



EpiMonitor

Epidemiology for Epidemiologists

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

Editor's Note:

This month, we have returned to the discussion of AI both in our first article and in several more highlighted in What We're Reading. In addition we are introducing a new feature on Epi issues in the news. Speaking of the news, you'll find a reprint from YLE on the topic of the U.S. withdrawal from the WHO.

We continue to provide you with our popular monthly crossword feature, Notes on People, an overview of what we read from the public media, and a listing of upcoming epidemiology events. Finally, don't miss the Job Bank offerings this month. We have some fantastic opportunities advertised both here and on our website.

Did you miss last month's issue? Read it here: <https://tinyurl.com/5wjv9d45> **or here:** <https://tinyurl.com/27v424bs>

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AI Predicts Outbreaks of Diarrheal Illness Using Weather Patterns and Disease Data

Interviewer: Madeline Roberts, PhD, MPH

A multinational [early warning system](#) developed from machine-learning models performs well in predicting diarrheal illness outbreaks precipitated by extreme weather in Nepal, Taiwan, and Vietnam. The rise of climate variability and extreme weather events carries its own set of health threats, and applying AI modeling to outbreak prediction could be a substantial asset in offsetting the burden of disease.

The recent study noted cyclical patterns in historical diarrheal disease data, meaning certain months exhibited patterns of consistently higher disease rates. This information alone is helpful for epidemiologists; when paired with weather data, model accuracy improved. The authors withheld the 12 most recent months of data, then tested neural network-based model performance for disease rate prediction over that time period. The model with the best predictive performance included:

- **weather data** (precipitation, minimum and maximum temperatures, and El Niño Southern Oscillation phases),
- **historical diarrheal disease data** (data from the same month for the previous two years)
- **most recent diarrheal disease data** (i.e., from the preceding month—data which is not always available in lower-resourced areas).

[Seasonal-to-subseasonal](#) (S2S) research has origins in weather prediction, where it can provide researchers with two weeks to two months and up to two years advance indication of adverse weather events. Decision-makers can utilize this information to prepare and mobilize resources for predicted events. Environmental epidemiologists can build models which include climate forecast data and disease data and apply S2S methods to predict health threats ranging from malaria to heatwave morbidity and mortality. It amounts to a powerful prediction tool to improve preparation and response times.

The authors underscore the value of leaders having three to six months lead time for resource allocation and understanding how near-term future disease threats compare to historical averages. “NN-based S2S early warning systems can be developed to reliably predict [diarrheal] disease risk for various regions with diverse characteristics...Such systems will enable communities to anticipate climate change-related health threats ahead of time, adequately prepare for them, and respond when necessary rather than simply reacting to them.” When accompanied by rapid mobilization, early warning systems for diarrheal illness have high-impact potential in low and middle-income countries where diarrheal disease is a leading cause of mortality.

We reached out to Dr. Amir Sapkota, one of the paper's senior authors, with a few questions regarding his recent publication and his broader research program, which explores the intersection of climate change and human health.

- Outbreaks cont'd on page 3

EpiMonitor: A publicly disseminated weekly/monthly disease forecast, as suggested in your study, is such a powerful tool. Are there diseases or health effects within the US that you think would be well-suited for this kind of forecasting?

Sapkota: *There are many, ranging from seasonal flu, diarrheal diseases to heat stroke and asthma exacerbations. These tools are designed to enhance public health preparedness and community resilience.*

EpiMonitor: Seasonal-to-subseasonal (S2S) prediction can range from two weeks to two years. Was there a time span in mind for the predictive models developed in your study? (Perhaps you can speak to any evidence on timing aimed toward optimal public health mobilization)

Sapkota: *It takes time to mobilize public health resources. So knowing how things are going to be tomorrow or the day after does not give public health practitioners enough time to prepare. Disease outlooks with lead times from a few weeks to a few months are ideal.*

EpiMonitor: Based on your research experience, are there any policy changes or public health interventions you would like to see that could potentially mitigate some of the health effects of extreme weather events (either within the US or globally)?

Sapkota: *We need a forward-looking public health system, where we can anticipate these threats ahead of time, prepare for them, and respond to them when the time comes, instead of simply reacting after the fact.*

EpiMonitor: Less related to your recent publication, your research team partners with the Maryland Public Health Department. Can you talk a bit about your work in that area?

Sapkota: *As the flagship university in the state of Maryland, we are constantly partnering with our state agencies to address pressing public health issues in Maryland. We are working very closely with the Maryland Department of Health to understand how ongoing climate change is impacting the health of Marylanders and identify the most vulnerable communities.*

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For more information please contact: Michele Gibson / michele@epimonitor.net

Epi Brief: January 2025

Author: Madeline Roberts, PhD, MPH

1. The recent [“Ten Americas” study](#) shows dramatic differences in US life expectancies.

Study authors defined ten Americas based on race, ethnicity, location, metropolitan status, income, and Black–White residential segregation:

America 1—Asian individuals

America 2—Latino individuals in other counties

America 3—White (majority), Asian, and American Indian or Alaska Native (AIAN) individuals in other counties

America 4—White individuals in non-metropolitan and low-income Northlands

America 5—Latino individuals in the Southwest

America 6—Black individuals in other counties

America 7—Black individuals in highly segregated metropolitan areas

America 8—White individuals in low-income Appalachia and Lower Mississippi Valley

America 9—Black individuals in the non-metropolitan and low-income South

America 10—AIAN individuals in the West

Why it matters: Life expectancy for Native Americans living in the western US is under 64 years; this group comprises 0.40% of the US population. By contrast, Asian individuals in the US have a life expectancy of approximately 84 years. The gap between these two Americas with the lowest and highest life expectancies widened from 13.9 years in 2010 to 20.4 years in 2021. Substantive differences in life expectancy predate the pandemic but increased during the initial stages of COVID-19. Among children under 5, Black children had the lowest partial life expectancy. The study authors

also identified substantial differences in income and education among the ten Americas. This study provides bleak, quantifiable evidence of the colossal differences in subsets of the US population and demonstrates the severity of the need for targeted health interventions.

2. The National Academy of Medicine (NAM) released [Vital Directions for Health and Health Care: Priorities for 2025](#) this month, which

comprises six articles. Published every four years as an evidence-based guide for the incoming presidential administration, the 2025 guide has six emphases:

transforming health care payment and delivery
integrating AI into healthcare

modernizing public health

addressing the health impacts of climate change

improving women’s health

advancing the biomedical research enterprise

The NAM guide advocates for standardized data sharing to strengthen the US public health system and AI training and community partnerships to bolster the public health workforce. Action items for AI in health include creating clear definitions and standards and monitoring and retraining models to eliminate bias. It also calls for the “creation of an independent, multidisciplinary advisory body to develop a strategic plan aligning research efforts with national health priorities and coordinating efforts across sectors.”

A virtual briefing is scheduled for February 27 and can be accessed [here](#).

3. Health and Human Services released its AI Strategic Plan this month, outlining the Departments' AI implementation objectives. The Plan primarily encompasses medical research, medical product development and safety,

healthcare delivery, human services delivery, and public health.

The Plan emphasizes four goals:



Source: <https://www.healthit.gov/topic/hhs-ai-strategic-plan>

One of AI's epidemiologic superpowers is risk prediction, such as disease outbreaks, where early detection can improve response by increasing lead time for mobilization and deployment of countermeasures. Resource allocation optimization is another where AI can identify high-need, high-risk areas for timely interventions. AI can also alleviate some of the burden on public health staff by automating administrative tasks and preliminary literature reviews with oversight from an analyst.

However, AI can perform poorly and cause harm in areas like insurance coverage determination and [prior authorization](#). It has also [perpetuated racial bias in insurance models](#). To this end, one of the near-term goals of the Plan is to "increase the oversight and enforcement of existing federal laws and regulations, such as those prohibiting denying medically necessary, covered services or discrimination in access to federal benefits."

Read the Plan [here](#).



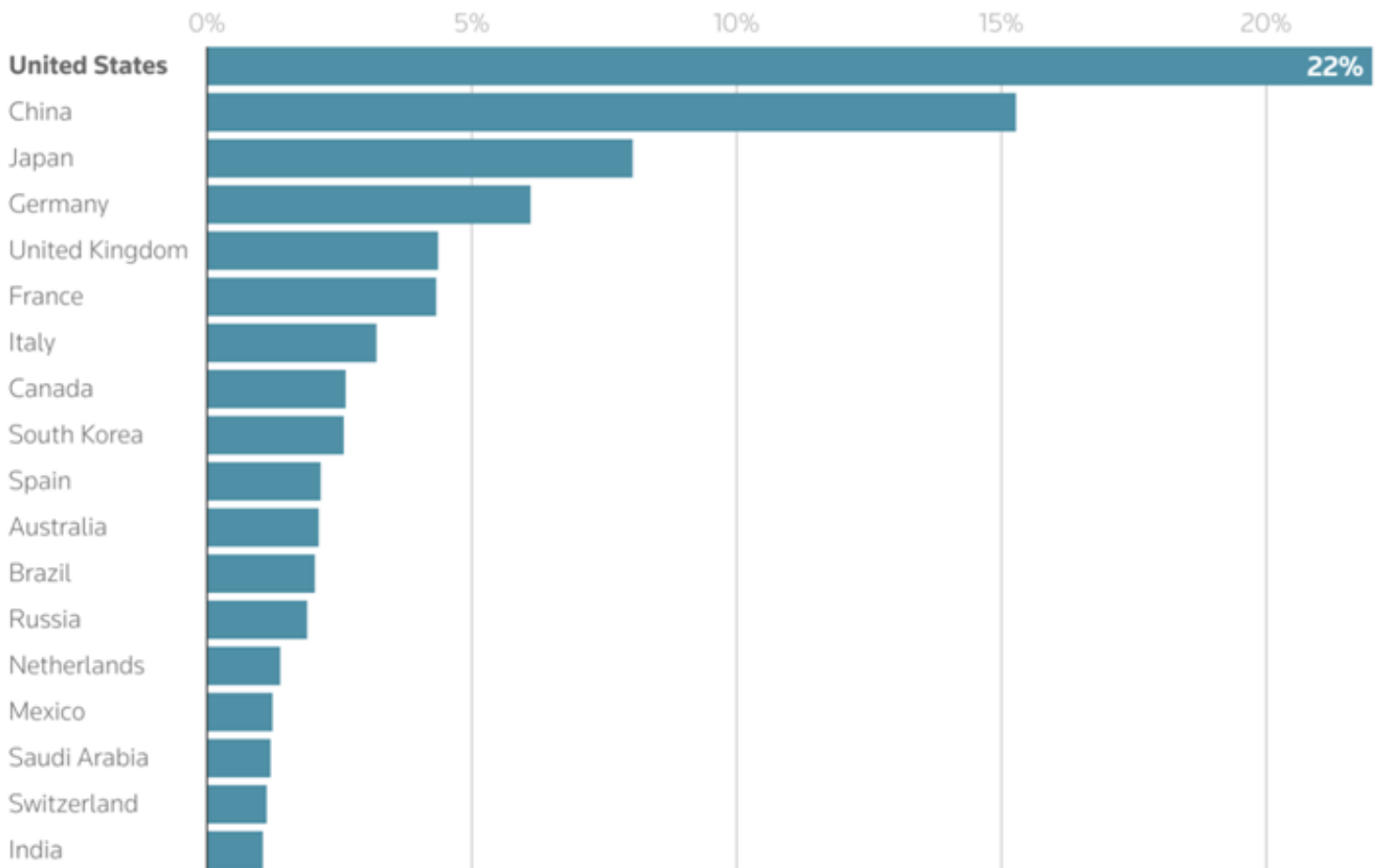
4. The US is slated to exit the World Health Organization (WHO) in one year. On his first day in office, President Trump signed an [order to leave the WHO](#) and end financial support for the organization. The order cites mismanagement of COVID-19 and disproportionate, "unfairly onerous payments" for the US compared to other nations, namely China.

Why it matters: as the largest financial supporter of the WHO, US withdrawal impacts everything from international disease surveillance to key WHO programs. It also means the US would lose access to the WHO global database for emerging and existing disease threats.

- Epi Brief cont'd on page 6

The US is the largest fund contributor to the World Health Organization

Share of mandatory fund contributions from 2024-2025



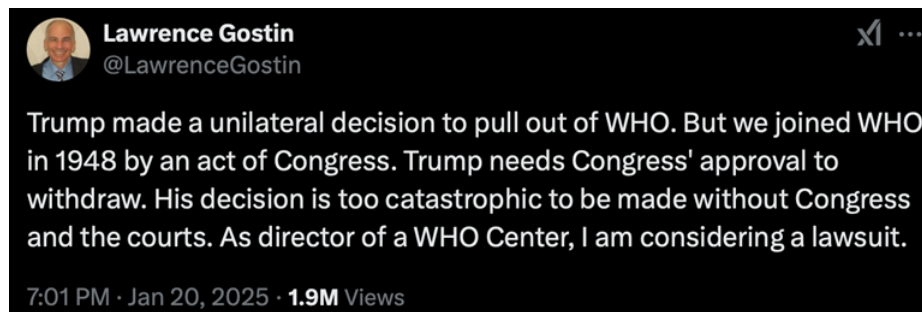
Note: Chart does not include countries with below 1% share. The chart shows the mandatory fees paid by the U.S. and other member states to the World Health Organization, based on the size of that country's economy. It does not represent voluntary contributions, which countries – and other organizations – can choose to pay on top of the mandatory fees, known as 'assessed contributions'.

Source: World Health Organization | REUTERS, Jan. 21, 2025

WHO issued a [statement](#) expressing both regret at the decision and hope for reconsideration.

Lawrence Gostin, Georgetown Law professor of

global health law and Director of the WHO Collaborating Center on Public Health Law & Human Rights, communicated the potential for legal action on X:



More on the US exit from WHO [here](#).

5.RETRACTED: Hydroxychloroquine for COVID-19. Nearly 5 years after its publication, The International Journal of Antimicrobial Agents formally withdrew the paper that suggested the antimalarial drug to treat COVID-19. The paper had methodological errors and ethical breaches.

Why it matters: cardiac arrest, heart rhythm abnormalities, and liver and kidney problems were [reported](#) with hydroxychloroquine treatment for COVID-19.

From February to March 2020, the number of [hydroxychloroquine prescriptions spiked](#) from 1,143 to 75,569—an 80-fold increase—causing anxiety-inducing [medication shortages for some lupus patients](#).

By June 2020, the [FDA revoked the Emergency Use Authorization \(EUA\)](#) for hydroxychloroquine to treat COVID-19.

The French Medicines Agency (ANSM) filed [criminal charges](#) against Hospital Institute of Marseille Mediterranean Infection (IHU), the research hospital where the study was conducted. The hospital is under criminal investigation for conducting research without approval from an external evaluation committee and alleged falsification of ethics committee documents.

Further reading [here](#).

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The U.S. withdrawal from the WHO

What it means and Why it matters

Author: Katelyn Jetelina, PhD, MPH

More than 10 years ago, I moved to Geneva to work at the World Health Organization (WHO). I was a bright-eyed young epidemiologist with one mission: change the world! My job was admittedly unglamorous: sit in front of Excel, analyze HIV/AIDS drug prices across countries, and write a grueling report for each. and. every. country.

One day, I stumbled upon something shocking: one country was overcharging its citizens three times the regular price for pediatric HIV medications. I rushed to my boss; it was our moment to change the world!

We informed the country, but they already knew it was happening. In fact, the Ministry of Health was pocketing the surplus, ultimately taking advantage of helpless parents for wanting to save their child's life. Then I learned a hard truth: We could do nothing about it. WHO works with countries, not the other way around. The WHO's structure prevents it from holding member states accountable or acting decisively, even in situations where lives are at stake.

This story came rushing back to me this week when President Trump announced the U.S. would withdraw from the WHO, blaming the organization's handling of the Covid-19 pandemic, systemic inefficiencies, and overpaying in dues. This was a headline-grabbing move, but the implications are far more nuanced—and important—than the politics.

The decision raises important questions about

the organization's value and effectiveness, but it also underscores its irreplaceable role in global health—despite its flaws.

Let's not sugarcoat it: The WHO has real challenges

The WHO is a specialized agency to the United Nations. *Its mission?* To promote health, keep people safe, and serve vulnerable populations worldwide. [This means everything](#) from coordinating pandemic responses to setting international health guidelines to approving vaccines.

But, the WHO ***isn't a typical organization***. It's made up of member states (i.e., 194 countries) represented by their Ministries of Health. While this structure allows for global representation, it also exposes a major weakness—health ministries are often underfunded and underpowered, especially in low-income countries.

And then there's the authority challenge. The WHO Director-General might sound powerful, but they have zero authority to enforce compliance or take decisive action without the consent of member states. It's like trying to steer a massive ship with a tiny paddle.

Then, there is a scope problem. Its scope is huge—everything from disease surveillance to mental health to non-communicable diseases. But when you try to do everything, you end up struggling to do anything *really* well. The result? A gap between what the WHO says it can do and what it can actually deliver.

- Withdrawal cont'd on page 9

Another major challenge is funding. The WHO runs on a shoestring budget (just over [\\$6.5 billion](#) in 2022-2023, **less than some U.S. hospital systems**). About 20% of the funding comes from “dues” determined by a standard formula that considers the country’s economy. (China does pay less than the U.S. in dues, but

not by much.) However, most (80%) of WHO’s budget comes from voluntary contributions by member countries that are often earmarked for specific projects. This means the WHO isn’t fully in control of its own priorities—it’s dependent on what donor countries want to fund.

World Health Organization contributions

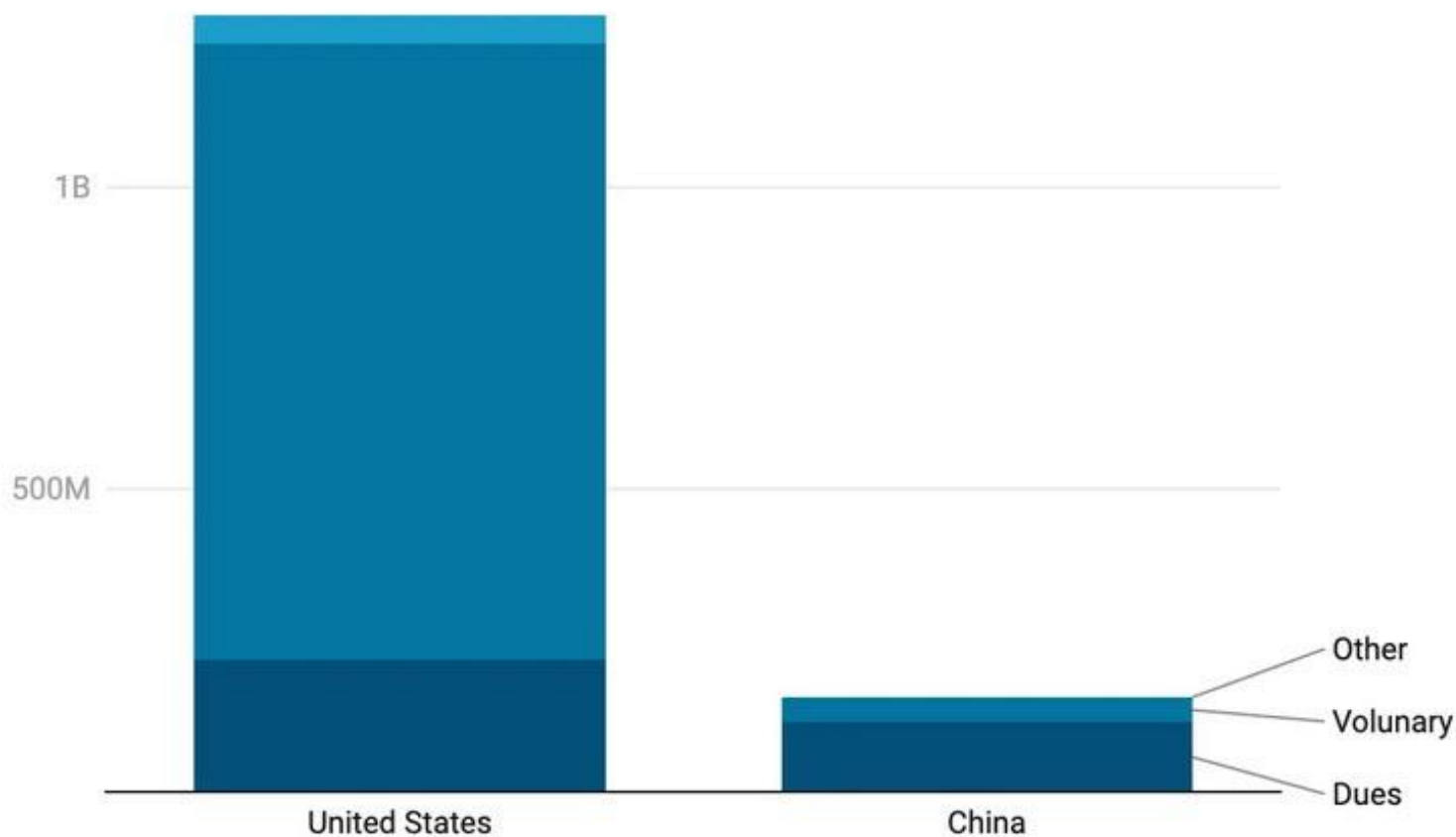


Chart: YLE • Source: World Health Organization • [Get the data](#) • Created with [Datawrapper](#)

Source: WHO

Case example: COVID-19 and the WHO

Covid-19 put the WHO under a microscope. Critics argue the organization was too slow to declare a public health emergency and too deferential to China in the early days of the pandemic. China got away with a lot. Also the WHO committee on the origin of Covid-19 waffled, ultimately not making a conclusion.

Covid-19 also highlighted the gap between the WHO’s ambition and its capacity. The organization has a big voice on the global stage, but it often lacks the resources and technical expertise to back it up. This disconnect has fueled calls for reform, particularly around focusing on core capabilities.

What the withdrawal means for the U.S.

We will be “okay.” The U.S. has robust health infrastructure, its own vaccine and diagnostic certification systems, and disease surveillance capabilities through agencies like CDC. Most of what the WHO provides—certifying vaccines, technical assistance, and capacity building—doesn’t apply to the U.S.

So why does this matter to the U.S.? Three main reasons:

1. Self-Interest: Infectious diseases don’t respect borders. Covid-19, flu, Ebola—you name it. Even if the U.S. is well-equipped to handle its own health challenges, our safety depends on the rest of the world being equipped, too.

2. Geopolitical implications: If the U.S. withdraws from the WHO, it leaves a leadership vacuum. Guess who’s ready and willing to step in? China. If China

dominates global health governance, it could shape international health policies in ways that don’t align with U.S. interests. Staying engaged in the WHO isn’t just altruism—it’s about ensuring the U.S. keeps the system aligned with principles of transparency and accountability. The withdrawal decision means we have overlooked using public health as a diplomacy tool.

3. Being a good neighbor: As a wealthy nation, it’s our responsibility to lift others.

So, is this the end of the world?

No, but this will make things a lot harder. The U.S. is the [single biggest donor](#) to WHO, giving \$1.3 billion annually and beating Germany, the second-place donor, by hundreds of millions of dollars. Most U.S. money goes to WHO Africa, Headquarters, and Eastern Mediterranean, but no region is untouched.

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Michele Gibson / michele@epimonitor.net



Money flow from the U.S. to WHO programs, 2023 (Source: WHO; Annotated by YLE)

The WHO, for all its flaws, is the backbone of global health coordination. Without it, we'd have no centralized system to manage cross-border health threats. And, for many low-income countries, the WHO is all they have.

Implications are stark:

1. **For low-income countries:** The WHO often provides the only technical assistance and resources these countries have. Losing funding will be devastating to their health and biosecurity.
2. **For disease surveillance:** The WHO coordinates global surveillance system for diseases, like influenza and polio. This helps countries prepare vaccines and track emerging threats.

3. **For vaccines and diagnostics:** The WHO certifies vaccines and diagnostics, like rapid tests, for use in low- and middle-income countries. While the U.S. has its own systems for this, many countries rely on WHO certifications to access life-saving tools.

4. **For global health leadership:** Americans working at the WHO are forced to come home, leaving a leadership vacuum in global health.

- Withdrawal cont'd on page 12

Where do we go from here?

The WHO is far from perfect, but it's the best tool we have to tackle global health challenges. Reform it? Yes. Abandon it? No.

There isn't any real value in us pulling out. Yes, we will save 1 billion dollars, but this is peanuts compared to the downsides. Rather, personalities need to be put aside, and reform is needed. The U.S. and other member states should push for:

- **Refined scope.**
- **Sustainable funding**, including reducing reliance on earmarked donations and increase flexible funding.
- **Stronger leadership:** Give the Director-General more authority to enforce compliance and take decisive action during crises.

While it's not too late to reform, it doesn't look like it's the direction the U.S. is going.

Bottom line

The WHO plays a vital role in global health, particularly for countries that lack the resources to respond to crises on their own. Reforming the organization is a long-term project, but it's worth the effort. In an interconnected world, health threats don't respect borders.

During my time in Geneva, that one country never changed. But because of our work at WHO, the surrounding countries received more financial support so the children could get access to cheaper (fairly priced) drugs, and, in turn, their lives were saved. The public's health is a team sport. ■

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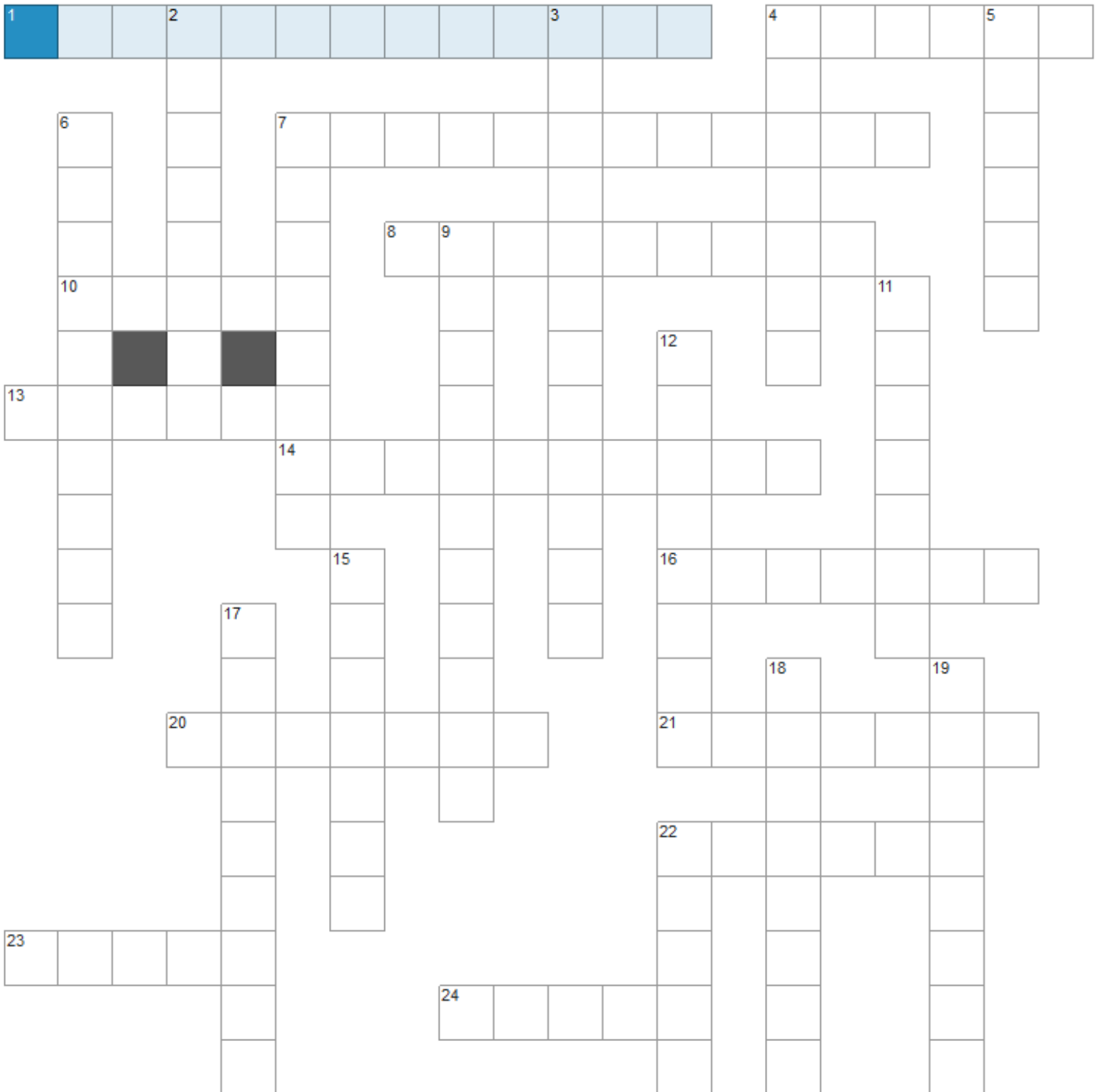
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Epi Crossword Puzzle – January 2025

Changing of the Guardians of Public Health

. For an interactive online version go to: <https://tinyurl.com/yv2r9285>



Changing of the Guardians of Public Health
Powered by [PuzzleMe™](#)

Across

1. Largest estuary in the USA
4. *Blind Spots* author
7. Original name of Atlanta
8. 2nd capitol of the USA
10. In 1947 they sold CDC a campus for \$10
13. European headquarters of the Red Cross
14. Only presidents make these
16. He designed D.C.
20. Longest serving NIH director
21. Ray Charles had this on his mind
22. Georgia's favorite legume
23. His middle name honors a former Boston mayor who was his GGF
24. The hills are alive with this

Down

2. How many nations were founders of the WHO?
3. 2024 Zimmer Medal & Bradley Prize winner
4. Disease responsible for CDC being headquartered in Atlanta
5. These birds don't get avian flu
6. M.D. and former FL congressman
7. This colony was founded in 1632
9. Doctor's make these
11. Starts in the Mountaineer state
12. Meat and appointees are subject to this
15. Longest serving HHS Secretary
17. First U.S. Surgeon General
18. 1.9B servings of this are sold daily worldwide
19. John Snow's Queen
20. Georgia's favorite fruit

What We're Reading This Month

Editor's Note: All of us are confronted with more material than we can possibly hope to digest each month. However, that doesn't mean that we should miss some of the articles that appear in the public media on topics of interest to the epi community. The EpiMonitor curates a monthly list of some of the best articles we've encountered in the past month. See something you think others would like to read? Please **send** us a link at info@epimonitor.net and we'll include it in the next month.

Public Health Topics

- ◆ WHO COVID-19 epidemiological update – 24 December 2024
<https://tinyurl.com/3n7wyerx>
- ◆ Leveraging AI to Combat the Global Challenge of Antimicrobial Resistance (Science Mag via AppleNews)
<https://tinyurl.com/4j7b2jvf>
- ◆ Generative AI tech is dreaming up new antibodies (Freethink via AppleNews)
<https://tinyurl.com/38a943mn>
- ◆ AI in Action: Enhancing Pandemic Preparedness from Outbreak to Vaccine Development (Science Mag via AppleNews)
<https://tinyurl.com/mv44vsa3>
- ◆ AI system spots dangerous disease variants before they spread (Earth.com via AppleNews)
<https://tinyurl.com/83yra2u5>
- ◆ Wind-blown avian feces may be route of transmission for bird flu, infectious disease expert warns (CTV News via Apple News)
<https://tinyurl.com/tbkns5my>
- ◆ FDA recommends pet food companies revisit safety plans amid bird flu outbreak (NBC News)
<https://tinyurl.com/5ekc4e8p>
- ◆ Under Trump, we could be flying blind when it comes to bird flu, other infectious diseases (LA Times via Apple News)
<https://tinyurl.com/bdf3y6dj>

Public Health Topics, *cont.*

- ◆ Which Berries Are Most Likely To Carry Viruses? A Food Safety Expert Breaks It Down Amid New FDA Rules (Women's Health via AppleNews)
<https://tinyurl.com/4weca39b>
- ◆ Scientists discover disturbing factor behind increase in unsanitary practices: 'This is a major contamination risk' (The Cool Down via AppleNews)
<https://tinyurl.com/ymk2amut>
- ◆ How America lost control of the bird flu, setting the stage for another pandemic (Atlanta Journal Constitution via AppleNews)
<https://tinyurl.com/49jpnh99>
- ◆ U.S. life expectancy rose significantly last year, hitting highest level since pandemic (NBC News)
<https://tinyurl.com/37r3u7zs>
- ◆ Outgoing CDC director girds against an overhaul, and tries to calm staff nerves (STAT via AppleNews)
<https://tinyurl.com/7pbhz7u8>
- ◆ A national weather service for disease? (Harvard Public Health)
<https://tinyurl.com/nhey359k>
- ◆ Deep in the jungle, virus hunters are working to stop the next pandemic (Bloomberg Businessweek via AppleNews)
<https://tinyurl.com/ytaatzm>

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Notes on People

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

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Appointed: Dr. **Renia Dotson** will serve as Mississippi's new state epidemiologist the Mississippi State Department of Health announced in a Tuesday press release. Dotson is the first Black woman to assume the role of state epidemiologist. Dotson most recently served as the director of the Center for Public Health Transformation at MSDH in 2024. She practiced as a rectal and colon surgeon for 23 years. She served as the chief of staff, chief of surgery, and regional and institutional medical director of trauma at the center before her tenure at MSDH.



Appointed: The Society for Healthcare Epidemiology of America (SHEA) is pleased to announce that **David J. Weber**, MD, MPH, a distinguished leader in infection prevention and health care epidemiology, will serve as the 2025 SHEA board of trustees President beginning Jan. 1, 2025. Dr. Weber will succeed Dr. Tom Talbot, continuing SHEA's mission to promote safe health care practices and reduce the burden of health care-associated (HAIs) infections worldwide.



Promoted: Vanderbilt University has announced the promotion of **Xiangyu Ji** to senior biostatistician, effective January 3. Ji earned her Bachelor of Science degree in public health from California State University Los Angeles, with a data management internship at the University of Southern California Keck School of Medicine prior to graduation.



Awarded: **Eric Mishio Bawa** recently received the Laurence G Branch Doctoral Student Research Award from the American Public Health Association for his research into the prevalence of Alzheimer's disease and related dementias throughout South Carolina. Working with Maggi Miller, co-director of the Office for the Study of Aging, where Mishio Bawa is a graduate research assistant, the team looked at the distribution of these conditions from the state to zip code level using data from the South Carolina Alzheimer's Disease Registry.

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

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Passed: Alison Ellen Field ScD, age 58, passed away peacefully at home in Newton Center, MA, on October 10, 2024, after a yearlong battle with brain cancer. Alison was an internationally recognized epidemiologist specializing in childhood eating disorders. In 1996, while completing her post-doctoral fellowship at the Channing Laboratory at Brigham and Women's Hospital, she launched the Growing Up Today Study (GUTS), a long-term study of eating disorders and obesity prevention and treatment. Joining Harvard Medical School's faculty in 1997, Alison was a Professor of Epidemiology and Pediatrics and had appointments at the Brigham and Women's Hospital's Channing Laboratory and Boston Children's Hospital in Adolescent Medicine. In 2015, she became a tenured professor at Brown University's Alpert Medical School, where she served as the Chair of the Epidemiology Department, Director of the Center for Epidemiology and Environmental Health, and Associate Dean for Faculty Affairs at the Brown University School of Public Health. In 2024, the Obesity Society honored her many professional accomplishments by naming an award in her name - The Alison Field Early-Career Award for Excellent in Research in Pediatric Obesity. <https://tinyurl.com/2rd79pf6>



Passed: Mary N. Haan, a distinguished professor and dedicated researcher, passed away on December 12, 2024, at the age of 79 after a decade with Parkinson's Disease. A passionate advocate for education and scientific inquiry, her legacy lives on through her groundbreaking work in the field of epidemiology, her deep commitment to mentoring the next generation of scholars, and the profound impact she made on the many who knew her.

Mary earned her DrPH at the University of California, Berkeley, and was most recently Emerita Professor of Epidemiology and Biostatistics at the University of California, San Francisco, following faculty positions at the University of Michigan, and the University of California, Davis. Her research focused on an understanding of the determinants of aging, cognitive impairment and dementia, diabetes, and cardiovascular disease, examining both their biological and social determinants.

Throughout her career, Mary was known for her innovative approach to research, and in 1996 established the Sacramento Latino Study on Aging (SALSA), a ground-breaking study of the health of older Latinos. She received many awards and honors, among them her election as president of the Society for Epidemiologic Research. <https://tinyurl.com/8bc9ywth>

Near Term Epidemiology Event Calendar

Every December The Epidemiology Monitor dedicates that issue to a calendar of events for the upcoming year. However that often means we don't have full information for events later in the upcoming year. Thus an online copy exists on our website that is updated regularly.

To view the full year please go to: <http://www.epimonitor.net/Events> The events that we are aware of for the next month follow below.

February 2025

- February 2-7 **Type:** Short Course **Web:** <https://bit.ly/3FDOYu8>
Title: Using R For Decision Modeling in Health Technology Assessment
Sponsor: Erasmus MC **Location:** Rotterdam, The Netherlands & Virtual
- February 5-7 **Type:** Short Course **Web:** <https://tinyurl.com/ms73nax5>
Title: Advanced Mendelian Randomization
Sponsor: University of Bristol **Location:** Virtual
- February 6 **Type:** Conference **Web:** <https://tinyurl.com/3ttym45b>
Title: Ethical and Inclusive Data Science and Artificial Intelligence (AI) to Improve Health
Sponsor: University of Washington **Location:** Seattle, WA
- February 6-7 **Type:** Conference **Web:** <https://tinyurl.com/5h84s4ks>
Title: Pathways to Health Equity: Exploring Systems Impact and Shared Solutions
Sponsor: National Academy of Medicine **Location:** Washington, DC & Virtual
- February 10-11 **Type:** Conference **Web:** <https://tinyurl.com/5nd976s5>
Title: Public Health Conference - Disease Prevention and Control
Sponsor: Multiple **Location:** Orlando, FL
- February 10-14 **Type:** Short Course **Web:** <http://tinyurl.com/59yh5856>
Title: The Placebo Effect
Sponsor: Erasmus MC **Location:** Rotterdam, The Netherlands
- February 10-14 **Type:** Short Course **Web:** <https://bit.ly/3oW8LOW>
Title: Introduction to Epidemiology
Sponsor: University of Bristol **Location:** Virtual
- February 10-14 **Type:** Winter Program **Web:** <https://bit.ly/3IRZeDf>
Title: Winter School in Clinical Epidemiology
Sponsor: UMIT **Location:** Tirol, Austria
- February 10-14 **Type:** Conference **Web:** <https://tinyurl.com/2bwca379>
Title: SER 2025 Mid-Year Meeting
Sponsor: Society for Epidemiologic Research **Location:** Virtual

February 2025 continued

- February 11-12 **Type:** Conference **Web:** <https://tinyurl.com/bdvd9jfk>
Title: Integrated Foodborne Outbreak Response and Management (InFORM) -Central Region
Sponsor: InFORM **Location:** St. Louis, MO
- February 11-13 **Type:** Conference **Web:** <https://tinyurl.com/38jhf97x>
Title: Rural Health Policy Institute
Sponsor: National Rural Health Association **Location:** Washington, DC
- February 12-14 **Type:** Conference **Web:** <https://tinyurl.com/2ts8nkta>
Title: 35th Annual Scientific Meeting of the JEA
Sponsor: Japan Epidemiological Association **Location:** Kochi, Japan
- February 17-19 **Type:** Short Course **Web:** <https://bit.ly/3G1mAn4>
Title: Mendelian Randomisation
Sponsor: Erasmus MC **Location:** Virtual
- February 18 **Type:** Conference **Web:** <https://tinyurl.com/2my5xvsc>
Title: Arizona Rural & Public Health Policy Forum
Sponsor: University of Arizona SPH **Location:** Phoenix, AZ
- February 19-20 **Type:** Conference **Web:** <https://tinyurl.com/4a8ycffs>
Title: Integrated Foodborne Outbreak Response and Management (InFORM) -Western Region
Sponsor: InFORM **Location:** San Francisco, CA
- February 20-23 **Type:** Conference **Web:** <https://tinyurl.com/46tjvuvn>
Title: CUGH 2025 Conference
Sponsor: Consortium of Universities for Global Health **Location:** Atlanta, GA
- February 21-22 **Type:** Conference **Web:** <https://tinyurl.com/mt5arfzn>
Title: 2025 Biostatistics Symposium
Sponsor: Biostatistics Symposium of Southern California **Location:** Newport Beach, CA
- February 24-26 **Type:** Short Course **Web:** <https://bit.ly/3lO7yAC>
Title: Child Psychiatric Epidemiology
Sponsor: Erasmus MC **Location:** Virtual
- February 27-28 **Type:** Conference **Web:** <https://tinyurl.com/djwk9z4e>
Title: Rare Disease Day
Sponsor: FDA-NIH **Location:** Bethesda, MD

March 2025

- March 3-7 **Type:** Short Course **Web:** <http://tinyurl.com/wkhee8uy>
Title: Implementation Science **Location:** Rotterdam, The Netherlands
Sponsor: Erasmus MC
- March 3-7 **Type:** Short Course **Web:** <http://bit.ly/33XqJSJ>
Title: Intensive Course in Applied Epidemiology **Location:** Aberdeen, Scotland
Sponsor: University of Aberdeen
- March 3-7 **Type:** Short Course **Web:** <http://tinyurl.com/2fkh6ejx>
Title: Introduction to Linear and Logistic Regression Models **Location:** Virtual
Sponsor: University of Bristol
- March 3-7 **Type:** Short Course **Web:** <https://bit.ly/3v2gRXS>
Title: An Introduction to the Analysis of the Next-generation Sequencing Data **Location:** Rotterdam, The Netherlands
Sponsor: Erasmus MC
- March 3-12 **Type:** Short Course **Web:** <http://tinyurl.com/yh8ce5ha>
Title: Public Health Across the Life Course **Location:** Rotterdam, The Netherlands
Sponsor: Erasmus MC
- March 4-13 **Type:** Short Course **Web:** <https://tinyurl.com/mryhh3w7>
Title: Item Response Theory **Location:** Virtual
Sponsor: EpidM
- March 6-9 **Type:** Conference **Web:** <https://tinyurl.com/2p9fmtep>
Title: Epi Lifestyle Scientific Sessions - 2025 **Location:** Chicago, IL
Sponsor: American Heart Association
- March 9-12 **Type:** Conference **Web:** <https://tinyurl.com/4r4rred5>
Title: Conference on Retroviruses and Opportunistic Infections (CROI) **Location:** San Francisco, CA
Sponsor: International Antivirus Society-US / CROI
- March 10-12 **Type:** Conference **Web:** <https://tinyurl.com/34x5tnn5>
Title: Teaching Prevention 2025 **Location:** Cleveland, OH
Sponsor: Association for Prevention Teaching & Research
- March 10-12 **Type:** Conference **Web:** <https://tinyurl.com/2t7fpw6n>
Title: Genomic Imprinting – from Biology to Disease **Location:** Hinxton, England & Virtual
Sponsor: Wellcome Connecting Science

March 2025 continued

- March 10-14 **Type:** Short Course **Web:** <https://bit.ly/320OvIT>
Title: Advanced Clinical Trials
Sponsor: Erasmus MC **Location:** Rotterdam, The Netherlands
- March 11-13 **Type:** Conference **Web:** <https://tinyurl.com/5aa4h8ad>
Title: New Techniques and Technologies for Statistics (NTTS)
Sponsor: Eurostat **Location:** Brussels, Belgium
- March 12-14 **Type:** Conference **Web:** <https://tinyurl.com/264anz46>
Title: Epigenomics of Common Diseases
Sponsor: Wellcome Connecting Science **Location:** Hinxton, England
- March 13-14 **Type:** Conference **Web:** <https://tinyurl.com/57z9dr6j>
Title: 98th Annual Meeting - American Epidemiological Society
Sponsor: AES **Location:** Atlanta, GA
- Mar 17 – Apr 2 **Type:** Short Course **Web:** <http://tinyurl.com/4kzuxcys>
Title: Repeated Measurements
Sponsor: Erasmus MC **Location:** Rotterdam, The Netherlands & Virtual
- Mar 17 – Apr 2 **Type:** Short Course **Web:** <http://tinyurl.com/4kzuxcys>
Title: Psychiatric Epidemiology
Sponsor: Erasmus MC **Location:** Virtual
- March 19-21 **Type:** Conference **Web:** <https://tinyurl.com/mseuj593>
Title: 2025 ASPPH Annual Meeting for Academic Public Health
Sponsor: Association of Schools & Programs of Public Health **Location:** Arlington, VA
- March 20-21 **Type:** Conference **Web:** <https://tinyurl.com/342wpz83>
Title: The Future of Preventive Medicine and Public Health
Sponsor: Peers Alley Conferences **Location:** London, England
- March 20-21 **Type:** Short Course **Web:** <https://tinyurl.com/5b4t8b8b>
Title: Introduction to Bayesian Statistics
Sponsor: EpidM **Location:** Amsterdam, The Netherlands
- March 24-28 **Type:** Short Course **Web:** <http://tinyurl.com/3z8s2w4e>
Title: Understanding Trusted Research Environments
Sponsor: University of Bristol **Location:** Virtual

March 2025 continued

- March 24-28 **Type:** Conference **Web:** <https://tinyurl.com/22jyzn2y>
Title: SCPHA Annual Conference
Sponsor: South Carolina Public Health Association **Location:** Myrtle Beach, SC
- March 25-26 **Type:** Conference **Web:** <https://tinyurl.com/yrxrzrm7>
Title: 4th International Public Health Conference - Global Health Security
Sponsor: Magnus Group **Location:** Singapore
- March 26-28 **Type:** Conference **Web:** <https://svepm2025.com>
Title: Annual Meeting - Society for Veterinary Epidemiology
Sponsor: SEVPM **Location:** Berlin, Germany
- March 27-28 **Type:** Workshop **Web:** <https://tinyurl.com/mudu49uz>
Title: Public Health Interventions in the Long Run: Causes and Consequences
Sponsor: Center for Economic Policy Research **Location:** Wageningen, The Netherlands
- Mar 31 – Apr 2 **Type:** Short Course **Web:** <http://tinyurl.com/mvbrbtew>
Title: Molecular Epidemiology
Sponsor: University of Bristol **Location:** Virtual
- Mar 31 – Apr 4 **Type:** Short Course **Web:** <https://bit.ly/3G3VhZr>
Title: Advanced Decision Modeling
Sponsor: Erasmus MC **Location:** Rotterdam, The Netherlands

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Five Tenure Track Faculty Positions

University at Buffalo's Department of [Epidemiology and Environmental Health](#), a dynamic workplace with a strong commitment to improving population health for over 100 years, is pleased to announce openings for five full-time faculty. **All positions are calendar year (12-month), tenure track positions, fully funded by New York State.**

AGING RESEARCH: TWO POSITIONS

Assistant, Associate, or Full Professor HS (tenure eligible) positions in the Graduate Public Health Program with a focus in aging research including, but not limited to, frailty, cancer, women's health, health services, and cognition/dementia. For more information and to apply:

www.ubjobs.buffalo.edu/postings/54944

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Two Faculty Positions – Dept of Genome Sciences

In a major new initiative, the Department of Genome Sciences in the School of Medicine at the University of Virginia (UVA), in partnership with the UVA Comprehensive Cancer Center (UVACCC), seeks to fill two tenure-track faculty positions in Cancer Precision Medicine/Precision Health. This initiative is part of a \$50M UVA Grand Challenges Research Investment in Precision Health for Populations (<https://research.virginia.edu/Grand-challenges>).

The University of Virginia's 2030 plan recognizes Precision Medicine/Precision Health as a major societal challenge and an opportunity for multidisciplinary work that draws on our existing strengths. In partnership the Provost and the Deans of various schools are making multiple coordinated faculty recruitments to strengthen the research community focusing on Precision Health for Populations across the University. Recruits will receive support from the Provost and from their school and will participate in the Precision Health for Populations Initiative.

We invite applications from candidates at any rank (Assistant, Associate, or full Professor) with a Ph.D. and/or M.D. in Computational Biology, Bioinformatics, Genetics, Genomics, Statistics, or a related field for the following two positions:

Molecular Epidemiologist: Candidates should have expertise in cancer epidemiology including population-/patient-based cohort studies, with a focus on the genetic, molecular, and physiological basis of cancer. Candidates should have a research program focused on the use of genomics and/or other “-omics” data (e.g., epigenomic, transcriptomic, proteomic, and/or metabolomic) to identify biomarkers that inform our understanding of cancer development and/or progression and to develop precision health-based tools for cancer risk assessment, early detection, diagnosis, and/or prognosis.

Computational biologist: Candidates should have expertise in computational biology and a strong research track record in cancer genomics. The ideal candidate will have experience in developing and applying computational, statistical, or machine learning methods to address key questions in cancer biology. Areas of interest include, but are not limited to, the molecular and genetic mechanisms underlying cancer development, progression, and resistance, as well as integrative approaches to biomarker discovery and precision oncology. We are especially interested in individuals whose work spans diverse data types (e.g., genomic, transcriptomic, epigenomic, proteomic) and contributes to advances in cancer diagnosis, prognosis, and therapeutics. Candidates with innovative computational methods or AI approaches applicable to drug discovery, novel therapeutic strategies, or precision medicine are strongly encouraged to apply.

The successful faculty candidates must have a proven track record of scholarly activity and peer-reviewed funding commensurate with career stage. Support will include attractive start-up packages, laboratory space (dry lab), and the opportunity to work in a highly interactive research environment. We seek to recruit faculty from diverse backgrounds and faculty who value diversity.

Review of applications will start on 12/1/2024. Applications received by 2/1/2025 will receive full consideration, but the positions will remain open until filled.

For questions about the application process, please contact the Search Committee Chair, Chongzhi Zang, PhD at zang@virginia.edu.

Qualifications

We invite applications from candidates at any rank (Assistant, Associate, or full Professor) with a Ph.D. and/or M.D. in Computational Biology, Bioinformatics, Genetics, Genomics, Statistics, or a related field. The successful faculty candidates must have a proven track record of scholarly activity and peer-reviewed funding commensurate with career stage.

Application Instructions

Complete an application [online](#) with the following documents:

- CV/Resume
- Cover Letter detailing your interest in this position and highlighting knowledge, skills, abilities, and experiences
- Statement of Mentoring

Upload all materials into the resume submission field, multiple documents can be submitted into this one field. Alternatively, merge all documents into one PDF for submission. *Applications that do not contain all required documents will not receive full consideration.*

More information: <http://www.epimonitor.net/2025-3942-Epidemiology-Job-Opening.htm>

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