EpiMonitor

We're not just for epidemiologists anymore!

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

Editor's Note:
While the rest of the country and much of the world are paying attention to elections and wars at the EpiMonitor we've got a lot of other things on our mind. From AI to cancer to DEI research cuts, this month's issue of the EpiMonitor has a lot to take your mind off more mundane topics.

However, we didn't want to forget the elections so we reached back into our archives to find a piece on how to spot falsehoods whether the topic is medicine or elections. It turns out the basics are the same when you're trying to determine whether the information being presented to you is true or not.

Free Books are back and this time you'll find 44 titles available to you for just the cost of shipping. Our friends at EpiCentre have also updated their list of free calculators with 5 more that they've found since last month or that you took the time to send to them.

We've officially begun the annual project of building our worldwide event calendar for 2027. If your institution has a public event that runs at least 8 hours we'd like to include it in the calendar. We normally list short courses, conferences, summer/winter programs, meetings, and unique events such as hackathons. We also have advertising opportunities to help you spread the word about your event. Please feel free to reach out to us with any questions you may have. You'll find more information in this issue so you can see what details we need from you to list your events.

In jobs this month you'll find almost 100 open positions including, for the first time ever in the EpiMonitor, a full page of fellowship opportunities. Fall is prime job posting season and the next 60-90 days should be chock full of openings for you to review. Have an open job? Reach out and we'll send you information about our advertising program for jobs.

Job Seeker Survey - Please take a few minutes to answer this survey to help our advertisers determine what you want in a job and how much information to include in their job ads. This is a dozen short questions in an online format that will help both employers and job seekers.

As always, we continue to provide you with our popular monthly word game feature, an overview of what we are reading from the public media, and a listing of near term upcoming events. This month's Notes on People includes 16 of your peers - many of whom are being honored for their work.

Until next month - stay safe and busy!

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Did you miss last month's issue? **Read it here:** https://tinyurl.com/467vtrn9 **or here:** https://tinyurl.com/yc2mxtb5

AI Has a Statistics Problem

Biostatisticians May Help Solve It

"Making machines honest about what they do not know is one of the great statistical problems of this decade."

Note: This piece was originally published by the University of North Carolina's Gillings School of Global Public Health on September 1, 2026 in their online SPH News and is reprinted here with their full permission.

Artificial intelligence (AI) has gotten pretty good at recognizing patterns, making predictions and generating convincing answers from massive amounts of data in record time. But being able to find a pattern doesn't always mean that the pattern is correct or should be acted upon.

That distinction matters much more when AI is being used to make decisions about people's health.

AI can be confidently wrong. It can learn biases unintentionally embedded in its training data. A model that works well with one population may not work as well with another. And a prediction can show that extreme heat is linked with higher rates of illness without identifying which interventions will protect the people most at risk.

These are not new problems. They are problems that biostatisticians have spent decades working to solve.

In the Department of Biostatistics at the UNC-Chapel Hill Gillings School of Global Public Health, faculty are applying that expertise to AI and helping make these tools more reliable. The work builds on a foundation that dates back to the department's founding in 1949: developing statistical methods in direct contact with real health questions, not in isolation from them.

Dr. Michael Kosorok

"The Gillings School has many people working on many facets of AI and health, from solving under-the-hood technical challenges all the way to evaluating and implementing AI tools in practice, both locally and globally — and everything in between," said Michael Kosorok, PhD, W.R. Kenan, Jr. Distinguished Professor of biostatistics and director of the UNC Gillings Center for AI and Public Health (CAIPH). "It is an exciting time for public health!"

Within CAIPH, researchers develop and apply AI tools to address global health challenges by bringing together expertise in health and AI from across UNC.

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Looking beyond the pattern

For biostatisticians, figuring out whether an AI model can be trusted starts with looking at the data behind it.

Where did the data come from? Who is represented and who is missing? What influenced the decisions captured in the data? How was the outcome measured?

Dr. Hongtu Zhu

Hongtu Zhu, PhD, Kenan Distinguished Professor in the Department of Biostatistics and editor of *Journal of the American Statistical Association (JASA): Applications and Case Studies*, says AI failures often come down to "the wrong data, the wrong comparison or unwarranted certainty."

Consider an AI tool designed to help communities prepare for extreme heat. Historical data could show that one neighborhood has fewer heat-related emergency room visits than another, leading the model to identify residents there as being at lower risk.

But what if residents in that neighborhood have less access to health care and are simply less likely to visit an emergency room?

Without that context, the model could underestimate the community's risk and influence where limited public health resources are sent. A biostatistical approach would account for factors that could be affecting what appears in the data before using that pattern to draw a conclusion.

The same principle applies to cause and effect. More data and computing power cannot turn a flawed comparison into evidence that one thing directly caused another. That becomes especially important when AI moves from predicting what might happen to informing what should happen next.

How sure are you?

If an AI chatbot confidently gives you a bad dinner recommendation, the stakes are pretty low.

But imagine AI helping predict where the next disease outbreak could occur, which communities are most at risk during a heat wave or where resources are needed most following a natural disaster.

When the stakes are higher, "How sure are you?" becomes a question that we need AI to be able to answer honestly and confidently.

"Making machines honest about what they do not know is one of the great statistical problems of this decade," Zhu said.

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For public health applications, an AI system needs to do more than produce an answer. Researchers also need to understand how certain that answer is and when there isn't enough evidence to rely on it.

Biostatistics also helps researchers evaluate whether an AI tool actually works. That includes testing it across different populations and determining whether using it improves health outcomes, rather than relying only on how well the model performs in a controlled test.

Building what comes next

As biostatisticians work to improve AI, AI is also changing biostatistics.

Routine analyses, data cleaning and coding can increasingly be automated. That gives biostatisticians more opportunity to focus on work that requires human judgment: asking the right questions, determining whether available data can answer them, figuring out whether one factor actually caused an outcome and testing whether AI tools work across different populations.

It also presents a choice for the field.

"If we do not evolve, we become auditors of other people's models instead of architects of better ones," Zhu said.

At Gillings, that evolution is already affecting research and training. Students are studying traditional statistical methods alongside machine learning, causal inference and computing, and working on AI-for-health projects involving imaging genetics, electronic health records, causal machine learning and large language model evaluation

For Gillings biostatisticians, the goal isn't to compete with AI or simply check its work. It's to be involved in how these tools are developed and evaluated from the beginning, bringing statistical rigor to technology that is increasingly being used across public health. ■

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Fingerprints of Cancer

How Epigenetics is Exposing the Environmental Causes We've Failed to See

Author: Bruce Lanphear, MD, MPH

NOTE: This article was originally published on May 12, 2026 by Plagues, Pollution & Poverty on Substack.

We've gotten very good at reading the aftermath of disease. The harder—and more important—task is learning to read its origins.

At first glance, epigenetics feels like a revolution. We can estimate biological age, detect cancer from a vial of blood, even reconstruct fragments of a person's biologic past. But most of these advances still come late in the story. They illuminate disease after it has already begun to unfold.

What we've lacked is a way to see further upstream—to identify the exposures that quietly set disease in motion years or decades earlier. That's where epigenetic fingerprints may matter most. Not merely as markers of disease, but as clues to what caused it—and how we might finally prevent it.

Pesticides are a recognized—and growing—risk factor for cancer. That should no longer be controversial. What remains controversial is something more basic: our failure to protect people from them.

Not because the evidence is absent. But because we still struggle to answer a deceptively simple question: Which chemical caused this cancer?

The Story We Tell Ourselves

When someone is diagnosed with cancer, we reach for familiar explanations. Genetics. Lifestyle. Bad luck. These explanations are familiar and comforting, but they are also incomplete.

Genes matter, but they rarely act alone. "Bad luck" is a placeholder for what we have failed to measure. And lifestyle—diet, smoking, exercise—has become a convenient catch-all that obscures the role of carcinogens and other toxic chemicals embedded in the environments we've created.

Meanwhile, cancer rates are changing in ways that are hard to explain by genes alone. Early-onset cancers—colon and breast—are rising in younger adults. These are not diseases driven by slow genetic drift. They are signals.

Among the suspects, pesticides stand out. Their use has expanded dramatically over the past half century. They are now woven into modern agriculture and dispersed through food, water, soil, and air. Many are biologically active by design—engineered to disrupt cellular processes in plants, insects, or fungi. It should not surprise us that some may also disrupt human biology.

Yet pesticides often remain strangely invisible in conversations about cancer. Suspected, debated, endlessly litigated—but rarely pinned down.

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The Missing Fingerprint

The problem is not just whether pesticides cause cancer. The problem is whether we can convincingly link a specific chemical to a particular disease in a particular person.

For smoking, we have fingerprints: tar in the lungs, characteristic DNA mutations, unmistakable dose-response relationships. The evidence became overwhelming because the trail was visible.

For most pesticides, the trail has been far murkier. We rely on animal studies at high doses, occupational studies with imperfect exposure histories, ecological analyses, or self-reported pesticide use collected years after exposure occurred. Each provides a fragment of the story. None provides the kind of definitive signature that changes public understanding—or legal accountability.

That gap between exposure and attribution has enormous consequences. It allows doubt to persist. It slows regulation. It shifts the burden of proof onto the public. And it gives manufacturers room to argue that causation remains uncertain. If you cannot measure exposure precisely, responsibility becomes endlessly contestable.

A New Way to Read the Past

A recent *Nature Medicine* study offers a way forward—and it is as elegant as it is disruptive. Instead of trying to measure pesticide exposure directly, the researchers asked a more provocative question: *What if the exposure is already recorded in the tumor itself?*

They turned to epigenetics—the chemical marks on DNA that regulate gene expression. Unlike mutations, which alter the DNA sequence itself, epigenetic marks can shift in response to environmental exposures. And importantly, they can persist. In effect, they are a biological memory or fingerprint.

Using data from multiple cancer cohorts, the researchers constructed what they call methylation risk scores—patterns of DNA methylation associated with specific exposures, including several pesticides. These scores act as epigenetic fingerprints.

They didn't measure the pesticide in blood or urine. They inferred past exposure from the imprint left behind in tumor tissue.

That's the conceptual leap.

From Signal to Evidence

The study focused on early-onset colorectal cancer, one of the most alarming emerging cancer trends worldwide. After constructing these epigenetic fingerprints, the researchers compared tumors from younger and older patients.

What they found was striking.

A consistent signal linked early-onset colorectal cancer with exposure to the herbicide picloram. But the researchers did not stop there. They replicated the findings across multiple independent cohorts. Then they zoomed outward to population-level data, examining county-level pesticide use across the United States over two decades.

Counties with higher picloram use showed higher rates of early-onset colorectal cancer.

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Three independent lines of evidence—epigenetic, clinical, and population-level—all pointing in the same direction.

This is what environmental health research has often lacked. Not merely associations. Not merely plausibility. But a coherent chain linking exposure to disease.

Why this Matters

This approach changes the terms of the debate. Epigenetic fingerprints offer something new: a way to reconstruct exposure after the fact—a biologic record of what the body has encountered. They move us from vague suspicion toward something far more concrete: evidence that an exposure likely occurred and left a measurable imprint.

In utero and early childhood pesticide exposure is consistently associated with DNA damage, chromosomal abnormalities, altered gene expression. These molecular signatures may eventually serve as biologic "fingerprints" of exposure, allowing scientists to reconstruct environmental exposures with far greater precision than traditional epidemiology has allowed.

They will never be perfect. No biomarker is. But they shift the burden of proof. Instead of demanding absolute certainty before acting, we can begin to ask a more reasonable question: does the evidence—from biology, toxicology, and epidemiology—point consistently in the same direction?

That is how science advances.

The Broader Pattern

If this were just about one herbicide, it would be interesting. But it's not.

The same study found signals for other pesticides—glyphosate, atrazine, and more. The details will evolve. Some findings will strengthen; others may fall away.

But the pattern is clear: We are beginning to see the outlines of how environmental exposures become biologically embedded. And once you see that, it becomes harder to maintain the fiction that cancer is primarily a matter of genes or chance.

The Legal Endgame

At the same time that science is inching toward clearer attribution, the legal landscape is moving in the opposite direction.

The ongoing Supreme Court case involving glyphosate is, in many ways, a last-ditch effort to avoid liability by redefining the rules of evidence.

The argument is familiar: if federal regulators have approved a product, can manufacturers still be held accountable under state law for failing to warn about its risks?

Strip away the legal language, and the underlying strategy is straightforward: emphasize uncertainty, challenge causation, and shift the burden of proof. It is a strategy that has been used before—by tobacco, by asbestos, by lead.

And it depends on one thing above all: the absence of clear, individual-level evidence linking exposure to harm. That is exactly the gap studies like this begin to close.

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What We Choose to See

We are at an inflection point.

On one side is a familiar narrative: cancer as an inevitable consequence of aging, genetics, and chance. A problem to be managed, treated, endured.

On the other is a more uncomfortable reality: cancer as, in part, a consequence of the environments we have created—and can change. The difference between these narratives is not just scientific. It is political, economic, and moral.

If cancer is due to genes or bad luck, there is little to be done beyond better treatments If it is, in part, environmentally driven, then prevention becomes possible—and responsibility becomes unavoidable.

The Next Step

This study gives us a new tool—a way to read

the biological record of exposure. Now the question is whether we will use it. Will we expand biomonitoring and epigenetic surveillance? Will we integrate these measures into public health? Will we act on early signals, or wait for certainty that never quite arrives?

We have seen this story before.

With lead, we waited decades to act, long after the evidence was clear. With tobacco, we debated while millions died. With air pollution, we underestimated until the burden became impossible to ignore.

Pesticides may follow the same path. Or they may not.

Because for the first time, we are beginning to see their fingerprints in cancer. And once you can see the cause, it becomes much harder to look away. ■

When "DEI" Research is Cut What Happens to Community Health

Author: Elisabeth Marnik, PhD

NOTE: *This article was originally published on September 30, 2026 by Your Local Epidemiologist on Substack.*

Health equity is caught in the crossfire

"I'm just going to run to the grocery store!"

How many times have we said this without thinking about it? For most of us, it's usually an easy walk or a short drive to get the cheese we forgot. In reality, though, 13% of the U.S. population (about 39 million people) live in "food deserts," which means living more than a mile from a grocery store in urban areas and more than 10 miles in rural areas.

This was the case for people in Pittsburgh's Hill District, where a quick run to buy food wasn't an option. In the 1930s, federal maps marked the Hill as "hazardous" for lending, a practice known as redlining that steered investment away from Black neighborhoods. Decades of disinvestment followed, and residents went about 30 years without a nearby grocery store. This made it hard to keep healthy eating habits and contributed to chronic disease.

When a grocery store finally opened in the area in 2013, researchers saw the opportunity and launched the PHRESH study, which initially compared the health of participants from the Hill district to those in the Homewood district. Over time, the study expanded to other factors such as brain health and Alzheimer's risk.

Residents like Roderick Blair overcame initial hesitation to share their health data, trusting it would benefit their neighborhood. Then, in August 2026, the NIH abruptly canceled the study's grant, citing that it was "subjective" and fell outside their scientific scope—an effect of the administration's interpretation of diversity, equity and inclusion (DEI).

Research like PHRESH can help determine what changes in a neighborhood actually improve health, so cutting it has left that question unanswered. Other canceled studies have examined health issues like maternal health, preterm birth rates, or sickle cell disease. Courts have reversed some of these grant cancellations, but not all of them.

If we *really* want America to be healthier, research into why some communities get sicker than others is absolutely critical. The law that created the federal minority health research institute passed with bipartisan support in 2000. But these days, as evidenced by grant cancellations, the political shift in attitudes toward DEI means we often lose access to the health information we need to help all communities thrive.

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- DEI cont'd from page 10

DEI vs. health equity vs. equality and the overlap (or lack thereof)

The letters "DEI" evoke very different reactions depending on who you are in the U.S. DEI programs can address gender, disability, age, and other factors, but the fiercest debate centers on race.

For some people, hearing DEI brings to mind policies that may have cost them a job or a college seat because they are white. Others see DEI as a matter of justice: a way to expand representation and opportunity for groups that have been historically marginalized. Both perspectives are rooted in lived experience, and both center on the same question: whether hiring and admissions practices are fair.

Hiring and admission practices, though related, are not the same as health equity. Health equity is "the attainment of the highest level of health for all people."

It's the recognition that some groups of people consistently experience worse health outcomes than others. For instance, black mothers die from pregnancy-related complications at three times the rate of white mothers, and rural Americans are more likely to die from issues such as heart disease and cancer.

Equity is *also* often conflated with "equality," which leads to misunderstanding of how to actually best support communities. Equality ignores the fact that we aren't all starting life with the same resources or circumstances, whereas equity is about helping people get what they specifically need based on their situation so they have the chance to achieve the same outcome as anyone else. For example, if every household in Pittsburgh got a $30 grocery gift card, that would be equal. But during the decades the Hill District went without a grocery store, that card wouldn't have helped much. Equity means making sure everyone can actually access a store in the first place.

DEI policies can overlap with health equity in many ways. For example, they may help expand access to quality education and stable, well-paying jobs, which in turn can provide health insurance, safer housing, and improved finances—all of which can reduce health disparities. But to make that happen, we first need data to identify disparities in communities and to develop solutions that effectively address them.

What we lose when the research stops

Community data is important to health equity because:

You can't fix what you don't see: Data show which communities are most affected by health factors such as infection, heart disease, and cancer. If we don't know what is happening and where, then we can't develop interventions to help.

Poor health costs everyone: Chronic disease is expensive—both to the individual person and to the overall economy. Understanding what groups of people are most at risk allows us to develop interventions that can save everyone money.

Disparities exist for many communities: Health equity includes disparities that exist due to a whole host of factors, such as family background, race and ethnicity, rural vs. suburban residence, gender and sexual orientation, veteran status, disability, and lower

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income. This means many Americans can benefit from research into differences in health outcomes and how to improve them.

Trust is easy to lose: Some participants in the PHRESH study were initially vocal about their concerns about participating. But that trust was earned because the researchers kept their promises and centered their work on the community. When projects are canceled mid-cycle, researchers have no choice but to leave behind communities they had promised to help. This hurts trust in the long run. It's also a very inefficient use of resources, and it will take significant time and effort to redo the work when the government realizes this work is important again.

How should we talk about health equity?

This is hard because the words "equity" and "DEI" are currently very politically charged. So whether you're a public health professional, teacher, or friend, how we talk about this topic ***matters***. The right framing can help people who might otherwise be skeptical see why health equity research is important and deserves funding.

Here are some suggestions to help your conversations:

1. **Choose your words strategically:** Who are you trying to reach with your message? Are they likely to be resistant to terms like "diversity" and "equity"? If so, find alternative words to use to still get the message across. It is frustrating to be in that position, but the goal of improving health is too important not to try to make inroads. Sometimes simply reframing can help the message reach

- DEI cont'd on page 13

reach those who need to hear it.

2. **Focus on the problem:** The terms "health equity" and "DEI" are abstract. Make it more specific. For example, discuss differences in maternal death or ways to improve health outcomes in rural communities. These still have equity at their core but will likely be better understood by those you're talking with.

3. **Focus on systems**: Disparities exist, but if they are communicated poorly, people can mistakenly think the issue is the individual's fault. Disparities are largely driven by failures of the system—such as lack of access to health care and a long legacy of racism. When discussing the disparities, frame them around these systemic issues to ensure blame isn't placed on the individuals impacted.

4. **Tell stories**: Personalize these policies by connect to the data you're trying to convey. This helps make the policies and outcomes more concrete and meaningful.

Bottom line

Some communities end up sicker than others. That's just the facts. We can argue about the best way to do that research, but canceling it simply because it may be linked to DEI doesn't make anyone healthier. It just leaves communities like the Hill district behind.

And in the end, it causes us all to move backward in our efforts to improve health in this country. ■

Big thanks to MacKenzie Isaac & Legairre Radden, who reviewed this piece and generously shared their expertise and lived experience to help improve it.

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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From our Archives - November 2024

9 Ways to Spot Falsehoods

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

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

NOTE: *This article was originally published on October 30, 2024 by Your Local Epidemiologist on Substack. and we thank then for their permission to reprint.*

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.

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.

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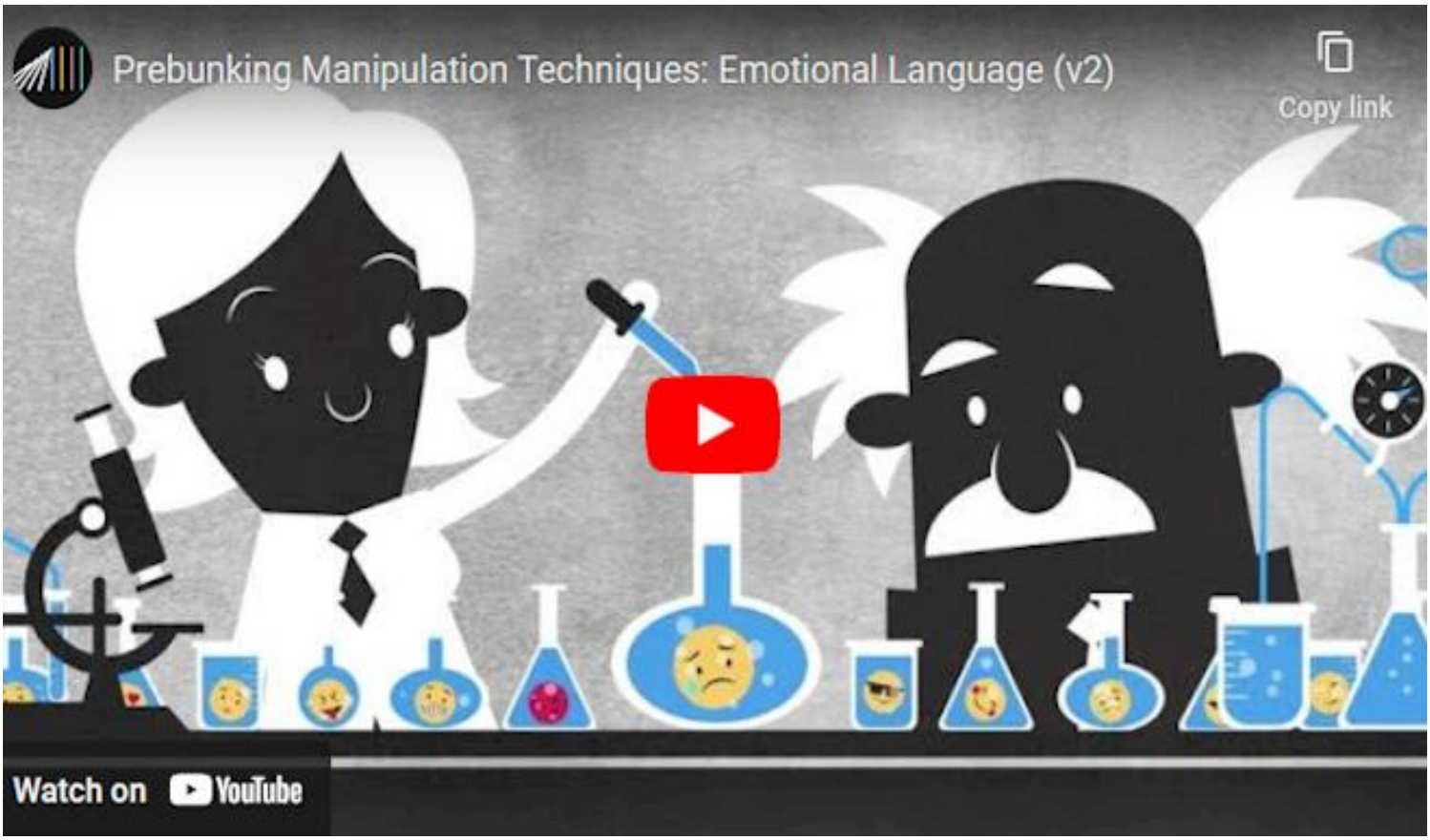

Here are 9 tips that help us sift through the noise. They may be useful for you, too.

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

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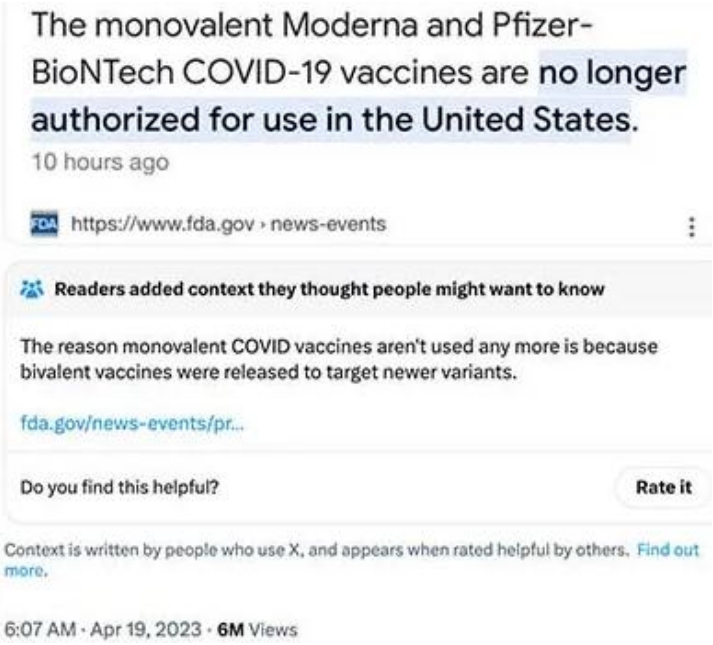
- Falsehoods cont'd from page 15

4. 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.

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

- Falsehoods cont'd on page 17

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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, YLE highly recommends his newsletter Tangle.

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FREE Resources
Five More
Online Epidemiologic & Statistical Calculators

In the September 2026 issue of the EpiMonitor (pp. 28-29), a listing of 15 free online Epi/Bios tools was presented courtesy of our friends at EpiCentre. Here are five more tools they've sent us this month:

A list of all of these tools can be found here: https://sites.google.com/view/epi-centre-org/links

Please feel free to provide links to other similar programs and your experience in using these: Epi.Centre.Org@gmail.com

	Calculator	Primary Focus	Selected Capabilities
1.	Shiny Epi Tools	Epi and Bios Tools	Sample size, sampling, simple data analysis, distributions, diagnostic tests. Thanks to Catriona Mackenzie for making us aware of this tool.
2.	FreeStatisticalTools	Statistics	As of this writing there are 92 tools; can import data; Tools include: Sample size and power calculations; Categorical data analysis; Survival analysis; Descriptive analysis; Graphs; Nonparametric tests; Correlation and Regression; Bayesian statistics; Reliability and agreement; Multivariate analysis; Structural equation modeling.
3.	MetricGate	Statistics	This is a monster of a program!!! A comprehensive, browser-based statistical analysis platform offering more than 8,600 R-powered calculators covering epidemiology, biostatistics, regression, survival analysis, sample size, and numerous other methods. Includes dataset import, AI-assisted analysis, customizable calculators, and access to underlying R code. Free and paid versions are available.
4.	Statulator	Statistics	Statulator is a free on-line statistical calculator that conducts statistical analyses, interprets the results, and makes suggestions for presenting them in reports, journal articles and dissertations.
5.	MedCalc	Epi and Bios	MedCalc provides online tools for sample size calculations, statistical tests, and post-hoc power analysis.

FREE Resources
44 More FREE Books!

This month's free book list comes to us from Dr. Diana Petitti. As always, books are provided to the requestor at no charge except for shipping. Books will be shipped only to addresses in the United States. Books will be shipped in USPS flat rate boxes at a cost of $12.65 for a small flat rate box (will hold a single book for most books on my list) or $22.95 for a medium flat rate box at a cost of (will hold 2 or 3 books for most books on my list). Reimbursement for the cost of shipping must be made using a check drawn on a US bank. There is no handling fee. The offer to give these books away expires February 1, 2027.

Send a request for 1, 2 or 3 books to the following email address: dianasbooks@yahoo.com

If a book is no longer available, requestors will be informed ASAP.

A First Course in Multivariate Analysis
Flury B / Springer / 1997 / ISBN-13: 9780387982069

Applying and Interpreting Statistics. A Comprehensive Guide. 2nd edition
McPherson G / Springer / 2001 / ISBN-13: 9780387951102

A Study Guide to Epidemiology and Biostatistics. 2nd edition
Morton RF & Hebel JR / University Park Press / 1984 / ISBN-13: 978-0839119746

A Review of Biostatistics. 5th edition
Leaverton PE / Lippincott Williams Wilkins / 1995

Applied Longitudinal Data Analysis
Singer JD & Willett JB / Oxford / 2003 / ISBN-13: 9780199882403

Applied Regression Analysis. 2nd edition
Draper NR & Smith H / Wiley / 1981 / ISBN-13: 9780471029953

Basic Biostatistics in Medicine and Epidemiology
Rimm AA, Hartz AJ, Kalbfleisch JH, Anderson AJ, Hoffman RG / Appleton Century Crofts / 1980 / ISBN-13: 9780838505281

Basic and Clinical Biostatistics. 4th edition. Includes CD-ROM.
Dawson B & Trapp RG / Lang Medical Books / 2004 / ISBN-13: 9780071410175

-Books cont'd from page 19

Biostatistical Analysis. 2nd edition
Zar JH / Prentice-Hall / 1984 / ISBN-13: 9780130779250

Biostatistics in Clinical Medicine
Ingelfinger JA, Mosteller F, Thibodeau LA, Ware JH / MacMillan / 1983 / ISBN-13: 9780023600104

Biostatistics for Epidemiologists
Ahlbom A / Lewis Publishers / 1993 / ISBN-13: 9780873719124

Case-Control Studies: Design, Conduct, Analysis
Schlesselman JJ / Oxford / 1982 / ISBN-13: 9780199771431

Computer Age Statistical Inference
Efron B & Hastie T / Cambridge University Press / 2016 / ISBN-13: 9781107149892

Design and Analysis of Group-Randomized Trials
Murray DM / Oxford / 1998 / ISBN-13: 9780195120363

Fundamentals of Biostatistics
Schor S / GP Putnam's Sons / 1968 / ISBN-13: 9780867154498

Introduction to Statistical Analysis. 4th edition
Dixon WJ & Massey FJ / McGraw-Hill / 1983 / ISBN-13: 9780070170735

Intuitive Biostatistics
Motulsky H / Oxford / 1995 / ISBN 13: 9780195086072

Medical Uses of Statistics
Bailar JC & Mosteller F / NEJM Books / 1986 / ISBN-13: 9780910133166

Modern Statistical Methods in Chronic Disease Epidemiology
Moolgavkar SH & Prentice RL / Wiley / 1986 / ISBN-13: 9780471839040

Multivariate Methods in Epidemiology
Holford TR / Oxford / 2002 / ISBN-13: 9780195124408

Nonparametrics: Statistical Methods Based on Ranks. Revised first edition. Softcover
Lehmann EL & D'Abrera HJM / Springer / 2006 / ISBN-13: 9780387352121

Primer of Applied Regression and Analysis of Variance
Glantz SA & Slinker BK / McGraw-Hill / 1990 / ISBN-13: 9780070234079

-Books cont'd from page 20

Primer of Biostatistics
Glantz S / McGraw-Hill / 1981 / ISBN-13: 9780070233706

Probability Without Tears
Rowntree D / Barnes & Noble Books / 1994 / ISBN-13: 9781566194167

Quantitative Applications in the Social Sciences. Sage Series booklets.
Operations Research Methods (Issue 2)
Cohort Analysis (Issue 5)
Introduction to Survey Sampling (Issue 35)
Bayesian Statistical Inference (Issue 43)
Survey Questions (Issue 63)
Analyzing Complex Survey Data (Issue 71)
Longitudinal Research (Issue 76)
Bootstrapping (Issue 95)
Sage Publications. Various copyright years.

Research Design: Qualitative, Quantitative and Mixed Methods Approaches. 2nd edition
Creswell JW / Sage / 2003 / ISBN-13: 9780761924425

Statistical Analysis of Failure Time Data
Kalbfleisch JD & Prentice RL / Wiley / 1980 / ISBN-13: 9780471055198

Statistical Inference
Oakes M / Epidemiology Resources Inc. / 1990 / ISBN 13: 9780917227042

Statistical Methods. 5th edition
Snedecor GW & Cochran WG / Iowa State University Press / 1956 / Does not have ISBN-10 or ISBN-13. LCCN 56007378

Statistical Methods for Comparative Studies
Anderson S, Auquire A, Hauck WW, Oakes D, Vandaele W & Weisbert HI / Wiley / 1980 / ISBN 13: 9780471048381

Statistical Methods for Rates and Proportions. 2nd edition
Fleiss JL / Wiley / 1981 / ISBN-13: 9780471064282

Statistical Methods for Survival Data Analysis
Lee ET / Lifetime Learning Public / 1980 / ISBN 13: 9780534979874

-Books cont'd from page 21

Statistical Methods in Cancer Research. Volume 1: The Analysis of Case-Control Studies. Hardcover.
Breslow NE & Day NE / IARC / 1980 / ISBN-13: 9780197230329

Statistical Methods in Cancer Research. Volume 2: The Design and Analysis of Cohort Studies. Hardcover.
Breslow NE & Day NE / IARC / 1987 / ISBN-13: 9789283211822

Statistical Methods in Epidemiology
Kahn HA, Sempos CT / Oxford / 1989 / ISBN-13: 9780195050493

Statistical Methods in Medical Research. 2nd edition
Armitage P, Berry G / Blackwell Scientific Publications / 1987 / ISBN-13: 9780632015016

Statistical Methods in Medical Research. 4th edition
Armitage P, Berry G, Matthews JNS / Blackwell Scientific Publications / 2001 / ISBN-13: 9780632052578

Statistical Models: Theory and Practice. 1st edition. Softcover.
Freedman DA / Cambridge University Press / 2005

Statistical Power Analysis for the Behavioral Sciences. 2nd edition
Cohen J / Erlbaum / 1988 / ISBN-13: 9780805802832

Statistical Rules of Thumb. 2nd edition
van Belle G / Wiley / 2008 / ISBN-13: 9780470144480

Statistics at Square One
Swinscow TDV / British Medical Journal / 1976 / ISBN-13: 9780727900180

Statistics for Health Professionals
Shott S / WB Saunders / 1990 / ISBN-13: 9780721682549

Statistics in Medicine
Colton T / Little, Brown & Company / 1974 / ISBN-13: 9780316152495 Hardcover / ISBN-13: 9780316152501 Softcover

Studying a Study and Testing a Test: How to Read the Medical Literature
Riegelman RK / Little, Brown & Company / 1981 / ISBN-13: 9780316745185

The Job Hunt

Fall 2026 Job Seeker Survey

Not a day goes by at the EpiMonitor that we don't talk to an institution looking to hire someone as an epidemiologist, biostatistician or other public health professional. All of us are aware of how COVID and the DOGE cuts have impacted this market. For job seekers there are fewer job opportunities to choose from. For employers it has become more difficult to attract applicants who are currently in jobs that they regard as safe.

When employers talk to us they are eager to hear:

- What jobs (titles) applicants are looking for
- Which jobs that are currently open are attracting the most interest
- How to ensure that their job opening stands out among the competition
- What applicants are looking for in a job today
- Which points should be addressed in their ad that may not be the traditional ones
- How fast are positions being filled and how long should they advertise
- What is the best time of year to attract candidates

We can answer some of these questions but not all of them and we'd like to ensure that the ads they post answer the questions you have. To do that we need information from you. So we're launching our Fall 2026 Job Seeker Survey. The link below will take you to our survey site to answer a dozen quick questions.

While this survey is predominantly designed to help our advertisers attract applicants, we think you deserve to know what your peers are looking for too. So once the survey closes we'll post the results and you'll be able to see what the active pool of applicants looks like this fall.

Thanks in advance for your help with this - it's the first of several surveys that we'll be running in the coming year to ensure that the EpiMonitor provides you with the information you want and need.

Take the survey here: https://tinyurl.com/23hv6r93

Comments or Questions? Email us at: info@epimonitor.net

Epi Word Search – October 2026

Just the News

This month's puzzle comes from the articles in the *What We're Reading* section in this issue. That should make it easy for you to work the puzzle. Good luck - don't let the puzzle frustrate you!

For an interactive online version go to: https://tinyurl.com/bdff77cn

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

Just the News *by Michele Gibson*
Powered by PuzzleMe™

Words to find:

1. CDC
2. Dengue
3. DOGE
4. Ebola
5. France
6. HIV
7. Hobbled
8. Island
9. Measles
10. Nigeria
11. OpenAI
12. Plague
13. Pneumonic
14. Response
15. Russia
16. Shamonda
17. Shellfish
18. Validate
19. WHO
20. Workforce

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Contact: Michele Gibson / 770.309.7937
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 and we'll include it in the next month.

Public Health Topics

- One in four doctors nearing retirement age as WHO warns of global health workforce gap (WHO)
  https://tinyurl.com/4ju3h6tt

- Is this the cure for Alzheimer's? (VOX via AppleNews)
  https://tinyurl.com/nhrr7s37

- Pneumonic Plague: What the Possible Case in Russia Means for U.S. Response (MedPage Today)
  https://tinyurl.com/ym6vfj6t

- What is the pneumonic plague? (NPR)
  https://tinyurl.com/47re7ex7

- Former CDC director questions whether Russian researcher was working with 'manipulated' strain of plague before death (Daily Mail)
  https://tinyurl.com/ua8x4pv7

- Why this island paradise has the world's fastest-growing HIV epidemic (NPR)
  https://tinyurl.com/454hpsv4

- 'Zombified' C.D.C., Hobbled by Cuts, Struggles to Fulfill Scientific Mission (NYT Gift Article)
  https://tinyurl.com/3y2j6fwj

- C.D.C. Ignored Request From States to Validate a New Measles Test (NYT Gift Article)
  https://tinyurl.com/ffac5bs3

- A counterintuitive way to build trust in measles vaccines and public health (STAT)
  https://tinyurl.com/yrhfd327

- Reading cont'd on page 26

Public Health Topics

- A Public Health-Minded Senator Asks: What Comes After Trump and Kennedy? (NYT Gift Article)
  https://tinyurl.com/5zhnpnss

- Health Officials: DOGE Disruptions Upended $112 Million Epidemiology Contract (Washington Sun)
  https://tinyurl.com/35j7pdmz

- OpenAI Agent Hacked Public Health Care Site, Australia Says (NYT Gift Article)
  https://tinyurl.com/mse99kpd

- Outbreak of life-threatening liver disease sparked in connection to shellfish (Daily Mail)
  https://tinyurl.com/msfpuc7h

- What to know about Ebola outbreak that has spread from Congo to multiple African countries (WAPO)
  https://tinyurl.com/37t77h9e

- Nigeria has 500 epidemiologists, govt should let them lead Ebola response, expert says (Premium Times)
  https://tinyurl.com/46v2cek2

- What Clinicians Need to Know about Dengue in the United States (Avian Flu Diary)
  https://tinyurl.com/2xdpp89m

- NCI renews UNC biostatistics training grant in genomics and cancer (UNC.edu)
  https://tinyurl.com/43x84rez

- France reports first human case of Shamonda virus, but says there's no public health risk (France24)
  https://tinyurl.com/3fjxwtpb

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

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

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. michele@epimonitor.net

Honored: The American Public Health Association (APHA) has selected University of North Carolina's **Danyu Lin, PhD,** Dennis Gillings Distinguished Professor in Biostatistics, as the *2026 Lowell Reed Lecturer*, one of the organization's highest honors for statistical innovation. Lin will deliver the Lowell Reed Lecture at the 2026 Annual Meeting & Expo of the APHA in San Antonio, Texas, on November 3.

Honored: IDSA has awarded **Michael Osterholm, PhD, MPH, FIDSA;** the director of the Center for Infectious Disease Research and Policy at the University of Minnesota, with the *2026 Anthony Fauci Courage in Leadership Award*. In early 2025, Dr. Osterholm and colleagues founded the Vaccine Integrity Project, dedicated to safeguarding vaccine use in the U.S. He challenged his team to ask hard questions, follow the evidence and communicate conclusions to stakeholders and the public with clarity and integrity. Through this platform, Dr. Osterholm brought together voices across divides to focus on science and evidence.

Honored: Dr. **Stephen B. Calderwood, MD, FIDSA**; the Morton N. Swartz, MD, Distinguished Academy Professor of Medicine at Harvard Medical School, has been awarded the *2026 Alexander Fleming Award for Lifetime Achievement* by IDSA. He has demonstrated an exceptional ability to conduct high-impact basic and translational research with global impact. His research spans infectious diseases, immunology and molecular biology, with a focus on pathogen-host interactions and epidemiological dynamics.

Honored: Daniel B. Jernigan, MD, MPH currently a contributing scholar at Johns Hopkins Bloomberg School of Public Health, following more than three decades at CDC, most recently as director of the National Center for Emerging and Zoonotic Infectious Diseases; has been awarded the *2026 D.A. Henderson Award* by IDSA for lifetime contributions to public health. At CDC he oversaw innovative programs for genomic sequencing and for supporting state health departments. He also spent 15 years in leadership at CDC's Influenza Division, serving as director for six years.

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

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Honored: The Department of Biostatistics at the School of Public Health at Boston University has named **Lori B. Chibnik**, MPH, PhD the recipient of the 2026 Biostatistics Distinguished Alumni Award. Dr. Chibnik is a biostatistician and Associate Professor with an appointment in the Department of Neurology at Massachusetts General Hospital (MGH) and Harvard Medical School and the Department of Epidemiology at the Harvard T.H. Chan School of Public Health.

Honored: Dr. **Anna Wald**, UW professor (Allergy and Infectious Diseases) is the 2026 recipient of the *Walter E. Stamm Mentor Award* from IDSA. She received this award in recognition of her outstanding contributions, dedication, and exceptional leadership within the infectious diseases community. A physician-scientist and inspirational mentor, Wald is an exceptional administrator, communicator and advisor to all levels of faculty. She has focused her research on herpes simplex virus infection. For many years, she directed the University of Washington Virology Research Clinic.

Honored: **Ruth Aviva Karron**, director of the Johns Hopkins Vaccine Initiative, professor of international health at the Bloomberg School of Public Health with a joint appointment in the Department of Pediatrics at the School of Medicine has been elected to the National Academy of Medicine. Karron is a pediatrician, trained in infectious diseases, who has extensive experience in the evaluation of respiratory virus vaccines, including vaccines for respiratory syncytial virus, parainfluenza viruses, avian influenza, and pandemic influenza in adult and pediatric populations.

Honored: **Linda P. Fried**, MD, MPH, who served as Dean of Columbia University's Mailman School of Public Health from 2008 to 2025, leading a transformative era in academic public health defined by innovation, interdisciplinary science, and global engagement has been named a winner of the *ASPPH 2026 Welch-Rose Award*. A visionary leader and dedicated servant to the field, Dr. Fried has made enduring contributions to ASPPH and to academic public health nationally and globally.

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

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Named: The University of Alabama - Birmingham has named **Lisa C. McCormick**, DrPH, interim dean of the UAB School of Public Health, effective October 1. McCormick has served as senior associate dean for Academics and Practice in the School of Public Health and as a professor in the Department of Health Policy and Organization. This spring, she was named a University Professor at UAB in recognition of her impact across multiple disciplines.

Appointed: **Lurdes Inoue**, professor of biostatistics at the University of Washington returns to the role of Biostatistics graduate program director beginning in the 2026-27 academic year. Inoue has been a member of the UW School of Public Health and Biostatistics department since 2002. She is also an adjunct professor in the Department of Pharmacy and an affiliate investigator at the Fred Hutch. Inoue is known in the field of Bayesian Statistics, and as a co-author of a leading decision theory textbook. Her work has led to a better understanding of the risks of certain cancers.

Named: Brown University has named Professor **Rebecca Hubbard**, the Carl Kawaja and Wendy Holcombe Professor of Public Health, to assume the directorship of the Center for Biostatistics and Health Data Science. She plans to build on the center's achievements over the last 30 years, particularly its development of methodologies and expertise in areas such as causal inference, statistics for imaging and Bayesian statistics. Her vision is to expand outward, sharing the center's expertise across the University and with community organizations to address some of the pressing problems we face in healthcare, environmental science, engineering and many other areas.

Retired: **Constantine Gatsonis**, founding Chair of Brown University's Department of Biostatistics and director of its Center for Biostatistics and Health Data Science has announced his retirement after 31 years at the helm of the Center. Beginning in 2011 as department chair, Gatsonis focused on growing the graduate programs in biostatistics, expanding the department and solidifying its role as a structural part of the school.

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Retired: Following nearly eight years of leadership at the UAB School of Public Health, **Paul Erwin, M.D., DrPH**, has retired as dean effective Sept. 30, 2026. Erwin led the school to new heights since taking the reins in 2018, expanding academic programs, growing the faculty and staff, and elevating its national profile. Erwin's first foray into public health was in Pakistan, where he served as an International Health Fellow in Community Health Sciences at Aga Khan University in Karachi. He later landed public health positions in Tennessee and North Carolina, including health department staff physician, regional health officer and ultimately regional director for the Tennessee Department of Health's East TN Regional Office. He was professor and founding director of the University of Tennessee's Center for Public Health and professor and founding department head of the University of Tennessee's Department of Public Health in the College of Education, Health and Human Sciences.

Passed: Helen Branswell, a leading reporter on infectious diseases who wrote with foresight, urgency and clarity about the emerging danger of the Covid-19 pandemic, ahead of the vast majority of journalists and even many medical experts, succumbed to breast cancer in Ottawa at age 69. Branswell, a longtime reporter at the Canadian Press, joined STAT at its founding in 2015, working out of the Boston headquarters before returning home to Canada last year to be closer to family in Ottawa.

Among the awards Branswell received were the Victor Cohn Prize for Excellence in Medical Science Reporting and the George Polk Award for Public Service, which cited her "relentless coverage of all aspects of the [Covid] pandemic that became must reading for the medical community and the general public" — stories that, the judges wrote, were "almost uniformly timely and astute." She was also a Pulitzer Prize finalist with two colleagues for their early Covid stories, and received an honorary degree from Ottawa's Carleton University.

https://tinyurl.com/4xzfnn98 https://tinyurl.com/4v66fxvx

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

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Passed: Dr. Steve Selvin, beloved mentor and emeritus professor of biostatistics at UC Berkeley School of Public Health, died September 30, 2026, in Oakland, California, at the age of 85.

Selvin joined the faculty at UC Berkeley School of Public Health in 1972 and became chair of the Biostatistics Division in 1977. He was instrumental in building the school's undergraduate program and its MPH in Epidemiology and Biostatistics; authored or co-authored more than 250 scientific papers; and wrote ten books on biostatistics, epidemiology, and applied statistical methods, including *The Joy of Statistics*.

Selvin is survived by his wife of 60 years, the sculptor Nancy Selvin; his daughter, Liz Selvin, a professor of epidemiology at the Johns Hopkins Bloomberg School of Public Health; grandchildren Benjamin and Eli; and son-in-law David Bradford Long.

Memorial donations may be made to The Selvin Scholarship Fund.

No photo available

Passed: EIS alumna **Suzanne Laussucq**, MD, MSW,EIS '85, passed on July 1, 2026. After EIS, Suzanne joined the AIDS Research Unit of the New York City Department of Health. In 1990, she began her work in vaccine research, drug safety, pharmacovigilance, and risk management in the pharmaceutical industry.

Suzanne is survived by her husband of 37 years, David Osman; her daughter, Jenny Osman; her sister Marcia Shipman; nephews Joshua and Ernest Shipment. She is also survived by a wide community of ext. ended family, colleagues, and friends.

Memorial contributions may be made to the Future Tufts Physicians Scholarship, a fund that was important to her personal giving. A donation can be made online, https://go.tufts.edu/laussucq, or by mailing a check to Tufts University/ P.O. Box 3306/ Boston, MA 02241-3306. Please make a note that your gift is for the Future Tufts Physicians Scholarship, in memory of Dr. Suzanne Laussucq.

Call for 2027 Events

Does your institution have an event scheduled for 2027 that lasts longer than 8 hours? If so, the EpiMonitor would like to add it to our annual worldwide event calendar which reaches 35,000+ epidemiologists, biostatisticians, and public health professionals. This issue is published on December 31st each year.

There is **NO CHARGE** for these listings. We do offer paid advertising options on our website and in our newsletter to give you to the opportunity to provide additional information about your event to our readers.

We are currently beginning the process of collecting information about qualified listings for the 2027 calendar. For your event to be included we need the following information:

- Event Name
- Event Type
  (Short Course / Conference / Meeting / Summer or Winter Programs / Miscellaneous Events)
- Event Sponsor(s)
- Event Location (including virtual / hybrid)
- Event Date(s)
- Event Contact Information (URL or Email address)

For more information please contact:

Michele Gibson / 770.309.7937 / michele@epimonitor.net

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.

November 2026

November 1-4 **Type:** Conference **Web:** https://tinyurl.com/3hak6y99
Title: APHA Annual Meeting & Expo
Sponsor: American Public Health Association **Location:** San Antonio, TX

November TBD **Type:** Conference **Web:** https://bit.ly/3jcNVcY
Title: 19th European Public Health Conference
Sponsor: EPH **Location:** TBD

November TBD **Type:** Conference **Web:** https://tinyurl.com/ukxk929m
Title: 18th International Conference on Molecular Epidemiology and Evolutionary Genetics of Infectious Diseases / MEEGID XVIII
Sponsor: Elsevier **Location:** TBD

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https://bit.ly/2U29gUA

or
on Twitter at: @theEpimonitor

or
on Instagram at: @epimonitor

Near Term Epidemiology Event Calendar

December 2026

December 11&18 **Type:** Short Course **Web:** pvaleri@emory.edu
Title: Outbreak Investigations
Sponsor: Emory University / Rollins School of Public Health **Location:** Virtual

December 14-15 **Type:** Short Course **Web:** pvaleri@emory.edu
Title: Basic to Intermediate Level R Studio
Sponsor: Emory University / Rollins School of Public Health **Location:** Virtual

December 16-17 **Type:** Short Course **Web:** pvaleri@emory.edu
Title: Intermediate to Advanced Level R Studio
Sponsor: Emory University / Rollins School of Public Health **Location:** Virtual

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Michele Gibson / 770.309.7937 / michele@epimonitor.net

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.

Los Angeles Co, Data Analytic Specialist (Alhambra, CA)
$120-135k + benefits, Bachelor's min, Master's preferred

Los Angeles Co, Health Systems Analyst (Alhambra, CA)
$120-135k + benefits, Bachelor's min, Master's preferred

HealthHIV, Healthcare Writer (DC)
$90k + benefits, Bachelor's min

NC Conservation Network, Toxics Campaign Organizer (Raleigh, NC)
$50k + benefits, Bachelor's min

Johns Hopkins Univ, Program Specialist (Baltimore, MD)
$55-97k + benefits, Bachelor's min

Johns Hopkins Univ, Pediatric Research Project Coordinator (Baltimore, MD)
$50-60k + benefits, Bachelor's min

IQVIA, Research Assistant (Multiple locations)
$50-75k + benefits, Bachelor's min

IQVIA, Clinical Trial Assistant (Multiple locations)
$50-123k + benefits, Bachelor's min

Booz Allen Hamilton, Public Health Specialist (Bethesda, MD)
$78-140k + benefits, Master's min

Children's Healthcare of Atlanta, Sr. Child Advocacy Data and Evaluation Analyst (Atlanta, GA)
Not listed + benefits, Master's min

Oakland Promise, Impact and Evaluation Data Analyst (Oakland, CA)
$75-85k + benefits, Bachelor's min

IQVIA, Epidemiology Research Associate (Durham, NC)
$89-140k + benefits, Bachelor's min, Master's preferred

Open Public Health Positions

Bread for the World, Hunger and Poverty Advocacy Organizer (Houston, TX)
$63-73k + benefits, Bachelor's min

Humane World for Animals, Animal Research Issues Program Manager (DC)
$63-95k + benefits, Bachelor's min, Master's preferred

Baby2Baby, Disaster Relief Coordinator (Los Angeles, CA)
$50-55k + benefits, Bachelor's min

KFF, Sr. Data Analyst (DC)
$97-111k + benefits, Master's min

Amentum, Epidemiology Operations Analyst (Honolulu, HI)
Not listed + benefits, Master's min

Univ of OK, Research Epidemiologist (OKC, OK)
$65k + benefits, Master's min

Westat, Healthcare Quality Research Assistant (Bethesda, MD)
$50-58k + benefits, Bachelor's min

Univ of PA, Global Health Program and Development Manager (Philadelphia, PA)
$66-73k + benefits, Bachelor's min, Master's preferred

Univ of New England, RHTP Population Health Project Coordinator (Augusta, ME)
$80k + benefits, Bachelor's min

Univ of MI, Data Analyst (Ann Arbor, MI)
$68-75k + benefits, Master's min

Univ of TX Southwestern, Population Science Project Coordinator II (Dallas, TX)
Not listed + benefits, Bachelor's min, Master's preferred

Patient-Centered Outcomes Research Institute, Science of Engagement Program Associate II (DC)
$85-100k + benefits, Master's min

State of MO, Sr. Maternal-Child Health Analyst (Jefferson City, MO)
$67k + benefits, Bachelor's min, Master's preferred

State of MN, Birth Defect Sr. Epidemiologist (St. Paul, MN)
$74-109k + benefits, Master's min

Open Public Health Intern Positions

Genmab, Trial Master File Intern (Princeton, NJ)
Public Health Alignment: HPM, EPI, Undergrad

Genmab, Standards and Systems Intern (Princeton, NJ)
Public Health Alignment: EPI, BIOS, HPM, Undergrad, Grad

Genmab, Clinical and Statistical Programming Intern (Princeton, NJ)
Public Health Alignment: EPI, BIOS, Grad

Highmark Health, Community Affairs Intern (Multiple Locations)
Public Health Alignment: BSHES, GH, HPM, Undergrad

Equitable, Foundation Social Impact Intern (Charlotte, NC)
Public Health Alignment: GH, BSHES, HPM, Undergrad

Genmab, Evidence Generation Intern (Princeton, NJ)
Public Health Alignment: EPI, BIOS, Undergrad, Grad

Bristol Myers Squibb, EHS and Sustainability Intern (Summit West, NJ)
Public Health Alignment: EH, Undergrad, Grad

Converse, Social Community Impact Intern (Boston, MA)
Public Health Alignment: RMACH, GH, HPM, Grad

The Cigna Group, Business Analytics Intern (Bloomfield, CT)
Public Health Alignment: HPM, EPI, BSHES, Undergrad

Johnson and Johnson, US Medical Affairs Intern (Horsham, PA)
Public Health Alignment: EPI, HPM, BSHES, Grad

Blue Cross Blue Shield of MI, Utilization Management Intern (Detroit, MI)
Public Health Alignment: HPM, Undergrad, Grad

Partners in Health, Community Health Systems Intern (Boston, MA)
Public Health Alignment: GH, BSHES, HPM, Undergrad

Johnson and Johnson, EHS Intern (Cincinnati, OH)
Public Health Alignment: EH, Undergrad, Grad

ASTHO, Environmental Health Intern (Remote)
Public Health Alignment: EH, Undergrad, Grad

Open Public Health Intern Positions

American Heart Association, Community Health Intern (Ocala, FL)
Public Health Alignment: BSHES, GH, Undergrad, Grad

Highmark Health, Evaluation Analytics Intern (Remote)
Public Health Alignment: EPI, BIOS, Grad

Genmab, HEOR/RWE Intern (Princeton, NJ)
Public Health Alignment: EPI, BIOS, Grad

The Centers, Healthcare Quality Analytics Intern (Cleveland, OH)
Public Health Alignment: EPI, HPM, BIOS, Undergrad, Grad

Univ of UT, Health Science Strategy Intern (Salt Lake City, UT)
Public Health Alignment: EPI, HPM, BIOS, Undergrad, Grad

NY Presbyterian Hospital, Health Justice Intern (NYC)
Public Health Alignment: BSHES, GH, Grad

Merck, Value and Implementation Outcomes Research Intern (Multiple Locations)
Public Health Alignment: EPI, BIOS, HPM, Grad

PhRMA, Policy and Research Intern (DC)
Public Health Alignment: BSHES, HPM, Grad

Ascension Health, Strategic Integration Intern (St. Louis, MO)
Public Health Alignment: HPM, EPI, Undergrad, Grad, Bachelor's

American Red Cross, Service to Armed Forces Intern (San Diego, CA)
Public Health Alignment: BSHES, HPM, Undergrad, Grad

Ascension Health, Managed Care Analytics Intern (St. Louis, MO)
Public Health Alignment: HPM, EPI, Undergrad, Grad, Bachelor's

RTI International, Clinical Study Specialist Intern (Remote)
Public Health Alignment: EPI, Undergrad

Merck, Environmental Compliance, Sustainability, and Stewardship Intern (Rahway, NJ)
Public Health Alignment: EH, Undergrad, Grad

Johnson and Johnson, Epidemiology Intern (Raritan, NJ)
Public Health Alignment: EPI, Grad

Open Public Health Flexible Positions

CAI, Health Literature Review and Research Consultant (CT, PT) (Remote)
Public Health Alignment: BSHES, EPI, HPM, Master's

Western Sydney Univ, Women's Sexual and Reproductive Health Research Fellow (Campbelltown, AUS) Public Health Alignment: RMACH, BSHES, GH, Master's

Aviva, Health Policy Fellow (DC)
Public Health Alignment: HPM, Bachelor's, Master's

CDC Foundation, Data Strategy Business Analyst (CT) (Boston, MA)
Public Health Alignment: HPM, BIOS, EPI, Bachelor's, Master's

City of San Francisco, Community Safety Ambassador (PT) (San Francisco, CA)
Public Health Alignment: BSHES, GH, Undergrad, Grad, Bachelor's, Master's

Health Research Inc, Population Health Research Assistant (PT) (Albany, NY)
Public Health Alignment: EPI, BIOS, Undergrad, Grad

CDC Foundation, Community Health Worker Support and Partnership Coordinator (CT) (Frankfort, KY)
Public Health Alignment: GH, BSHES, HPM, Bachelor's, Master's

ORISE, Conservation Fund Freshwater Institute Research Fellow (Shepherdstown, WV)
Public Health Alignment: EH, Bachelor's, Master's

ORISE, Clinical Trial Data Extrapolation Fellow (Silver Spring, MD)
Public Health Alignment: RMACH, EPI, BIOS, Grad, Master's

ORISE, Data Analytics Fellow (Silver Spring, MD)
Public Health Alignment: EPI, BIOS, Master's

ORISE, Clinical Data Analyst Fellow (San Antonio, TX)
Public Health Alignment: EPI, BIOS, Bachelor's, Master's

ORISE, Environmental Sample Testing Fellow (Grand Rapids, MI)
Public Health Alignment: EH, Undergrad, Bachelor's

ORISE, Environmental Health Data Analytics and Omics Fellow (Urbana, IL)
Public Health Alignment: EH, BIOS, Grad, Master's

Outreach Uganda, Marketing and Community Engagement Manager (PT) (Denver, CO)
Public Health Alignment: GH, BSHES, HPM, Bachelor's, Grad, Master's

Open Public Health Flexible Positions

Article 19, Operations Program Officer (CT) (London, UK)
Public Health Alignment: HPM, GH, BSHES, Bachelor's, Master's

Everytown for Gun Safety, Everytown Labs Innovation Fellow (NYC)
Public Health Alignment: BIOS, EPI, HPM, Bachelor's, Master's

Independence Blue Cross, Product Analyst Intern (Philadelphia, PA)
Public Health Alignment: HPM, EPI, Undergrad, Bachelor's

City of San Francisco, Community Safety Ambassador (PT) (San Francisco, CA)
Public Health Alignment: BSHES, GH, Undergrad, Grad, Bachelor's, Master's

NC Community Health Center Association, Medicaid Regional Support Specialist (CT) (Pittsboro, NC)
Public Health Alignment: HPM, BSHES, Bachelor's, Master's

Johns Hopkins Univ, Clinical Research Assistant II (PT) (Baltimore, MD)
Public Health Alignment: EPI, BSHES, Bachelor's, Grad, Master's

PATH, Malaria Communications Consultant (CT) (Remote)
Public Health Alignment: GH, BSHES, EPI, Bachelor's, Master's

Univ of TX Health, Statistician (CT) (Austin, TX)
Public Health Alignment: BIOS, EPI, Bachelor's, Master's

Solano Resource Conservation District, Environmental Program Educator (PT) (Dixon, CA)
Public Health Alignment: EH, BSHES, Bachelor's, Grad, Master's

AcademyHealth, Health Policy Fellow (Remote)
Public Health Alignment: HPM, Grad, Master's

Masa, Business and Cooperative Development Specialist (CT) (NYC)
Public Health Alignment: HPM, GH, BSHES, Bachelor's, Master's

Healthcare Service Corporation, Sr. Process Consultant Intern (Multiple Locations)
Public Health Alignment: HPM, EPI, BIOS, Grad

Minimed, Clinical Product Quality and Safety Intern (Northridge, CA)
Public Health Alignment: EPI, BSHES, Undergrad, Grad

Johnson & Johnson, Strategic Insight and Analytics Co-op (Multiple Locations)
Public Health Alignment: HPM, BIOS, EPI, Undergrad, Grad

Marketplace

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

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For more information please contact:

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Postdoctoral Fellow – Cardiovascular Disease Epidemiology & Prevention Research Fellowship

University of Minnesota, School of Public Health

Division of Epidemiology and Community Health

The Division of Epidemiology and Community Health at the University of Minnesota School of Public Health is accepting applications for a **Postdoctoral Research Fellow** in Cardiovascular Disease (CVD) Epidemiology and Prevention.

Funded by an NIH T32 training grant, this long-standing program provides multidisciplinary research training in the etiology, primary prevention, and clinical epidemiology of cardiovascular and related chronic diseases (including stroke, subclinical atherosclerosis, hypertension, diabetes, and obesity). Fellows work closely with primary faculty mentors across major cohort studies, clinical trials, and population-based research projects.

Key Program Features:

- Up to 3 years of funded post-doctoral research training.
- Individualized mentoring tailored to career development and independent grant writing.
- Advanced coursework opportunities in epidemiology, biostatistics, and CVD prevention.
- Support for travel, research expenses, and conference presentations.

Qualifications & Eligibility:

- PhD, MD, or equivalent doctoral degree in epidemiology, biostatistics, behavioral health, medicine, or a related discipline.
- **Per NIH T32 guidelines, candidates must be U.S. citizens or permanent residents** at the time of appointment.

To Apply:

Review of applications begins immediately and continues on a rolling basis until the position is filled. Interested candidates should visit **SPH CVD Fellowship Program Page** for full application instructions and submission details.

More information about the department can be found here:

https://www.sph.umn.edu/academics/divisions/epich/research/cardiovascular-disease/

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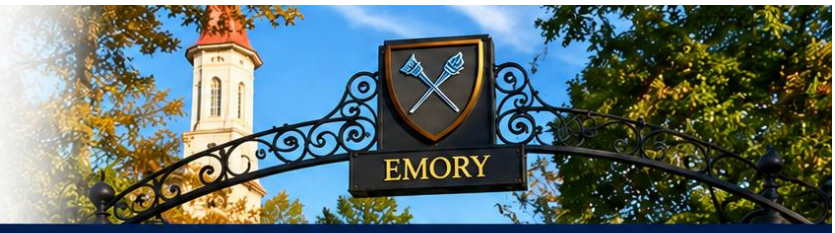

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Marshfield Clinic Research Institute is seeking a scientist to establish an independent portfolio in cancer epidemiology research

Careers at Marshfield Clinic Research Institute

Marshfield Clinic Research Institute (MCRI) is the largest private medical research institute in Wisconsin. MCRI is a division of a large integrated multispecialty healthcare system, Sanford Health, with hundreds of clinical facilities across the north-central U.S. MCRI is composed of five different research centers and employs over 35 doctoral-level scientists and more than 200 scientific and technical support staff. Research at MCRI is funded by a variety of federal agencies and other sources, including CDC, NIH, PCORI, FDA, and private industry. MCRI's main campus is in Marshfield, a city about 2 hours north of Madison. It offers all the benefits of a small city lifestyle with convenient access to large metropolitan areas, including Minneapolis-St. Paul and Milwaukee. The community offers a rewarding, low stress lifestyle with short commute times, excellent schools, affordable housing, cultural events, and a variety of outdoor recreational activities.

Research Scientist Position in Cancer Epidemiology

MCRI is recruiting an Assistant or Associate Scientist in their Center for Clinical Epidemiology & Population Health. This individual should have a strong record of scientific discovery in their area of expertise, be able to secure externally funded research awards, and collaborate with other scientists and clinician investigators. The Assistant or Associate Scientist will lead a research program with a focus on cancer epidemiology, including involvement with the Connect for Cancer Prevention Study (CONNECT), an NCI-funded prospective cohort and research resource (https://www.cancer.gov/connect-prevention-study/) that MCRI has participated in for several years. Responsibilities will include: (a) lead and assist with cancer epidemiology research projects in collaboration with NCI and other CONNECT study sites across the U.S., (b) lead the local CONNECT study team at MCRI to ensure completion of operational milestones, and (c) lead and assist with analyses, manuscripts, and presentations to disseminate CONNECT study findings. The Assistant or Associate Scientist will be expected to develop an independent research portfolio with a focus on cancer epidemiology, partly comprised of CONNECT-related work, as well as other externally funded research that aligns with their interests and experience. The position will be onsite or hybrid, with a combination of in-office and remote presence (depending on project activities).

Qualifications

- PhD or equivalent in epidemiology or a related field (see job posting for additional information)
- Two years of relevant research experience, which may include work experience during a training program.
- Prior research experience in cancer outcomes is preferred.
- Strong analytic skills with training in biostatistics and use of statistical software (SAS is preferred).
- Experience working on collaborative research teams, along with excellent communication skills.
- Peer-reviewed scientific Journal publications demonstrating experience in cancer research is preferred.

MCRI offers competitive wages and benefits. For more information, contact Jeffrey VanWormer, PhD (jeffrey.vanwormer@sanfordhealth.org). Interested individuals should submit an application, along with a cover letter and CV, by visiting our website at https://sanfordcareers.com/ and searching for position number R-0273539.

National Institutes of Health
Turning Discovery Into Health

Lasker Clinical Research Scholars

The National Institutes of Health is Recruiting Lasker Clinical Research Scholars

The National Institutes of Health, in partnership with the Lasker Foundation, is pleased to announce the 2026-27 Lasker Clinical Research Scholars Program. This is an opportunity for up to 10 years of funding for clinical researchers.

The Lasker Scholars program supports a small number of exceptional clinical researchers to promote their development as early stage independent investigators. This unique program provides Scholars with five to seven years of support as an independent principal investigator in the NIH Intramural Research Program (IRP), followed by up to 3 years of funding at an extramural research institution. Scholars may also have the opportunity to remain in the IRP rather than leaving for an extramural position, by mutual agreement.

During the IRP (Si2) phase, Lasker Scholars become NIH employees and conduct research at the NIH as tenure-track investigators. Scholars will be offered competitive salaries, commensurate with experience and qualifications, and will be provided research space, supported personnel positions, and a research operating budget. In some cases, Lasker Scholars may be able to maintain an adjunct affiliation with their previous institution while working at the NIH. During the extramural (R00) phase, successful Scholars receive up to $500,000 in direct costs per year for their research program.

Candidates must have a clinical doctoral degree (MD, MD/PhD, DO, DDS, DMD, RN/PhD or equivalent) from an accredited domestic or foreign institution and must have a professional license to practice in the United States. The program is intended for investigators at the early stages of their independent careers, and candidates cannot have already obtained tenure at a research institution. Applicants generally will have completed or will be completing a post-residency clinical fellowship and will have demonstrated significant patient-oriented research experience to qualify for a tenure-track level appointment.

The application will include a research proposal and submission of four letters of reference. The deadline for a full application is November 6, 2026. The positions will start in 2027, though the start date is flexible. The funding announcement and application instructions are in PAR-27-076. Applications must be submitted as described in the funding announcement, NIH cannot accept applications submitted through this journal.

For questions, contact Dr. Charles Dearolf, Director of Program Development and Support, NIH Office of Intramural Research, at LaskerScholar@nih.gov.

More information and the list of research areas of interest are available at:
https://www.nih.gov/research-training/lasker-clinical-research-scholars .

The program honors the contributions of Mary and Albert Lasker to the National Institutes of Health and to the overall biomedical community. The Lasker Foundation will provide Scholars with the opportunity to participate in selected activities.

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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