

SPECIAL ISSUE
Coverage of the Epidemiology Congress

Fifteen Hundred Epidemiologists Meet In Miami At The Fourth Epidemiology Congress Of The Americas

Meeting Reflects “Where We Are In The Field Today”, Says Congress Chairman

Approximately 1500 epidemiologists mostly from North and South America converged on hot Miami in late June to enact their quinquennial ritual of interacting as one discipline rather than meeting separately around sub-fields. The Congress was bookended by presentations on climate change and health disparities, both of which

are population health issues imposing extensive public health burden.

In between, attendees heard plenary sessions on a widely varying range of topics which challenged attendees to stretch their thinking and learn from

- 1,500 continues on next page



Controversy Erupts Over Postponing Olympic Games In Midst Of Zika Epidemic

“But for the Games, would anyone recommend sending an extra half a million visitors into Brazil right now? Of course not: mass migration into the heart of an outbreak is a public health no-brainer.” - Amir Attaran

to grow and spread across South and Central America, proposals surrounding the possibility of postponing, moving or cancelling the upcoming Olympic games have not persuaded public officials to change

As the Zika virus epidemic continues

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colleagues working on very different problems. In addition, the Congress featured two "hot topic" sessions on Zika virus and guns in America and a lively and often amusing methods debate entitled – Causal parameters without corresponding experiments: Powerful abstractions or pitiful distractions?

On the first day of the Congress, a social evening was held aboard the Biscayne Lady Yacht. Attendees had a very pleasant and relaxing evening on a beautiful ship with great scenery of the Miami skyline. Attendees enjoyed a buffer dinner and dancing. As the evening wound down and the boat returned to shore, no one appeared in a hurry to disembark.

Reflection of the Field

Sandro Galea, Chairman of the Congress Executive Committee, told *The Epidemiology Monitor* "I think the Congress was the largest ever gathering of epidemiologists and a great coming together of the concerns of the field right now, ranging from methodologic debates (in particular g-formula, complex systems modeling) to concerns with hot topics like guns and Zika. It showed a maturing field, thinking carefully about its place in an evolving world."

Moment of Silence

The Congress took place just 200 miles south of Orlando where the mass shooting occurred recently and Galea opened the meeting by asking for a moment of silence for the victims. He noted the astonishing

number of gun deaths which have occurred already this year in the United States. There have been 133 mass shootings and nearly 6,000 firearm related deaths and over 12,000 injuries so far in 2016. Galea predicted there will be more than 30,000 gun deaths by the end of the year.

"Perhaps what is saddest about these events is that we know the cause of this event – unfettered access to guns, many of them weapons of war, throughout this country – and we as a country continue to do little about it, waiting for the next event to happen," said Galea.

Everyone was left to wonder how long these preventable deaths would be allowed to continue and to hope that the political will would one day align with the public will which is clearly in favor of stricter gun control measures.

Congress Awards

Several awards were made during the Congress, including the **Alfred Evans** award for teaching and mentoring to Emory University's Timothy Lash, the **Bernard Greenberg** award for methods development and application to Harvard University's James Robins, the **Abraham Lilienfeld** award for overall excellence in epidemiology to McGill University's Michael Kramer, and student paper awards to Sheng-Hsuan Lin at Harvard University (**Reuel Stallones** award for methods in epidemiology), Alana Teresa Brennan at Boston University (**Carol Buck** award for international/global

Interview with Mary Guinan

Author of “Adventures of a Female Medical Detective: In Pursuit of Smallpox and AIDS”

Mary Guinan, Professor emerita at the School of Community Sciences at the University of Nevada, Las Vegas, has recently published a collection of 12 stories describing her diverse, barrier-shattering career in public health. Each chapter tells an engaging and inspirational story from her past. Topics include her first outbreak as an Epidemic Intelligence Service officer tracking down a life-threatening blood infection in a military hospital, her work on the Smallpox eradication program, and stories from her work on the frontlines of the AIDS epidemic. The book delivers a unique female perspective of a time when far fewer women worked in the field. The *Epidemiology Monitor* interviewed Guinan to find out more about her motivation for writing the book, her thoughts on the state of women in science and medicine and what advice she would give to young epidemiologists.

EM: In the introduction you mention that your motivation for writing this book is to encourage young scientists to consider a career in epidemiology. In addition to sharing inspirational stories such as those in the book, what is the most important thing we can do to recruit and retain bright, young scientists to the field of epidemiology?

Guinan: I believe that we have to introduce the science of epidemiology to undergraduate schools, so that students are exposed to it early in their careers. Many schools including public health schools are introducing a Bachelor's degree in public health. UNLV's new undergraduate program

in public health features a major in epidemiology and biostatistics.

EM: The book is a collection of stories from your diverse and impressive career in public health, from your part in the smallpox eradication effort to your work on the frontlines of the AIDS epidemic. Looking back, which of these experiences impacted the trajectory of your career the most and why?

Guinan: Participation in the worldwide smallpox eradication program had the most profound effect on my career choices because I saw how successful it was and the personal satisfaction I received in contributing to improving the lives of others. I was hooked on a career in epidemiology and public health.

EM: What are the main reasons you think epidemiologists will enjoy or benefit from reading the book?

Guinan: I believe that it will be interesting for young epidemiologists looking at future career options because it opens the door to many interesting avenues of pursuit. Others more advanced in their careers I hope will enjoy reading about some of the personal experiences I had especially during the smallpox eradication program, the early AIDS years and how I became Dr. Herpes.

EM: What was the most important thing you learned in the process of writing the book?

“I was hooked on a career in epidemiology and public health.”

“...it will be interesting for young epidemiologists looking at future career options...”

- Guinan continues on page 4

-Guinan continued from page 3

Guinan: Probably that I should get a good editor to help me. I got Anne Mather who had 30 or so years editing epidemiology articles for publication including CDC's MMWR (Morbidity and Mortality Weekly Report).

"Medicine and science in academia have so many barriers for women even now."

EM: Throughout your career you have challenged gender norms of the time. For example, you pursued a medical degree when the field was dominated by men, and you became the first female scientific advisor to the Director of the CDC. At present, nearly 50% of medical school graduates are female. However, in academic medicine for example, only 22% of tenured faculty are women and only 16% of Deans are women. As a retired Dean, what thoughts do you have on why this discrepancy exists and how we can improve the representation of women in medicine and science at higher levels?

"I still believe that women's organizations are a powerful force for finding answers to these continuing problems."

Guinan: Medicine and science in academia have so many barriers for women even now. Most women physicians and scientists who have children take the major responsibility for raising children and managing households. Paid family leave is a rarity in the U.S. Hopefully these will be addressed in the near future. I was fortunate to belong to a number of women's groups who helped me during many phases of my career especially the American Medical Women's Association where I found so many good friends who understood the problems we all faced and worked together to solve them. I still believe that women's organizations are a powerful force for finding answers to these continuing problems.

EM: The title of the book is

Adventures of a Female Medical Detective. What do you feel is the biggest advantage you had as a woman in this line of work? Disadvantage? For example, during your work for the KSOI task force you were interviewing and testing patients at a time when they must have felt very vulnerable. Is it possible that being a woman made it easier to engender their trust?

Guinan: I am not sure about this. I know that the Task Force discussed early on whether a gay man would be more comfortable with a heterosexual male physician or a woman physician interviewer. A CDC behavioral scientist Bill Darrow did a study on this and concluded there was no difference in answers to questions asked by male and female physicians. I do think that women with HIV/AIDS preferred a woman physician and the nurses in the clinic where I worked steered the female patients to me. ■

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Climate Change Called One Of Greatest Public Health Challenges Ever Faced

"Epidemiologists Must Play A Critical Role"

Michael McGeehin, former CDC and Research Triangle Institute epidemiologist, addressed the Congress on climate change which he called, along with poverty, the greatest public health challenge ever faced. He stated that we in the United States created this problem while those in poor countries who contributed the least will suffer the most.

By way of summarizing the climate change problem, McGeehin told the audience, 1) it is about events that did not used to happen, 2) events that are actually happening now, and 3) events that are getting worse. He cited tides that now come up through storm pipes on Hilton Head Island where he lives, and showed a picture of people in kayaks at South Beach in Miami. He mentioned extreme heat events such as the one in India in 2016 with temperatures reaching 127 degrees Fahrenheit and extreme precipitation

events such as the recent flooding in Houston which was a 1 in 10,000 years event.

McGeehin said "epidemiologists must play a critical role," and he elaborated on this statement in the debriefing session immediately following his presentation there. He said epidemiologists are key to answering questions about the health impacts of climate change. He called for epidemiologists to speak up because otherwise the conversation is taken over by ignorant and biased voices. He told the group he is comfortable with an advocacy role because "behind you are data". He used the recent AMA advocacy position on guns as a positive development and said we are NOT seeing this type of advocacy by other science organizations, including those in epidemiology.

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"...he is comfortable with an advocacy role because 'behind you are data'."

"...epidemiologists are key to answering questions about the health impacts of climate change."

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Guns In America--Public Health Burdens And Interventions Are Described

"Motor vehicle and firearm death rates are now equivalent."

"...the law or intervention was associated with a 40% reduction in homicide rates..."

Reflecting the importance of guns as a public health issue, they were the subject of a hot topic session on the second day of the Congress. Four speakers described 1) the burden of morbidity and mortality imposed by guns, 2) drivers of firearm violence, 3) legislative/policy interventions, and 4) the state of research and future directions.

Boston University's Bindu Kalesan organized her presentation about guns around themes – 1) that gun violence is a public health crisis (motor vehicle and firearm death rates are now equivalent, 2) nonfatal firearm injuries outnumber fatal injuries (they predominantly burden black Americans but are increasing among whites), 3) there is wide variation in fatal gun injuries and gun ownership by state, and 4) US gun culture is robustly associated with gun ownership.

Kara Rudolph from Berkeley described epidemiologic research which analyzed the impact of a handgun permit-to-purchase law in

Connecticut. Investigators were able to show that the law or intervention was associated with a 40% reduction in homicide rates with no concurrent reduction in non-firearm homicides (as one would expect if the law was effective).

Julian Santaella from Columbia reported on a literature review of gun laws in different countries. Recently published in *Epidemiologic Reviews*, the work from 130 studies in 10 countries suggested that in certain nations the simultaneous implementation of laws targeting multiple firearms restrictions is associated with reductions in firearm deaths. Not proof, but very suggestive evidence of efficacy.

Magdalena Cerda from the University of California Davis described the global burden of gun violence. She told attendees that guns are associated with 500,000 deaths globally and four times this number of hospitalizations. She asserted the world could save two trillion dollars in economic losses if this burden could be reduced by half.

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"...the world could save two trillion dollars in economic losses if this burden could be reduced by half."

VOTE in our Epi Haiku Contest on page 15

Voters are eligible for randomly awarded
\$25 Amazon gift cards

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Progress And Challenges In Reducing Excess Deaths From Health Disparities

[Nadine Gracia, head of the Office of Minority Health at the US Department of Health and Human Services, described the evolution of US efforts to tackle health disparities. She highlighted the Heckler report on Black and Minority Health in 1985 as a transformational event that has served for 30 years as a driving force in the field. In analyzing mortality data from 1979 to 1981, the report estimated that 60,000 excess deaths occurred per year and identified six causes of death that together accounted in 1979-1981 for more than 80 percent of the excess mortality observed among Blacks and other minority groups. These causes were : cardiovascular disease, cancer, chemical dependency measured by deaths due to cirrhosis, diabetes, homicides and accidents, and infant mortality.

Gracia stated that important strides have been made in reducing certain disparities, but added that there is still a lot of work to do. She reminded the

audience of the importance of addressing minority health issues because demographic shifts indicate that racial and ethnic minorities will be the majority population by 2044. She described the financial toll of health disparities as costing the country 1.24 trillion and said we have an economic and moral imperative to eliminate disparities.

Gracia described the passage and implementation of the Affordable Care Act as a historic shift and credited the Act with reducing the rate of uninsured persons and improving access to services and to care.

She closed her remarks by pointing out the importance of social determinants of health and said the government was accelerating efforts to achieve greater health equity. She called "good news" the fact that indicators of social determinants of health are included in the Health People 2020 plan of action. ■

"Minority health issues will be majority health issues by 2044."

"...we have an economic and moral imperative to eliminate disparities."

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Presidents of Congress Sponsoring Organizations Address Participants In Miami

Primary Sponsors of the Congress

American College of Epidemiology

“The next generation of epidemiologists may never collect their own data.”

Jonine Bernstein, president of the American College of Epidemiology, asserted that epidemiology as a field is now at a crossroads because of the need to integrate epidemiology and biology. She discussed challenges associated with doing pooled studies and said new analytic methods are needed. In a surprising statement, she said the next generation of epidemiologists may never collect their own data. The field should remain hypothesis driven and not simply technology driven she added, and should adhere to sound principles

ACE

SER

IEA

APHA

SPER

Society for Epidemiologic Research

“The methods focus of SER and the recognition of trainees have been there since the beginning almost 50 years ago.”

Diane Lauderdale, President of the Society for Epidemiologic Research and one of the main sponsors of the Congress, presented a retrospective look at the profession and the Society in anticipation of the Society’s 50th anniversary next year. She described the significant transformations which have taken place since the 1960’s including the transition from a focus on infectious diseases to chronic

diseases, from a focus on organisms to one on risk factors, and from a field dominated by physicians to one populated by non-physicians. Through her analysis she uncovered that the SER focus on methods and on enlisting young investigators to interact with veteran epidemiologists was present from the earliest days of the organization.

International Epidemiology Association

“To make the world a better place.”

Valerie Beral, president of the IEA, stated the purpose of epidemiology very succinctly – to make the world a better place. It is worth remembering she said the encouraging declines in world mortality. For example, citing published sources, mortality under age 50 accounted for 28% of all deaths in 1970 but only 14% by 2010. This finding has been used by Richard Peto and other co-authors to argue for 2030 goals that, if met, could reduce 2010 rates even further, thereby preventing millions of excess deaths.

American Public Health Association

“As long as the profession continues to squander its opportunities to make greater use of data, the field will not realize its full future potential.”

Oscar Alleyne, Chair of the APHA Epidemiology Section, delivered a talk

-Presidents continued from page 8

on the future of epidemiology. He was critical of the preparation of epidemiologists which is too focused on the more technical aspects of the discipline and less on the softer skills of project and people management. He called for more holistic training in epidemiology to confer skills that are necessary to succeed not only in generating data but on the practical side in making use of epidemiology. Along the same line, Alleyne made an impassioned appeal for greater application of epidemiology to health problems. He described this task as a social responsibility of epidemiologists, and he urged support for the International Joint Policy Committee of the Societies of Epidemiology. As long as the profession continues to squander its opportunities to make greater use of data, the field will not realize its full potential, Alleyne told The Epidemiology Monitor.

Society for Pediatric and Perinatal Epidemiologic Research

"Skepticism is chastity to the intellect and it is shameful to surrender it too soon or to the first comer"

Suzan Carmichael, President of SPER took the opportunity at the Congress to educate the attendees about the Society she represents. The Congress gave the Abraham Lilienfeld award for overall excellence in epidemiology to McGill's Michael Kramer. During this session, Kramer described his reasons for being skeptical about the Developmental Origins of Health and

Disease (DoHaD) hypothesis. This hypothesis posits that infant growth permanently programs individuals to have certain health outcomes. Kramer told the audience that epidemiologists do not share the excitement of other scientists about this hypothesis and cited three reasons for being skeptical. There are genetic or epigenetic confounders, there have been flawed analyses, and the evidence is weak that pregnancy is indeed the critical period. Kramer quoted George Santayana to justify his stance on the DoHaD hypothesis – "Skepticism is chastity to the intellect and it is shameful to surrender it too soon or to the first comer". He described this skeptical stance as a defining feature of epidemiology and as a motivation for him to embark on a career in the field. ■

"...made an impassioned appeal for greater application of epidemiology to health problems."

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"...epidemiologists do not share the excitement of other scientists about this hypothesis..."

"...an abundance of caution is necessary."

"...the current massive outbreak in Brazil stems from just a single viral introduction event..."

course. In recent weeks prominent public health officials and private organizations have taken strong stances on both sides of the issue following the publication of an open letter to the director of the WHO and an accompanying commentary in the Harvard Public Health Review urging the organization to recommend moving or postponing the games^{1,2}.

The letter, co-authored by professor Amir Attaran of the University of Ottawa, professor Arthur Caplan of the NYU Langone School of Medicine, Dr. Christopher Gaffney of University of Zurich, and professor Lee Igel of NYU, has now been co-signed by over 200 experts from 40 countries in the fields of public health, medicine and bioethics, including former scientific advisor to the White House, Dr. Philip Rubin. However, both the WHO and the CDC have maintained their stance that there is no scientific justification for postponing or moving the games. Here, we summarize the main arguments on both sides of the issue.

Argument For Moving The Games

Dr. Attaran and colleagues cite several lines of evidence to conclude that the games must be moved or postponed.

1. The strain of Zika virus currently circulating in Brazil is a new and more dangerous version of the virus with complex neurological effects that are still not fully understood. In addition to the now well established link to microcephaly in infants born to mothers infected during pregnancy, preliminary data suggest that the Brazilian strain can cause Guillain-Barre syndrome and other neurological effects in adults. The

authors argue that in the absence of a true understanding of the extent of the neurological effects of this newer strain, an abundance of caution is necessary.

2. "While Zika's risk to any single individual may be low, the risk to a population is undeniably high". The Brazilian government has reported 120,000 probable cases of Zika and 1300 cases of microcephaly. A recent phylogenetic and molecular clock analysis published in Science argues that the current massive outbreak in Brazil stems from just a single viral introduction event sometime in late 2013³. The authors argue that with Olympic visitors coming to Brazil from every country in the world, it might only take a few such events to produce a global health disaster.

3. The actual site of the Olympics, Rio de Janeiro, has become heavily affected by Zika. When the outbreak began in the northeast corner of Brazil, some experts speculated that Rio itself would be relatively safer for Olympic visitors. However, as the outbreak evolved and actual data have been collected, this does not appear to be the case. In fact, Rio de Janeiro state currently has the second highest number of suspected Zika cases in Brazil (32,000) and the fourth highest incidence rate (195 per 100,000).

4. Rio's health system is too weak to make progress against the epidemic in time for the games. Rio's state government has recently declared a health sector emergency and cut funding for mosquito-borne illnesses by 20%. In addition, a new military-led program to kill mosquitoes in Rio does not appear to have been

successful. While there is no historical data to assess effects on Zika transmission, the number of cases of dengue, a virus transmitted by the same mosquitoes, in Rio has actually increased 6 fold in the first quarter of 2016 compared to the same period in 2015, despite aggressive attempts to curb the mosquito population. In light of these facts, it seems unlikely that authorities in Rio will be capable of making significant headway against the virus in the next few months.

5. Seasonal changes in virus transmission can't be counted on.

While decreased mosquito activity in Brazil's winter months (July-Sep) will likely decrease risk, we have no past experience to suggest exactly how Zika transmission will be affected and again, based on historical patterns of dengue transmission, it is unlikely to stop entirely. At the same time, travelers from the northern hemisphere will be returning home during peak mosquito activity months, increasing the likelihood of spreading the virus in their home countries.

Argument Against Moving The Games

Despite the strong wording and support of hundreds of experts arguing for postponing or moving the Olympics, both the WHO and the CDC have not wavered from their earlier position that the Olympics should carry on as planned.

Following the advice of an expert panel convened to advise the WHO on Zika, the organization's official statement is that, "Based on current assessment, cancelling or changing the

location of the 2016 Olympics will not significantly alter the international spread of Zika virus." Similarly, CDC director Tom Frieden recently told a luncheon at the National Press Club in Washington, "There is no public health reason to cancel or delay the Olympics." While neither organization has responded specifically to the concerns raised in the published letter, their conclusions are largely based on the idea that Olympic travel will constitute an insignificant portion of travel in and out of Zika affected areas. For example, they cite the following statistics:

1. Brazil is just one of 60 countries, including 39 in the Americas, currently experiencing Zika transmission and unrestricted international travel is currently ongoing in all of these countries every day.
2. 20% of the world's population already lives in locations where Zika is being transmitted and 30% of global travel involves affected countries.
3. Frieden says that travel for the Olympics would represent less than one quarter of one percent of all travel to Zika affected areas. Authorities expect 500,000 visitors will be attending the Olympic games. In comparison, Rio's Galeão International Airport handled 1.4 million international travelers from January to April. Paris typically gets somewhere between 120,000-200,000 travelers per month from countries with active Zika transmission during July and August. London also gets an average of 130,000, with other major European cities approaching those numbers.

"...both the WHO and the CDC have not wavered from their earlier position..."

"There is no public health reason to cancel or delay the Olympics."

“The problem is not the Olympics, the problem is other travel besides the Olympics, if there is a problem.”

Summing up the thinking behind the WHO’s statement, David Heymann, chair of Britain's Health Protection Agency and leader of the WHO panel of independent experts on *Zika* told Reuters, “The problem is not the Olympics, the problem is other travel besides the Olympics, if there is a problem. So it's just a false sense of security to say that you'll postpone the Olympics and postpone the globalization of this disease.”

Stephen Morse, a professor of epidemiology at Columbia University told the Atlantic, “the arguments about moving or [postponing] the Olympics are largely based on the perception of risk.” While there is still great disagreement among the public health community on exactly what level of risk is tolerable in the name of a global sporting event like the Olympics, it is becoming increasingly unlikely that anything will be done to postpone or move the games. For their part, the International Olympic Committee (IOC) has repeatedly said the games will go ahead as planned and just recently Rio’s organizers told the IOC that they “are confident the games will take place and will be very successful.”

1. <https://tinyurl.com/gsof3w>
2. <http://rioolympicslater.org/>
3. <https://tinyurl.com/zwhpxad>

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epidemiology), and Neil Goldstein at Drexel University (for general epidemiology). There was no **Harold Dorn** award made for translation of epidemiologic evidence into public health policy and practice. This award recognizes an epidemiologist whose career and leadership have resulted in programs and/or policies that have improved public health.

Sponsoring Association Plenary Talks

Each of the major sponsoring organizations for the Congress were able to select a speaker and topic for presentation during the morning plenary sessions. These talks reflected some of the major concerns of these societies and their members and are described briefly in accompanying articles in this issue. Also, articles describing some of the key sessions at the Congress on climate change, guns, and health disparities are described elsewhere in this issue. ■

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Gun Violence: "A Public Health Crisis"

In the wake of the deadly mass shooting in Orlando on June 12, 2016, the American Medical Association (AMA) is adopting a policy that gun violence is a "public health crisis". In the first half of 2016 so far, 5,000 people have been killed and more than 10,000 people have been injured by guns. Nonprofit Quarterly (NPQ) is just one of many internet news organizations calling for an intervention against this public health epidemic, yet the foundational data needed to strategize such an intervention are notably absent.

The Epidemiology Monitor reported on the dearth of gun violence research back in March when we covered the Epidemiologic Reviews annual issue devoted to gun violence. Conversations with the key forces behind the issue reiterated that this scarcity most likely stems from legislation that restricted the flow of CDC funding to researchers investigating gun-related violence that might promote gun control - legislation that was heavily lobbied for by the National Rifle Association.

According to NPQ, in 2012 the restriction was expanded to encompass all Health and Human Services agencies, not just the CDC. With no available funding, many researchers have moved on to other topics and attempts to repeal the restrictions have failed. The AMA is now "resolved to actively lobby Congress to overturn legislation

that for 20 years has prohibited the Centers for Disease Control and Prevention (CDC) from researching gun violence". Their success is important as a deeper understanding of the root causes of gun violence are necessary to design successful interventions. For more on this topic, links to the AMA press release and the NPQ article are listed below.

<https://tinyurl.com/jut9336>

<https://tinyurl.com/hupqeq9>



Philadelphia City Council Passes First of its Kind Tax on Soda

An estimated 91 million dollars will be raised annually for Philadelphia schools, parks and libraries from an unprecedented new tax on soda distributors. Thousands of products will be levied through the tax: anything in a can, bottle or from a fountain that contains sugar or artificial sweeteners. A few products are exempt including baby formula, milk and beverages that contain more than 50% fresh fruit or vegetables. The proposal passed with a vote of 13-4 despite the American Beverage Association spending nearly \$5 million campaigning against the tax. A nonprofit supporting the tax spent just over \$2 million, 80% in the form of a donation from former New York City Mayor Michael Bloomberg. Bloomberg points out that, "Obesity and poverty are both intractable

"...yet the foundational data needed to strategize such an intervention are notably absent."

"...a deeper understanding of the root causes of gun violence are necessary to design successful interventions."

national problems. No policy takes more direct aim at both than Philadelphia's tax on sugary drinks."

The link between sugary drink consumption and obesity is clear. Studies have shown that increasing sugary drink consumption by just one serving a day causes weight gain. In children, it increases the likelihood of becoming obese by 60% over just 1.5 years. Additionally, sugary drinks are tied to greater risk of type 2 diabetes and heart attacks. It remains to be seen whether this initiative will be more successful than Bloomberg's attempt at banning oversized sodas in New York in 2012. That legislation was eventually struck down by New York's highest court.

For now, Philadelphia is taking the lead with their progressive tax, a tax that will benefit the city in more ways than one. In addition to promoting better public health outcomes, the funds generated will allow investment in low-income areas ultimately "changing the narrative of poverty in our city," said Philadelphia Mayor Jim Kenney. For the complete article, follow the link below.

<https://tinyurl.com/hyrg7r4>



First Large-Scale HIV Vaccine Trial in Seven Years to Launch in South Africa

"For the first time in seven years, the scientific community is embarking on a large-scale clinical trial of an HIV vaccine, the product of years of study

and experimentation," said Anthony S. Fauci, MD, director of the National Institute of Allergy and Infectious Diseases (NIAID) in a recent NIH news release.

The large-scale trial (HVTN 702) is a continuation of work in South Africa (HVTN 100) that has shown an investigational vaccine regime to be safe and capable of generating immune responses comparable to a landmark study published in 2009 (RV144). Both of the South African studies are being carried out at the hands of P5 (Pox-Protein Public-Private Partnership). P5 is committed to building on the success of RV144 and includes NIAID, the Bill & Melinda Gates Foundation, the South African Medical Research Council, HIV Vaccine Trials Network (HVTN), Sanofi Pasteur, GSK and the US Military HIV Research Program.

The vaccine for the upcoming study (HVTN 702) has been adapted for the HIV subtype that predominates in South Africa. Additionally, the regimen will hopefully prolong the early protective effect seen in RV144 by including booster shots at the one-year mark. Each year, an estimated two million new HIV infections occur worldwide. "A safe and effective HIV vaccine could help bring about a durable end to the HIV/AIDS pandemic and is particularly needed in southern Africa where HIV is more pervasive than anywhere else in the world," said Fauci. For more on the trial, follow the link below.

<https://tinyurl.com/hczrjfn>

"No policy takes more direct aim at both than Philadelphia's tax on sugary drinks."

"Each year, an estimated two million new HIV infections occur worldwide."

On The Light Side

Readers Vote Enthusiastically For Their Favorite Poems Among Top 25 Finalists in Epidemiology Haiku Contest

Amazon Gifts Cards Worth \$25 To Be Given Away To Randomly Chosen Readers Who Vote Before July 30

Contest Winner Gets \$300

A surprisingly large number of readers of The Epidemiology Monitor are responding to the invitation to vote for their three favorite poems submitted in our epidemiology haiku contest. Readers are accompanying their votes with comments such as those in the right margin.

Vote for your 3 favorite poems now at epimon@aol.com

"These are clever, funny, and insightful."

"This was tough. The poems are all great."

"Thanks for the laugh this morning."

"Cool contest"

"Fantastic idea"

"Awesome as always"

1. "Association" Be sure not to confuse this Word with "causation"	2. Preventable deaths- Epi curves will save the world If funding follows
3. What study design To determine risk factors For chance to be excluded	4. Public health heroes Tirelessly log cases Each outbreak anew
5. Statistician no Population steward yes Soul of public health	6. Germs or miasma Disease incidence patterns Will solve the outbreak
7. Confounded no more Perhaps association Reveals causation	8. Access to data Like a Y chromosome, you've Got or you don't
9. Disease shed data Epidemiology Spreads understanding	10. Across disciplines Epidemiologist Sleuth of diseases

On The Light Side - *continued from page 15*

<p>11. Disease within few Provides us with the insight To prevent in more</p>	<p>12. If it isn't fun You know it can't be epi- demiology</p>	<p>13. With Snow in pursuit Of pump handle causation A science is born</p>
<p>14. Big data is rage Dud correlation is sin Enter epi sage</p>	<p>15. The symphony of Epidemiology Brings music to life</p>	<p>16. It's foundational Epidemiology For public health</p>
<p>17. No kisses tonight Winter period of the flu Between the lovers</p>	<p>18. Genies grant wishes But poor epi researchers Wish for grants instead</p>	<p>19. Snow steps into save City plagued by cholera Water way to go</p>
<p>20. John Snow at Broad Street- Epidemiology Really at its best</p>	<p>21. Propensity score Trimming tails off, to become Comparative groups</p>	<p>22. Death is those we love Gives pain of understanding To save many more</p>
<p>23. Egg salad, stuffed ham Hot sun, cool shade, eat and play Outbreak tomorrow</p>	<p>24. Silent fall of tears Wasted grant and squandered youth P of point o six</p>	<p>25. Disease detective Searching for a cause and cure Alas, no funding</p>

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Cancer Epidemiology Faculty – Section Chief Department of Epidemiology and Biostatistics

We seek a Cancer Epidemiology Faculty – Section Chief for the Department of Epidemiology and Biostatistics in the School of Medicine at The University of Texas Health Science Center at San Antonio (UTHSCSA). We encourage applications from candidates who have demonstrated skills in cancer epidemiological research from cancer control to community intervention trials to molecular and genetic studies, a strong record of extramural funding, robust interpersonal skills, an interest in leading teams of faculty researchers, and dedication to positioning the Department at the pinnacle of the profession while advancing the missions of our thriving academic institution and cancer center.

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 bulding 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 Preventio and Health Disparities at CTRC at rolling@uthscsa.edu.



Chair Division of Epidemiology

Description

The Department of Family Medicine and Population Health at Virginia Commonwealth University School of Medicine is seeking an innovative leader and scholar to chair its Division of Epidemiology as the Charles W. and Evelyn F. Thomas Distinguished Professor in Epidemiology (Associate/Full, with tenure). The successful candidate will provide senior leadership and vision in the development and application of epidemiology within the School of Medicine; actively engage with the division's diverse and expanding research program; recruit and mentor quality faculty; advance the division's educational mission through our interdisciplinary MPH and doctoral programs; foster research collaborations within the division, throughout the School of Medicine, and with local public health stakeholders; and work with the Department chair to manage the division's fiscal and operational resources.

Qualifications

Competitive candidates will have a distinguished record of scholarship, a keen commitment to excellence in teaching and mentoring, show their potential for successfully leading a growing academic division, and have demonstrated experience working in and fostering a diverse faculty, staff, and student environment or commitment to do so as a faculty member at VCU. Other requirements include a doctoral degree in epidemiology or a related field, a well-developed scholarly/research portfolio with evidence of multi-disciplinary applications and external funding appropriate to complement and expand existing expertise in the division. Additional qualifications include a strong track record of federally funded research and peer-reviewed publications, and interest in and experience with teaching and mentoring at the graduate level. Individuals with research and teaching interests in all content areas are welcome to apply.

Interested candidates should submit a cover letter highlighting qualifications, including research and teaching experience, curriculum vitae, and three references to our full ad at www.vcujobs.com, Position F52780.

Virginia Commonwealth University is an equal opportunity, affirmative action university providing access to education and employment without regard to race, color, religion, national origin, age, sex, political affiliation, veteran status, genetic information, sexual orientation, gender identity, gender expression, or disability.



Program Leader, Cancer Control and Outcomes

The Medical College of Wisconsin (MCW) is seeking population scientists and community engaged researchers with a focus on cancer disparities. In addition to seeking a Program Leader, positions are available at all ranks commensurate with track record of publications and independent funding. Candidates must have a PhD, MD, or MD/PhD or equivalent degree with a training focus on the behavioral sciences, public health, health communications or epidemiology. Preference will be given to applicants with a track record of extramural funding. Those with interest and expertise in health disparities research and community-based interventions are particularly encouraged to apply. A more detailed job description can be viewed at <https://tinyurl.com/z3ftff6>. Cancer is the top strategic priority at MCW and the Cancer Center has an ambitious plan for growth, including achieving NCI-designation. MCW is the only academic medical center in Southeastern Wisconsin, a region that includes large underserved minority populations with significant disparities in cancer incidence and outcomes. Applicants should send email and CV to lohnes@grantcooper.com.

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SCHOOL OF MEDICINE

National Study Center for Trauma and Emergency Medical Systems **DIRECTOR**

The National Study Center (NSC) for Trauma and Emergency Medical Systems is currently seeking a candidate for a full-time senior faculty position to serve as Director. The position will be available beginning July 2017.

Essential functions of the position include:

- ◆ Providing leadership of NSC faculty and staff.
- ◆ Working with faculty to provide extramural research funding.
- ◆ Overseeing strategic and financial objectives of the Center
- ◆ Managing staff assigned to day-to-day research and academic operations
- ◆ Overseeing the recruitment, selection, evaluation and training of staff
- ◆ Assessing and revising as required the research strategic plan
- ◆ Representing the NSC at local, state and national levels.

Minimum requirements include an M.D. or Ph.D. with expertise in the area of injury epidemiology or related fields; an established extramural funding history; and prior leadership experience. This position includes an academic appointment within the University of Maryland School of Medicine. Rank and salary will reflect experience and training.

The National Study Center for Trauma and Emergency Medical Systems is part of the Shock, Trauma and Anesthesiology Research (STAR) organized research center at the University of Maryland School of Medicine. Staffed by nationally known epidemiologists, physicians, statisticians and database coordinators, the NSC collaborates with government agencies, professional associations, universities and private enterprises to increase understanding of trauma epidemiology and emergency medical system response.

Interested applicants should send or email a letter of inquiry and current curriculum vitae to:

Alan I. Faden, M.D., David S. Brown Professor in Trauma, Professor, Departments of Anesthesiology, Anatomy & Neurobiology, Neurosurgery, and Neurology, Director, Center for Shock, Trauma & Anesthesiology Research (STAR), University of Maryland School of Medicine at afaden@anes.umm.edu

The University of Maryland, Baltimore is an Equal Opportunity/ Affirmative Action Employer. Minorities, women, individuals with disabilities, and veterans are encouraged to apply.



DALHOUSIE
UNIVERSITY

Tier 2 Canada Research Chair Patient-Centered Outcomes Research

The Department of Community Health & Epidemiology, Faculty of Medicine invites applications from candidates with a PhD and a strong record of conducting patient-centred outcomes research in the areas of epidemiology or health services. The successful candidate is expected to both benefit from, and strengthen established relationships among patients, healthcare providers, policy-makers and researchers across local, national and international research networks.

For further details on the position and how to apply: <https://tinyurl.com/jggj274>



VIRGINIA COMMONWEALTH UNIVERSITY

VCU

Division of Epidemiology, Associate/Full Professor

The Division of Epidemiology in the Department of Family Medicine and Population Health at Virginia Commonwealth University (VCU) invites applications for a tenure-eligible Associate or Full Professor.

Candidates must have a doctoral degree in epidemiology or related field and be eligible to work in the United States. The successful candidate will have a well-developed scholarly/research portfolio with clear evidence of multi-disciplinary applications and external funding appropriate to complement and expand existing expertise in the Division as well as accomplishments in graduate-level teaching and other professional activities. All candidates should have demonstrated experience working in and fostering a diverse faculty, staff, and student environment or a commitment to do so as a faculty member at VCU. For a full job description, please visit www.vcujobs.com, Position #F33350.

Virginia Commonwealth University is an equal opportunity, affirmative action university providing access to education and employment without regard to race, color, religion, national origin, age, sex, political affiliation, veteran status, genetic information, sexual orientation, gender identity, gender expression, or disability.

For Additional Information: Please contact Carolyn Lee at 804-828-9829 or via email at carolyn.lee@vcuhealth.org.

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