EpiMonitor

Epidemiology for Epidemiologists

Editor's Note:

When we saw the notice last month that CDC was preparing to sunset support for Epi Info™ on September 30, 2025 we knew it was time to take a look back at this product and how it came to be. This month we are pleased to present an extended interview with the creator and early adopter, Drs. Andrew Dean and Consuelo Beck-Sagué. We would love to hear more about your early experiences with this legendary product. In addition, this month we have included a piece on how to spot falsehoods that originally appeared in *Your Local Epidemiologist*.

We continue to provide you with our popular monthly crossword feature, Notes on People, an overview of what we read from the public media, and a listing of upcoming epidemiology events. Finally, as we move into Fall hiring season, don't miss the Job Bank offerings this month. We have some fantastic opportunities advertised both here and on our website. Do you have a job opening to advertise? Contact us to see our variety of advertising options and pricing.

Did you miss last month's issue? **Read it here:** https://tinyurl.com/43mvrm8h **or here:** https://tinyurl.com/dcvuwmrd

In This Issue

CSTE™

HARVARD T.H. CHAN | SCHOOL OF PUBLIC HEALTH

Dartmouth GEISEL SCHOOL OF MEDICINE

Memorial Sloan Kettering Cancer Center

Epi Info™ Phase-Out: Reflections on a Transformational Data Tool as Told by Developer

Author: Dr. Andrew Dean

Editors Note: Computational analysis and data visualization are integral to epidemiologic work and current programs are the result of countless iterative improvements. The CDC's Office of Public Health Data, Surveillance, and Technology (OPHDST) recently announced the phase-out of Epi Info™, the public domain software for epidemiologic analyses, maps, and graphs. Epi Info™ has been critical to epidemiologic investigations, particularly in remote areas.

This month we had the privilege of interviewing the Epi Info™ developer and former Epidemic Intelligence Service (EIS) Officer, Dr. Andy Dean. Dr. Dean received many national and international awards recognizing his work on Epi Info™, but the one he most treasures was the first. In April 1987, the graduating Epidemic Intelligence Service (EIS) Class of 1985 awarded him the Dr. Phil Brachman teaching award for his role in creating Epi Info™, a tool that empowered dozens of subsequent EIS officers and other public health workers to go anywhere in the world with a portable computer or laptop and conduct lifesaving investigations. Dr. Dean later served as president of the Council of State and Territorial Epidemiologists (CSTE), and his peers there awarded him the Pumphandle Award ten years later in 1995.

Drs. Andy Dean and Consuelo Beck-Sagué, husband and wife and both former EIS officers, shared their experiences developing and implementing this software. It's a remarkable story of identifying a need and delivering a solution that benefited many epidemiologists and the communities they served.

This interview has been edited for length and clarity.

EpiMonitor: Can you talk about the lack of computational resources for epidemiologic fieldwork in the early/mid-eighties and what led you to develop Epi Info™**?**

Dean: In the early 1980s, epidemiologists had a choice of processing data and statistical testing, mostly using SPSS or SAS. Both were expensive and not in the public domain. They were mostly designed for mainframe computing. They were complex and not very accessible. Often, epidemiologists would have to explain the analysis that they wanted to perform to a statistical or computer professional down the hall or in another facility or state, and since these analyses sometimes produced other questions, it required multiple time-consuming processes.

Beck-Sagué: Computer programmers and/or statisticians generally managed access to these resources. During the 1985 EIS class training, we spent most afternoons learning how to use mainframe SAS and Job Control Language (JCL) in our respective corners of CDC Atlanta headquarters trying to use SAS and JCL for the data that we were supposed to analyze.

Dean: Data entry required knowledge of the mainframe's procedures.

Beck-Sagué: Data entry and analyses were as discouraging as one could imagine. Most of us were coming from clinical medicine and spending the mornings in the thrilling process of learning how to analyze epidemiologic data from outbreak investigations, surveillance, or other vital activities. Designing data collection, data entry forms, and conducting data analyses was challenging but exciting. But the weak and nightmarish link was the use of computational resources to achieve these ends.

I envisioned my first epidemic investigation, my first "EPI AID" as working out a puzzle, solving a mystery. But I didn't know enough to envision the onsite investigation of an epidemic with computer resources on site until July 28, 1985 when Andy [Dr. Dean] presented the very earliest version of what would become Epi Info™.

EpiMonitor: I understand that you worked with your son, Jeffrey Dean, in developing some of the later iterations of Epi Info™**, and I believe that your wife, Dr. Consuelo Beck-Sagué, conducted the first field test of** Epi Info™**. Can you talk about those experiences?**

Dean: My son Jeff was about 16 years old when we moved from Minnesota, where I was state epidemiologist, to Atlanta to work at CDC. I had built a microcomputer from a kit when we lived in Minnesota. As a teenager, Jeff loved computing. He belonged to a computer network at the University of Minnesota that allowed young people to work on games data. During our first year in Atlanta, we needed a programmer. I designed the specs for software that would work like a word processor that would allow ordinary people (non-programmers) to draft a questionnaire, with options (e.g. <Y> yes/no; continuous variables;

multiple choice, etc.) that the program would then turn into a data-entry screen. The program would then convert the entered data into a dataset that the program could analyze. As I recall, Jeff designed and programmed much of the data-entry and analysis program in Pascal. The analysis program took the data from the data entry module and calculated 2x2 tables, relative risks, analyses of continuous and categorical data, etc. and produced statistics, including significance testing. During the summer of 1985, Jeff produced about 200,000 lines of Pascal code that became part of Epi Info.

Beck-Sagué: I was admitted to the Epidemic Intelligence Service (EIS) class of 1985 and assigned to the Division of STDs. On July 28, 1985, Andy's collaborators explained components of the program, and Andy gave a demo of the alpha version.

There were over 100 of us EIS officers, and I was in the front row. Andy is very thin, not tall, and very soft-spoken; everyone was very quiet, looking at the screen where the output from his computer was being projected. Andy created a questionnaire in what looked like an ordinary word processor, "QES", and made fields for different variables to investigate an epidemic of diarrhea after a picnic. Then, he went to the menu and picked "ENTER", and the questionnaire turned into a data-entry screen. The blanks turned into empty fields. He entered information for a few participants in the picnic, age, sex, yes or no for different foods. When he had a few in, he went to ANALYSIS and chose the "READ" command that pulled up the dataset that had been created in less than a second. The entered data had become a dataset ready

to be analyzed. He demonstrated some of the ANALYSIS commands, and then used the READ command on an identical dataset where data had been entered for over 70 persons who attended the picnic. He performed various analyses, using very simple commands, culminating with the TABLES command, which showed that having eaten vanilla ice cream was significantly linked with being a case.

We all looked at each other, stunned. This process of converting a questionnaire into a data-entry screen, entering data, and analyzing the data, answering the major question of the investigation, had taken minutes. Months of JCL and "coding" into 0s and 1s, and analysis using SAS (PROC FREQ: TABLES, etc.) had become literally, a summer afternoon's fun. People got a little emotional and when Andy opened the floor for questions there was thunderous applause.

Four months later, in the Division of STDs, we were invited to investigate a cluster of deaths due to tertiary syphilis in young people in a county ("County A") in State A, and a simultaneous surge in cases of early syphilis. I was the Division's syphilis investigator. I dutifully put together the Epi 1 Memo that went to the Epidemiology Program Office to announce that CDC had been invited by the county to investigate the outbreak. The next day, my branch chief told me that (100% coincidentally), Epi Info was ready for an alpha test. Andy wanted to accompany me on the syphilis investigation for the first field test of what would become Epi Info. To this day, Andy is 100% sure that he did not remember ever having seen me before.

We went together to County A in State A in January 1986, and designed questionnaires in

a couple of minutes which became data-entry forms to enter and analyze data from the medical examiner autopsy findings of everyone autopsied in the last year, and results of postmortem serum HIV and treponemal tests conducted at CDC. We also abstracted, entered and analyzed data on hundreds of cases of early syphilis who had been treated in the county in the last year. It was amazing. Since that experience, I have conducted at least 40 studies, including epidemics, surveillance, trials, and various others, using the succeeding versions of Epi Info. These studies were conducted in multiple states in the US, and various countries, including Egypt, Sierra Leone, Botswana, South Africa, the Dominican Republic, Haiti and Guatemala.

I was able to rapidly, onsite, help colleagues develop control measures and lifesaving interventions, and to better understand the needs and resources of their populations. Everywhere I went, I left copies of Epi Info, so that my colleagues there could conduct their own analyses. Within a few years, Epi Info became the most widely used epidemic investigation software for desktop, portable and laptop computers in the world.

Epi Info was readily translatable. Epidemiologists from China, Egypt, Italy, France and Spain worked with Andy to develop Epi Info versions in their languages. These collaborations turned into lifelong friendships.

I loved this program so much I had to marry the inventor. I'm just kidding, but really, it is that remarkable. I still use it for everything. I am going to be 73 next year when Epi Info sunsets. I will probably sunset, too. It has been amazing.

EpiMonitor: Could you describe some of the challenges you encountered in the development and implementation processes?

Dean: Some challenges included the paucity of resources available to maintain and improve Epi Info through its different versions. The availability and interest of government in creating resources that are not money-makers varies with time and administrations, and there is generally a lot of competition for limited resources. This resulted in the need to work on a shoestring budget, with a very small group of highly dedicated professionals.

Beck-Sagué: I would add the tendency for people in the beginning to not trust a tool that could be used by people without a lot of formal statistical and computer training. This also extended to a problem with professionals who themselves were initially afraid of conducting work with computers. My experience has been that between 1985 and 2000, people changed.

They got much more confident and experienced in the use of computers for professional activities, research and recreation, and it became much easier to train and collaborate with colleagues using Epi Info. The emergence of the internet reduced many of the barriers to the use of Epi Info, and the insistence on its being open-source and free helped to make it a worldwide phenomenon including in resource-constrained developing countries and institutions.

CDC support for Epi Info™ will be available until Sept. 30, 2025. An annotated history can be found [here](). An excerpt from a message to the Epi Info™ user community on the CDC website reads: "This sunsetting decision is part of OPHDST's realignment of resources to focus on products that support our "One Public Health Approach" to data modernization...We recognize that Epi Info™ has been an integral part of users' public health work for nearly four decades. We appreciate the trust you have placed in Epi Info™ and CDC."

Dr. Consuelo Beck-Sagué during the first field trial of Epi Info

Dr. Andrew Dean

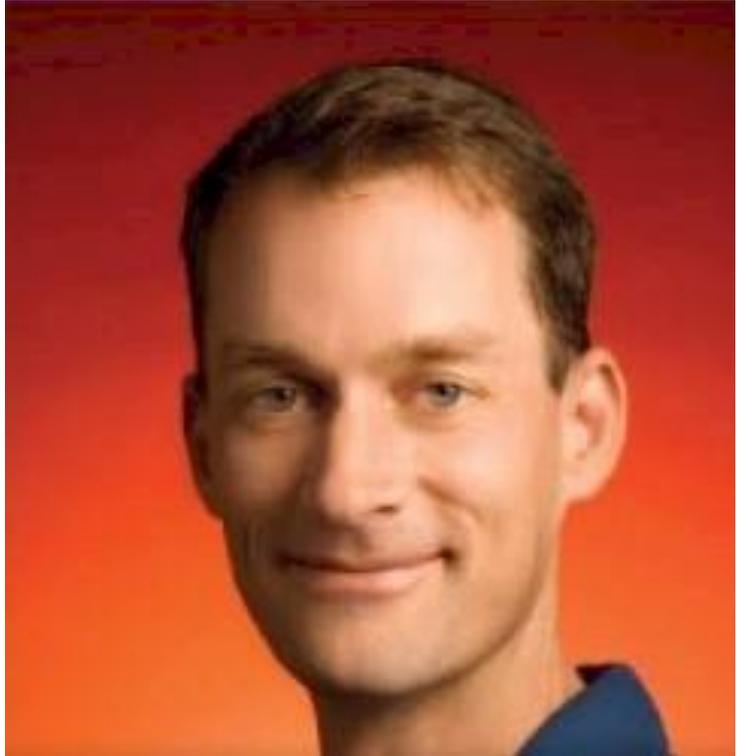*1993 Conference on "Microcomputers and the Future of Epidemiology"*

Dr. Andrew Dean (left) with translators:

Spanish – Juan Carlos Fernandez Merino
Chinese
French – Dr. Robert Freund
Indonesian: Dr. Pandu Riono
Arabic: Dr. Samy Sidki

Dr. Jeffrey Dean

Do you have an idea for an EpiMonitor article?

We love epidemiology, biostatistics, and public health and welcome thoughtful and timely contributions to the field. A review of our past newsletters is the best gauge for the type of content we publish.

Please submit your full article as a Word document; submissions should be 800-1000 words. Please include who you are, your current affiliation, and any relevant background, including your qualifications to write on your chosen topic. Conflicts of interest—current or potential, financial or favor—must be disclosed. We read all submissions; if your submission is selected, you will receive an email from our Research Director.

Contact madeline@epimonitor.net to set up an email Q&A, or you can submit for consideration an article about your work.

9 Ways to Spot Falsehoods

Whether it's vaccines or elections, it's all the same motivations and tactics

Authors: Katelyn Jetelina, PhD, MPH
Isaac Saul, Founder – Tangle Newsletter

Originally published by [YLE](#) on October 30, 2024

It's an incredibly difficult time to consume information. Whether it's vaccines or elections, we have entered an era where it's impossible to avoid falsehoods online. [Social media posts from AI](#) or well-coordinated, deliberate foreign (or domestic) disinformation campaigns look almost identical to legitimate concerns and questions, making it very difficult to discern the two. This has created chaos online, especially during highly consequential times—whether it's a hurricane, elections, or a pandemic.

So what should we do?

Social scientists actually don't know what works best against online falsehoods, yet. There are many theories, but we are flying the plane as we build it.

One evidence-based strategy is "pre-bunking."

This differs from combating each claim ("debunking") or telling people what they need to believe. Pre-bunking prepares people to identify unwanted persuasion attempts regardless of the claim or topic. The idea is to build resilience by explaining the tactics and fallacies used so that people are equipped regardless of the topic.

- A [hot off-the-press study](#) showed that pre-bunking election fraud messages for the 2024 U.S. general election decreased belief in election rumors for Democrats and Republicans alike.

More and more resources are coming out to teach people how to recognize tactics and fallacies so they feel well-equipped to navigate the information landscape. Examples are:

- Games, like [GoViral](#), teach people how information is manipulated.
- Creative videos, like those by [Truth Labs for Education](#), educate viewers on different tactics, like scapegoating.

Prebunking Manipulation Techniques: Emotional Language (v2)

Of course, *learning* about a concept can be different than *actually doing* it in the wild.

One of my favorite journalists, Isaac Saul, writes the newsletter [Tangle](#), which summarizes arguments from across the political spectrum and debunk a lot of rumors online. Saul recently [asked](#) his readers to anticipate the noise in the coming weeks. I was struck by how his lessons from the political space match those I have learned from the public health space.
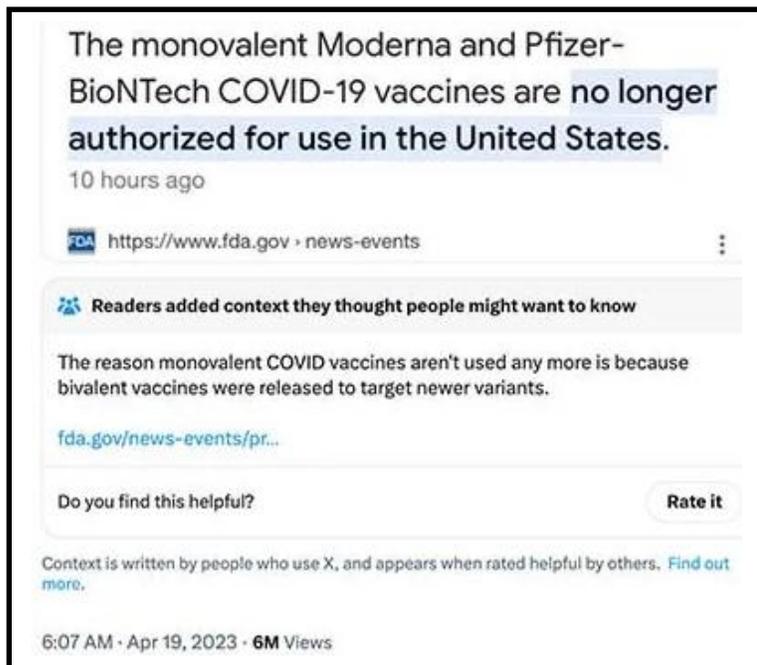
Here are 9 tips that help us sift through the noise. They may be useful for you, too.

1. ***Basic sniff test.*** If vaccines are causing hundreds of thousands of deaths, wouldn't we have overwhelmed morgues? If election workers were unloading trash cans full of ballots they forged at an election center, would they dump them out in front of a security camera? More often than not, these allegations don't pass a basic sniff test. Pause and think before you share.

2. ***Follow the money.*** Most people don't just spread lies for fun. They are doing it for one of two reasons: 1) political motivation, or 2) making a profit. If someone has created a movie that "proves" election fraud happened, but you have to pay $19 to view it, red flags should be going up everywhere. If a podcast talks about the benefits of supplements but then sells those same supplements thereafter, you should consider whether those two things are linked.

3. ***Ask follow-up questions.*** If someone makes a bold claim online, ask them to explain it. They'll often respond with statements like "Democrats are stealing the 2024 election. We all know it." Or "hydroxychloroquine obviously stops Covid-19 infections." Ask them *how* they know it. Once you do, you'll have evidence to analyze.

4. ***Find a second source.*** There are a *lot* of legitimate-looking news websites that are actually just organizations masking as something else. In politics, they exist on the [left](#) and [right](#). In health, they are usually trying to sell something. These websites are typically shared on social media to go viral and get clicks. If you can only find a claim made by *one* source, there is a good chance something is fishy. See if it's being confirmed in a more reputable news outlet.

5. ***Do two minutes of targeted research.*** If we see a claim, plug it into a search engine like Google or DuckDuckGo. This is a simple way to stress-test claims: look for the counter-evidence and see if someone else has already provided a better explanation.

6. ***Read the comments and replies.*** If a claim is being shared, there is often a space for people to reply or comment. The replies and comments usually contain dissenting voices. (There's always some crazy replies, too.) We always read the comments and replies for more information and gather other insights to help evaluate the claim. A [recent study](#) also showed that 97.5% of community notes on X were accurate for Covid-19 vaccines. We've found they can provide refreshing nuance in topics beyond

vaccines, too; however, the community notes are often too late—the rumor has already spread.

The monovalent Moderna and Pfizer-BioNTech COVID-19 vaccines are no longer authorized for use in the United States.

10 hours ago

FDA https://www.fda.gov › news-events

Readers added context they thought people might want to know

The reason monovalent COVID vaccines aren't used any more is because bivalent vaccines were released to target newer variants.

fda.gov/news-events/pr...

Do you find this helpful?   Rate it

Context is written by people who use X, and appears when rated helpful by others. Find out more.

6:07 AM · Apr 19, 2023 · **6M** Views

7. ***Consult the experts.*** We know that's corny to say, but it's still important. Election experts are good sources. Most Americans have never worked as secretaries of state, poll workers, county recorders, auditors, investigators, or in other roles that give them unique insights into how elections are run. When you don't have that experience, you can be convinced that regular, innocuous election activity is actually suspicious or dangerous. This is more challenging in the public health space, as some of the most prominent [disinformation dozen](#) have MDs behind their name. It's okay to consult an expert's opinion and, ideally, many opinions.

8. ***If a claim instantly sparks rage, take a step back***. Strong emotions can temporarily blind us from thinking critically, causing us to accept something not because it makes sense but because it makes us mad. Social media platforms are optimized for engagement, meaning that sensational or emotionally charged content gets the most attention.

9. ***Maintain skepticism.*** More than anything else, rules 1–8 only work if you maintain a modicum of skepticism while navigating the information ecosystem we are operating in. That's e*specially* important if the information you are encountering reaffirms your worldview. More than anything else, do your best not to be gullible; don't believe in dramatic or jaw-dropping claims without trying to follow these steps.

Bottom line

We are in a new information landscape, one that has immense benefits but also serious consequences. To adapt to the dense jungle of our information ecosystem, we must become responsible information consumers in ways we've never had to before. It's hard but desperately needed for our health and our democracy.

Stay steady out there. ∎

Isaac Saul is a politics reporter who grew up in Bucks County, Pennsylvania, one of the most [politically divided](#) counties in America. He founded Tangle, an independent, nonpartisan, subscriber-supported newsletter read by over 150,000 people, including conservatives, liberals, independents, and those who don't identify with any political tribe. If you want to check out how they cover politics, I highly recommend his newsletter [Tangle](#).

To subscribe to Your Local Epidemiologist on Substack please click here: https://yourlocalepidemiologist.substack.com/

Our crossword puzzle was created by by Dr. Richard Dicker—A former CDC employee and a not-quite-retired epidemiologist.   For an online version go to: https://tinyurl.com/ycye4zr6

1	2	3	4		5	6	7	8	9		10	11	12	13
14					15						16			
17				18						19				
			20					21				22		
23	24	25					26			27	28			
29							30	31	32		33			
34				35	36	37				38				
39			40					41				42	43	44
			45				46					47		
48	49	50			51						52			
53				54			55	56	57	58				
59				60	61	62		63						
64			65				66					67	68	69
70					71						72			
73					74						75			

Across

1. *-Across
5. How great minds are said to think
10. *Son of 1-Across who programmed some of Epi Info as a high-schooler (now Google exec.)*
14. Repetitive seagull cry in "Finding Nemo"
15. Calculus calculation
16. Swiss river to the Rhine
17. *Epi Info module that includes Read, List, Means, and Tables commands*
20. Holder of merit badges on a scout uniform
21. Fed. property agency
22. They're worth 6 pts. in the NFL
23. *Type of regression designers debated whether to include in early versions of Epi Info*
27. All-out attack
29. "A priest and rabbi walk into ____."
30. Pronoun for 1-Across
33. Scott of a landmark 1857 Supreme Court case
34. One of 100 in D.C.
35. *Module for duplicate data entry in DOS version of Epi Info*
39. Greek goddess of health (one of several spellings)
41. Dark times?
45. *Cause of first outbreak that used Epi Info during field investigation (1986)*
47. Type of league
48. "Nobody doesn't like ___ Lee"
51. ___-Magnon
52. Distinctive flair
53. Be of ___ (assist)
55. *Epi Info module similar to OpenEpi.com*
59. Cape of Good Hope country (abbr.)
60. "Winnie-the-Pooh" baby
63. Border on
64. *Epi Info's more modern alternative to 17-Across*
70. Those, in Tijuana
71. "Likewise"
72. Hat-tipper's word
73. Yangs' counterparts
74. *Early Epi Info module for typing in data*
75. Disfiguring treponemal tropical disease

Down

1. "The Walking Dead" network
2. Common soccer score
3. Double helix material (abbr.)
4. Boot camp reply
5. Crème de la crème
6. Small tropical fruit (one of several spellings)
7. The Monkees' "___ Believer"
8. Piece between a bishop and a queen
9. H's on some college houses
10. Cousin of a crow
11. South Pacific island
12. Icebox, for short
13. Admitted, with up
18. SPSS competitor
19. Syllables when you forget the lyrics
23. Mascara target
24. Comply with
25. Jets or Sharks, in "West Side Story"
26. Statistic often squared in statistical testing
28. Brainchild
31. Golden calf, for example
32. Lahaina island
35. "Oy ___!"
36. Laptop designed to run ChatGPT, Copilot+, etc. (abbr.)
37. Cowardly Lion actor
38. Technology to convert written words to oral (abbr.)
40. "Time ___ a premium"
42. Desert monster
43. Assessment, for short
44. Harmony
46. Apple platform
48. *Type of study data used with Epi Info's CSAMPLE module*
49. St. Francis' home
50. Use logic
52. medical suffix after append or vas
54. Mouths, in zoology
56. Sample (in the kitchen)
57. Dislike intensely
58. Soak spot
61. Kind of shoppe
62. Thor's dad
65. Letters before Constitution or Enterprise
66. Descendent of Ma Bell (abbr.)
67. One level below MLB's major leagues
68. Like data that has just been collected
69. Pings on X, for short

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 and we'll include it in the next month.

Public Health Topics

- Hawaii state epidemiologist says public at low risk from H5N1 (Spectrum Local News)
  https://tinyurl.com/3j7wfrz4

- Action over perfection: a Cape Town epidemiologist's experience at WHO (WHO)
  https://tinyurl.com/ypuwut8f

- What's behind the drop in US overdose deaths? (NYT)
  https://tinyurl.com/44yhv6t7

- It's a virus you may not have heard of. Here's why scientists are worried about it (NPR via AppleNews)
  https://tinyurl.com/445yxtux

- 'Walking Pneumonia' Is Surging Ahead of Cold and Flu Season (WSJ via AppleNews)
  https://tinyurl.com/3dt42zu2

- Exotic Jeilongvirus Discovered in Florida Rodent with Human 'Spillover' Risk (Newsweek via AppleNews)
  https://tinyurl.com/mrxx7bzf

- Get Ready for a Catastrophic Four Years for Public Health (Time)
  https://tinyurl.com/2nnx9yu7

- C.D.C. Warns of Unusual Rise in Walking Pneumonia Cases (NYT)
  https://tinyurl.com/56j8cz7f

- Trump Chooses Dr. David Weldon, a Former Congressman, to Lead the C.D.C. (NYT)
  https://tinyurl.com/3za4rdat

Public Health, *continued*

- Valley fever cases are spiking in Arizona this year. Here's what to know. (USA Today)
  https://tinyurl.com/37vj2p65

- CDC confirms H5N1 Bird Flu Infection in a Child in California (CDC)
  https://tinyurl.com/m6mb62ef

- With dengue cases at an extreme high, research points to climate change's role (NBC)
  https://tinyurl.com/47675b97

- Unlocking The Genetic Code: AI Reveals New Insights Into Psychiatric Disorders (Forbes)
  https://tinyurl.com/4u5yzkzn

COVID

- COVID-19's Surprising Effect on Cancer (Time)
  https://tinyurl.com/au4skvvp

- Covid Can Raise the Risk of Heart Problems for Years (NYT)
  https://tinyurl.com/3bz3zpr7

- Had COVID before? Scientists say every new infection puts you at risk of long COVID (Kansas City Star via AppleNews)
  https://tinyurl.com/4hkwcbuj

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

or on Twitter at: @theEpimonitor

or on Instagram at: @epimonitor

Notes on People

Honored: Virginia J. Howard, Ph.D., Distinguished Professor at the University of Alabama at Birmingham School of Public Health, received this year's Population Research Prize at the American Heart Association's Scientific Sessions 2024. Howard's distinguished research career focuses on stroke and many factors contributing to the unequal burden of stroke. Howard is the lead stroke epidemiologist for the national REasons for Geographic and Racial Differences in Stroke study.

Honored: Jiang He, M.D., Ph.D., Professor and Chair Designate of Epidemiology in the Peter O'Donnell Jr. School of Public Health at UT Southwestern Medical Center, is a 2024 recipient of the American Heart Association's (AHA) highest commendation, the Distinguished Scientist award. The honor recognizes Dr. He's prolific research on reducing the risks of cardiometabolic diseases, including heart disease, stroke, obesity, Type 2 diabetes, hypertension, dyslipidemia, and chronic kidney disease.

Honored: Adjunct faculty **Thinh Vu**, a member of York's Department of Health and Human Performance, recently presented at APHA 2024. Vu presented at the 2024 American Public Health Association (APHA) Meeting and Expo in Minneapolis, Minnesota, this past October. He gave three insightful presentations addressing crucial public health challenges faced by family caregivers of lung cancer patients in a lower-middle income country.

For his research, Vu was presented with the Young Professional Award in International Health, recognizing his "significant contributions to the field through leadership, innovation, and impactful practice."

Notes on People
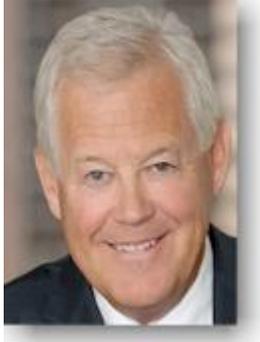
Appointed: Jack Leslie, professor of the practice in the Georgetown University School of Health (SOH), was named chair of the National Institutes of Health (NIH) Clinical Center Research Hospital Board (CCRHB), a hospital dedicated to clinical research at the NIH campus in Bethesda, Md., Oct. 9.

The CCRHB is composed of experts in biomedicine, health care administration and public health, and patient representatives who advise NIH leadership on the hospital's operations, particularly in areas of safety, clinical quality and regulatory compliance. Leslie previously chaired boards such as the United States African Development Foundation, a federal agency that provides enterprise development in sub saharan Africa, and the Elizabeth Glaser Pediatric AIDS Foundation, which works to end HIV/AIDS globally.

Elected: Professor of public health and health sciences **Matthew Miller** has been elected to the National Academy of Medicine in recognition of epidemiological work associating firearm ownership with higher rates of suicide. A professor of public health and health sciences at Northeastern University, Miller has spent the past quarter-century developing an "epidemiologic perspective," he says, "focused on injuries of all types, but mostly firearm-related injuries and suicide."

Passed: Diane Griffin, a pioneering infectious-disease virologist, scientific leader, and Johns Hopkins professor, died Monday. She was 84.

At the time of her death, Griffin was chair emeritus of the W. Harry Feinstone Department of Molecular Microbiology at the Johns Hopkins Bloomberg School of Public Health and vice president of the National Academy of Sciences. Griffin joined Johns Hopkins in 1970 as a virology fellow in the School of Medicine, where she eventually became a full professor in 1985. In 1994, the Bloomberg School appointed Griffin chair of what was then the Department of Immunology and Infectious Disease.

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.

December 2024

There are no events scheduled for this month

Call for 2025 Events

Do you have an event scheduled for 2025? We are starting
the process of building our calendar for next year and we
need your event listings to make them available to all.
There is NO CHARGE for this listing.

To list your event we need:
Event Name, Date, URL, Sponsor(s), Location
We also need to know what type of an event it is:
Conference, Meeting, Short Course, or Summer Program
and whether or not it is a virtual, hybrid or in-person event.

We publish our full year calendar at the end of December each year.
At the end of February we publish a special edition about
summer programs worldwide. We invite you to submit
events for both publications.

For more information please contact:

Michele Gibson / michele@epimonitor.net

Department Chair & Professor

The [Harvard T.H. Chan School of Public Health](Harvard Chan School) invites applications for the position of Department Chair and Tenured Professor in the [Department of Social and Behavioral Sciences (SBS)]. We seek an innovative scholar and visionary leader to direct a large, diverse, multidisciplinary department. The successful applicant will have an outstanding record of academic and research accomplishments, demonstrated leadership and administrative abilities, and a compelling vision for the department.

The Candidate

The successful candidate will advance the department's mission by fostering and expanding research activities, enriching the educational mission and trainee experience, attracting and mentoring early-career faculty, and providing strategic and tactical leadership at the levels of the department, School, and University. They will also be able to articulate a long-term vision for the future of the department to address existing and anticipated academic and research needs and to advance public health, both around the corner and around the world. As part of a world-class team of deans and department chairs, the chair of SBS will work laterally and vertically to address both broadly shared and distinctly local challenges and to advance the School's mission of improving health and promoting equity so all people can thrive.

Please apply to: https://academicpositions.harvard.edu/postings/14103 *Applications should be received no later than December 1, 2024, when the search committee will begin reviewing candidates. More information:*

Postdoctoral Fellows / Oncology-Focused Population Sciences

MSK welcomes applications for Postdoctoral Fellows who wish to pursue training in Oncology-Focused Population Sciences. MDs and PhDs who wish to pursue advanced research training and receive intensive mentorship in any area of cancer-focused population sciences are encouraged to apply.

OPTICS (Oncology focused Postdoctoral Training In Care Delivery and Symptom Science) is funded by an NCI-T32. It affords trainees protected time and access to resources to support intensive focus on an impactful research project. The program focuses on training aligned with one of 4 themes: Data Science, Risk Mitigation, Symptom Science or Care Delivery. Fellows do not need to have a specific project or mentor identified to apply.

This is a great opportunity for MDs or PhDs interested in pursuing a research career in any area of cancer-related population sciences, including but not limited to cancer data science, symptom control and survivorship, health informatics, cancer care delivery, implementation science, and epidemiology.

To apply, please head to our website, www.mskcc.org/optics, and submit your application materials to Samantha Vasquez at vasques2@mskcc.org by Friday, January 31, 2025. You must be a researcher with a MD/DO or PhD/ScD and a United States citizen or permanent resident (green card holder).
More information:

Course: Communicating About Science

Katelyn Jetelina, MPH PhD—epidemiologist and scientific communicator—will share the lessons she learned during COVID-19 of rapidly communicating and translating public health science to the general public and trusted messengers. She will share pro tips along the way so epidemiologists can integrate effective communication into every aspect of their job to positively impact their community.

[Use this link to sign up for Dr. Jetelina's Your Local Epidemiologist newsletter with a 40% discount.](#)

Lesson 1 Integrating Knowledge Translation into Public Health Practice

By the end of the lesson, participants will be able to:

1. Distinguish the difference between scientific writing with scientific communication to the public.
2. List and apply four key considerations before developing content for knowledge translation.
3. Define the key principles of information design, including clarity, simplicity, hierarchy, and visual appeal.
4. Describe the role of visual elements, such as images, charts, graphs, icons, and typography, in enhancing the clarity and accessibility of written products.
5. List several user-centered design methodologies and how they can provide critical feedback to communication strategies.
6. Use social listening, such as focus groups, readability assessments, and usability testing, to gather feedback from target audiences and iteratively improve the design and content of public health written materials.

Competencies:

- 1.8 – Data Analytics and Assessment Skills – Interprets results from data analysis
- 2.2 – Public Health Sciences Skills – Collaborates with others to support public health activities
- 3.1 – Communication Skills – Determines communication strategies
- 3.3 – Communication Skills – Facilitates accessible communication among individuals, groups, and organizations
- 3.4 – Communication Skills – Disseminates messages to internal and external audiences
- 4.2 – Community Partnership Skills – Maintains bidirectional relationships that improve community health and resilience

Click here for more information: https://tinyurl.com/mryup4yc

**Open Rank Faculty
Tenure-Track**

The Department of Epidemiology within the Geisel School of Medicine at Dartmouth, the Dartmouth Cancer Center, and the Center for Molecular Epidemiology invites applications for an open rank tenure-track position. We seek applicants to lead an independent, innovative research program in areas of cancer-focused epidemiology. Possible areas of focus include molecular, life course, nutritional, and/or environmental epidemiology and/or the exposome. Research in novel areas of cancer epidemiology related to DCC's Precision Cancer Prevention initiative are particularly encouraged. The Dartmouth Cancer Center (DCC) is an NCI-designated Comprehensive Cancer Center, and the Center for Molecular Epidemiology is a NIGMS Center for Biomedical Research excellence. Both offer a dynamic and interactive environment with a commitment and resources to support research excellence and career advancement. The faculty appointment will be in the Department of Epidemiology, with membership in the DCC Cancer Population Sciences research program with additional potential for membership in the Center for Molecular Epidemiology and other programs throughout the medical school and college.

Qualifications
Candidates must have a Ph.D. and/or M.D. degree and relevant postdoctoral research experience.

Application Instructions
Applicants should upload a cover letter, a curriculum vitae (without impact factors), a description of proposed research (3 pages or less), a teaching statement, and a statement on how their teaching, research, service, and/or life experiences prepare them to advance diversity, equity, and inclusion at Dartmouth through the interfolio link provided. Three referees should provide letters of recommendation. *Consideration of applications will begin on November 15th, 2024, and continue until the position is filled.*
https://apply.interfolio.com/99545

For further information check here: http://epimonitor.net/2024-3903-Epidemiology-Job-Opening.htm

The Epidemiology Monitor

in a Digital Version
is available FREE to subscribers

The Epidemiology Monitor is available exclusively online in the same familiar print format subscribers were accustomed to, and they can read through the publication on their electronic devices in the same manner they did with the print version. In addition, you can download and save copies of The Epidemiology Monitor for easy future access.

This digital publication format provides:

- ► Easier access to information that is more timely

- ► Publication alerts via email

- ► Embedded hot links in articles

- ► Full color advertising

- ► Wider circulation for advertisers

SUBSCRIBE FOR FREE TODAY AT:

http://epimonitor.net/Subscribe.htm