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THE EPIDEMIOLOGY MONITOR

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

Wisconsin Epidemiologist Proves Epidemiologic Data Can Be A Powerful Spur To Action – But It Takes More Than Data To Get The Job Done

Speaker Gives Langmuir Lecture On County Health Rankings

“Epidemiology is needed to do things right, but leadership is needed to do the right things.” So says Patrick Remington, Professor of Population Health Sciences and Associate Dean for Public Health at the University of Wisconsin, presenting the Alexander Langmuir Lecture at the Annual Conference of the Epidemic Intelligence Service in Atlanta in April. Remington’s talk was entitled “The County Health Rankings: Epidemiology in Action” and he sought to convey to this audience the power of epidemiologic data to

serve as a call to action for communities to undertake needed interventions to improve health.

Headlines Generator

According to Remington, “epidemiology can be used to get the attention of the media and policy makers.” He first experienced the power of data to generate action at the local level when he published an article in the Wisconsin Medical Journal in

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“...a fascinating compilation of a multitude of medical mysteries...”

Book Review

Inside The Outbreaks: The Elite Medical Detectives of the Epidemic Intelligence Service By Mark Pendergrast

Reviewer: Alan B. Bloch (EIS 1980)

Finally, there is a comprehensive history of CDC’s Epidemic Intelligence Service (EIS)! In *Inside the Outbreaks: The Elite Medical Detectives of the Epidemic Intelligence Service*, Mark Pendergrast chronicles the story of the EIS over the past 6 decades. The book is a fascinating compilation of a multitude of medical mysteries and how EIS officers solved them. For those who like detective stories, Pendergrast portrays each outbreak from the perspective of the EIS officer who has a puzzle to solve and allows us to accompany the sleuth in the

problem-solving process. The book lays out the history of the EIS chronologically from its beginning in 1951. This allows the reader to view the outbreaks, the EIS, and CDC in the context of the times in which they occurred.

For those of us who are epidemiologists, the book has much to offer. It tells the story of the dramatis personae involved in the founding and development of the EIS. There is a high probability that epidemiologists

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“...just as all politics is local, so is public health.”

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- *Wisconsin Data, con't from page 1*

April 1990 reporting that Wisconsin had the highest rates of adult obesity in the United States. This immediately unleashed a barrage of headlines such as ““Weigh-sconsin Leads in Obesity”, “We’re Just Too Fat, State Study Insists”, “Wisconsin Repeats As Heavyweight Champ”, and “Wisconsin’s Weighty Problem – Cheddar + Beer = Big Numbers”.

Power of Data

Another proof of the attention-grabbing power of data are the State Health Rankings first published in the US in 1990. This work provides a model for summarizing the health of an entire state and has received great interest from the media and among policy makers for 20 years, according to Remington. His group decided to adapt the model of the State Rankings to each of the counties in Wisconsin, reasoning that “just as all politics is local, so is public health.” The resulting health rankings in Wisconsin first appeared in 2003 and ranked all 72 counties in the state.

Sources

To obtain these data, investigators used free or low cost data that was publicly accessible for all or most counties. Examples of data sets used were the BRFSS, NCHS Vital Statistics, CDC/EPA data, US Census data, and the Dartmouth Atlas on health care. Data were collected usually on an annual basis in a consistent fashion, were valid and reliable, and generally reflected information on modifiable factors contributing to population health. The kinds of information that went into compiling a health index were morbidity and mortality data, information on health behaviors, clinical care, social & economic factors, and

items related to the physical environment.

Response to Data

Remington recounted the story of what happened in Juneau County Wisconsin after the release of data in 2006 showing the county ranked last among all 72 counties in the state. Leaders of the county agreed that the rankings were accurate reflections of health challenges in the county and created a broad coalition of partners to address the causes of the low rankings. A Health Improvement Plan was developed with priorities focused on increasing health care access, improving health literacy, and teaching parenting skills. Remington provided a quote from the county health officer Barb Thies who said “...I feel it was media that did public health a big favor and was a key ingredient to making the people take notice.”

Going Nationwide

This experience in Wisconsin was used by other states to assess county health status and a grant was obtained from the Robert Wood Johnson Foundation to extend this work to all 50 states. A three year \$5 million dollar project entitled Mobilizing Action Toward Community Health (MATCH) was funded by the foundation starting in January of 2009. The first ever County Health Rankings for all 50 states were released in February 2010. According to Remington, it was the largest web site launch in the foundation’s history with approximately 1.1 million page views and 166,000 unique visitors in the first 38 hours. A map of the 5 healthiest and least healthy counties in each state was developed.

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National Response

Again, as expected, the early response to these data has been considerable with over 700 stories early on and reports still being published. One experienced health foundation professional wrote Remington to say "I have held a number of positions in health policy at both the national and state level and I know of no other single effort that has the potential to empower community health improvement efforts so as to inform state and federal health policy makers. These tools will bring many communities closer to that goal because they serve as a catalyst for a paradigm shift that encourages collaboration."

Pros and Cons of Rankings

Remington himself draws the conclusions that these types of data get attention because it is easy for locals to understand and compare their ranks, they bring new partners to the public health planning table, and they focus discussion on the multiple determinants of population health. However, some of the disadvantages of using data this way are that there are unintended negative reactions in the least healthy counties, the data are controversial because they lead to statements about the best and worst places to live, they breed complacency in the healthiest counties, differences in ranks may not be statistically significant, there are significant differences within counties that are not pointed out by the data, ranks are only one factor to consider when setting priorities, benchmarks are missing at present, and needed remedial actions may be complex and expensive in unhealthy counties.

Need for Leadership

How then to assure that these rankings

lead to interventions that really lead towards community health? Here is where Remington emphasizes the importance of both epidemiology (to do things right) and leadership (to do the right things). When asked to expand on his dictum, Remington says that "Epidemiology is used to do things right. Accurate studies, carefully controlled, leading to causal inference. But alone, it alone it does not lead you to do the right things. That requires working closely with others in partnership, to determine community needs, priorities, and resources. Rather than epi skills, it takes leadership, especially collaborative leadership to do the right things."

Long Road to Success

There are many steps between data which serve as a call to action and creating a real impact and changing the outcome. As Remington pointed out in his talk, even though his 1990 article about Wisconsin being number one in obesity got widespread media attention, and it catalyzed a response in Juneau county with the highest rate, in fact rates of obesity have doubled in Wisconsin since 1990.

When asked if there has been any progress in Juneau over the past 6 years, Remington said the data did bring new people to the table to talk about health in the county and have helped to form a coalition of new partners. This coalition is putting into place evidence-based programs to address immediate causes of ill health and is just beginning to address root causes. The benefits of these interventions he believes are still down the road from where the county stands today.

"...the data are controversial because they lead to statements about the best and worst places to live"

"...it takes leadership, especially collaborative leadership to do the right things."

- *Book Review, con't from page 1*

will know a number of EIS alums and will have benefited from their contributions to the field. There is also a high probability that epidemiologists will glean new insights about these colleagues and their contributions, since the author had access to information previously unavailable to the public. This included a treasure trove of unpublished documents on thousands of investigations, as well as candid conversations with hundreds of former EIS officers who could speak freely without government clearance or censorship.

"There is the cold war intrigue of the threat of germ warfare..."

The book is a cornucopia of disease outbreaks, and the vast majority of them were "emerging infections" at the time they were investigated. Their descriptions are quite readable. The author describes most outbreaks in one or two pages, mentions the EIS officer(s) involved in the investigation, and leaves the solution of the mystery to the end of his discussion. Within each outbreak, he takes a paragraph to give a clinical description of the illness for the benefit of the layperson or student who has no medical background. These descriptions are quite readable.

"One can sense the sheer terror..."

Topics Covered

Inside the Outbreaks portrays the human side of the EIS officers who were involved in solving the medical mysteries. It tells how the outbreaks drove the organizational modifications of CDC, as units and divisions were set up to deal with specific diseases and risks. It is a story of how the agency had to adapt constantly to the unpredictable whims of plagues and pestilence. There are many case studies in the areas of infectious disease (Table 1), as well as non-infectious diseases (Table 2), including chronic disease, environmental and occupational health,

natural disasters, injury, and reproductive health. The case studies also address such issues as human subjects, vaccine adverse events, policy development, political interference with the conduct of science, and opposition from corporations and lobbyists. Many case histories deal with CDC's global health activities, including epidemics, eradication programs, humanitarian missions, and the development of foreign versions of the EIS, known as Field Epidemiology Training Programs.

There is the cold war intrigue of the threat of germ warfare, including the interaction between the EIS and Fort Detrick whose mission included the development of offensive biological weapons, until Richard Nixon stopped this activity in 1971. In addition, there are adventures of EIS officers into the field of "forensic epidemiology," most notably, collaboration with the FBI on the investigation of the anthrax letters in 2001, which undoubtedly came from a Fort Detrick employee.

Scary Tales

The most frightening tales are about the Ebola hemorrhagic fever outbreaks in Zaire, which are the stuff one finds in horror movies. The author gives us the personal accounts of EIS officers Joel Breman in the 1976 outbreak and Scott Dowell in the 1995 outbreak. One can sense the sheer terror in these officers as they arrived on the scene of abandoned hospitals where health care workers and patients alike were killed en masse by an illness that left them bleeding from every bodily orifice.

Founder

The book starts with the Langmuir era from 1951 to 1970, which the author calls "The Grand Adventures of Dr.

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Table 1
Notable EIS Outbreaks and Interventions - Infectious Diseases

- CDC's Finest Hour: Smallpox Eradication
- Longest-Running Activity: Polio
- Disease of the Century: HIV/AIDS
- Most Frightening Outbreak: Ebola virus in Zaire and Sudan
- Bioterrorism: Anthrax letters from Fort Detrick
- Chameleon Award: Antigenic shifts in influenza, including Asian (H2N2), Hong Kong (H3N2), avian (H5N1), and swine (H1N1)
- Vaccine Adverse Events: Guillain-Barre syndrome following swine flu vaccination
- Airborne Transmission: Legionnaires' disease, including Pontiac fever
- Food-borne Outbreak: E. coli O157 from hamburgers
- Water-borne Outbreak: Milwaukee cryptosporidiosis outbreak; Seventh cholera pandemic of modern times & development of Oral Rehydration Therapy
- Vector-Borne Outbreak: Lyme Disease, West Nile
- Zoonosis: Hantavirus pulmonary syndrome, Monkeypox, Lassa fever, Nipah virus
- Hospital infections: Staphylococcal aureus outbreaks in the 1950s, resulting in hospital infection control programs
- Emerging Infectious Disease: Toxic shock syndrome from tampons
- Drug Resistance: Multidrug-resistance tuberculosis in New York City
- Human subjects: hepatitis, influenza & Shigella vaccine trials in prisoners in 1950s and 1960s (Note: EIS not **involved** in Tuskegee syphilis experiment)
- Big Pharma: Reye Syndrome association with aspirin and obstruction of warning labels for five years by aspirin manufacturers (Note: illness has viral prodrome)
- Most Humorous: Salmonella in pet turtles (Johnny with the turtle in his mouth)

Table 2
Notable EIS Investigations and Interventions Excluding Infectious Diseases

- Terrorism: World Trade Center attacks and Oklahoma City bombing
- Natural Disaster: Hurricane Katrina, Mount St. Helens eruption, and heat wave deaths in Chicago
- Humanitarian Efforts: Relief efforts in Biafra, Bangladesh, Bosnia, Thailand (these also had an infectious disease component)
- Greatest Tragedy: Rwandan genocide
- Chronic Disease: Behavioral Risk Factor Surveillance Syndrome
- Reproductive Health: Standardized abortion reporting and surveillance
- Birth defects: folate deficiency and neural tube defects, leading to folate enrichment of grain cereal products
- Nutrition: Metabolic alkalosis from Neo-Mull-Soy infant formula, leading to Infant Formula Act; malnutrition assessments in Biafra & other countries
- Injuries: International study of firearms deaths showing twelve-fold higher rate in American children, resulting in Congressional ban of CDC gun control advocacy
- Environmental Health: Love Canal dioxin exposure and Triana, Alabama DDT exposure, leading to Superfund legislation; childhood lead poisoning
- Occupational Health: Byssinosis, angiosarcoma of the liver from vinyl chloride monomer exposure
- Toxins: Eosinophilia-myalgia syndrome from L-tryptophan, diethylene glycol poisoning

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Langmuir's Boys." As the title states, this era focuses on the central role that Alexander Langmuir played in founding the EIS. In 1951, the nation was deeply immersed in the cold war, when there was concern that the country might be subject to biological warfare. Part of Langmuir's rationale for founding the Epidemic Intelligence Service was to protect this country from germ warfare, much as the Central Intelligence Agency was founded after WW II to protect the nation from espionage. Langmuir was an expert in airborne diseases, making him well suited to developing methods to protect the nation from biological warfare. He also had a top security clearance and a close relationship with Fort Detrick.

Quotes about Langmuir

Through Langmuir's personal documents and interviews with his former EIS officers, the author paints a picture of a man who is driven to pursue scientific excellence and is committed to holding his EIS officers to the same high standards. He believed the best training method was to expose his officers early and often to real life outbreaks in the field: "We'll get them on an epidemic as fast as we can. Throw them overboard. See if they can swim, and if they can't, throw them a life ring, pull them out and throw them in again." Phil Brachman's experience with his first anthrax outbreak in 1954 became the norm for officers to come: "I knew nothing about anthrax. I ran to the CDC library and checked out a medical textbook to read on the plane." When he got to the outbreak, he assumed the role of the anthrax expert. Russ Alexander stated: "Alex made me feel like I could do anything, that given a problem, somehow I could solve it." Stan Foster stated: "He had a real interest in people and their families. He

really cared about people."

Langmuir set a solid foundation for the EIS by selecting officers who were extremely bright and highly motivated physicians, not only to do epidemiology, but also to avoid the doctor draft during the Korean War (most EIS officers were white males). The names of EIS officers mentored by Langmuir read like a Who's Who of the leaders in the fields of clinical infectious disease and epidemiology.

Polio Story

While most discussions of outbreaks in the book are short and pithy, the author gives considerable attention to major plagues that confronted the EIS. Two such plagues were polio and smallpox. Polio is undoubtedly the longest-running activity for the EIS. Langmuir began his work on polio at CDC in 1950, before he founded the EIS, when he sent out one of the few doctors he was able to recruit to investigate an outbreak. Polio was the first issue that placed CDC in the national spotlight. After licensure of the Salk vaccine in 1955, doctors reported cases of polio in vaccine recipients. What was known as the "Cutter Incident" focused attention on one manufacturer. In response to this incident, CDC implemented polio surveillance under EIS officer, Neal Nathanson. The author portrays the challenges of making vaccine policy by an ad hoc committee of experts and health officials. Unknown to the public, there were also cases of polio in recipients of the Wyeth vaccine. The public was also unaware that all six manufacturers initially had trouble inactivating the virus (problems of live virus in all six vaccines were soon corrected). To help prevent the public from losing faith in the Salk vaccine, Langmuir did not release this information to the public. Similarly,

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"Throw them overboard. See if they can swim, and if they can't, throw them a life ring, pull them out and throw them in again."

"Alex made me feel like I could do anything..."

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after the licensure of the Sabin vaccine in 1961, it soon became apparent that there were cases of polio in both vaccine recipients and contacts of recipients. Once again, EIS officers were involved in these investigations. EIS officers investigated the last outbreak of wild polio in the nation, which occurred among the Amish in 1979.

EIS officers have played a central role in Polio Eradication, which has been pursued by WHO since 1988. The author highlights the contributions of EIS officer Linda Quick in establishing international polio surveillance. She also took the lead in developing the STOP (Stop Transmission of Polio) program, which sent out waves of EIS officers to conduct polio surveillance. While polio has not yet been eradicated, the author states that this "scourge is tantalizingly close to being banished." At the end of the book, he discusses the difficulties of the "endgame" in the few countries in which it is still present.

Smallpox

Unquestionably, CDC's "finest hour" was the successful eradication of smallpox. The author gives considerable space to the important contributions of the many EIS officers and alums involved in this campaign. The author shines a spotlight on the roles of EIS alums D.A. Henderson who led the WHO Smallpox Eradication Program and Bill Foege who was responsible for the paradigm shift from mass vaccination to the effective "surveillance and containment" strategy.

In the chapter, "Target Zero," the author chronicles the successful endgame of eradication, especially on the Indian subcontinent. The chapter is filled with many personal and poignant stories of

the EIS officers involved. One of those EIS officers, Walt Orenstein, oversaw the last case of smallpox in the vast Indian state of Uttar Pradesh. His personal reflection is representative of his colleagues: "I saw this terrible disease disappear before my eyes by using a vaccine in an epidemiologically defined strategy....It was almost a religious experience. It was so dramatic to see the disfigurement, the dead children, and to know you were getting rid of it." These "smallpox warriors" came back with a sense of pride and accomplishment. The author states: "Many veterans of the smallpox eradication crusade went on to become leaders in the world of public health. They brought a self-confident, can-do attitude, a refusal to accept that anything was impossible."

"I saw this terrible disease disappear before my eyes..."

Swine Flu

Inside the Outbreaks also portrays some of CDC's less shining moments. The author describes two such events in 1976. First was the swine flu mass vaccination program. When soldiers at Fort Dix, New Jersey died of swine flu at the beginning of the year, there was much concern that the nation might face a pandemic similar to that of 1918. After the onset of the frightening Legionnaire's outbreak in Philadelphia that summer (which some initially thought might be swine flu), the decision was made to go ahead with a mass vaccination program. While the program showed that vaccination of millions of Americans on short notice was doable, EIS alum Larry Schonberger demonstrated that the vaccine was associated with Guillain-Barre syndrome. As a result, the vaccination program ground to an abrupt halt in December. Moreover, the threat of swine flu illness did not

"They brought a self-confident, can-do attitude, a refusal to accept that anything was impossible."

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materialize that flu season.

Legionnaire's Disease

"As a result of these episodes, CDC had lost its sense of innocence."

A second nadir was the delay in finding the cause of the Philadelphia Legionnaire's outbreak on which EIS officers worked long and hard in the summer of 1976. While the epidemiology of the outbreak was well defined, the Legionella bacterium was not identified until the end of December. The delay in finding the cause did not reflect well on CDC. In the author's words, before these events, "the CDC had largely flown under the political radar." It had been able to carry out its mission without media scrutiny. As a result of these episodes, CDC had lost its sense of innocence.

Limitations

The book does have a couple of limitations. While the chronological layout has the advantage of allowing the reader to view the outbreaks and the EIS in the context of the times in which they occurred, it does create some fragmentation in the discussion of individual diseases, such as polio and smallpox. One has to leaf through a number of chapters to pick up the thread of these maladies. A second limitation is that some important diseases are underrepresented, such as measles, which is a big global killer. Part of the reason for this paucity of material may be that the publisher took a razor to the book and cut it in half. For those who have an appetite for more delicious morsels, the original uncut manuscript will be available from Emory Library a year after publication of the book, which was published in April of 2010.

Textbook Potential

For those who teach epidemiology, the book is an ideal text for introductory courses in epidemiology, especially infectious disease epidemiology. For students who eternally complain about the "relevance" of course material, this book is about as reality-based as you can get. It is indeed the ultimate reality show, dealing with life and death! Moreover, the outbreaks in the book can be supplemented with MMWR articles and peer reviewed publications, which have undoubtedly been written.

For those professors and instructors who are looking for research projects for themselves or their students, the author has donated a treasure trove of materials (50 boxes) to Emory Library, including a large amount of previously unavailable, unpublished material (<http://marbl.library.emory.edu>).

Moreover, many of us EIS alums are still alive, and we would be delighted to tell our stories! ■

"...book is about as reality-based as you can get."

-Wisconsin Data, con't from page 3

Scorecard

The time frame for bringing about change in health outcomes may have to be measured in decades rather than years, especially if the root causes of poor health status are addressed. Says Remington, "...the real challenge is in moving from awareness of the problems to actually implementing programs and policies that work. Having a 'population health scorecard' could provide a way for communities to see where they are doing the right things and where they are not." ■

Efforts To Introduce Epidemiology Education Into Middle and High School Curricula Have Gained Ground In Recent Years

A number of developments over the last few years have helped to promote or introduce more epidemiology into the education of middle and high school students. A recent cataloguing of these developments was prepared by a team of educators and epidemiologists including [Mark Kaelin](#) at Montclair State University, [Wendy Huebner](#), and [Diane Marie St. George](#) at the University of Maryland. A list of some of these developments is provided below.

- The Epidemiology Education Movement (<http://www.epiedmovement.org/>), a growing grassroots organization of public health professionals and educators, has identified what it believes are the foundational elements needed to infuse epidemiology into curricula (<http://www.epiedmovement.org/conceptmap.html>) as well as the Top Eight Reasons for Teaching / Learning Epidemiology (<http://www.epiedmovement.org/top8.html>).
- Twelve fundamental epidemiological concepts (enduring epidemiological understandings) have been identified <http://www.teachepidemiology.org/EndEpUnd.html> to serve as the pedagogical framework for curriculum development, professional development, and the construction of students' epidemiologic understanding.
- The Centers for Disease Control and Prevention (CDC) (EXCITE - <http://www.cdc.gov/excite/>), the Robert Wood Johnson Foundation (Young Epidemiology Scholars Teach Units - <http://www.collegeboard.com/yes/ft/iu/home.html>), the National Institutes of Health (Detectives in the Classroom - <http://www.montclair.edu/Detectives/>), Exploring Drug Abuse through the Science of Epidemiology - <http://www.montclair.edu/drugepi/>, and Epidemiology and the Energy Balance

Equation and others

(<http://www.teachepidemiology.org/EpEdRes.html>) have supported the creation of epidemiology curricula.

- The CDC's Science Ambassadors Program (<http://www.cdc.gov/excite/ScienceAmbassador/ScienceAmbassador.htm>) is bringing middle and high schools science teachers from throughout the country to CDC where they collaborate with CDC scientists developing epidemiologic-based lesson plans.
- The Robert Wood Johnson Foundation is supporting the offering of Teach Epidemiology professional development workshops (<http://www.teachepidemiology.org/index.html>) aimed at motivating and preparing middle and high school science, mathematics, health, language arts, and social studies teachers to teach epidemiology.
- The CDC's Global Health Odyssey Museum holds five-day Disease Detectives Camps (<http://www.cdc.gov/gcc/exhibit/camp.htm>) where high school students, working in teams assume the roles of disease detectives and probe a disease outbreak using epidemiologic and laboratory skills and report their findings to a group of CDC scientists.
- The Science Olympiad, in addition to having a Disease Detectives Event, is experimenting with a Think Like an Epidemiologist Challenge (http://www.teachepidemiology.org/Science_Olympiad_Pilot_Event.doc) in an effort to get students to become excited about actually "doing" epidemiology.
- The Robert Wood Johnson Foundation and the College Board hold an annual Young Epidemiology Scholars Competition (<http://www.collegeboard.com/yes/>) recognizing outstanding epidemiologic research projects by high school juniors and seniors throughout the United States. ■

EPI Job Bank

No of jobs: 100+

The Epi Job Bank provides capsule listings of all known job opportunities currently available in epidemiology. Any employer may list one or more available jobs free of charge until filled. Listings are revised and updated monthly. To add new listings or to notify us when vacancies have been filled, please call the Epi Monitor: 770/594-1613 or fax: 770/594-0997. Bullets (•) before state indicate new listings. Asterisks (*) indicate fax numbers. Oao=open as of (the date listed). Cd=closing date of (the date listed).

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MD	Bethesda	NIH	PD Fellow	PHD,MD+MPH	Jack Guralnik	301/496-1176	jack.guralnik@nih.gov	oao 02/26/10
MD	College Park	Univ. of Maryland	Professor Positions	PHD	Sue Anne Swartz	*301/405-2542	sswartz@umd.edu	oao 04/23/10
MD	Rockville	FDA	Branch Chief	MD/MPH	Robert Wise	*301/827-5218	robert.wise@fda.hhs.gov	oao 06/04/10
MD	Rockville	FDA	PH Analyst	adv. epi train	Cheryl Reynolds		cheryl.reynolds@fda.hhs.gov	oao 06/04/10
MD	Rockville	FDA Center for Biologics	Epidemiologists	MDD/MPH,equiv	Robert Wise	*301/827-5218	robert.wise@fda.hhs.gov	oao 06/04/10
MD	Rockville	FDA-CBER	Medical Epi	Doctoral Degree	Robert Wise	301/827-6089	robert.wise@fda.hhs.gov	oao 06/04/10
MD	Rockville	Westat	Biostatistician	PHD	R. Carow	*301/294-2092	hrhs@westat.com	oao 06/04/10
MD	Rockville	Westat	Epidemiologist	PHD	R. Carow	*301/294-2092	hrhs@westat.com	oao 06/04/10
MD	Rockville	Westat	Sr. Epi/Int'l Stud	MD/PHD	R. Carow	*301/294-2092	hrhs@westat.com	oao 06/04/10
MD	Rockville	Westat	Study Mgr	Masters	R. Carow	*301/294-2092	hrhs@westat.com	oao 06/04/10
ME	Augusta	ME DHHS	Infections Epi	MPH	Virginia Roussel	207/287-1873	virginia.roussel@maine.gov	oao 03/05/10
MI	Okemos	MPHI	Epidemiologist	Master's	Tracy Thompson	*517/381-0260	hr@mphi.org	oao 06/04/10
MN	Minneapolis	Univ. of Minn	Pre/Post Epi	MS/PHD	Julie Ross		rossx014@umn.edu	oao 05/12/10
NC	RTP	RTI Int'l	Genetic Epi	PHD	Eric O. Johnson	919/990-8347	ejohnson@rti.org	oao 04/23/10
NC	RTP	RTI Int'l	Research Epi II	PHD	L. Andrusyszyn	919/541-6765	landrus@rti.org	oao 04/23/10
NC	RTP	RTI Int'l	Sr. Enviro Epi	PHD/MD	Ellen Benzine	919/571-2716	ebenzine@contractor@rti.org	oao 06/04/10
NJ	Springfield	ClinForce, LLC	Epi Specialist	MPH	Cathy Zeier	*919/941-0071	czeier@clinforce.com	oao 02/02/10
NY	Bronx	Albert Einstein	Cancer Epidemiologist	Phd in epi or MD+training	Tom Rohan		rohan@aecom.yu.edu	oao 04/23/10
NY	New York	Albert Einstein	PD Fellow	PHD epi/biostat	Robert Kaplan	*718/430-3588	rkaplan@aecom.yu.edu	oao 02/02/10
NY	Rochester	U of Rochester Med Center	Infectious Disease Epi	PhD-epi or related	Susan Fisher	*585/461-4532	Susan_Fisher@URMC.Rochester.edu	oao 06/04/10
NY	Rochester	Univ. of Rochester	Epidemiologist	PHD	Lois B. Travis		lois_travis@urmc.rochester.edu	oao 02/26/10
OH	Columbus	OH State Uni	Ass't/Assoc Prof	PHD/MD	Eric Lutz	614/292-2590	elutz@cph.osu.edu	oao 02/26/10
OH	Kent	KSU	Sr. Fac. Positions Epi	PHD	Shelley Sullivan	*850/650-2272	shelleysullivan@greenwoodsearch.com	oao 06/04/10
PA	Horsham	Johnson & Johnson	Sr. Safety Scientist	MSc, MPH in epi	Ray Barber	609/730-3302	rbarber@its.jnj.com	oao 04/23/10
PA	Philadelphia	Drexel University	PHD epidemiology	PHD in epi	Craig J. Newschaffer	*215/762-1174	cnewscha@drexel.edu	oao 02/02/10
PA	Philadelphia	Westat	Biostatistician	PHD	R. Carow	*301/294-2092	hrhs@westat.com	oao 06/04/10
PA	Philadelphia	U of Pennsylvania	Clin Epi/Hlth Srv Res Fell	Adv degree	Tom Kelly	215/898-0861	tkelly@cceb.med.upenn.edu	oao 05/12/10
TN	Nashville	Meharry College	Jr. Epidemiologist	MPH or related	Roger Zoorob	*615/327-5634	rzoorob@mmc.edu	oao 02/26/10
TN	Nashville	Vanderbilt Univ	Post Doc Fellow	PhD	Wei Zheng	*615/936-1269	wei.zheng@vanderbilt.edu	oao 06/04/10
TN	Nashville	Vanderbilt Univ	Post-doc Fell Cancer Epi	PhD,Dr.PH or MD	MPH Wei Zheng	615/936-0682	Wei.zheng@vanderbilt.edu	oao 06/04/10
VA	Arlington	Degge Group	Epi Project Mgr	DPh/PhD;MD;MPH	Robert Keelin	703/276-0069	apply_to_hr@yahoo.com	oao 06/04/10
VA	Richmond	VA Comm. Univ	Pdoc Fellow pharmacoepi	doctoral in epi	Kate Lapane		klapane@vcu.edu	oao 04/23/10
VA	Richmond	VCU	PD Fellow	PHD, MPHw/MD	Yi Ning	*804/828-9773	yning2@vcu.edu	oao 04/23/10
VT	Burlington	VT DOH	PH Analyst	PHD	Laurel Decher	*802/652-4157	ldecher@vdh.state.vt.us	oao 06/04/10
WA	Seattle	GHR Institute	Postdoc Fellow	PHD/MD	Lacey Greene	*206/287-2871	t32womenshealth@ghc.org	oao 04/01/10

EPI Job Bank Foreign Listings

Country	City	Institution	Description	Degree	Contact	Phone/*Fax	Email/Fax	oao/cd
Canada	Quebec City	Universite Laval	Post Doc Fellowship	PHD	Marc Brisson	*418/682-7949	marc.brisson@uresp.ulaval.ca	oao 04/13/10
Canada	Quebec City	Universite Laval	Research Assistant	MSc	Marc Brisson	*418/682-7949	marc.brisson@uresp.ulaval.ca	oao 04/18/10
Canada	Edmonton	CNHWG	PD - Epi Res	PHD	Karen Goodman	*780/492-6153	karen_j_goodman@yahoo.ca	oao 04/13/10
Canada	Edmonton	Univ of Alberta	PD Fellow	PHD	Karen Goodman	*780/492-6153	karen.goodman@ualberta.ca	oao 04/18/10
Canada	Edmonton	Alberta Cancr Brd	Dir, Surveillance	MD/PHD - epi	Chris McKiernan	*403/476-2424	chris.mckiernan@cancerboard.ab.ca	oao 04/13/10
Canada	Fredericton	New Brunswick Cancer	Senior Epidemiologist	PHD in Epi	Amanda Carroll	508/444-2360	www.gnb.ca/0163/employ-e.asp	oao 04/13/10
Canada	Fredericton	New Brunswick Cancer	Biostatistician	Masters in Biostat	Amanda Carroll	508/444-2360	www.gnb.ca/0163/employ-e.asp	oao 04/13/10
France	Lyon	IARC	Postdoctoral Fellowship	PhD	Rayjean Hung	*+33472738342	hung@iarc.fr	oao 04/13/10
Greece	Athens	Univ. of Athens	Biostatistician	PHD/MSc w/pub	Elena Riza	*+30/2107462058	eriza@med.uoa.gr	oao 04/13/10
India	Jaipur	Vatsalya	Data Analyst	MPH	Atul Panday	9829928653	Atul_panday2001@yahoo.com	oao 04/13/10
Peru	Lima	Int'l Potato Center	Leader of Agriculture	PHD in Epi	Rosario Marcovich	+51 1 349 6017	CIP-Recruitment@cgiar.org	oao 04/13/10
*Puerto Rico	Ponce	Ponce	Director (PH)	Doctoral	R. Ivan Iriarte	787/840-2575	iiriarte@psm.edu	oao 04/13/10
Saudia	Arabia Riyadh	Field Epi Trng Prog	Med Epi	PHD	Dr. Nasser Al-Hamdan	+996/1/4939675	nhamdan@fetsp.edu.sa	oao 04/13/10
Spain	Barcelona	CREAL	Research Position-Biostat	solid biostat	Josep-Maria Anto		jmanto@imim.es	oao 04/13/10
Switzerland		Fearn Associates	Molecular Epidemiologist	PhD-biostat or epi	Information		info@fearn-associates.com	oao 04/13/10
*Switzerland	Allschwil	Actelion	Epidemiologist	PHD/MD,MPH	Donat Laemmle	+41615656503	donat.laemmle@actelion.com	oao 04/13/10
Thailand	Bangkok	PATH	Chief of Party	Mas/Doc in epi	Dorothy Culjat	202/285-3500	pathjobs@mail.path.org	oao 04/13/10
UK	London	LSHTM	MSc PHDC	MPH	Vinod Bura	+44 7726472650	vinod.bura@gmail.com	oao 04/13/10

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EHESP, School of public health
Professor in epidemiology (M/F)
Department of epidemiology and clinical research
Position based in Rennes or Paris

The EHESP, a member of the French graduate school conference (*Conférence des Grandes Ecoles*), is a state-funded scientific graduate school providing cultural and professional training. Since February 9, 2010, the EHESP has been a member of the "Paris Cité" research and higher education cluster (PRES), which brings together 4 universities and 4 graduate schools

The EHESP Epidemiology department wishes to establish a centre of excellence in teaching and research, reflecting the strength of its teaching faculty, the contemporary nature and high quality of its partners, the relevance of its research, and the applicability of its teaching and services to the improvement of public healthcare in France.

1) Job profile

Reporting directly to the Head of the Epidemiology and clinical research department, the new lecturer will add new skills to those already existing in the department.

a) Teaching

- Designing and developing teaching content relating to epidemiology in the fields required by the Department, in liaison with the other members of School faculty concerned by these fields or with joint responsibility for them.

b) Research and expertise

- Designing, coordinating and taking part in epidemiological research projects in a large number of epidemiological fields, according to the fields of competence and interest of the successful candidate and in line with the EHESP's stated priorities. Currently, the department's priority subjects are as follows:

- cardiovascular diseases
- mental health
- cancer
- social epidemiology

The lecturer will be called on to develop new avenues of research.

- Directing doctoral research projects as part of the EHESP's doctoral network.
- Developing and ensuring the long-term sustainability of the Department's many partnerships in France and abroad in order to work with researchers in identical or complementary fields.

2) Required knowledge and skills

Must have a PhD in epidemiology or a related discipline with initial professional experience or postdoctoral research.

Will ideally have cohort experience and experience as head of international programme projects in which biostatistics are used in the service of Public Healthcare.

Must be proficient in English and must also be able to speak French soon after taking up the position.

3) Information

Teaching department: Department of epidemiology and clinical research

Department description:

The department was created in order to establish a certain degree of visibility and allow collaboration between the various specialists and their students. It is designed to enable promotion and support for emerging creative potential in terms of epidemiology by including various fields in the single study programmes, in order to develop health indicators covering the various aspects of healthcare, namely preventive and curative physical and mental health.

Place of work: EHESP – avenue du Professeur Léon Bernard 3504 Rennes Cedex France

Teaching team: 5 lecturers and a dedicated administrative team.

Name of departmental head: Viviane Kovess

Departmental head telephone: +33 (0)2 99 02 26 83

Departmental head e-mail address: viviane.kovess@ehesp.fr

Department URL: <http://www.ehesp.fr/info/recherche/departements/departement-epidemiologie-recherche-clinique/>

Pay: pay based on the scale for EHESP faculty

Direct recruitment or secondment on the basis of a renewable, fixed-term, common-law contract.

Applications with detailed CV and cover letter should be sent no later than:

September 15, 2010

Position available on October 15, 2010

By letter:

Direction des ressources humaines
Avenue du Prof. Léon Bernard -CS 74312
35043 RENNES CEDEX France

By e-mail:

ehesp-469331@cvmail.com

For further details or information, please contact the following people:

Administrative information:

Marine Coum
Recruitment officer
Tel.: +33 (0)2 99 02 25 44/ Fax: +33 (0)2 99 02 26 42
E-mail: marine.coum@ehesp.fr

Job profile:

Viviane Kovess
Head of Epidemiology Department
Tel. : +33 (0)2 99 02 27 70 / +33 (0)1 79 97 15 96
E-mail: viviane.kovess@ehesp.fr

**ASSISTANT PROFESSOR OF
EPIDEMIOLOGY
(TWO VACANCIES)**

The Department of Epidemiology, Graduate School of Public Health, University of Pittsburgh invites applications for two full-time faculty positions at the level of Assistant Professor. These positions are available immediately and require an advanced degree in biostatistics, statistics or epidemiology with experience in the management and analysis of large medical data sets. The successful candidates will be part of a research group involved in designing, coordinating, and analyzing epidemiologic studies and clinical trials. The individuals would also be expected to oversee study management, supervise staff, and prepare data reports and manuscripts. Finally, there will be some teaching responsibilities for this position. These positions are outside of the tenure stream and are funded by grants from the National Institutes of Health. Salary will be commensurate with experience. Applications will be reviewed until positions are filled. Send letter of intent, curriculum vitae, and the names of three references to: Position #0127766-7, c/o D. Bushey, Department of Epidemiology, Graduate School of Public Health, University of Pittsburgh, Pittsburgh, PA 15261. The University of Pittsburgh is an Affirmative Action, Equal Opportunity Employer.

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**Assistant Professor with a Focus
on the Built Environment**

The Institute for Prevention Research (IPR) and the Department of Preventive Medicine at the Keck School of Medicine at the University of Southern California invite applications for a full-time position(s) at the assistant professor level. IPR includes faculty who conduct research on disease prevention with particular emphasis on risk behaviors among adolescents including substance use and obesity. IPR is well known for the conduct of large community and school based field trials. There is a growing team of environmental prevention researchers collaborating on health problems and solutions in the built environment across schools at USC. Measurement of activity level variation within different characteristics of the built environment has been an important limitation of this work and should be addressed by the successful candidate.

We are seeking a candidate(s) with an active research program pertaining to the impact of the built or physical environment on risk factors for disease, including physical activity, eating behavior, deleterious environmental exposures, and stress. The focus can be on epidemiology, prevention research or health policy regarding the built environment at the community, neighborhood, or school level. Background could also include methodological expertise in GIS and GPS, longitudinal analysis, intervention design, or policy analysis.

In addition, the academic programs in the department include degrees at the bachelors, masters and doctoral level. Applicants must have a commitment and evidence of the ability to provide high quality teaching in the classroom as well as mentoring at the graduate and undergraduate levels.

The successful applicant will be recruited as a faculty member in the Department of Preventive Medicine - Health Behavior Research Division. The department includes an outstanding faculty in health behavior research, epidemiology, environmental health sciences, and biostatistics. Minimum requirements include a PhD, MD or Dr.PH with demonstration of extramural research funding. USC is an equal opportunity employer and encourages minority and women candidates to apply for this position. Applicants please submit curriculum vitae and statements of research and teaching interests. Letters of reference and representative publications or preprints will be requested from finalists. Review of applicants will begin immediately and continue until the candidate is selected. Please send CV and statement to Dr. Mary Ann Pentz, Department of Preventive Medicine, 1000 S. Fremont Ave, Unit 8, Alhambra, California, or by email to: wilkerso@usc.edu and pentz@usc.edu.

Senior Health Services Researcher

The Department of Research and Evaluation at Kaiser Permanente Southern California (KPSC) is recruiting candidates for a Senior Health Services Researcher (Professor equivalent). This is a position for an established, academic track faculty in health service research. The Senior Health Services Researcher is expected to lead the health service research program at KPSC and address a wide range of research questions related to improving quality of health care, such as the comparative effectiveness of delivery systems; patient education; patient-centered care; health care for ethnic minorities, children, elderly, and other special populations; as well as health care access, utilization, and cost of care. The research program should be geared towards translation of results directly to patient care. The Senior Health Services Researcher may also serve as the Associate Director, who will assist the Director of Research at the Department of Research and Evaluation in overseeing department operation, supervision/mentoring, and the development of the research programs.

Qualifications: Doctoral Degree (Ph.D., Dr. PH, MD, Sc.D) in health service research, epidemiology, health economics or related fields or equivalent training and mastery. Competent in advanced research methods, including statistical techniques and study design commonly used in health services research, epidemiologic, behavioral, economics or related fields. At least 10 years of experience in health services research are required. Proven success in the academic environment with an established track record in extramural grant funding, scientific publications and mentoring junior investigators required. Must be able to consistently demonstrate the knowledge, skills, abilities, and behaviors necessary to provide superior and culturally sensitive service to each other and to our members.

Duties: The Senior Health Services Researcher has primary responsibility for the planning and directing health services research activities as well as dissemination and translation of results. Reports to the Director of Research. Prepares internal reports and peer-reviewed publications, independently and collaboratively. Presents at national scientific meetings. Teaches and/or reviews papers for national and international journals. Evaluates and consults on research proposals. Supervises the activities of junior research scientists or postdocs. Serves as mentor and collaborator on grant proposals of junior research scientists and postdocs. Designs, develops, and directs well defined research. Provides service to the scientific community through membership in peer-review groups and national boards. May consult with local, state and national voluntary and governmental agencies. Provides consultation and direction to programmers and biostatisticians with regard to data management and analysis strategies. Maintains awareness of scientific developments within his/her area of expertise, both in terms of new methodology, new research activities and in terms of identification of competent, potential investigators. Consistently supports compliance and the Principles of Responsibility (Kaiser Permanente's Code of Conduct) by maintaining the privacy and confidentiality of information, protecting the assets of the organization, acting with ethics and integrity, reporting non-compliance, and adhering to applicable federal, state, and local laws and regulations, accreditation and licensure requirements (if applicable), and Kaiser Permanente's policies and procedures. In addition to defined technical requirements, accountable for consistently demonstrating service behavior and principles defined by the Kaiser Permanente Service Quality Credo, the KP mission as well as the specific departmental/organizational initiatives.

This hard-money funded position will include a core support package for the successful applicant that can be used to conduct pilot studies that leverage existing infrastructure to facilitate the development of an extramurally funded research program. This support includes staffing for administrative tasks, programming and analysis, and research support as well as modest funding for non-personnel-related costs.

A description of the Department of Research & Evaluation is available on the web (<http://kp.org/research>). It is the home to 18 doctorally-prepared investigators and over 150 support staff. The Department is located in Pasadena, a community of 134,000 residents and the home of the California Institute of Technology, the Rose Bowl, the Jet Propulsion Lab, and other historical and cultural sites. Information about the community can be found on-line at www.pasadenacal.com/visitors.htm. Pasadena is in the San Gabriel Valley 15 minutes north of downtown Los Angeles in sunny southern California.

Kaiser Permanente Southern California is an Equal Opportunity/Affirmative Action Employer and offers competitive salary and comprehensive benefit packages.

Interested candidates should submit their letter of interest, CV and references to Dr. Steven J. Jacobsen (c/o Jennifer.X.Wong@kp.org). Principals only.



UNC

LINEBERGER COMPREHENSIVE
CANCER CENTER
NC CANCER HOSPITAL

The UNC Lineberger Comprehensive Cancer Center seeks a tenure-track faculty member to lead the Population Sciences programs at our NCI-funded Comprehensive Cancer Center. The UNC Lineberger is looking for a leader to build on current excellence and bring the Cancer Center to the very top rank in cancer population sciences research. Applicants must have an established research program in a relevant area, as well as a broad perspective on cancer epidemiology, prevention and control, and outcomes. Leadership and teaching experience are preferred. Appointment and rank in an academic department (School of Public Health, Medicine, Nursing, etc) will be determined by the applicant's qualifications.

Applicants must submit curriculum vitae, a description of research plans, and names and contact information of four references online at jobs.unc.edu/2500106.

The University of North Carolina at Chapel Hill is an Equal Opportunity/ADA employer. Women and minorities are encouraged to apply.

**Advertise your job, event, book and/or software in
The Epidemiology Monitor!**

**Contact: Cynthia Wright,
Director of Operations**

**The Epidemiology Monitor
2560 Whisper Wind Court
Roswell, GA 30350**

Tel: 770/594-1613

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email: epimon@aol.com

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Tenure-Track Assistant Professor Positions Departments of Environmental Health Sciences and Epidemiology

The Departments of Environmental Health Sciences and Epidemiology at the Johns Hopkins Bloomberg School of Public Health invite applications for several tenure-track, Assistant Professor faculty positions. Faculty will be appointed in the most appropriate department and hold a joint appointment in the other.

Successful applicants will be expected to develop and sustain a productive, extramurally-funded research program in the field of environmental epidemiology. While all areas of environmental epidemiology will be considered, we are particularly interested in candidates who have a research focus on: epidemiologic investigations of the health effects of chronic low-level exposure to environmental toxicants, molecular mechanisms of the effects of environmental exposures, gene-environment interactions, environmental epigenetics and genomics, and/or quantitative methods for environmental epidemiology.

The Bloomberg School of Public Health and other Johns Hopkins Medical Institutions constitute a highly interactive, interdisciplinary research environment with exciting opportunities for collaboration, including environmental and occupational health, risk and exposure assessment, physiology, toxicology, and epidemiological and biostatistical methods.

Successful applicants must have academic and research experience commensurate with appointment at the assistant professor level. In particular, they should have a record of original research scholarship, possess excellent written and communication skills as evidenced by peer-reviewed publications, teaching, and presentations at professional meetings, and demonstrate the potential to establish and maintain research funding. Successful applicants are also expected to contribute to the master and doctoral education programs of the Departments of Environmental Health Sciences and Epidemiology.

Please visit our websites for further information on departmental research and education:

<http://www.jhsph.edu/dept/ehs/about/index.html>

<http://www.jhsph.edu/dept/epi/about/index.html>

By September 15, 2010 candidates should submit their curriculum vitae, a statement summarizing their research experience and research plans by email to envepifs@jhsph.edu and have three letters of recommendation emailed to the same address.

The Johns Hopkins University actively encourages interest from women and minorities and is an affirmative action/equal opportunity employer.

Position Available



School of Medicine

The Division of Epidemiology

New York University School of Medicine (NYUMC), is seeking candidates for full-time tenure-track or tenure-eligible positions in epidemiology, at the Assistant or Associate Professor level.

Qualifications: Applicants must have a doctorate in epidemiology or a related field. A solid publication record and success in obtaining grant support are important selection criteria for these positions.

Responsibilities: Candidates will develop or continue an independent program of externally funded research. We are seeking candidates to build on strengths in cancer and cardiovascular epidemiology and to broaden our research base in other areas of chronic disease epidemiology, taking advantage of the broad resources at NYUMC. Responsibilities include limited teaching of medical students and Ph.D. students in the Epidemiology and other tracks of the Environmental Health Sciences Program, NYU Graduate School of Arts and Sciences. Faculty rank will depend on qualifications.

Professional environment: The Division of Epidemiology is located in midtown Manhattan and is in the Department of Environmental Medicine, with 37 full-time faculty members in five divisions: Epidemiology, Biostatistics, Human Health and Exposure Assessment, Molecular Carcinogenesis and Toxicology, and Systemic Toxicology. The Division also has strong links to the NYU Cancer Institute, an NCI-designated cancer center with extensive research programs in basic biological sciences, clinical research, epidemiology, and early detection and prevention.

Applications: To apply, please provide a letter of applications which include a statement of research interests and summary of qualifications for the position, curriculum vitae, and names and contact information of three references to Ms. Elizabeth Clancy (elizabeth.clancy@nyumc.org). Application review will begin immediately and will continue until suitable candidates are identified.

New York University is an equal opportunity employer and provides a drug-free workplace. For further information about the Division of Epidemiology,

please visit our website

<http://www.med.nyu.edu/environmental/divisions/epidemiology.htm>

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CAREER MARKETPLACE



THE UNIVERSITY OF CHICAGO CENTER FOR CANCER EPIDEMIOLOGY AND PREVENTION

COMPREHENSIVE CANCER CENTER AND DEPARTMENT OF HEALTH STUDIES
MC 2007, Suite N 101-102, 5841 S MARYLAND AVENUE, CHICAGO • ILLINOIS 60637
Tel: +1 773 834 9956; Fax: +1 773 834 0139; Website: <http://ccep.uchicago.edu>

Postdoctoral Positions in Cancer Epidemiology and Genomic Epidemiology

The Center for Cancer Epidemiology and Prevention in The Department of Health Studies and Cancer Research Center, an NCI-designated comprehensive cancer center at the University of Chicago seeks candidates for two or more fully-funded postdoctoral fellow/scholar positions in the areas of Cancer Epidemiology and Genetic Epidemiology. Applicants should have a doctoral degree in epidemiology or an MD with training in epidemiology. Successful candidates are expected to work on several integrated genomic epidemiology studies (genome wide studies based on array-based measures of SNPs, methylation, gene expression and copy number variation as well as candidate gene/haplotype based studies) of breast cancer, skin cancer and other cancer and precancerous conditions and molecular phenotypes. Although these positions are meant for candidates with interests in training in multidisciplinary genomic epidemiology areas, we envision one position to be predominately focused on molecular/wet-lab setting and the other predominately focused on dry-lab analytic/epidemiology setting.

The University of Chicago offers outstanding training opportunities for multidisciplinary Cancer and Genetic Epidemiology research by providing state of the art research resources encompassing a large number of faculty members involved in epidemiological, molecular and statistical aspects of genomic and gene-environment research; access to high throughput genomic facilities and related biostatistical/bioinformatics support; and clinical data/biospecimen repositories from multiethnic populations.

Please send a letter including a statement of future research goals, curriculum vitae, and names and addresses of three references to: Dr. Habibul Ahsan, The University of Chicago, 5841 S. Maryland Avenue, MC 2007, Chicago, IL 60637 or e-mail the information to epijobs@health.bsd.uchicago.edu. Application review will begin immediately but will continue until positions are filled.

The University of Chicago is an Affirmative Action / Equal Opportunity Employer.

Biostatistician

Tulane University School of Public Health

Tulane University School of Public Health and Tropical Medicine's Department of Epidemiology is seeking a qualified candidate for the position of Biostatistician to develop and maintain databases for several epidemiological studies and conduct statistical analysis.

Specific responsibilities include developing databases using Microsoft Access, conducting data analysis for GENETIC and cardiovascular epidemiological studies using SAS, and conducting data quality assurance and quality control. Master's degree in biostatistics or applied statistics is required. Proficient in Microsoft Access and SAS is required and proficient in STATA is preferred. Experience in developing and maintaining databases for epidemiological studies is preferred. Applicants should apply to the Tulane University jobs website <http://tulane.edu/job-listings.cfm> and email CV to cgoletz@tulane.edu. Tulane Job Posting Number 3515/103357.



Heal the sick, advance the science, share the knowledge.

Postdoctoral Fellowships in Cancer Mayo Clinic Cancer Center and College of Medicine

Mayo Clinic in Rochester, Minnesota announces new postdoctoral positions in cancer genetics/cancer genetic epidemiology. Positions will be funded by the Mayo Cancer Genetic Epidemiology Training Program, which is supported by a grant from the National Cancer Institute, and are 3 years in duration. Mentoring will be provided by experienced faculty, including cancer genetic epidemiologists, statistical geneticists, cancer geneticists, bioinformaticians and clinical mentors. The goal of this training program is to develop a new cadre of scientists capable of combining laboratory based genetics and observational epidemiologic methods for developing independent careers that address cancer-related health issues, including prevention, detection, therapy and control. In addition to a stipend, the trainee will receive \$15,000 per year for supplies. U.S. citizens or permanent residents only.

Located 80 miles southeast of the Minneapolis-St. Paul metro area, the Mayo Clinic is well regarded for its cancer research which includes established resources such as the Rochester Epidemiology Project, and SPORes in Prostate, Ovarian, Breast and Pancreatic cancers, Brain tumors, Lymphoma and Myeloma. The NCI-designated comprehensive Mayo Clinic Cancer Center (MCCC) provides extensive infrastructure support for patient-oriented research, including biostatistical support and shared analytical resources supporting population science, and well-equipped laboratories and cores. Please visit <http://mayoresearch.mayo.edu/mayo/research/cancercenter/> and <http://www.mayo.edu/> for more information.

Mayo offers an attractive benefit package. Salary is competitive, and will be determined by experience. Please send statement of interest and accomplishments, CV and the names of three references to:

Gloria M. Petersen, Ph.D.
Director, Cancer Genetic Epidemiology Training Program
 Mayo Clinic
 200 First Street SW • Rochester, MN 55905
 Phone: (507) 284-2896 • Fax: (507) 266-2478
 E-mail: schuh.melissa@mayo.edu

Mayo Foundation is an affirmative action and equal opportunity employer and educator. Post-offer/pre-employment drug screening is required.

MICHIGAN STATE UNIVERSITY

CHAIR

DEPARTMENT OF EPIDEMIOLOGY

The Department of Epidemiology in the College of Human Medicine at Michigan State University is seeking a Chair to provide strategic and academic leadership. Michigan State University, the nation's original land-grant university, has annual research expenditures of more than \$300 million. The Department's research is well funded by NIH and other sources.

The Department's research mission is to conduct epidemiologic investigations of local, national, and international public health importance. The department has 17 epidemiologists and biostatisticians with expertise in cancer, cardiovascular diseases, communicable diseases, neuroepidemiology, social epidemiology, psychiatric and substance use disorders, and reproductive and perinatal epidemiology. Methodological interests include survival analysis, health services research, statistical genetics, longitudinal data analyses, comparative effectiveness research, and cost-effectiveness analysis. International epidemiologic collaborations include Africa, Latin America, South Asia and other locations. The Department offers MS and PhD degrees in epidemiology, and teaches epidemiology to medical students, as well as undergraduates.

Michigan State University provides a unique environment and wealth of resources including four health colleges (Human, Osteopathic, Veterinary Medicine, and Nursing), a research-oriented state health department, an established network of community-based clinical partnerships, and collaborations with the Metropolitan Detroit NCI SEER registry. The Department is the lead unit for the Michigan Alliance for the National Children's Study, and has research collaborations with many other universities and institutions, including the Van Andel Research Institute in Grand Rapids.

The Chair will be responsible for further advancing the quality and scope of the research, teaching and service activities of the Department by providing strong leadership. He/she should foster a productive team-based approach to research and education within the Department and across the College and University. Other key characteristics being sought are outstanding mentoring abilities, substantial experience with program or unit administration, the ability to promote an atmosphere of inclusiveness, and ethical and financial accountability.

The candidate must have a doctoral degree and recognition as a scholar in epidemiology, as usually defined by a solid track record of extramural research funding. The position includes a tenure system faculty appointment in the Department at the level of Full Professor.

The Search Committee is committed to respecting confidentiality. Applicants should submit a letter of application with a statement of research and teaching interests. The letter should be accompanied by a curriculum vitae and the names of three referees (who will not be contacted without the permission of the applicant). Application deadline is August 31, 2010; late submissions will be considered if a suitable applicant pool is not identified by the deadline. Application can be made via mail to the search committee chair, Gregory Fink, PhD, Professor of Pharmacology and Toxicology, A108 E. Fee Hall, East Lansing, MI 48824, or by e-mail to bakera@msu.edu.

Michigan State University is committed to achieving excellence through cultural diversity. The University actively encourages applications and/or nominations of women, persons of color, veterans and persons with disabilities.

MISU IS AN AFFIRMATIVE ACTION, EQUAL OPPORTUNITY EMPLOYER.

**CLINICAL EPIDEMIOLOGIST
ASSISTANT/ASSOCIATE PROFESSOR**

The Department of Surgery in the College of Medicine and the Center for Clinical and Translational Science (CCTS) at the University of Vermont seek applicants for a tenure-track faculty position as a clinical epidemiologist concerned with cancer prevention and control, with interests in cancer screening. The University implements several registry systems including the Vermont Breast Cancer Surveillance System (VBCSS) incorporating a state-wide mammography registry allied with a national consortium.

Responsibilities: (1) provide leadership for current research projects in population-level research concerned with cancer prevention and control, including a state-wide breast cancer screening registry (VBCSS); (2) develop new projects in related areas; (3) support interdisciplinary research collaborations through the CCTS. Teach clinical epidemiology: (1) to students enrolled in the educational and career development programs of the CCTS; (2) to medical students; (3) mentor junior faculty and residents. Participate in the activities of the university and/or community.

Qualifications: Expertise in clinical epidemiology and cancer screening or related areas; knowledge of health services research theory and methods; demonstrated success in obtaining peer-reviewed funding for research projects; demonstrated success in peer-reviewed research publications; demonstrated success in teaching; doctoral degree in epidemiology or health services research or related field. The University of Vermont is committed to increasing the representation of women and minority members among its faculty and encourages applications from these candidates. For further information contact Prof. Berta Geller at (802) 656 4115 or (Berta.Geller@uvm.edu).

Applications: Please apply by sending a curriculum vitae and a letter containing a statement of research interests to the Search Committee Chair: Brian Flynn ScD, c/o Jeanne Jackson, University of Vermont, 267FL4 - MC Campus, 111 Colchester Avenue, Burlington, VT 05401 (jeanne.jackson@vtmednet.org) or through the University of Vermont Human Resources system at <http://www.uvmjobs.com> (Job Requisition Number: 033192).

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