

Special Ebola Virus Issue

CDC Director Lays Out Roadmap For Controlling Ebola Says Control Is Months Away Even In Best Case Scenario

“It’s not going to be quick. It’s not going to be easy. But we know what to do.” With these words CDC Director Tom Frieden opened his recent press conference and described the strategy that CDC and others would be using to achieve control of the Ebola outbreak in West Africa.

Challenges

Frieden told the press there are two major challenges being faced. First, the health systems in the affected

countries (Guinea, Liberia, Sierra Leone) are not highly functional. Second, there has been a lack of understanding about the disease and receptivity to control measures on the part of some of the affected populations and violence has been used against some disease control teams.

Strategies

Achieving control of Ebola, which has been done successfully in other

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WHO Director Gives Frank Assessment Of Ebola Situation To West African Leaders

Speaking in Conakry Guinea on August 1, WHO Director Margaret Chan pointed out the unique features of the Ebola outbreak in West Africa and gave a frank assessment of the actions needed to halt the outbreak.

Firsts For This Outbreak

The outbreak is the largest ever of

Ebola virus because it has the largest number of cases and deaths, is taking place in the largest geographical area and this is near other areas at risk of further spread, it has demonstrated its ability to spread via air travel, and cases are occurring in both rural areas as well as capital cities.

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African countries, most notably in Uganda, involves carrying out several activities in three broad areas. According to Frieden, "We are going to use the traditional means that work – case identification, isolation, contact tracing, health communication, and good meticulous management. He added, "that's what has stopped every Ebola outbreak that's ever happened before. That's what will stop this Ebola outbreak."

Disease Control Roadmap

Finding Cases

1. Find and isolate suspect patients
2. Get them diagnosed accurately and promptly.
3. Interview patients for all contacts.

Responding to Cases

4. Provide supportive care in treatment centers

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Five Key Concerns

According to Chan, the Ebola outbreak is of special concern for the following reasons:

1. The outbreak is moving faster than efforts to control it.

According to Chan, "If the situation continues to deteriorate, the consequences can be catastrophic in terms of lost lives but also severe socioeconomic disruption and a high risk of spread to other countries.

5. Protect health care workers.
6. Follow all patient contacts each day for 21 days for signs of fever.

Prevention

7. Communicate with the community and health centers to avoid close contact with sick persons or bodies, to report suspect cases, isolate cases in treatment centers and avoid consumption of bush meat and contact with bats.

According to Frieden, CDC has staff in the affected areas and will be sending an additional 50 persons to assist in the outbreak, including epidemiologists and other disease control specialists.

Among the goals of the epidemiologic investigations will be to track the epidemic in real-time to identify the epicenter (now thought to be the common border area between all three countries) and obtain a better idea of just what events are transmitting the disease in this area. ■

2. The outbreak is affecting a large number of doctors, nurses, and other health care workers. Chan told the leaders that more than 60 health care workers have lost their lives in helping others, including some international staff.

3. Failure to give high enough priority to control efforts could allow the Ebola virus to circulate widely and over a long period of time in human populations. Such a situation, would be extremely unwise because it could allow the virus to mutate.

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Red Cross Blogger Is Giving A More Personal And Vivid Account Of Ebola Outbreak

Putting A Face On The Outbreak

The Red Cross is helping to control the Ebola outbreak in Sierra Leone by raising awareness about how the disease is transmitted and how persons can protect themselves, by providing psychosocial support to those affected, and by managing the burial of bodies. This according to Katherine Mueller, communications manager in Africa for the International Federation of Red Cross and Red Crescent societies, who has been assigned to work in Sierra Leone.

Mueller has been blogging about her experiences in Sierra Leone and her written reports are providing vivid insights into what the outbreak means for the workers and populations affected.

Raising Awareness

Isolated communities in Sierra Leone are shunning away from infected persons and medical workers, according to Mueller and the Red Cross is seeking to work through traditional healers to get across accurate information about Ebola. In this society, traditional healers are the “go to” persons, even ahead of any medical personnel. Thus, educating traditional healers has the potential to reach the affected but resistant populations.

To read about the life and mindset of at least one traditional healer, read Mueller’s blog entitled “Turning to traditional healers to help stop the Ebola outbreak in Sierra Leone.” (see excerpt next page)

This is how Mueller opens her post entitled “Ebola: with so much at stake, somebody has to manage the dead.” To read the full account, visit: <http://tinyurl.com/n9rolld>

Burying Dead Bodies

“I witnessed four burials today of people who had fallen victim to this epidemic. They were all young: two 11 year olds, one young man who was 18, another 21. All laid to rest in a cemetery, newly dug for Ebola victims.

No families or loved ones around. No religious leaders. For now, no markers to identify who lies where. Lowered into their final resting place by a team of volunteers dressed in gear that makes them look like they are appearing in a sci-fi flick.”

In her latest post, Mueller offers even more graphic descriptions of what the burials are like. Here are two excerpts:

More About Burials

"Seeing the bodies in what became their final resting position, and not just the weighted down body bags; the flies; the stench of a body that has been lying for two or three days in the heat and humidity, covered in blankets, waiting for burial; the little body of a toddler who barely got a change to begin her story. The sound of women wailing, grieving the loss of their loved ones. Today one of the bodies took his last breath, exhaling a cloud of putrid air upon being moved from his bed.

Understandably, it froze the Red Cross team of volunteers, called in to ensure the body was safe for burial"

- Blogger continues on page 4

"...before they even consider crossing the threshold of a hospital or health care clinic. "I cure people who are said to have been cursed."

Traditional Healers

In a land where voodoo, witchcraft and curses are the norm, Fallah James is a sought-after man. As a traditional healer in Sierra Leone's eastern Kailahun district, people turn to him for treatment before they even consider crossing the threshold of a hospital or health care clinic. "I cure people who are said to have been cursed. Headaches, or if you have a broken leg, I can cure that," explains James. "And in Africa, here we say this person has witchcraft behind him. I can drive that out..."

...Admitting he knows very little about Ebola, James Welcomes an opportunity to learn, and has offered to gather his fellow traditional healers for an awareness raising discussion with the Sierra Leone Red Cross Society. As a traditional healer since birth, "I was born with leaves in my hand, following on a tradition inherited by my father and his father," people listen when he speaks. He and his colleagues are revered leaders in their communities. With many isolated communities still shunning anyone remotely connected to the Ebola outbreak, either those who are infected or those who are there to help, the Red Cross hopes that engaging this group of traditional healers will assist in sharing the right kind of information.

To read the full post, visit : <http://tinyurl.com/kftsny>

Reported Confirmed, Probable, Suspect Ebola Cases and Deaths, in Guinea, Liberia, Sierra Leone, and Nigeria, as of end of August 6, 2014

Country		Total by Country	CFR
Guinea	Cases	495	73
	Deaths	363	
Liberia	Cases	516	55
	Deaths	282	
Sierra Leone	Cases	691	41
	Deaths	286	
Nigeria	Cases	9	11
	Deaths	1	
Totals	Cases	1711	55
	Deaths	932	

Adapted and WHO and CDC reports

What Every Epidemiologist Should Know About Ebola Virus Disease (EVD)

Uncommonly Reported & Detailed Facts About Ebola Virus Disease From CDC and WHO

1. Period of Infectivity

The incubation period, the time interval from infection with the virus to onset of symptoms, is 2 to 21 days. Symptoms may appear anywhere from 2 to 21 days after exposure to ebolavirus--though 8-10 days is most common.

People are infectious as long as their blood and secretions contain the virus. For this reason, infected patients receive close monitoring from medical professionals and receive laboratory tests to ensure the virus is no longer circulating in their systems before they return home. When the medical professionals determine it is okay for the patient to return home, they are no longer infectious and cannot infect anyone else in their communities.

Men who have recovered from the illness can still spread the virus to their partner through their semen for up to 7 weeks after recovery. For this reason, it is important for men to avoid sexual intercourse for at least 7 weeks after recovery or to wear condoms if having sexual intercourse during 7 weeks after recovery.

2. Infection and Transmission

In Africa, fruit bats are believed to be the natural hosts of Ebola virus. The virus is transmitted from wildlife to people through contact with infected fruit bats, or through intermediate hosts, such as monkeys, apes, or pigs

that have themselves become infected through contact with bat saliva or feces.

People may then become infected through contact with infected animals, either in the process of slaughtering or through consumption of blood, milk, or raw or undercooked meat.

The virus is then passed from person to person through direct contact with the blood, secretions or other bodily fluids of infected persons, or from contact with contaminated needles or other equipment in the environment.

3. Preventive Measures

Raising awareness of the risk factors for infection and the protective measures that should be taken is the only way to reduce human infection and subsequent deaths. Close unprotected physical contact with Ebola patients should be avoided. Appropriate use of gloves and personal protective equipment (including hand hygiene before putting on, and especially after taking off personal protective equipment) should be practised when taking care of ill patients at home. Regular hand washing is required after visiting patients in hospital, as well as after taking care of patients at home.

4. Nosocomial Transmission

Almost all transmission of the virus to

"Men who have recovered from the illness can still spread the virus to their partner through their semen for up to 7 weeks after recovery."

"...fruit bats are believed to be the natural hosts of Ebola virus."

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"Those who have died from the disease should be promptly and safely buried."

health-care workers has been reported when basic infection control measures have not been observed. Health-care workers caring for any patient should practice standard precautions. When caring for patients with suspected or confirmed Ebola virus infection, health-care workers should apply, in addition to standard precautions, other infection control measures to avoid any exposure to patients' blood and body fluids and with possibly contaminated environments.

5. Burial

Preparation for burial of the bodies of persons who have died from Ebola virus disease also carries high risks of transmission of the virus. Those who have died from the disease should be promptly and safely buried.

6. Signs and symptoms

Ebola virus is the cause of a viral hemorrhagic fever disease. EVD, which has a case fatality rate of up to 90%, is a severe acute viral illness often characterized by the sudden onset of fever, intense weakness, muscle pain, headache, nausea and sore throat. This is followed by vomiting, diarrhoea, impaired kidney and liver function, and in some cases, both internal and external bleeding. Laboratory findings frequently include low white blood cell and platelet counts and elevated liver enzymes.

7. Diagnosis and treatment

When considering the diagnosis of EVD, other, more common diseases should not be overlooked; for example, malaria, typhoid fever, shigellosis,

cholera, leptospirosis, plague, rickettsiosis, relapsing fever, meningitis, hepatitis and other viral haemorrhagic fevers. Definitive diagnosis of EVD is made through laboratory testing. Because samples from patients are a source of infection risk for others, testing is conducted under maximum biological containment conditions.

No vaccine is available, nor is there any specific treatment. Severely ill patients require intensive supportive care. Patients are frequently dehydrated and require oral rehydration with solutions containing electrolytes, or intravenous fluids.

8. What Virus Strain Is It?

Ebola first appeared in 1976 in 2 simultaneous outbreaks, in Nzara, Sudan, and in Yambuku, Democratic Republic of Congo. The latter was in a village situated near the Ebola River, from which the disease takes its name.

Genus Ebolavirus is 1 of 3 members of the *Filoviridae* family (filovirus), along with genus Marburgvirus and genus Cuevavirus. Genus Ebolavirus comprises 5 distinct species:

- Bundibugyo ebolavirus (BDBV)
- Zaire ebolavirus (EBOV)
- Reston ebolavirus (RESTV)
- Sudan ebolavirus (SUDV)
- Tai Forest ebolavirus (TAFV)

BDBV, EBOV, and SUDV have been associated with large EVD outbreaks

Said Chan, “we must not give this virus opportunities to deliver more surprises.”

4. Ebola is a social problem as well as a medical and public health problem. Cha called beliefs and cultural practices “a significant cause of further spread and a significant barrier to rapid and effective containment.” She called for addressing the social dimension as part of the outbreak response.

5. Cases are being deliberately underreported or hidden and defeat control strategies. This may make some sense for the population because case fatality rates are high even with treatment and so being sent to an isolation ward can be equated with a death sentence, said Chan. She added, some people “prefer to care for loved ones in homes or seek assistance from traditional healers.”

6. Public attitudes can create a security threat to response teams when fear and misunderstanding turn to anger, hostility, or violence.

7. Work is also emotionally very stressful

Needs Assessment

Chan called for the following needs to be tackled in urgent fashion.

1. Accurate and detailed mapping of the outbreak is urgently needed.

2. All affected and at-risk countries need a national response plan, and these plans need to be regionally coordinated.

3. Facilities for isolation and supportive therapy need to be properly equipped and adequately staffed.

4. Personal protective equipment is absolutely essential.

5. For national staff, salaries need to be paid.

6. Dignified burial makes an essential contribution to public trust and eases family grieving, but this must be done safely.

7. Contact tracing is a formidable challenge, for reasons I have mentioned. Again, more staff are needed.

8. Public awareness of the facts about this disease needs to increase dramatically. Messages from presidents and community and religious leaders are important, but this outbreak needs professionally designed and implemented campaigns, again with help from external experts.

9. Depending on the epidemiological situation, your governments may need to impose some restrictions, for example, on population movements and public gatherings.

10. Governments may need to use their police and military forces to guarantee the safety and security of response teams. Some are already doing so.

She concluded her frank assessment by reassuring the leaders that “Ebola outbreaks can be contained. Chains of transmission can be broken. Together, we must do so.” ■

"She called for addressing the social dimension as part of the outbreak response."

"Ebola outbreaks can be contained. Chains of transmission can be broken. Together, we must do so."

"Bats are strongly implicated..."

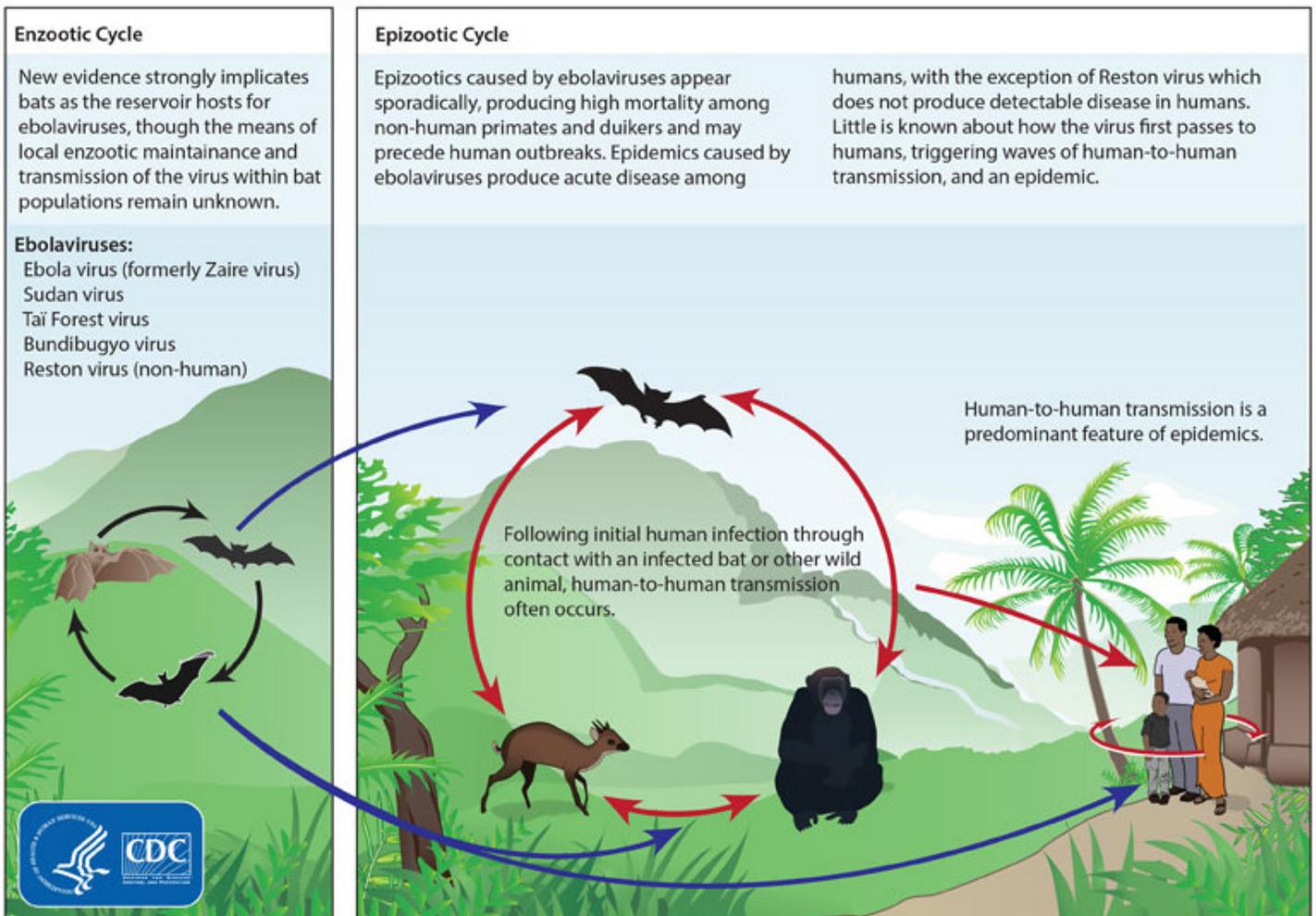
in Africa, whereas RESTV and TAFV have not. The RESTV species, found in Philippines and the People's Republic of China, can infect humans, but no illness or death in humans from this species has been reported to date. Samples taken from patients in this outbreak have tested positive for

EBOV.

Genetic analysis of the virus indicates that it is closely related (97-98% identical) to variants of Ebola virus identified earlier in the Democratic Republic of the Congo and Gabon.

This graphic shows the life cycle of the ebolavirus. Bats are strongly implicated as both reservoirs and hosts for the ebolavirus. Of the five identified ebolavirus subtypes, four are capable of human-to-human transmission. Initial infections in humans result from contact with an infected bat or other wild animal. Strict isolation of infected patients is essential to reduce onward ebolavirus transmission.

Ebolavirus Ecology



Ebola Hemorrhagic Fever Outbreak in Guinea, Liberia, and Sierra Leone 2014



Table: Chronology of previous Ebola virus disease outbreaks

Year	Country	Ebolavirus species	Cases	Deaths	Case fatality
2012	Democratic Republic of Congo	Bundibugyo	57	29	51%
2012	Uganda	Sudan	7	4	57%
2012	Uganda	Sudan	24	17	71%
2011	Uganda	Sudan	1	1	100%
2008	Democratic Republic of Congo	Zaire	32	14	44%
2007	Uganda	Bundibugyo	149	37	25%
2007	Democratic Republic of Congo	Zaire	264	187	71%
2005	Congo	Zaire	12	10	83%
2004	Sudan	Sudan	17	7	41%
2003 (Jan-Apr)	Congo	Zaire	143	128	90%
2001-2002	Congo	Zaire	59	44	75%
2001-2002	Gabon	Zaire	65	53	82%
2000	Uganda	Sudan	425	224	53%
1996	South Africa (ex-Gabon)	Zaire	1	1	100%
1996 (Jul-Dec)	Gabon	Zaire	60	45	75%
1996 (Jan-Apr)	Gabon	Zaire	31	21	68%
1995	Democratic Republic of Congo	Zaire	315	254	81%
1994	Cote d'Ivoire	Tai Forest	1	0	0%
1994	Gabon	Zaire	52	31	60%
1979	Sudan	Sudan	34	22	65%
1977	Democratic Republic of Congo	Zaire	1	1	100%
1976	Sudan	Sudan	284	151	53%
1976	Democratic Republic of Congo	Zaire	318	280	88%



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PROGRAM AT A GLANCE



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[Cancer: Free Papers](#)

[Influenza: Free Papers](#)

[Innovative Strategies with Hard-to-Reach Populations. Sponsored by the Society for Epidemiologic Research.](#)

[International Adaptation to Climate Change](#)

[Nutrition and Diet, 1: Free Papers](#)

[Occupational Health: Free Papers](#)

[Suicide in the Arctic: Free papers](#)

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[Sunday Poster Session](#)

[Welcome Reception, Featuring Pamyua](#)



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[Plenary Session: Circumpolar Health](#)

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[Cardiovascular Disease Risk: Free Papers](#)

[Child Health: Free Papers](#)

[Epidemiology and Public Health: A joint Approach to Health in the Post-2015 Development Agenda](#)

[Epigenetic Epidemiology](#)

[Mental Health and Suicide in Circumpolar Region](#)

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[Responding to Climate Change: Governance Perspectives and Enhancing the Use of Science](#)

[Viral Hepatitis: Free Papers](#)

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[Plenary Session: Climate Change and Health](#)

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[Monday Poster Session](#)



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[Circumpolar Surveillance of Tuberculosis: Free Papers](#)

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[Epidemiology of Aging: Free Papers](#)

[HIV/AIDS: Free Papers](#)

[Hot Topic: No Global Health without Mental Health](#)

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[Oral Health, Ethics and Equity, 1: Free Papers](#)

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[Life-course Epidemiology: Free Papers](#)

[Nutrition and Diet, 2: Free Papers](#)

[Risky Behaviors: Free Papers](#)

[Social Epidemiology, 1: Free Papers](#)

[Water Security, Sanitation and Health in the Arctic](#)

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[ANCILLARY MEETING: Public Health Agency of Canada - "Is It or Isn't It?" The Challenges of Emerging Public Health Issues](#)

1:00 PM-5:00 PM

[ANCILLARY MEETING: The Brazilian Longitudinal Study of Adult Health \(ELSA-Brazil\) - Social Inequalities & Chronic Disease in Upper-Middle Income Counties](#)

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[African Regional Meeting](#)

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[European Epidemiologic Federation: Politics, Policies and Inequities](#)

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[Hot Topic: Progress in Polio Eradication](#)

[Mental Health: Free Papers](#)

[Methods and Techniques in Epidemiology - Model Issues: Free Papers](#)

[Public Engagement and Translation](#)

[Women's Health: Free Papers](#)

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[Plenary Session: Innovations in Epidemiologic Methods: Epidemiologic Theory and Causation](#)

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[Climate Change and Environmental Health: Free Papers](#)

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[Problems and Paradoxes in Perinatal Epidemiology](#)

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[Polio: Free Papers](#)

[Smoking, 2: Free Papers](#)

[The new edition of A Dictionary of Epidemiology](#)

[Women's Health, 2: Free Papers](#)

10:30 AM-12:00 PM

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[Conflict-of-Interest: an IEA-sponsored Session on Evidence, Issues and Integrity- New Insights and Best Practices for Epidemiology](#)



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[Hypertension: Free Papers](#)

[Maternal and Child Health, 2: Free Papers](#)

[Oral Health, 2: Free Papers](#)

[Overweight and Obesity: Free Papers](#)

[Social Epidemiology, 2: Free Papers](#)

[Youth, Alcohol, and Substance Abuse Studies: Free Papers](#)

2:30 PM-4:00 PM

[Richard Doll Lecture](#)

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The Department of Epidemiology, Graduate School of Public Health, University of Pittsburgh invites applications for a full-time faculty position at the level of Assistant Professor. The position is available immediately and requires an advanced degree in epidemiology or a related field with a highly multidisciplinary background integrating epidemiology, gerontology and neurology and with a strong understanding of the basics of neuroimaging. The successful candidate will be responsible for independent study design, data analyses, grant writing and writing reports and manuscript. The successful candidate will be part of a research group involved in designing, analyzing epidemiologic studies and clinical trials. The individual would also be expected to supervise students or staff, assist with teaching, by lecturing in courses and mentoring postdoctoral fellows. This position is outside of the tenure stream and is funded by grants from the National Institutes of Health. Salary will be commensurate with experience. Applications will be reviewed until position is filled. Send letter of intent, curriculum vitae, and the names of three references to: Position # 0131730, c/o D. Bushey, Department of Epidemiology, University of Pittsburgh, A528 Crabtree Hall, 130 DeSoto Street, Pittsburgh, PA 15261; E-mail: dlb22@pitt.edu. The University of Pittsburgh is an Affirmative Action/Equal Opportunity Employer.



CDC is seeking an Editor-in-Chief for the *Morbidity and Mortality Weekly Report*. Often called “the voice of CDC,” *MMWR* is the agency’s primary vehicle for publication of timely, authoritative and science-based public health information and recommendations. *MMWR*’s readership predominantly consists of public health practitioners, physicians, nurses, epidemiologists and other scientists, educators, and laboratorians.

The Editor-in-Chief is responsible for selecting, editing, and prioritizing content; facilitating consensus among stakeholders on urgent public health problems; and implementing innovative ways to communicate scientific information quickly and accurately through multiple channels. For more information and to apply for the position, visit: <http://www.usajobs.gov> and enter keyword HHS-CDC-D2-14-1173413 (or HHS-CDC-D2-14-1173991 if you have a medical degree).

Quantitative Post-Doctoral Position
(Substance Abuse, Epidemiology, Clinical Trials)
Department of Psychiatry and Behavioral Sciences, Duke University School of Medicine

POSITION ENTAILS: analyze longitudinal datasets, conduct literature reviews, prepare reports, write/publish manuscripts, and assist project work as assigned.

Position Open Until Filled.

REQUIREMENTS:

1. Longitudinal data analysis skills (survey, observational, or clinical trial datasets).
2. A doctoral degree in quantitative research methods, epidemiology, demography, psychology, public health, or a related discipline.
3. An interest in substance use research (tobacco, alcohol, other drugs)
4. Excellent writing skills.

CONTACT:

Interested applicants should email a letter of interest, curriculum vitae, a writing sample, and the names of three references to: Li-Tzy Wu, ScD, Professor, Department of Psychiatry and Behavioral Sciences, Duke University School of Medicine; litzy.wu@duke.edu

Epidemiologist / Biostatistician

We are changing a disease and saving lives - but we need your help

We need a full-time clinical researcher to join our team and help us improve the lives of people worldwide. The Norman Parathyroid Center is the leading treatment center for hyperparathyroidism in the world, with over 2500 new patients traveling to Tampa, Florida every year for parathyroid surgery. Our clinical volume has created the largest series of patients with parathyroid disease and allowed us to make valuable observations about this condition, one that is often misunderstood but easily cured. We need a strong, self-motivated scientist to help study and publish these findings.

We are offering a competitive salary and flexible work hours. If you want a fulfilling and meaningful career, leading research projects and collaborating with surgeons and staff who are dedicated to helping people affected by this disease, please send a cover letter and CV to Dr. Deva Boone at jobs@parathyroid.com.

REQUIREMENTS

- PhD in epidemiology, biostatistics, or related field
- At least 2 additional years of experience with clinical research and database analysis
- Proficiency in SPSS, SAS, or R
- Experience in preparing and submitting manuscripts



Norman Parathyroid Center
Tampa, Florida



JOHNS HOPKINS
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SCHOOL of PUBLIC HEALTH

Protecting Health. Saving Lives—*Millions at a Time*

Tenure-Track - Assistant/Associate Professor Position Department of Epidemiology

The Department of Epidemiology at the Johns Hopkins Bloomberg School of Public Health invites applications for a tenure-track position in cardiovascular or clinical epidemiology at the Assistant or Associate Professor level. Candidates should possess a solid epidemiologic foundation to contribute to both the research and teaching missions of the Department. Successful candidates will be expected to develop an independent research program, teach classes in Epidemiology, and mentor graduate students. The candidate will be based in the Welch Center for Prevention, Epidemiology and Clinical Research.

The Department of Epidemiology is one of the oldest and largest in the world, with over 170 departmental doctoral and master students directed by more than 80 full-time faculty members. The Institution has a strong research infrastructure and commitment to conduct both observational and experimental research. The Welch Center was established in 1989 as an interdisciplinary center of excellence sponsored by the Schools of Public Health and Medicine. Welch Center faculty have several active research programs which provide outstanding opportunities for collaborative research in cardiovascular epidemiology, clinical epidemiology, and environmental epidemiology across a wide spectrum of study designs including observational studies, lifestyle intervention trials, and feeding studies.

Applicants should hold a doctoral degree in epidemiology, a related scientific discipline, or medicine with graduate training in epidemiology; have demonstrated original scholarship in epidemiologic research; have interests in conducting both observational and experimental studies; possess excellent written and communication skills as evidenced by peer-reviewed publications, grants, and/or presentations at professional meetings; demonstrate the potential to establish and maintain external research funding; and have a strong interest in teaching classes and mentoring students. Individuals with interests in cardiovascular disease and kidney disease, particularly those with a focus on nutrition epidemiology and/or lifestyle interventions, are encouraged to apply.

Candidates should send a cover letter with a statement of research interests and accomplishments, curriculum vitae and names of three references to:

David D. Celentano, ScD, MHS, Charles Armstrong Chair and Professor Department of Epidemiology
Johns Hopkins Bloomberg School of Public Health, 615 N. Wolfe Street, Suite W6041, Baltimore, MD 21205
USA

or electronically to facapps@jhmi.edu

Inquiries for further information should be directed to Dr. Gail Daumit, Search Committee Chair, at gdaumit@jhmi.edu. The application deadline is Oct 1, 2014.

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**Faculty Position
Nutritional & Life-Course
Epidemiology**

We invite applicants to join us for a full-time **Faculty Position in Nutritional and Life-Course Epidemiology**. The successful candidate will hold a joint appointment as a tenure track faculty position in the Saw Swee Hock School of Public Health at the National University of Singapore as well as a Research Investigator in the Singapore Institute for Clinical Sciences within the Agency for Science, Technology and Research (A*STAR). The research will focus mainly on healthy children built around both extant and planned birth cohorts. The successful candidate will be expected to develop both an independent research programme and to collaborate with colleagues with NUS and A*STAR.

For more information regarding the Job Requirements, please refer to <http://tinyurl.com/nb2p95v>

We regret that only shortlisted applicants will be notified.

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**University of Nevada
Reno**

**School of
Community Health Sciences**

**Assistant Professor
Epidemiology**

The University of Nevada, Reno, School of Community Health Sciences is seeking candidates for two full-time faculty positions in Epidemiology. Research and teaching interests in Chronic Disease Epidemiology or Environmental Epidemiology are preferred, but all candidates will be considered. Duties include: teaching graduate and undergraduate students, advising graduate students, developing an independent program of scholarship, and engaging in University, community, and professional service appropriate for a university faculty member.

The University of Nevada, Reno, School of Community Health Sciences seeks two innovative, energetic scientists for tenure track faculty positions in Epidemiology at the rank of Assistant Professor. The school offers an accredited MPH in Epidemiology and Social-Behavioral Health, a BS in Community Health Sciences and is seeking accreditation for several MPH and PhD programs.

The successful applicants are expected to: teach graduate (MPH and PhD) and undergraduate courses in epidemiology; advise graduate students; develop and maintain an independent program of scholarship; and engage in University, community, and professional service.

The scenic University of Nevada, Reno campus, in sight of the Sierra Nevada mountains, is located 45 minutes from Lake Tahoe and four hours from San Francisco and the Napa-Sonoma wine country. The Reno/Tahoe area is a recreational paradise, close to world-class skiing and snowboarding, kayaking, hiking and bicycling. Reno is home to an emerging technology sector, with a vibrant arts and restaurant scene.

For a complete position description and requirements, please go to: <https://www.unrsearch.com/postings/15760>



UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE

The Institute of Human Virology Division of Epidemiology and Prevention invites applications for the position of Professor, Tenure Track

The Institute of Human Virology (www.ihv.org) under the direction of Robert C. Gallo, MD is expanding research in **Viral Epidemiology, including HIV/AIDS and other viruses**, to enrich an already robust campus-wide program in domestic and international research. Applicants will engage in individual and collaborative research that draws upon the expertise of scientists from the Institute of Human Virology, The Greenebaum Cancer Center, the Institute for Genome Sciences, and the affiliated international sites. Candidates should be willing to spend a significant amount of time building and maintaining international and domestic extramurally funded research programs focused on infectious diseases and/or virus-associated cancer epidemiology with research interest in global health. Formal training in epidemiology with peer-reviewed publications and a track record in extramural research funding in the field is required. Applicants should submit a cover letter, CV, research statement, and contact information for three references to Deborah Mullins, demullins@ihv.umaryland.edu. For more information, please visit: <http://epimonitor.net/2014-1697.htm>

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