026

April 20-21      **Type:** Short Course      **Web:** <https://tinyurl.com/zsyycmeb>  
**Title:** Analysis of Repeated Measures  
**Sponsor:** University of Bristol      **Location:** Virtual

April 20-23      **Type:** Conference      **Web:** <https://tinyurl.com/fjbtbtjn>  
**Title:** Annual Epidemic Intelligence Service Conference  
**Sponsor:** CDC      **Location:** Atlanta, GA

April 20-24      **Type:** Short Course      **Web:** <https://bit.ly/3G3VhZr>  
**Title:** Advanced Decision Modeling  
**Sponsor:** Erasmus MC      **Location:** Rotterdam, The Netherlands

April 22-24      **Type:** Short Course      **Web:** <http://tinyurl.com/mvbrbtew>  
**Title:** Molecular Epidemiology  
**Sponsor:** University of Bristol      **Location:** Virtual

April 22-24      **Type:** Conference      **Web:** <https://tinyurl.com/3jzx8p4x>  
**Title:** SOPHE 2026  
**Sponsor:** Society for Health Education      **Location:** Portland, OR

Apr 22-24      **Type:** Meeting      **Web:** <https://tinyurl.com/3fhcdb7a>  
**Title:** 76th Annual Public Health Partnership Conference  
**Sponsor:** NY State Public Health Associates      **Location:** Lake Placid, NY

April 26-28      **Type:** Conference      **Web:** <https://tinyurl.com/4nb7cv4u>  
**Title:** Health Effects Institute - Annual Conference 2026  
**Sponsor:** HEI      **Location:** Chicago, IL

April 27-29      **Type:** Conference      **Web:** <https://tinyurl.com/4nb7cv4u>  
**Title:** 20th Annual - Genomics of Rare Disease  
**Sponsor:** Wellcome Connecting Science      **Location:** Hinxton, England

## Near Term Epidemiology Event Calendar

### April 2026

April 27-30      **Type:** Conference      **Web:** <https://tinyurl.com/3dv5rprz>  
**Title:** NCUIH 2026 Annual Conference  
**Sponsor:** National Council of Urban Indian Health      **Location:** Washington, DC

April 28-30      **Type:** Conference      **Web:** <https://tinyurl.com/5n8wjzvz>  
**Title:** 25th Annual NNPHI Conference  
**Sponsor:** National Network of Public Health Institutes      **Location:** New Orleans, LA

April 28-30      **Type:** Conference      **Web:** <https://tinyurl.com/57zfrdzb>  
**Title:** World Hepatitis Summit  
**Sponsor:** World Hepatitis Alliance      **Location:** Bangkok, Thailand

Apr 29      **Type:** Conference      **Web:** <https://tinyurl.com/2cbk7y2r>  
**Title:** 95th Georgia Public Health Association Annual Conference  
**Sponsor:** GPHA      **Location:** Virtual

April 29 - May 1      **Type:** Meeting      **Web:** <https://tinyurl.com/pzyk3pp4>  
**Title:** 2026 Annual Oregon Epidemiologists' Meeting  
**Sponsor:** Oregon Health Authority      **Location:** Sunriver, OR

Apr 28 - May 15      **Type:** Short Course      **Web:** <https://bit.ly/3YwW6kG>  
**Title:** Missing Values in Clinical Research  
**Sponsor:** Erasmus MC      **Location:** Rotterdam, The Netherlands

Join EpiMonitor on our Facebook page at:

<https://bit.ly/2U29gUA>

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# Open Public Health Positions

The list below has been compiled by [Public Health Hiring Help](#) the new Substack column that has been created to help individuals in the public health community find positions in the midst of the chaos that is now impacting governmental agencies and grant recipients. This list represents the most current positions PHHH has been able to identify. We thank PHHH for their permission to reprint these listings.

**Medical College of WI, [Clinical Research Coordinator II](#)** (Milwaukee, WI)

Not listed + benefits, Bachelor's min

**Mamatoto Village, [Maternal and Child Health Program Coordinator](#)** (DC)

\$70–75k + benefits, Bachelor's min

**MedPAC, [Policy Analyst](#)** (DC)

Not listed + benefits, Master's min

**Women's College Hospital, [Research Manager](#)** (Toronto, CAN)

\$66–81k + benefits, Master's min

**National Assoc. of Chronic Disease Directors, [Program Manager](#)** (Atlanta, GA)

\$88–95k + benefits, Bachelor's min

**TX Dept of Health, [Medical Screening Epidemiologist](#)** (Austin, TX)

\$54–65k + benefits, Bachelor's min, Master's preferred

**TX Dept of Health, [HAI Epidemiologist II](#)** (Houston, TX)

\$54–74k + benefits, Master's min

**CDC Foundation, [Data Scientist](#)** (Baltimore, MD)

\$93–132k + benefits, Bachelor's min, Master's preferred

**State of LA, [Surveillance Epidemiologist](#)** (Houma–Thibodaux, LA)

Not listed + benefits, Bachelor's min, Master's preferred

**El Paso Co, [Biostatistician](#)** (El Paso, TX)

Not listed + benefits, Master's min

**Univ of WI, [Environmental Epidemiologist](#)** (Madison, WI)

\$60k + benefits, Master's min

**Henry Ford Health, [Cancer Research Project Coordinator](#)** (Detroit, MI)

Not listed + benefits, Bachelor's min

# Open Public Health Positions

**Blue Water Thinking, [Jr. Program Analyst](#)** (Remote)

\$60–80k + benefits, Bachelor's min

**Emory Healthcare, [Data Scientist](#)** (Atlanta, GA)

\$120k + benefits, Master's min

**Healthsperien, [Data Analyst](#)** (Remote)

\$71–91k + benefits, Bachelor's min, Master's preferred

**Rockbridge Health, [Maternal Health Hub Program Manager](#)** (Lexington, VA)

Not listed + benefits, Bachelor's min, Master's preferred

**NM Dept of Health, [STD Surveillance Analyst](#)** (Albuquerque, NM)

\$50–75k + benefits, Bachelor's min

**State of TN, [Epidemiologist II](#)** (Nashville, TN)

Not listed + benefits, Bachelor's min, Master's preferred

**Cambridge Health Alliance, [Research Coordinator](#)** (Cambridge, MA)

\$50–60k + benefits, Bachelor's min

**TX Dept of Health, [Screening Program Manager](#)** (Austin, TX)

\$60–78k + benefits, Bachelor's min

**City of San Antonio, [Violence Prevention Program Analyst](#)** (San Antonio, TX)

Not listed + benefits, Bachelor's min

**Emory Univ, [Project Coordinator](#)** (Atlanta, GA)

Not listed + benefits, Bachelor's min, Master's preferred

**Emory Univ, [Clinical Research Coordinator](#)** (Atlanta, GA)

Not listed + benefits, Bachelor's min

**NY Dept of Health, [Mental Health Program Specialist](#)** (NYC)

\$87–110k + benefits, Not listed

**Partners for Public Good, [Research Associate](#)** (Remote)

\$100k + benefits, Bachelor's min

**Center for Suicide Prevention, [Clinical Research Coordinator I/II](#)** (Boston, MA)

\$50–60k + benefits, Bachelor's min

# Open Public Health *Intern* Positions

**Center for Suicide Research and Prevention, [Research Intern](#)**

Public Health Alignment: BSHES, EPI, GH

**Johnson and Johnson, [Integrated Data Products Intern](#)**

Public Health Alignment: EPI, BIOS

**Women's Foreign Policy Group, [Programs Intern](#)**

Public Health Alignment: HPM, GH

**Asian Development Bank, [Infectious and Tropical Disease Intern](#)**

Public Health Alignment: EPI, GH, HPM

**Plan C, [Data Analytics Intern](#)**

Public Health Alignment: BIOS, EPI, BSHES

**Maxim Healthcare, [Government Affairs Intern](#)**

Public Health Alignment: HPM

**Nationwide Children's Hospital, [Orthopedic Surgery Research Intern](#)**

Public Health Alignment: BIOS, EPI

**Mayo Clinic, [Research Intern](#)**

Public Health Alignment: HPM, BSHES, EPI

**Sectra, [Clinical Applications Intern](#)**

Public Health Alignment: BIOS, HPM, BSHES

**Nationwide Children's Hospital, [HEOR Intern](#)**

Public Health Alignment: BIOS, EPI

**Geisinger, [Intern Program](#)**

Public Health Alignment: ANY

**Emory Univ, [Clinical Research Intern](#)**

Public Health Alignment: EPI, HPM

**Kaiser Permanente, [Clinical Research Pipeline Intern](#)**

Public Health Alignment: BIOS

**Imperative Care, [Clinical Data Management and Biostatistics Intern](#)**

Public Health Alignment: EPI, BIOS

# Open Public Health *Flexible* Positions

**Johns Hopkins Univ, [Research Data Analyst \(PT\)](#)**

Public Health Alignment: EPI, BIOS

**Univ of CA Irvine, [Jr. Population Health/Disease Prevention Specialist \(PT\)](#)**

Public Health Alignment: EPI, BSHES, HPM

**Women's Foreign Policy Group, [Communications Intern](#)**

Public Health Alignment: HPM, GH, BSHES

**Center for Rural and Primary Healthcare, [Non-clinical Fellow](#)**

Public Health Alignment: GH, HPM, BSHES

**UT Health Houston, [Research Support Assistant \(PT\)](#)**

Public Health Alignment: BSHES

**Tri County Community Action Agency, [Outreach Coordinator \(PT\)](#)**

Public Health Alignment: BSHES

**Philippine Institute for Development Studies, [Policy and Research Fellow](#)**

Public Health Alignment: GH, HPM

**MN Dept of Health, [Maternal Child Health Data Scientist \(PT\)](#)**

Public Health Alignment: EPI, BIOS

**NY Univ Langone Health, [Research Data Associate \(PT\)](#)**

Public Health Alignment: BSHES, HPM

**TruePani Inc, [Environmental Associate \(PT\)](#)**

Public Health Alignment: EH

**The Commit Partnership, [Development Fellow](#)**

Public Health Alignment: BSHES, GH, HPM

**St Louis Co, [Behavioral Health Intern](#)**

Public Health Alignment: BSHES

**Hearst Health, [Project Operations Intern](#)**

Public Health Alignment: HPM

**Chicago Coalition for Mental Health Centers, [Mental Health Advocacy Intern](#)**

Public Health Alignment: BSHES, HPM

# Marketplace

For Full Information on jobs: <http://www.epimonitor.net/JobBank>

The EpiMonitor offers a variety of plans for you to advertise your job opening, event or other item of interest to our readers. The basic advertising options are:

## **Web Only**

This provides you with a full page on our website along with banner ads in appropriate places for what you are advertising (e.g. our Job Bank or Events pages). In addition, these ads are also featured in our monthly email blast. Web ads normally appear on our site within 2-3 hours of your order.

## **Web + Digital Print**

This option provides either a full or half page digital print ad in this publication monthly along with all of the services included in the "Web Only" option.

## **Social Media**

We also have social media add-on options for our web and print advertising programs.

## Your Ad Should Be Here

Do you have a job, course, conference, book or other resource of interest to the epidemiology community? Advertise with The Epidemiology Monitor and reach 35,000 epidemiologists, biostatisticians, and public health professionals monthly.

Advertising opportunities exist in this digital publication,  
on our website and social media pages,  
and in our Epi-Gram emails.

For more information please contact:

Michele Gibson / 770.309.7937 / [michele@epimonitor.net](mailto:michele@epimonitor.net)



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## Epidemiology's Summer Institute at Columbia University

Columbia University's Department of Epidemiology has a summer institute called [episummer@columbia](https://www.columbia.edu/epi/episummer/) that provides opportunities to gain foundational knowledge and applied skills for advancing population health research. Over 30 short courses are offered in online synchronous or asynchronous formats.



**NEW** [episummer@columbia](https://www.columbia.edu/epi/episummer/) courses include:

- Introduction to Python for Epidemiologists
- Advanced Python for Epidemiologists
- Intensive Python for Epidemiologists
- Introduction to Data Visualization in Tableau Desktop
- Introduction to Relational Databases and SQL Programming
- Project Management for Public Health Professionals

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Visit [episummer.org](https://www.episummer.org)

[episummer@columbia](https://www.columbia.edu/epi/episummer/)

Epidemiology's Summer Institute at Columbia University



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## MULTIDISCIPLINARY TRAINING PROGRAM - (T32) IN CARDIOVASCULAR EPIDEMIOLOGY

The Boston University Section of Preventive Medicine and Epidemiology is seeking postdoctoral candidates for its T32 Training Program in Cardiovascular Epidemiology awarded by the National Heart, Lung, and Blood Institute. Scholars will focus their training on the epidemiology of cardiovascular disease such as coronary heart disease, stroke, heart failure, and other forms of vascular disease, following one of the training pathways: statistical genetics and genomics, computational biology and bioinformatics, or clinical epidemiology. Please visit <https://www.bumc.bu.edu/preventive-med/education/t32-multidisciplinary-training-program-in-cardiovascular-epidemiology/> for additional program information.

The successful candidate will participate in training activities including pathway-specific coursework and workshops, as well as individual professional development workshops, one-on-one professional counseling and career planning, grant writing workshops, research seminars, journal internships, and working on research projects with a Boston University senior investigator on longitudinal epidemiological studies such as the Framingham Heart Study, Long Life Family Study, Risk Underlying Rural Longitudinal study, and other cohort studies. All trainees will be supervised by their assigned faculty mentor as well as by the program's co-directors for progress evaluation.

**Earliest Training Program Start Date: April 1, 2026 (Rolling Admission)**

### Required Qualifications:

1. US Citizen or green card holder
2. Ph.D. degree in Biostatistics, Epidemiology, Computational Biology, Bioinformatics, Genetics/Genomics or related field or M.D. degree
3. Programming skills (SAS and/or R) *preferred*

This position is a postdoctoral training opportunity which provides a bi-monthly stipend. The successful individual will be engaged in a 2-year period of mentored advanced training and professional development following completion of a doctoral degree program. Boston University provides benefits for employee postdocs (Postdoctoral Associate NRSA). Please visit [Office of the Provost Graduate Affairs: Postdoctoral Affairs](#) for details.

### **Interested candidates may:**

**[Initiate New Submission: T32 Multidisciplinary Training Program in Cardiovascular Epidemiology – 2026.](#)**

Once the request is approved, candidates will be invited to submit the application materials listed below.

- Cover letter indicating reason for applying to this training program
- Curriculum vitae
- 2 recommendation letters

Please contact Dr. Vanessa Xanthakis, Principal Investigator for additional information.

[Vanessa Xanthakis, PhD FAHA](#)

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Director of Research Training, [Section of Preventive Medicine and Epidemiology](#)

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Boston University is an equal opportunity employer. Under-represented groups are strongly encouraged to apply. For more information, please contact Donna Gibson ( [dgibson@bu.edu](mailto:dgibson@bu.edu) ).



## CARDIOVASCULAR DISEASE EPIDEMIOLOGY AND PREVENTION POSTDOCTORAL FELLOWSHIP

The Division of Epidemiology & Community Health of the University of Minnesota has a current opening and is seeking candidates for a postdoctoral training fellowship in cardiovascular disease epidemiology and prevention.

**Fellowship Experience** Training emphasizes research methods in the epidemiology and prevention of cardiovascular disease. Training can include formal coursework in epidemiology, biostatistics, clinical research, nutrition, physiology, data science, and behavioral science.

Graduates gain competency in designing, administering, and analyzing cardiovascular population studies or preventive programs. The Division provides a rich and collaborative environment for the investigation of cardiovascular disease and related areas, in one of the largest Academic Health Centers in the U.S. Current Division research in cardiovascular epidemiology includes a robust blend of observational studies (e.g., ARIC, MESA, CARDIA, DISCOVERY), pharmacoepidemiology and interventional investigations (e.g., mGlide hypertension control RCT, Stand & Move at Work group randomized trial) aimed at improving public health and engaging a multidisciplinary integration of epidemiology, biology and behavioral science.

**Benefits** The program provides a stipend, tuition and fees for an MS or MPH degree, if desired, during the fellowship. This paid 2-3 year fellowship is sponsored by the National Institutes of Health.

**Eligibility** Candidates must have either an MD or a PhD degree and must be either a U.S. citizen or have permanent residency status.

**Apply** Interested applicants will complete an online application <https://tinyurl.com/4e7yyp4c>

**Questions, please contact:**

Jim Pankow, PhD, MPH [panko001@umn.edu](mailto:panko001@umn.edu) or Pamela Lutsey, PhD, MPH [lutsey@umn.edu](mailto:lutsey@umn.edu)  
Co-Directors of CVD Epi Training Program

For More Information

<https://z.umn.edu/cvdepiT32>





## Tenure Track Assistant Professor - Epidemiology

The Division of Epidemiology and Community Health, University of Minnesota School of Public Health, seeks a tenure-track Assistant Professor who has expertise in a broad range of epidemiologic methods.

### *About the Job*

The Division of Epidemiology & Community Health, School of Public Health, University of Minnesota, invites applications at the rank of Assistant Professor (tenure-track). As a faculty member, the individual will actively contribute to the Division's mission through research, teaching, advising, and professional service activities.

Key responsibilities include:

- Maintain and expand expertise in the application of foundational and cutting-edge epidemiologic methods. Candidates are expected to have a deep understanding of causal inference, bias mitigation, and statistical modelling. Expertise across diverse epidemiologic methods and content areas is welcomed.
- Develop a research program that incorporates rigorous epidemiologic methods, and collaborate with other faculty as a co-investigator on new grant initiatives. Example areas of possible methodologic applications include, but are not limited to, causal analysis, bias analysis, infectious disease modelling, mutational signatures in cancer, -omics data applications, spatial and temporal analyses, pharmacoepidemiology, quasi-experimental methods, implementation science, generative artificial intelligence and/or machine learning, digital health, wearables, etc.
- Contribute to Epidemiology curriculum development, teach epidemiologic methods as part of the Epidemiology PhD methods sequence and other classes as needed, and participate in development of the PhD qualifying examinations. Advising PhD, post-doctoral, and master's students is also expected.
- Actively engage in service, including at a national level through professional organizations focused on epidemiologic methods.
- Serve as a resource for translating up-to-date epidemiologic methods to applications in Division research projects.

### *Qualifications*

Required: (1) PhD or equivalent in Epidemiology; (2) Research experience in epidemiology with a strong and promising publication record in relevant peer-reviewed journals; (3) Demonstration of the ability and enthusiasm to teach graduate-level courses on epidemiologic methods, or evidence of potential for teaching success.

Preferred: 1) Evidence of effective collaboration; 2) History of or potential for obtaining research funding; 3) Active engagement with the epidemiologic methods community.

### *About the Division*

The University of Minnesota School of Public Health is consistently ranked in the top 15 Schools of Public Health nationally. The Division of Epidemiology and Community Health is the largest unit within the School and is strongly committed to diversity, equity, and inclusion. The Division has over 40 primary faculty members, more than 400 graduate students, and approximately \$25 million in annual sponsored research grants. Our faculty conduct cutting-edge research advancing community and public health locally, nationally, and internationally. Faculty in the Division have diverse interests, spanning most disease areas, and conduct both interventional and observational investigations. The UMN has a strong academic health system which includes 6 Health Science Schools, a Clinical and Translational Science Institute, the Minnesota Population Center, and a strong collaborative relationship with the Minnesota Department of Health. Educational programs connected to the Division include an Epidemiology PhD, and MPH majors in Epidemiology, Community Health Promotion, Maternal & Child Health, and Public Health Nutrition.

### *How To Apply*

Applications must be submitted online. To be considered for this position, please go to the Interfolio job site <https://apply.interfolio.com/179313> and follow the application instructions.

This position is available immediately. Applications received prior to April 15, 2026 will be given full consideration; interested applicants should contact Dr. Pamela Lutsey (Professor, Division of Epidemiology & Community Health, email: [lutsey@umn.edu](mailto:lutsey@umn.edu)) after that date. For questions about applying contact: Stacey Ripka (Senior Human Resources Consultant, email: [sams0030@umn.edu](mailto:sams0030@umn.edu)). Applicants interested in more information about this position can contact Dr. Lutsey.

# TARGET TRIAL & RWE VIRTUAL WORKSHOP JUNE 9-18



## TARGET TRIAL EMULATION & REAL- WORLD EVIDENCE: A PRACTICAL SHORT COURSE

June 9–18, 2026  
Virtual Workshop

**Scan QR Code to Register**

**Early Bird Rate Ends April 15**

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- Live online lectures, coding labs, and journal discussions
- Practical methods to address bias and confounding control
- Certificate of completion



**General Inquiries/Questions:**  
Charles Leonard [celeonar@penmedicine.upenn.edu](mailto:celeonar@penmedicine.upenn.edu)



# Your Local Epidemiologist

**YLE can be found here:** <https://yourlocalepidemiologist.substack.com/>

*Your Local Epidemiologist (YLE) is founded and operated by Dr. Katelyn Jetelina, MPH PhD—an epidemiologist, wife, and mom of two little girls. YLE reaches more than 305,000 people in over 132 countries with one goal: “Translate” the ever-evolving public health science so that people will be well-equipped to make evidence-based decisions. This newsletter is free to everyone, thanks to the generous support of fellow YLE community members.*

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