

## With New Epidemiologist Editor-In-Chief, APHA Totally Revamps Its Public Health Journal

### Goal Is To Make Ideas And Data More Accessible And Less Intimidating

“Publishing scientific articles is one thing, getting read is another!”

So says Alfredo Morabia, the widely-accomplished professor of epidemiology at Columbia University and Queens College and recently named Editor-in-Chief of the American Journal of Public Health. Morabia was describing his vision for the new completely redesigned Journal. The revamped publication, now taking on

its former acronym as its official name (The AJPH), has made its first appearance in the January 2016 issue.

#### Changes

Morabia, who is well-known in epidemiology for his work on the history of the field, took over the helm of the Journal in mid-2015 and has added several new sections and

*- APHA continues on next page 4*



## Highest-Ranked Epidemiology Journal Seeking New Editor-In-Chief

### Resignations Of Current IJE Editors Surprise IEA Leadership

The International Journal of Epidemiology (IJE) is suddenly looking for a new editor or editors. The opening has come about unexpectedly following the resignations of George Davey Smith and Shah Ebrahim late last year at a meeting of the International Epidemiological Association (IEA).

#### Praise for the Editors

In announcing the resignation, the IEA stated “it is with great regret that IEA Council has accepted the resignation of the IJE Editors-in-Chief George Davey Smith and Shah Ebrahim effective from 31 December 2016. After a long and tremendously

*- IEA continues on next page*

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successful period under George and Shah's leadership since 2000, the IJE was brought from the status of a relatively ordinary publication to the top journal in its area, becoming the most influential and attractive journal in the field of public health. This sustained trend was the result of a lot of dedicated work, a wise effort to grasp innovation and a unique inspirational vision that they were able to share with an Editorial Board comprising many of the most influential and active epidemiologists worldwide..."

### **Reasons for Resignations**

The reasons for the resignations have not been made public, however, the Monitor has learned that financial reserves of the IEA have dropped by one-third over the past three years. The organization felt an urgent need to do some serious belt-tightening due to large losses at the Alaska Congress, according to IEA sources.

### **The Financial Decision**

The financial situation was discussed at a meeting of the IEA Executive Committee in April 2015 when it was decided to reduce all external funding. The budget for the editorial office of the IJE located at the University of Bristol was reviewed and cut by about one third, according to our sources. According to Ebrahim and Davey Smith, "the IEA in discussion with Oxford University Press reduced our funding considerably without involving us or allowing any negotiation." By its own admission, IEA handled communication poorly, and it has apologized to all the parties.

### **The Resignation Decision**

A new contract with less funding was put into place very quickly in April since the existing contract with the University and the editorial office had expired in March. Despite the preceding difficulties, the editors appeared to have accepted the reduced budget and continued working under the new contract until their surprise resignations six months later in October 2015. The editors stated their operations were no longer sustainable, according to our IEA sources. They agreed to stay on until the end of 2016 when a new editor can take over.

### **The Real Reason**

However true or not it may be that the budget of the IJE Editorial Office was higher than it needed to be, the IEA in its communication with the body of editors has made clear that its primary reason for reducing the budget was the precarious financial situation of the IEA and not any perceived excessive costs.

### **Governance Review**

Meanwhile, an external review commissioned in April 2015 found that IEA's governance and processes appear not to have kept up to date with current good practice which is typical for an association that has grown in terms of size, complexity, and income. The IEA is planning to update its governance and processes, in line with those expected for a charity in the 21<sup>st</sup> century, said Valerie Beral, President of IEA.

*- IEA continues on page 7*

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# Canadian Epidemiologist Called “Thoughtful Pioneer” For His Million Death Study

Prabhat Jha, an Indian-Canadian epidemiologist, was profiled recently by *52 Insights*. The online magazine publishes weekly interviews with leaders, innovators and pioneers in a variety of fields ranging from science and politics to popular culture. Prabhat Jha was chosen for his work on the Million Death Study. According to magazine founder Ari Stein, “We like thoughtful pioneers such as Prabhat Jha and hugely disruptive projects such as the Million Death Study.”

## Sobering Statistics

The interview leads with a pair of sobering statistics. “Only 3% of individuals that die worldwide have an official cause of death certificate. More specifically, in India, a country of over a billion people, 80% of deaths take place outside the healthcare system.” Without information on causes of death, countries are hindered in developing strategies to address premature mortality or in assuring the appropriateness of existing strategies.

## Grandmother Interview

In the most revealing moment of the interview, Jha recounts a visit to his grandmother’s village shortly after his grandfather’s passing. A medical student at the time, he asked her to tell him how his grandfather had died. “From her description, I could tell that he probably had a stroke. I was able to convey that to my mother and grandmother and it brought

them a bit of closure. Only later did I look back and realize that listening to my grandmother was something that had worked, and it might work on a larger level.”

## Million Death Study

That realization led Jha to initiate the ambitious Million Death Study. The study, conducted from 1998 – 2014, sought to quantify the causes of premature mortality in more than a million previously undocumented deaths in India. “India is an amazing laboratory of understanding major patterns of diseases and their risk factors,” Jha said in the interview.

## Methods

Partnering with the Registrar General of India’s existing Sample Registration System, the Million Death Study monitored deaths occurring in nationally representative Indian households. Trained surveyors visited the households twice a year. After noting a death, an in-person interview was conducted with a close family member using the verbal autopsy method. Two trained physicians then used the written information to assign a cause of death. In the event of a disagreement of diagnosis, a senior physician was brought in.

## Impact

In the interview, Jha asserts the study demonstrated the need for the Indian government to take tobacco more

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*“India is an amazing laboratory of understanding major patterns of diseases and their risk factors...”*

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*" Journals today need to take on a new meaning and attraction for readers..."*

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features to the Journal in addition to completely changing the look of the publication. The goal is to facilitate access to the work of epidemiologists and other public health professionals by making it "more approachable" and "less intimidating", he told the Monitor. "I think of the AJPH as a vector to make work accessible to a large global public," he said.

### **Man of the People**

Morabia has had a long standing interest in communicating more effectively about research results. He was instrumental in creating the Peoples Library of Epidemiology and is the author of *Enigmas and Disease*, a book intended to educate the public about epidemiology and the population level thinking that is so central to the discipline.

### **Need for Reform**

The impetus for the drastic change has come about because the publication environment has completely changed, according to Morabia. Professionals now access articles individually rather than as part of a whole journal with multiple types of content. Journals today need to take on a new meaning and attraction for readers who "must want to use it, grab it, and look forward to receiving it," said Morabia. For Morabia, that has meant "transforming the journal to make it lively and timely and in effect more magazine like."

Some of the new features and sections are Perspectives, History, Policy, Law and Ethics, Methods, and Practice in addition to the research section.

In an editorial in the January issue, Sandro Galea of Boston University and Roger Vaughan from Columbia University announce the launch of a new section in the Journal entitled "A Public Health of Consequence". The goal for this section, building on a previous work by Vaughan and a call by Galea for a more consequential epidemiology, will be to partner with authors to further explicate why selected articles matter for public health. AJPH will highlight consequential papers and present the papers in a clear and statistically valid manner using alternative visual means to present the results and relying less on tables and text, according to Galea and Vaughan.

### **Research that Matters**

The authors confess they hope to push readers to consider more carefully what work is really worth doing and what criteria can be used to make that determination. Why so?

The authors share a concern that too much of the scholarship in epidemiology and public health focuses on approaches that "...cannot be considered to be particularly helpful to our cause," – that of assuring the conditions for people to be healthy, i.e., the goal of public health. Bemoaning how much work in public health has "scant bearing on the goals of public health," the authors make clear that "at core, we are interested in articles that tackle problems that challenge the health of populations, and that provide us, brick by brick, with the knowledge we need to better learn how we should be building better conditions that produce a healthier society."

*- APHA continues on page 6*

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# Global Public Health Community Takes Stock As Ebola Epidemic Ends

## Level Of Readiness To Tackle Next Epidemic Is In Question

Just hours after the WHO declared the West African Ebola epidemic had come to an end on January 14th, the disease had reemerged with the confirmation of a new case in Sierra Leone. This most recent case underscores the continuing risk of new flare-ups throughout the region and the importance of looking back on what has been learned over the last 2 years fighting the largest public health disaster in recent history. Compiled from a series of recent meetings and articles about Ebola in *Nature* and elsewhere, here are some of the key lessons scientists and public health officials are relying on as they make recommendations for the future (4).

### **1. The world is not adequately prepared to deal with international epidemics.**

There was a general failure on the part of public health officials and international organizations to respond quickly and effectively to the outbreak. Delays both in identifying initial cases of the disease and in declaring the outbreak a public health emergency allowed it to grow out of control. At the same time, the resources necessary to contain the initial spread of the disease were not deployed rapidly enough.

After the WHO received much of the blame, director-general Margaret Chan told the New York Times, "We are not the first responder.... the government has first priority to take care of their people and provide health care." However, the Ebola

outbreak has shown that the global health community cannot rely on the governments of some of the poorest countries in the world to handle outbreaks of this nature alone.

### **2. The true extent of the weaknesses in the health systems of some of the world's poorest countries.**

A shortage of healthcare workers as well as a lack of proper equipment, training and information-sharing systems in West Africa enabled the rapid spread of Ebola. Large-scale investment in the health systems of these countries is urgently necessary as future outbreaks of Ebola and other diseases are likely to strike the region.

### **3. Support of community leaders is absolutely critical in overcoming cultural challenges**

Ebola raised many unique cultural challenges related to social, traditional and religious practices in the affected regions. A lack of trust and clear communication led people to resist quarantines, travel bans and sending the sick to treatment centers. In addition, traditional funerals and burial methods involve extensive contact with family members and the bodies of victims, promoting further spread of the disease. Local religious leaders, village chiefs and elders were by far the most effective at educating communities about Ebola transmission and gaining compliance with measures that proved essential to containing and controlling the epidemic.

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*"... fighting the largest public health disaster in recent history."*

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*"...the government has first priority to take care of their people..."*

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seriously and prompted an increase in taxes on tobacco. Additionally, the work estimated that nearly 200,000 deaths occur annually from malaria, an increase by more than an order of magnitude from the 15,000 estimated by the WHO. Conversely, HIV deaths were only a quarter of what was predicted. These differences have also triggered changes in funding.

### Criticism

The study has received criticism that verbal autopsy cannot diagnose the cause of death with complete certainty. However, in the case of malaria, Jha and his colleagues look for additional factors such as seasonality and the degree to which malaria is reported in the area to bolster the diagnoses.

### Global Idea

Jha goes on to explain in the interview how India is just one example of how this problem plays out globally, and that a future where everyone dies in hospital is a long way off. In the meantime, his “diagnosis for the world’s problems on mortality is very simple. Collect a random sample of all the deaths in every major population, enumerated through verbal autopsy.”

The biggest obstacle to this? Sustained funding. “Anything really important in global health is never a matter of doing things in the next year or two. You have to think in terms of a decade. And that’s where you see progress.”

Prabhat Jha is the founding director of the Centre for Global Health

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Research, the Inaugural University of Toronto Endowed Professor in Disease Control, Canada Research Chair at the Dalla Lana School of Public Health, co-investigator of the Disease Control Priorities Network, and a Bill and Melinda Gates Foundation advisor on HIV/AIDS control in India.

To read the interview in more detail, visit: <https://tinyurl.com/zabndse>

### “Better” Knowledge

In the end, it seems clear that Galea and Vaughan believe that researchers in public health could be producing better knowledge, and this knowledge would be better not only because it is more accurate or correct, but because it is more useful, more relevant to the goal of public health.

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<http://www.facebook.com/epiMonitor>

## Impact Factor Ratings

Finding a new editor for the prestigious post may not be difficult for the successful journal. The IJE has enhanced its standing among public health journals over the last few years by managing to raise its impact factor rating from less than 2 when Davey Smith and Ebrahim took over the journal to 9.2 in 2014. This rating exceeds by a wide margin the impact factors at the other principal journals in the epidemiology field which range from approximately 3-6. In fact, the journal's rating places it in the top 1-2% of all journals rated.

## Exciting opportunity

In its recruitment ad, the IEA describes the opening as "an exciting opportunity for an outstanding scientist(s) to take this successful journal onto the next stage in its development. Beral told the Monitor that her personal view was that the new editor should use his or her own ideas in shaping the future direction of the Journal. In her view, the Journal would do well to cater more to its membership in middle and low income countries which currently comprises about 40% of membership. To accomplish this, Beral told the Monitor she would favor a serious attempt to give more space to epidemiologists from these countries and even to help them produce and publish good science.

In their response to questions from the Monitor (see following article), Ebrahim and Davey Smith cited the

following as one of the key accomplishments during their tenure: the "In Depth" network profiles which have increased the awareness of the international community of these important resources, and running workshops "in country" to help authors put these together.

## Budget Issues

According to the recruitment ad, "the editorial office budget shall be set by agreement between the IEA Council and the Editor(s)-in-Chief; the contribution from IEA will not exceed \$170,000." This amount is what is available given the IEA's current financial situation. Some may think this amount is insufficient to maintain the quality and quantity of the current IJE. Time will tell if they are correct.

The deadline for applications is February 14, 2016 and more information can be obtained by visiting the IEA website at:

<http://ieaweb.org/>

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*See our interview with  
the editors of  
The International Journal  
of Epidemiology  
beginning on the next page*

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*This rating  
exceeds by a wide  
margin the  
impact factors at  
the other  
principal  
journals...*

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*... "an exciting  
opportunity for  
an outstanding  
scientist(s)..."*

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## Interview With The Editors Of The International Journal of Epidemiology

Following the surprise resignations of the Co-Editors-in-Chief of the International Journal of Epidemiology, George Davey Smith and Shah Ebrahim, we asked the editors a series of questions via email about the journal and the reasons for their resignations. Below are their unedited responses.

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*"...we fully recognise the limitations of impact factors..."*

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**EM:** What is the short list of your accomplishments at the IJE?

**GDS & SE:**

- Commissioning contemporary commentaries on often little-known historical re-prints
- Cohort Profiles (updated as needed) which have increased the knowledge of available sources of data and improved data access for researchers
- Special issues (e.g. Mendelian Randomization; Epigenetics) and themed issues, which in some cases have kick-started interest in areas not previously seen as central to epidemiology
- Increase in commissioned material from zero to around 50% of published content, including commentaries on papers, essay length book reviews, symposia on books, "for debate" papers and our "education corner" section
- Employment of an Academic Editor (Dr. Jane Ferrie) to improve triage of submitted manuscripts and lead a range of innovations. The time and

expertise required for this has certainly improved the quality and in particular the range of material that has got to the stage of being considered for inclusion

- Innovations (many taken up by other journals) in addition to cohort profiles include: diversions; press releases; twitter; blogs; photo-essays; Health & Demographic Surveillance Study profiles; Data Resource Profiles; Software Application profiles; and running scientific writing courses
- Rise in annual submissions from less than 500 (2000) to around 1800 (2015) with a substantial increase in average quality

Rise in impact factor from <2 to 9+ (not a general trend among epi/public health journals) – we fully recognise the limitations of impact factors but feel that other researchers reading and using work is probably a good thing, and we have been amused by the reaction of other journals to this (e.g see the slightly humourless replies in Epidemiology to our two letters – in response to their pieces – on this):

<https://tinyurl.com/zxbu9tk>

And

<https://tinyurl.com/h7bc9n6>

- The “In Depth” network profiles which have increased the awareness of the international community of these important resources, running workshops “in country” to help authors put these together

**EM:** Succinctly stated, what has been your driving vision in bringing the journal to its current place?

**GDS & SE:** We stated our vision in a 2001 editorial - the first issue for which we were fully responsible for all of the content in February 2001 – titled “Epidemiology: is it time to call it a day?”

<https://tinyurl.com/zo74up9>

We had a clear vision of what we wanted less of: minor analyses from major studies, scientifically valid but mundane findings. And what we wanted more of: high quality research conducted in developing countries, hypothesis papers, epidemiology and effects of indications and effects of intervention (i.e. public health services research), greater interdisciplinary contributions, letters.

We also wanted to be different from conventional medical journals by broadening the scope of what we published under the umbrella of epidemiology and by regular innovation of new types of commissioned material.

We worked together as co-editors, providing mutual support, and also involved our 40+ editors in

developing proposals for new innovations.

**EM:** Why did you decide to resign at this time?

**GDS & SE:** We did not plan to resign in 2016. Early in 2015 the Executive Council of the International Epidemiology Association (IEA) determined that they could no longer finance the IJE at its current level. The IEA, in discussion with Oxford University Press (OUP, our publishers) reduced our funding considerably without involving us in the discussions in any way or allowing any negotiation. We have received no personal remuneration for running the journal for 16 years, and we know the journal costs are about ¼ that of the nearest comparable journal in our field, so we found this an odd decision. The reduction in funding we were told was due to losses incurred by the 2014 Alaska World Congress of Epidemiology which had depleted the IEA’s reserves. Of course, it is ironic that IJE provides IEA with the large majority of its income and plans were in process for developing an IJE Open journal which would provide a further source of income for IEA.

Prior to these events, we were considering resigning from editing the IJE with the retirements of Jane Ferrie (Academic Editor) and Shah Ebrahim in 2017. Furthermore, the IJE workload has increased dramatically over the last couple of years which has made it difficult to justify the

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*"We had a clear vision of what we wanted less of..."*

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*"We did not plan to resign in 2016..."*

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- Interview continues on page 10

-Interview continued from page 9

substantial commitment of GDS's time for IJE work. Obviously, we would have liked to leave under different circumstances and at a time of our choosing. We have always had excellent relationships with IEA and OUP until the last couple of years, when things have become difficult as we mention above regarding funding, and have included declining services

from the publishers (e.g. copy editing and proof production is now poor).

We hope that it proves possible to find Editors-in-Chief for IJE who will carry it to greater things in the future. We have agreed to stay in post to the end of 2016 to facilitate a smooth handover.

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## European Educational Programme in Epidemiology

29th Residential Summer Course in Epidemiology



## Residential Summer Course in Epidemiology, Florence, 20 June – 8 July 2016

Contact: [eepe@eepe.org](mailto:eepe@eepe.org) and <http://www.eepe.org>

**Pre-Course week, 13 – 17 June 2016** (can be attended independently from the 3-week residential course)

Contact: [eepe@eepe.org](mailto:eepe@eepe.org) and [www.eepe.org](http://www.eepe.org)

The course is intended for epidemiologists, statisticians, clinicians and public health practitioners with an interest in epidemiology. The course is taught in English and held in residential form in the "Studium" centre, Florence.

**Pre-Course week, 13 June – 17 June 2016.** Two independent courses on: Genetic and Molecular Epidemiology, and GIS (Geographic Information Systems) in Epidemiology.

**Week 1, 20 June – 24 June 2016.** Epidemiological methods I: Basic principles and introduction to study design. Statistical methods in epidemiology I: Basic principles.

**Week 2, 27 June – 1 July 2016.** Epidemiological methods II: Case-control studies. Statistical methods in epidemiology II: Analysis of cross-sectional and case-control studies. Computer analysis of epidemiological data.

**Week 3, 4 July – 8 July 2016. Eight special Modules:** Advanced statistical topics. Advanced topics in epidemiology. Environmental epidemiology. Clinical Epidemiology. Fertility and Pregnancy: an epidemiologic perspective. Concepts and methods in causal mediation analysis. From epidemiology to the burden of disease: putting risks in perspective. Uncertainty, Risk Communication and Epidemiology.

**Evening Distinguished Lectures:** *Rodolfo Saracci, Jørn Olsen and Nino Künzli*

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## European Epidemiologists Seeking To Crowdfund Part Of Their Case-Control Study On Pancreatic Cancer

A quick google search on epidemiology and crowdfunding suggests this fund-raising tool has not been widely used to obtain funds for epidemiologic research. However, multiple sites exist to solicit funds for projects of all kinds, and epidemiologists participating in the European Prospective Investigation Into Cancer and Nutrition Cohort (EPIC) decided to throw their hat in the ring. They are seeking to help provide funds for a nested case-control study looking at persistent organic pollutants as risk factors for exocrine pancreatic cancer.

### The Solicitation

The solicitation appears on a Spanish platform called [precipita.es](http://precipita.es) and consists of a short video featuring epidemiologist [Miquel Porta](#) describing the project in Spanish. The site also contains brief descriptive information about the project.

### Why Do It?

According to Porta, "...patient associations are disseminating our project, as well as people interested in the environmental causes of cancers...to me it continues to be striking how surprised some citizens are that we study the causes of a disease, and to hear that, essential as it is to investigate on diagnosis and treatment, research on the causes of diseases is the only way to improve primary prevention...simple but powerful."

### Background

According to documents shared with The Epidemiology Monitor, the study is being partly funded by a research agency in Spain and by donations through the Catalan Television TV3. The study is ongoing and the group is seeking funds to finish the project.

### Public Perspectives

According to Porta, the investigators had to explain to some media that their effort was not due to lack of funding from the government, but it was prompted by the belief that private funds complement state funds. The latter are insufficient, and the private funds are also an opportunity for citizens to get involved in supporting research they value. He described an email, as an example, "yesterday someone (a physician) sent me this message--I just contributed €200 in honour of a great physician, and father, who in 2012 died of pancreatic cancer."

Porta told the Monitor technologies make it quite easy for researchers to seek funds and for citizens to contribute. While the crowdfunding will be a small part of our funding, said Porta, it is worthwhile in economic terms and because of the interaction with citizens on social media and in other ways.

The deadline for contributions is February 29, 2016. The project has raised approximately 8,500 euros. The minimum donation is 10 euros.

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*"... it continues to be striking how surprised some citizens are that we study the causes of a disease..."*

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*"... it is worthwhile in economic terms and because of the interaction with citizens on social media..."*

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*-Global continued from page 5*

**4. It is possible to conduct rapid clinical trials during an epidemic.**

Under normal circumstances it takes years to complete all the phases of approval and testing involved in controlled trials of new drugs or vaccines. Outbreaks tend to be over too quickly for clinical trials to take place and conditions in the field have generally been thought too challenging to make quality trials possible. Despite early failures to get various clinical trials underway rapidly, a WHO-supported fast-track approach to testing an experimental Ebola vaccine was ultimately successful, finding the vaccine to be safe and highly effective within the limited scope of the study (1).

Not only are these results promising in terms of controlling further Ebola outbreaks, this study can also serve as a model for the rapid development of drugs and vaccines in future epidemics. In fact, the WHO announced in the September Ebola Newsletter the development of a “blueprint action plan” intended to “reduce the time between identification of a nascent outbreak and final testing of the most advanced products”.

**5. The world must remain vigilant**

As this most recent case in Sierra Leone demonstrates, there is a high-risk for continuing small outbreaks of Ebola throughout the region. Scientists are still learning to what extent the virus persists in survivors. Some evidence suggests that in rare instances the virus can be sexually transmitted by male survivors for up to a year. While the epidemic transitions to a new phase in which in which the focus shifts to

controlling the risk of new infections, bolstering disease surveillance and identifying the animal reservoirs for the virus (a topic that remains controversial) (2) will be essential.

**Actions Stemming From Lessons**

By far the largest in history, this Ebola outbreak surprised the public health community with its length and scope and in the process exposed the weaknesses in the global health system. In November of 2015 a joint panel of more than 20 experts from the Harvard Global Health Institute and the London School of Hygiene and Tropical Medicine authored an assessment of the global response to the epidemic in which they argued that we are no better prepared to handle another epidemic today than we were 2 years ago (3). In response to these shortcomings and the lessons learned, the panel laid out what it called “10 Essential Reforms” aimed at improving prevention, detection and response to outbreaks in the future. In addition, panels have been convened by other organizations including the WHO and UN to make specific assessments and recommendations.

It appears critical that the world learns from these lessons and takes recommended actions to correct systemic shortcomings in the infrastructure and leadership of the world’s health systems before the next global health emergency strikes.

**References**

- (1.) <https://tinyurl.com/qeyjzor>
- (2.) <https://tinyurl.com/jmjda4>
- (3.) <https://tinyurl.com/zklsj74>
- (4.) <https://tinyurl.com/hm82cau>

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*“... this study can also serve as a model for the rapid development of drugs and vaccines in future epidemics.”*

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*“...we are no better prepared to handle another epidemic today than we were 2 years ago.”*

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## Notes on People



**Honored:** W Ian Lipkin, John Snow Professor of Epidemiology at the Columbia School of Public, with the China International Science and Technology Cooperation Award. Conferred by the President of China, the award is considered China's top science honor.



**Appointed:** Bhramar Mukherjee, as Associate Director for Population Science Research at the University of Michigan Comprehensive Cancer Center. Mukherjee is professor of biostatistics and of epidemiology at the University's School of Public Health. She is described as a 'stellar researcher in biostatistics, epidemiology, and disparities.'



**Died:** Betty Mansour, retired Associate Professor of Public Health at the University of Alaska, Anchorage, of bowel cancer at age 66. She was the key promoter of the IEA Congress held in Alaska in 2014 where she met many colleagues. Dr. Rhonda Johnson, a colleague, wrote "We are so grateful that Betty decided to explore 'the far North' for the final stages of her career. She made many genuine contributions to the development and success of our graduate program in public health at the University of Alaska, Anchorage, and she will be warmly remembered and much missed!"

To read the obituary, visit

<http://www.legacy.com/obituaries/adn/obituary.aspx?pid=177221296>



**Appointed:** Sally Vernon, to the Board of Scientific Counselors for Clinical Sciences and Epidemiology at the National Cancer Institute. Vernon is chair of the Department of Health Promotion and Behavioral Sciences at the University of Texas Health Sciences Center at Houston School of Public Health. She will make site visits to NCI labs and help evaluate the research programs NCI is carrying out.



**Tribute Paid:** To Dimitrios Trichopoulos, by more than 20 speakers at a day long symposium at Harvard's School of Public Health. Trichopoulos was a Professor of Epidemiology at Harvard and a leading cancer epidemiologist. "He was generous, had a kind spirit, and a long-lasting love affair with the discipline of epidemiology," Michelle Williams, the current chair of epidemiology at Harvard

## Notes on People, cont.



**Profiled:** David Kleinbaum, Professor at the Emory Rollins School of Public Health in the December 15 issue of Emory Report. According to the profile, "From Hawaiian shirts to playing in a jazz band, epidemiology professor David Kleinbaum is known for creativity. After almost five decades, he's still devising new ways to engage students – including this year's debut of ActivEpi Web."



**Profiled and Honored:** Sheryl Magzamen, Assistant Professor at Colorado State University (CSU) in Fort Collins Colorado. CSU's The Source notes Magzamen is only one of seven promising young researchers currently funded in the environmental health sciences. She will receive the Zoetis Research Excellence Award at the end of January from the College of Veterinary Medicine and Biological Sciences.



**Honored:** Ian Dohoo, Professor Emeritus of epidemiology at the Atlantic Veterinary College at the University of Prince Edward Island with a lifetime achievement award by the International Society for Veterinary Epidemiology and Economics. Dohoo is known worldwide for his expertise in veterinary epidemiology.



**Honored:** Michael Marmot, with the 2015 Prince Mahidol Award in Public Health. Marmot is described as "a pioneer in the field of social epidemiology for 35 years". The award was established in commemoration of the centenary of the birth of Prince Mahidol and consists of a medal, certificate, and a sum of \$100,000. The award will be presented on January 28, 2016 in Thailand.

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

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*-Crowd continued from page 10*

Donations from other countries such as the US where pancreatic cancer is also a problem are welcome, said Porta

Funds raised through crowdfunding will go towards paying a junior biostatistician, according to the documents.

To visit the crowdfunding site or make a donation visit: <http://tinyurl.com/oaddurg> ■



# University of Pittsburgh

## ASSISTANT PROFESSOR

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. This position is available immediately and requires a doctoral degree in the epidemiology of aging and training and experience in the epidemiologic study of genetics and cardiovascular disease in cohort studies.

The successful candidate will be responsible for developing research relevant to study the epidemiology of cardiovascular disease in unique population using novel measures of subclinical vascular disease. The individual will submit independent research grants, publish manuscripts. He/she will have responsibilities for all aspects of epidemiologic studies including staff training and supervision, protocol adherence, quality control, participant follow-up, and data collection, management, and analysis.

The successful candidate will also contribute to teaching within the epidemiology program. 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 [#0133271](#)

c/o D. Bushey, Department of Epidemiology

Graduate School of Public Health

A528 Crabtree Hall

University of Pittsburgh

Pittsburgh, PA 15261

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## Assistant, Associate or Full Professor

Roswell Park Cancer Institute (RPCI) invites applications for faculty positions at the level of Assistant, Associate and/or Full Member (Professor) in the Department of Cancer Prevention and Control. RPCI is a vibrant, free-standing NCI-designated Comprehensive Cancer Center dedicated to one shared mission: to understand, prevent and cure cancer. As such, population scientists have numerous opportunities to collaborate with clinicians, basic scientists, pathologists, and investigators from other disciplines to conduct trans-disciplinary research into cancer risk, progression and outcomes. Investigators have access to extensive Shared Resources for research

<https://www.roswellpark.edu/shared-resources>

including a DataBank and BioRepository housing blood samples and data from > 30,000 cancer patients, Pathology Resource Network with detailed annotated tumor specimens and services, a Genomics Shared resource with technical capabilities for high-throughput molecular assays, and extensive Biostatistics and Bioinformatics support.

Current faculty members have ongoing research in nutrition, cancer risk and prevention, molecular epidemiology, screening and prevention of progression of premalignant lesions and cancer health disparities. There are a number of studies in molecular epidemiology of cancer outcomes; applicants with background and interest in survivorship issues are encouraged to apply.

Candidates must have a doctoral degree with a background in cancer research and show strong productivity commensurate with level of appointment. Selection will be based on excellence in research, evidence of success in obtaining peer-reviewed funding, and potential to maintain an outstanding independent research program focused on trans-disciplinary cancer research. The incumbent will have the opportunity to work with a diverse group of faculty and students both within RPCI and the Department of Epidemiology and Environmental Health at the State University of New York at Buffalo.

Roswell Park Cancer Institute, America's first cancer center, founded in 1898, is located in Buffalo, New York and is the only upstate New York facility to hold the National Cancer Institute Comprehensive Cancer Center designation. Learn more at [www.roswellpark.org](http://www.roswellpark.org).

Send curriculum vitae to: Dr. Christine Ambrosone (c/o Ms. Judy Hurley), Roswell Park Cancer Institute, Elm and Carlton Streets, Buffalo, NY 14263 or [judy.hurley@roswellpark.org](mailto:judy.hurley@roswellpark.org).

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## Chair, Department of Epidemiology

The University of Arkansas for Medical Sciences (UAMS) is seeking a Chair to lead the COPH's Department of Epidemiology. Individuals with strong research expertise, including a strong record of publication and extramural funding, with relevant academic and teaching experience are sought.

The ideal candidate must have a PhD, MD, or equivalent doctoral degree. S/he must be able to lead and collaborate in a highly productive and collegial multidisciplinary environment and develop innovative programs for the institution and department. S/he must have demonstrated managerial skills and the ability to bring people together for a common goal.

Further information about the institution is available on the COPH's web page at: <http://www.uams.edu/coph>. Applications/nominations of women and minorities are encouraged. The University of Arkansas is an EEO/AA employer. Applicants should send a cover letter outlining background and interests and a CV. Three letters of recommendation will be requested from finalist for the position.

Applications, nominations and inquiries should be directed to the Search Committee Chair:  
Jay Gandy, PhD,

Professor and Chair, Dept of Environmental & Occupational Health  
University of Arkansas for Medical Sciences

#820-11  
4301 W. Markham St., Little Rock, AR 72205  
501-686-5239



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## Post-doctoral Fellowship in Cancer Care Quality

The University of North Carolina at Chapel Hill seeks candidates for two two-year post-doctoral fellowships in our Cancer Care Quality Training Program, an NCI-funded R25T multidisciplinary research training program. Qualified individuals must have completed a Ph.D., M.D., or equivalent degree and must be a U.S. citizen or have permanent resident status. Applications should include a curriculum vita, a two-page personal statement, a five-page fellowship plan, and three letters of recommendation. Applications must be submitted online. Please see the Postdoctoral Research Associate Posting for submission details: <https://unc.peopleadmin.com/postings/84255>

Applications are due February 1, 2016. Interviews begin March 1, 2016. Fellowship begins in summer 2016. For more information on the Cancer Care Quality Training Program or the application package, visit: <http://www.sph.unc.edu/hpm/ccqtp>.

The University of North Carolina at Chapel Hill is an Equal Opportunity Employer. Women and minorities are strongly encouraged to apply and self-identify on their application.

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