

Year in Review

The Epidemiology Monitor's Top Stories of 2016 Cover a Wide Range of Topics

1. Zika Virus

Covered more than any other topic in 2016, The Epidemiology Monitor published five articles on the Zika outbreak. From uncovering the initial causal link between Zika and microcephaly to controversy over Brazil's hosting of the Olympics, this was certainly one of the biggest news stories of the year. Throughout the second half of the year the world was still trying to unravel the mystery of the unusual distribution of microcephaly cases in Brazil,

Colombia and the rest of the Americas. The question posed at the time by Fatima Marinho, the Brazilian Health Ministry's director of information and health analysis, remains unanswered, "We know here Zika caused neurological damage - we have no doubt - but the question is how can we explain this situation in the epicentre that was not reproduced in other areas - in Colombia, and in other states in Brazil. A lot of pregnant women were infected and there were few cases of microcephaly

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Latest Review on Sugar Intake Comes Under Fire

Dietary sugar is making headlines again following the publication of an industry-funded review examining health guidelines on sugar intake and the development of a heated debate surrounding the findings. On average, adults in the United States consume a total of 22 teaspoons of sugar per day, mainly from sources such as soft drinks, candy, cookies, and fruit drinks. That's more than twice the American Heart Association's

recommended daily intake and part of an increasing global trend in sugar intake. In the midst of calls by the World Health Organization (WHO), the FDA and Public Health England to reduce sugar intake, the new systematic review questions the scientific basis underlying these guidelines, arguing that they are based on weak evidence and do not meet the criteria for trustworthy recommendations.

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or congenital malformation – it must be more than Zika itself.” Issues: February, May, June, August and November

2. State Epidemiologists Make Headlines Over Their Involvement in Cases of Water Contamination

The relationship between public health and politics took center stage in 2016 when two state epidemiologists found themselves embroiled in controversies surrounding water contamination. That’s where the similarities end however. Megan Davies, former North Carolina State Epidemiologist, resigned after the state health department deliberately misled the public about the process by which water contamination levels were set. According to Jeff Engel, Executive Director of the Conference of State and Territorial Epidemiologists, “epidemiologists are all incredibly proud of her for taking the ultimate step.” On the other end of the spectrum, Corinne Miller, former Michigan State Epidemiologist was indicted on criminal charges for misconduct in her handling of information regarding the Flint water crisis. She has since reached a plea deal in return for her cooperation in the ongoing investigation. Issues: August and September

3. Gun Violence As A Public Health Issue

The topic of gun violence was addressed in multiple issues of *The Epidemiology Monitor* in 2016. At the core of this coverage was the realization that a decades old restriction on gun violence research

funding, at the hands of the gun lobby, has prevented the scientific community from developing a deep understanding of gun violence, its causes, and the policy interventions that might prevent it. “Motor vehicle and firearm death rates are now equivalent,” and the American Medical Association has now deemed gun violence a true public health crisis. Most believe it is time for congress to revisit the restrictions of gun violence research funding so that impactful research can lead to equally impactful policy changes. Issues: March and June

4. You Are What You Eat

2016 saw butter and sugar both making headlines, and sadly, the result wasn’t delicious cookies. While a new meta-analysis suggested that butter might not be as bad as we have long thought, it turns out that sugar is. Worse still, an article published in *JAMA Internal Medicine* detailed the history of how the sugar industry deliberately and strategically influenced research in an effort to downplay sugar’s role in coronary heart disease. Stanton Glantz, a co-author of the paper told the *New York Times* that “they were able to derail the discussion about sugar for decades.” Issues: July and September

5. Potential Elimination of Hepatitis B And C As Public Health Problems

The tools to prevent HBV and cure HCV are now available, and according to a National Academies report, “The United States has the opportunity and a responsibility to be part of the global action against hepatitis B and C.” The report is the

National Academy Releases Report on Effective Science Communication

“Science and technology are embedded in virtually every aspect of modern life.”

As a society, we are frequently faced with decisions that can and should be guided by sound, scientific information, and yet all too often, the scientific community’s message is lost or worse still, overshadowed by misinformation. A new report from the National Academies of Science, Engineering and Medicine entitled, **Communicating Science Effectively: A Research Agenda** seeks to change this paradigm.

Compiled by a multidisciplinary committee chaired by Alan Leshner, Chief Executive Officer Emeritus of the American Association for the Advancement of Science, the report reviews the existing research on effective science communication and lays out a research agenda to continue to improve science communication specifically in the face of controversy. Dr. Leshner explained in a press release, “Science communication is a complex task and acquired skill. There is no obvious approach to communicating effectively about science, particularly when it is a contentious issue such as climate change, stem cells, vaccines, or hydraulic fracturing. More research needs to be conducted to strengthen the science of science communication and work toward evidence-based practices.”

Five Goals for Communicating Science

Noting that the most effective methods for communicating science will depend on the end goal, the committee identified five goals for

scientific communication. This diverse set of goals needs diverse communication strategies, and the committee believes that a major research effort is necessary to identify effective approaches.

- Share the findings and excitement of science
- Increase appreciation for science as a useful way of understanding and navigating the modern world
- Increase knowledge and understanding of the science related to a specific issue
- Influence people’s opinions, behavior, and policy preferences
- Engage with diverse groups so that their perspectives about science related to important social issues can be considered in seeking solutions to societal problems that affect everyone

The Deficit of the “Deficit Model”

One key finding of the report centers around mounting evidence that the widely held “deficit model” of scientific communication is wrong. In this model, it is assumed that skepticism or disbelief of scientific fact stems from a lack of scientific understanding. The research suggests, however, that individuals may fully understand the science on an issue, but still act in a dismissive manner. They choose instead to behave in a way that is consistent with their own knowledge, needs

“...all too often, the scientific community’s message is lost...”

“Science communication is a complex task and acquired skill.”

and/or values. As a result, increasing scientific knowledge in the public alone will not solve the existing communication problems.

Additionally, because scientific communication is complicated and consists of many dynamic, interrelated elements, the authors of the report stress that a systems approach is necessary to guide research to develop a deep understanding and advance scientific communication.

Building a Coherent Science Communication Research Enterprise

The report identifies four keys to building a science communication research enterprise.

- Form partnerships to translate what is learned through communication research into practice and to develop detailed research agendas for testing hypotheses
- Build bridges across the diverse disciplines that study aspects of science communication and controversies
- Recruit new scientists, particularly those with social and behavioral science backgrounds
- Have mechanisms for the rapid review and funding of certain science communication research

Scientific Controversy and the Media Environment

Already inherently complicated, scientific communication becomes even more nuanced in the face of scientific controversy. Scientific controversies have three key features: 1) they typically involve conflicts of

beliefs, values and interests that overshadow a need for basic knowledge, 2) public uncertainty is bred from the communication of different, at times contradictory messages, and 3) the loudest voices are not always the ones backed by scientific truth. To address these three features, the report calls for research into communicating science effectively across diverse social issues and science-related controversies, research into the development of large-scale processes for understanding the public's response to perceived uncertainty, and research into how to correct scientific misinformation. All this must happen in a complicated, vacillating media environment where differentiation between accurate and inaccurate scientific information is difficult.

Future Directions

"Most people do not pay attention to science regularly." Instead, their scientific interest is motivated by the sudden need to make a decision (i.e. Should I vaccinate my children?). This decision can be influenced by the complex nature of scientific information and how individuals process that information (i.e. Do I truly understand the risks around vaccinating or not vaccinating my children?) as well as through social influences. Additional research is needed to understand whether and how these factors relate to best practices for science communication. We must also improve our understanding of the role of science communication in influencing policy makers and how to best formally engage a diverse public. In the end, the committee calls for commitment from both science communicators and

"...increasing scientific knowledge in the public alone will not solve the existing communication problems."

"...the loudest voices are not always the ones backed by scientific truth."

Report Examines Public Health Burden of Alcohol in UK and Effectiveness of Policy Interventions

Alcohol is now the leading risk factor for ill-health, early mortality and disability for those aged 15-49 in England, according to a new report published by Public Health England (PHE) last month. The British Department of Health commissioned the report, asking PHE to provide a comprehensive, evidence-based assessment of the public health burden of alcohol as well as the effectiveness and cost-effectiveness of a variety of policies aimed at reducing alcohol-related harm. The report was published both online at the PHE website and in an abridged form in *The Lancet*.

Public Health Burden

Worldwide, the use of alcohol causes a significant health, social and economic cost to society, ranking among the five top risk factors for disease, disability and injury. Speaking specifically regarding England, Professor [Kevin Fenton](#), the National Director of Health and Wellbeing at PHE, said in a press release, "The harm alcohol causes is much wider than just on the individual drinker. Excessive alcohol consumption can harm children, wreck families, impact on workplace colleagues, and can be a burden and drain on the NHS and economy." While acknowledging that much of the public health burden of alcohol can be indirect and hard to quantify, the authors quote the following statistics pertaining to England in the review:

- Currently over 10 million people are drinking at levels that increase their health risks
- Alcohol-related causes lead to over

1 million hospitalizations annually in England

- The average age at death of those dying from an alcohol-specific cause is 54.3 years. The average age of death from all causes is 77.6 years
- As a result of this age-related effect, more working years of life are lost in England as a result of alcohol-related deaths than from cancer of the lung, bronchus, trachea, colon, rectum, brain, pancreas, skin, ovary, kidney, stomach, bladder and prostate, combined
- The economic burden of alcohol is substantial, with estimates placing the annual cost to be between 1.3% and 2.7% of annual GDP
- Estimates of the direct costs to the NHS in the UK stood at £3 billion for conditions attributable to alcohol consumption in 2005/06, equivalent to 3.2% of the total healthcare costs
- Lower socioeconomic groups often report lower levels of average consumption, yet show greater susceptibility to the harmful effects of alcohol and are more likely to die or suffer from a disease relating to their alcohol use

Policy interventions

For most alcohol-related diseases

- *Alcohol continues on the next page*

"...alcohol causes a significant health, social and economic cost to society..."

"The harm alcohol causes is much wider than just on the individual drinker."

"...great potential for policy interventions that decrease alcohol consumption to positively impact public health..."

and injuries, increasing quantities of alcohol consumed lead to increased risk. This dose-response relationship exists for all alcohol-related cancers, for example, and highlights the great potential for policy interventions that decrease alcohol consumption to positively impact public health in both the short and long-term. Alcohol control policies are generally aimed at one of three factors believed to strongly influence alcohol consumption - affordability, availability and the social norms around its consumption. The PHE review systematically assesses the latest evidence on the effectiveness of a number of these policies.

Regulating Affordability

The affordability of alcohol in the UK has steadily increased, with alcohol currently 60% more affordable today than in 1980. There is broad consensus among research findings and public health organizations that policies aimed at increasing the price of alcohol, typically achieved through increased taxation, are the most effective, cost-effective methods for prevention and health improvement. For instance, a 2010 meta-analysis showed that doubling tax rates would decrease alcohol-related mortality by an average of 34.7%, with traffic-crash deaths decreasing by 11.2%, sexually transmitted infections by 5.5%, and violence and crime episodes by 2.2% and 1.4% respectively.

Regulating availability

Although controlling the availability of alcohol is considered a key approach to reducing harm, implementing these methods effectively has proved challenging, often yielding mixed results. Policies

that limit either the hours, days or locations in which it can be sold can be effective, particularly with late night sales. In addition, these policies have the potential to address inequalities if they are targeted to locations with higher levels of alcohol-related health problems or incidents.

Regulating Social Norms Around Consumption

There are a wide range of interventions targeted at social norms around the acceptability of alcohol consumption, including policies aimed at regulating marketing of alcohol, regulating drinking and driving and education and informational campaigns. According to the authors of the report, the most effective of these involve regulating the marketing of alcohol and reducing drinking and driving. Evidence consistently shows a relationship between exposure to alcohol advertising and subsequent alcohol consumption in children and young people. While the report concludes that self-regulation of marketing by the alcohol industry is not effective, complete or partial advertising bans are a highly-effective and cost-effective approach.

Evidence also suggests that strongly enforced legal policies aimed at preventing drinking and driving are also effective and cost-effective at reducing alcohol-related harm. The report cites a number of examples demonstrating that setting or lowering legal limits for blood alcohol levels while driving reduces the number of alcohol-related traffic accidents. For instance, lowering the legal limit from 100 mg per 100 ml to 80 mg (the current English legal limit) in 19 US states from 1982-2000 reduced the number of alcohol-related fatal traffic

"...doubling tax rates would decrease alcohol-related mortality by an average of 34.7%..."

US Life Expectancy Declines for First Time in Over 20 Years

The National Center for Health Statistics (NCHS) released its annual report on mortality this past December, and for the first time since 1993, the overall life expectancy in the US is down 0.1 years from 2014. Speaking to the New York Times on the topic, Dr. Peter Muennig, a Professor of Health Policy and Management at Columbia University's Mailman School of Public Health, said "A 0.1 decrease is huge. Life expectancy increases, and that's very consistent and predictable, so to see it decrease, that's very alarming."

NCHS Report

<https://tinyurl.com/z6wranj>

New York Times Article

<https://tinyurl.com/zshw8yf>

An Explanation for Unrealized Columbian Cases of Zika-Induced Microcephaly?

As reported in our continuing coverage of the Zika epidemic, public health officials have remained puzzled by the lower than expected number of microcephaly cases reported thus far in Colombia, the country second-hardest hit by the Zika virus. A new Morbidity and Mortality Weekly Report (MMWR) describes 476 cases of microcephaly in the last 11 months compared to only 60 cases reported by Colombia to the World Health

Organization (WHO) as of December. At the heart of the discrepancy may be incomplete or delayed reporting. While the MMWR does not specifically comment on the disparity in case numbers, speaking to *ScienceInsider*, a CDC spokesperson said, "Columbian health authorities would have to address questions about the timing of their reporting Zika-positive cases of microcephaly to WHO."

Science News Article

<https://tinyurl.com/zswfv9z>

MMWR Report

<https://tinyurl.com/golylkg>

WHO Situation Report

<https://tinyurl.com/hth9jhb>

Q&A with Award Winning South African Epidemiologist Quarraisha Abdool Karim

Earlier this month, the Financial Times published an interview with Quarraisha Abdool Karim, a South African epidemiologist and infectious disease specialist who has won a L'Oréal-Unesco Women in Science Award for her work on HIV. Highlights from the piece include a description of her earliest ambition, "To do something new and different. It was much later that I realised that's what scientists do." She also expands on her present ambitions and what drives her. "I've spent three decades working on preventing HIV infection

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in young women. Progress has been made, but it's far from complete. We need interventions that can meet the diverse needs of vulnerable women. HIV, early pregnancy and vicious cycles of poverty and dependency mean young women's potential is ended before it begins. We have knowledge and evidence, but there is so much to do, and so little time."

<https://tinyurl.com/hdj2uoe>



Medical Marijuana Laws Associated with Lower Traffic Fatalities

States with medical marijuana laws on the books have, on average, 26% lower rates of traffic fatalities according to a recent paper in the *American Journal of Public Health*. Senior author on the study, Silvia Martins, Associate Professor of Epidemiology at the Columbia University Mailman School of Public Health, explains that "lower traffic fatality rates may be related to lower levels of alcohol-impaired driving behavior in these states." She continues, "We found evidence that states with marijuana laws in place compared with those which did not, reported, on average, lower rates of drivers endorsing driving after having too many drinks." Notable is their finding, however, is that not all states experienced a reduction in rates of traffic fatalities. Further research is necessary to explain this heterogeneity, but the authors believe that the evidence from the present study lays the groundwork for research into more specific mechanisms.

<https://tinyurl.com/hrqjsh> ■

conclusion of phase one of a two-phase study. A second report, due this year, will detail a strategy moving forward. Issue: May

6. Different Views About Causality Clash

In November, the *Epidemiology Monitor* previewed the final issue of the *International Journal of Epidemiology* under editors George Davey-Smith and Shah Ebrahim, as it brought to the surface the tensions and controversies about how the work of epidemiologists can best serve public health. The issue included more than a dozen articles offering a "comprehensive review of schools of thought in causality." Issue: November

7. Systematic Reviews Increasing Dramatically In Quantity But Decreasing In Quality

A report found an astonishing 2600% increase in the publication rate of both systematic reviews and meta-analyses in the last three decades, yet overlooked data, redundancy and questionable motivations are all listed as reasons for a dramatic decrease in the quality of these reviews. Despite these negative findings, the authors agree that by refocusing on sound science and methodological rigor, the quality of systematic reviews and meta-analyses will improve. Issue: October

8. Growing Concern About Statistical Errors

"We teach it because it's what we do; we do it because it's what we teach." It is this type of circularity and other

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What We're Reading

Three minutes with Hans Rosling will change your mind about the world

Appeared in the December 15th edition of *Nature*



A fascinating profile of Swedish physician and epidemiologist Hans Rosling, whose work has influenced a number of important people including Al Gore, Melinda Gates, Mark Zuckerberg and even Fidel Castro. The profile tracks his unorthodox career path from early successes in the field battling an incurable disease known as konzo in Mozambique and Cuba, to his later efforts to improve global health by focusing on poverty and his current mission to dispel science myths and misinformation through fact-based education.

<https://tinyurl.com/z6357ck> ■

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concerns coming to the attention of the American Statistical Association (ASA) in 2014 which prompted a decision by the ASA Board to develop a policy statement on p-values and statistical significance. The ASA goal was “to shed light on an aspect of our field that is too often misunderstood and misused in the broader research community.” Issue: March

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and scientists to aid progress. “The need to communicate science effectively - for the sake of the public, policy makers, and the science community itself - lends urgency to the implementation of the research agenda proposed.”

Read the full report here:

<https://tinyurl.com/hlvnjmz>

■



Winner of Exactly Six Words Contest Selected

We created a contest late last year for epidemiologists to write a story of exactly six words about the life of an epidemiologist. This contest was modelled on a feature in Science which had asked young scientist to write exactly six words which tell a story about the life of a scientist. We received multiple entries.

The winner of The Epidemiology Monitor contest is:

“No magic bullets; only data, suggestions”

This entry was submitted by Tamara Chavez-Lindell an epidemiologist with the Tennessee Integrated Food Safety Center of Excellence of the East Tennessee Regional Health Office. Tamara will receive \$300 for her prize winning entry.

Runners up who deserve Honorable Mention included the following descriptions of the life of an epidemiologist in six words:

“Achieve statistical significance or die trying”

- Sameer Gopalani, the Public Health Division of the Pacific Community (SPC)

“Remember: people are behind the data”

And

“If only the politicians would listen...”

- Andrew Turner, Specialty Registrar in Public Health, Blackburn with Darwen Borough Council

“Agonize over causation; use associational language”

- Felice Le-Scherban, Drexel University

“Data to policy: average 40 years”

Salaam Semann

We enjoyed sponsoring the contest and invite readers to submit ideas for topics which would make good contests. Submit your ideas to epimon@aol.com ■

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traffic accidents by 15%.

Interestingly, the authors conclude that there is little evidence that education and information programs lead to substantial long-term improvements in alcohol-related harm. However, they note that these programs can increase public support for the implementation of more effective policies.

For more information, the full report can be viewed here:

<https://tinyurl.com/hpetyp8>

The abridged version published in the *Lancet* can be seen here:

<https://tinyurl.com/jclam2y> ■

Systematic Review of Current Guidelines

In the review published in the *Annals of Internal Medicine* last month, the authors, Jennifer Erikson, Behnam Sadeghirad, Lyubov Lytvyn, Joanne Slavin and Bradley C. Johnston, examined nine sugar-intake guidelines (both quantitative and qualitative) from around the globe, including those from the WHO, United States Department of Agriculture, and the Institute of Medicine. The team of researchers then collected and evaluated the evidence used to formulate each recommendation. While they found that these public health organizations were in general agreement suggesting that the consumption of free sugars should be reduced in the diet, the authors of the review rated the quality of evidence linking sugar with health outcomes as low to very low and argue that current guidelines need to be revisited and improved. Although the authors believe that the public should be given guidance on dietary sugar consumption, they conclude, "At present there seems to be no reliable evidence indicating that any of the recommended daily caloric thresholds for sugar intake are strongly associated with health effects."

The Backlash and Controversy

This conclusion has now come under heavy fire from multiple angles, as scientists and public health officials weigh in. One of the main criticisms is aimed at the industry funding behind the research. The review was sponsored by the International Life Sciences Institute (ILSI) which in turn is funded by many big-name food

manufacturers like Coca-Cola, General Mills, Hershey's, and Kraft. In addition, one of the authors is on the scientific advisory board of one of the world's largest producers of high-fructose corn syrup.

Critics Respond

Critics such as Dean Schillinger, a physician at the University of California, San Francisco and co-author of an accompanying editorial published in the same issue, think that the paper is politicizing the science and that nearly all the scientific evidence shows a clear cause-and-effect relationship of sugar consumption to obesity and type-2 diabetes. Barry Popkin, a nutrition professor at the University of North Carolina at Chapel Hill agrees, and told the *New York Times* that Erikson et al. "ignored the hundreds of randomized controlled trials" documenting the adverse effects of excess sugar intake, adding that he was astounded that the paper made it through peer-review. Marion Nestle, a nutrition professor at New York University, says in a *NYT* interview that "This comes right out of the tobacco industry's playbook..." calling the paper a "shameful" attempt by the food and beverage industry to undermine the scientific consensus on limiting sugar.

Their fear is that this latest review could be used to cast doubt among the public and weaken the public health efforts to combat diseases linked to sugar consumption. *ArsTechnica* went so far as to call the sugar industry's attempts "gas-lighting" and Schillinger also compared the

"This comes right out of the tobacco industry's playbook..."

"...this latest review could be used to cast doubt among the public..."

industry's efforts to what Big Tobacco did to cover up the effects of secondhand smoking on health. This current controversy comes on the heels of the recent report published by Cristin Kearns et al. uncovering the sugar industry's role in manipulating dietary policy since the 1950's and '60's, whereby they downplayed the link between dietary sugar and coronary heart disease.

Interestingly, the Associated Press (AP) reported that the Mars corporation (also affiliated with ILSI) bucked the general industry stance and also denounced the recent paper, saying that it undermined the science and threatened the reputation of industry-funded science. Somewhat alarmingly, the AP also reported that there was an issue with the original disclosure statement on the manuscript which claimed that the protocol and study were conducted independently; however, after the AP found evidence that the group had input on the proposal, the disclosure was later corrected.

In Defense of the Review

Christine Laine, Editor-in-Chief of the *Annals of Internal Medicine*, said in a written statement to the press that they decided to publish the review along with a critical editorial because of its "great interest" to their audience. In ILSI's defense, Eric Hentges (Executive Director) states that the paper focuses on the quality of the methods and evidence used to determine the current recommendations and "is not an industry attempt to undermine the science". One of the study's lead

authors Bradley Johnston, clinical epidemiologist at the Hospital for Sick Children in Toronto, concludes that current guidelines which were reviewed are simply "not trustworthy" due to the large amount of uncertainty in the underlying science used to derive them. Johnston told the NYT, "We hope that the results from this review can be used to promote improvement in the development of trustworthy guidelines on sugar intake", adding that the review "should not be used to justify higher intake of sugary foods and beverages."

Details of how the team evaluated each of the recommendations and guidelines is available in the Erickson et al. manuscript:

<http://bit.ly/2gXMqd2>

The accompanying editorial can be seen here:

<http://bit.ly/2jmZbQh>

Recent EpiMonitor coverage of dietary sugar debate:

<http://bit.ly/2k5Us6b>

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"...it undermined the science and threatened the reputation of industry-funded science."

"...the paper focuses on the quality of the methods and evidence..."

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The Department of Epidemiology and Biostatistics is located on UTHSCSA's main campus near its medical, dental, and nursing schools in the heart of South Texas Medical Center, 900 acres of medical-related institutions in San Antonio that employ 28,000 people with a \$3.3 billion budget. The Department has 20 full-time faculty (with additional affiliate faculty and 46 support staff) with expertise in translational scientific discovery, clinical- and population-based investigation, applying epidemiological and biostatistical principles to clinical problem-solving and health services organizational management, formulation of health policy, and developing epidemiological and biostatistical research methods. The mission of the Department is to: develop and enhance population-based, clinical and translational research in clinical and community settings; develop epidemiologic, biostatistical and medical informatics resources to enhance UTHSCSA researchers' ability to conduct novel research, promote health, deliver quality health care, and inform health policy decisions; and promote epidemiology and biostatistical education for all UTHSCSA medical students and staff.

The Department has close research and education collaborations with the San Antonio Campus of The UT School of Public Health and the Cancer Therapy & Research Center (CTRC) at UTHSCSA, the only NCI-designated center in South Texas, serving a multiethnic population of 4 million people in a 45,970-square-mile region. The CTRC is building on its strong reputation as a leader in population research, integrated multidisciplinary science and care, and translation of research findings into the diagnosis, treatment, and prevention of cancer while improving the quality of life of cancer survivors. CTRC's 77 researchers have more than \$29 million in extramural research funding and have a broad range of basic, clinical, and population science expertise in three research programs (Cancer Prevention and Population Sciences, Cancer Development and Progression, and Experimental and Developmental Therapeutics) that utilize eight shared resource facilities to reduce the cancer burden in our area.

The successful applicant must have an MD, PhD, MD/PhD, or equivalent degree and a demonstrated track record of research productivity in epidemiological and population studies, potential for successful extramural funding as evidenced by peer-reviewed funding and publications, and effective leadership skills. We expect that the appointment will be at the level of Associate or Full Professor, tenure track. The successful candidate will have opportunities to apply for additional support funds from a number of funding mechanisms administered by Cancer Prevention and Research Institute of Texas (CPRIT).

Review of applications will begin immediately and continue until the position is filled. Salary will be commensurate with qualifications. All faculty appointments are designated as security sensitive positions. The University of Texas Health Science Center at San Antonio is an Equal Employment Opportunity/Affirmative Action Employer including protected veterans and persons with disabilities. Information about the Department is available here: <http://ceb.uthscsa.edu/>. For full consideration please email a cover letter detailing qualifications, a curriculum vitae, an overview of current and future research plans (1-2 pages), and contact information for three references to Dr. Amelie G. Ramirez, Professor and Chair Ad Interim of the Department of Epidemiology and Biostatistics, Director of the Institute for Health Promotion Research at UTHSCSA, and Associate Director for Cancer Prevention and Health Disparities at CTRC at rolling@uthscsa.edu.

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The [Epidemiology Branch](#) is an intramural research program at the Eunice Kennedy Shriver National Institute of Child Health and Human Development. The Branch's mission is to conduct original research focusing on human reproduction, pregnancy, and child health. Candidates legally approved to work in the USA with an earned doctoral degree in epidemiology or a closely related field within the past five years are invited to apply. Applicants should send via email: 1) a curriculum vitae; 2) a statement of research interests; 3) three letters of reference; and 4) transcripts for undergraduate and graduate degrees to Dr. Sunni Mumford at mumfords@mail.nih.gov. Applicants need not have completed their doctoral training prior to applying, although training must be completed prior to the start of the fellowship.

Further information about the Epidemiology Branch and Division may be found at: <https://tinyurl.com/jldoc2s>

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For inquiries or questions, contact Amanda Leigh at: ALEigh@salud.unm.edu, (505) 272-2201.

For full details visit:
cancer.unm.edu/JoinTheBEST



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SCHOOL OF PUBLIC HEALTH
AND TROPICAL MEDICINE

Tenure Track Assistant Professor Positions in Genomic Epidemiology or Clinical Research in Cardiovascular Disease and Obesity/Nutrition

The Department of Epidemiology at the Tulane University School of Public Health and Tropical Medicine and the Tulane University Translational Sciences Institute are seeking outstanding applicants for tenure-track assistant professor positions in the clinical, translational, or genomic research in cardiometabolic diseases or obesity/nutrition. The Tulane University Translational Sciences Institute has been funded by the NIH to provide 50% salary support and substantial research funds to promising junior faculty investigators in clinical, translational, or genomic research in cardiometabolic disease. Candidates with training and research experience in clinical research/trials, nutrition, and genomics/trans-omics are encouraged to apply. There are several large on-going clinical trials and observational epidemiological studies at Tulane University Health Sciences Center. We offer a supportive environment for faculty to participate in these funded studies or develop new projects. Qualifications for Assistant Professor candidates include a doctoral degree in epidemiology/genetic epidemiology/nutritional epidemiology or MD with epidemiology training, post-doctoral experience, demonstrated potential to establish independent research programs, evidence of excellence in teaching, and interest in collaborative research. The Assistant Professors will be required to conduct independent/collaborative research, teach graduate courses, and provide academic service as needed.

Review of applications will begin as soon as possible and applications will be accepted and reviewed until the position is filled. Applicants should send a cover letter, complete resume, and at least three letters of recommendation to: Jiang He, MD, PhD, Tulane University School of Public Health and Tropical Medicine, 1440 Canal Street, New Orleans, LA 70112. E-mail Address: jhe@tulane.edu. All applicants for faculty positions in Cardiovascular or Genomic Epidemiology should apply electronically via the following link: <http://apply.interfolio.com/34593>. All applicants for faculty positions in Obesity/Nutrition Epidemiology should apply electronically via the following link: <http://apply.interfolio.com/34063>.



RESEARCH ASSISTANT PROFESSOR OF EPIDEMIOLOGY

The Department of Epidemiology, Graduate School of Public Health, University of Pittsburgh invites applications for a full-time faculty position at the level of Research Assistant Professor. This position is available immediately and requires an advanced (Doctoral level) degree in either epidemiology or biostatistics and experience or further training in the alternate discipline. Expertise in the area of data management and statistical computing is also needed, and knowledge about the epidemiology of diabetes, particularly type 1 diabetes, would be an asset. The successful candidate will be a key part of a research group involved in coordinating, managing, and analyzing large epidemiologic studies. He or she would be expected to supervise a number of students in data entry and basic report generation and help introduce students to statistical analyses. A working knowledge of SAS is required. The individual would be expected to support the teaching program within the Department, prepare reports, including data analysis and participate in manuscript writing and grant development.

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 #0134562, c/o D. Bushey, Department of Epidemiology, Graduate School of Public Health, A528 Crabtree Hall, University of Pittsburgh, Pittsburgh, PA 15261. EEO/AA/M/F/Vets/Disabled.



USC University of
Southern California

Tenure Track Assistant / Associate Professor

The Division of Biostatistics in the Department of Preventive Medicine at the University of Southern California (USC) is recruiting to fill a tenure-track position at the level of Assistant or Associate Professor. We seek an accomplished biostatistician with an outstanding academic record and an innovative research program to become part of an active and growing research group. We seek someone with the ability, desire, and flexibility to develop novel statistical methods spanning a wide range of topics in the ever-changing research landscape. Examples of current projects include a Program Project to develop novel analytical approaches and tools for integrated genomics analysis, and a separate research program investigating environmental influences on child health, including life course trajectories, exposure windows in a multi-pollutant framework, and integrated analysis of “omic” data. The Department also has an active graduate and undergraduate educational mission and the successful candidate will have the opportunity to participate in teaching activities. Applicants should submit a curriculum vitae, a brief summary of research accomplishments and future goals, and contact information for three references to dconti@usc.edu.

Biostatistician Teaching Faculty

The Department of Preventive Medicine of the Keck School of Medicine of USC is seeking an experienced biostatistician with an interest in a full-time position in education. The position is within the non-tenure track and will be at a rank appropriate for the experience of the faculty member. Areas of focus for teaching include general biostatistical methods, data analysis with focus on both simple and multivariate models, application of biostatistical methods to complex data sets using a variety of software programs (e.g. SAS, Stata, SPSS, R), and probability and statistical theory. Teaching responsibilities would focus on courses in our graduate program in biostatistics (master’s and Ph.D.), but could also include data-analysis courses within our MPH and undergraduate programs. While the emphasis is on education, limited time could be available for collaborative research. Candidates should have a doctoral degree in biostatistics or a related field and teaching experience in one or more academic training programs. Research and consulting experience, particularly involving the application of biostatistical methods to the analysis of data from a health-related field, is desirable.

Job link: <http://jobs.usc.edu/postings/71528>

Please send curriculum vita, a brief summary of teaching and research experience, and names and contact information for three individuals who are familiar with your academic accomplishments to Jim Gauderman, Ph.D. JIMG@usc.edu.

The University of Southern California strongly values diversity and is committed to equal opportunity in employment. Women and men, and members of all racial and ethnic groups, people with disabilities, and veterans are encouraged to apply.



Residential Summer Course in Epidemiology, Florence, 19 June – 7 July 2017

Contact: eepe@eepe.org and <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 – 16 June 2017. Two independent courses on: Frontiers in causality in epidemiology: Exposome, and GIS (Geographic Information Systems) in Epidemiology.

Week 1, 19 June – 23 June 2017. Epidemiological methods I: Basic principles and introduction to study design.

Statistical methods in epidemiology I: Basic principles.

Week 2, 26 June – 30 June 2017. Epidemiological methods II: Case-control and cohort studies.

Statistical methods in epidemiology II: Analysis of cross-sectional and case-control studies. Computer analysis of epidemiological data.

Week 3, 3 July – 7 July 2017. Nine special Modules: Advanced statistical topics. Genetic epidemiology. Advanced topics in epidemiology. From epidemiology to the burden of disease. Uncertainty, risk communication and epidemiology. Clinical epidemiology. Aetiological epidemiology. Environmental epidemiology. Concepts and methods in causal mediation analysis.

Evening Distinguished Lectures: *Rodolfo Saracci. Manolis Kogevinas and Debbie Lawlor*

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