

Distracted Driving Called “Epidemic On America’s Roadways”

Phones May Be A Deadly, Addictive Risk Factor Like Smoking

“Every single time you take your eyes off the road or talk on the phone while you’re driving—even for just a few seconds—you put yourself and others in danger,” according to Ray LaHood, US Secretary of Transportation. According to LaHood, nearly 5,500 persons were killed and 450,000 injured in distracted driving crashes in 2009. That translates into nearly 15 people dying and 1,200 being injured each day in the United States from distracted driving. Among those

killed or injured in 2009, nearly 1,000 deaths and 24,000 injuries included cell phone use as a major distraction, according to the Centers for Disease Control and Prevention. LaHood calls distracted driving “an epidemic on America’s roadways.”

Prevalence

A 2010 CDC survey documented just how extensive cell phone distractions are in the US. Drivers were asked

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Scientific Group Concludes Current Data Are Too Limited To Assess Risk Of Breast Implants From French Manufacturer

Report Points To A Deceptive, Greedy Company And A Weak Regulatory Regime As Causes Of The Fiasco

“Maybe it’s shameful, but there you go. We live in a capitalist world.” This is how the lawyer for the company implicated in the current breast implant controversy in Europe explained to Reuters news the cause of the fiasco in which thousands of women received

received industrial grade silicone in their implants.

A Scientific Committee On Emerging And Newly Identified Health Risks (SCENIHR) was convened by the European Commission (EC) to investigate the scandal over the

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***"No call, no text,
no update is worth
a human life."***

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how often they talked on their phones while driving in the past 30 days and 25% of respondents said they talked regularly or fairly often. The prevalence increased with younger age such that 40% of respondents 18-29 said they spoke regularly or fairly often. The comparable overall figure for texting or emailing while driving was 9% and for young persons was 25%. Prevalence figures for selected European countries were generally lower than in the US for talking on the phone (ranging from 3-21%) and for texting or emailing (ranging from 10% to 1%).

Observations

Observational survey data from the National Highway Transportation Safety Administration have found that 5% of drivers in traffic are talking on cell phones at a typical daytime moment.

The topic of distracted driving made headlines in December 2012 when the National Transportation Safety Board (NTSB) called for a nationwide ban on driver use of portable electronic devices (PEDs) while operating a motor vehicle. The ban would be accompanied by strong enforcement and communication campaigns.

Life and Death Issue

In calling for the ban, Deborah Hersman, Chairman of the NTSB, said "The data is clear; the time to act is now. How many more lives will be lost before we, as a society, change

our attitudes about the deadliness of distractions? She went on to say, "No call, no text, no update is worth a human life."

The DOT has already prohibited interstate truck and bus drivers from using hand-held cell phones while operating their vehicles.

Public Attitudes

However, the public's attitudes and behavior are not easy to understand in this area. An NHTSA survey has found that most drivers will take a call or send a text while driving, and almost all of these same drivers claim they feel "unsafe" as passengers in cars where drivers are talking or receiving text messages.

Like Smoking

A New York Times report in December 2011 noted how initial efforts to control distracted driving seen as analogous to those to reduce drunk driving are now being seen as more analogous to smoking. This is because using cell phones and computers can be compulsive. According to one expert interviewed by the Times, the ring of a phone or the ping of a text becomes a promise of human connection which is like catnip for humans.

Sobering Facts

Some sobering facts published by the NTSB on distracted driving are:

- Drivers using cell phones look but fail to see up to 50 percent of the information in their driving environment.

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Income Inequality, Long A Concern Of Social Epidemiologists, Is Getting More Public Attention

Epidemiologists Claim Americans In “Equal” States Can Live 4 Years Longer

Whether it is the Occupy Wall Street movement and its descendants or some other trigger, income inequality has become a theme in the US Presidential election for 2012. And judging from even a cursory search online, the issue has become a concern in many other countries as well. The case for the importance of income inequality as a social and health risk factor has been made in compelling fashion in books by British epidemiologists Richard Wilkinson and Kate Pickett entitled “The Spirit Level: Why Greater Equality Makes Societies Stronger”, and by Michael Marmot in his book entitled “The Status Syndrome: How Social Standing Affects Our Health and Longevity”.

Evidence Summary

According to Pickett’s remarks on the authors’ website (www.EqualityTrust.org), “there are now 170 studies of income inequality in relation to various aspects of health. Life expectancy, infant mortality, low birth weight, and self-rated health have repeatedly been shown to be worse in more unequal societies...Researchers sometimes disagree about the pathways leading from inequality to worse population health. The most consistent interpretation of all the evidence is that the main route hinges on the way inequality makes life more stressful. Chronic stress is known to affect the cardiovascular and immune systems and to lead to more rapid aging. Inequality makes social relations

more stressful by increasing status differences and status competition. These effects are important: Americans living in more equal states live around 4 years longer than those living in more unequal states.”

But the toll of inequality is not just on longevity. According to Pickett and Wilkinson, inequality is linked to other adverse health and social outcomes such as homicides, imprisonment, teenage births, trust, obesity, mental illness including drug addiction, and social mobility.

Other Statistics

In a recap of some of the recent reports, the New York Times described an October report from the Congressional Budget Office in the US which found that from 1979 to 2007, the average real after-tax household income for the 1 percent of the population with the highest incomes rose 275 percent. For the rest of the top 20 percent of earners, it rose 65 percent. But it rose just 18 percent for the bottom 20 percent.

A report from the Organization for Economic Cooperation and Development found that “the gap between rich and poor in OECD countries has reached its highest level for over 30 years.”

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“the main route hinges on the way inequality makes life more stressful”

“the gap between rich and poor in OECD countries has reached its highest level for over 30 years”

use of the breast implants made by Poly Implant Prothese (PIP), a French manufacturer.

The Committee was set up to create advice because, according to the EC, there is no common approach to risk management in the different European countries with some recommending preventive removal of implants and other countries opting for monitoring only.

The scandal may be widening as the Committee learned that PIP silicone breast implants were also marketed by another company under two different names.

Conclusions

SCENIHR issued its report on February 1, 2012 stating that “the limited clinical data, along with the absence of epidemiologic data on PIP silicone breast implants provide insufficient evidence to warrant a conclusion that women with PIP silicone breast implants have a greater risk to their health than women with breast implants from other manufacturers...”

The Committee continued “...when the limited available clinical information is taken together with the findings from tests of the physical and chemical properties of the shell and silicone, and of the in vivo irritancy test, some concerns are raised about the safety of PIP silicone [in] such breast implants as the possibility for health effects cannot be ruled out. In addition, the group reported no clear temporal trend of implant problems for PIP silicone

breast implants.”

Magnitude of the Problem

On the basis of available data, it is estimated that approximately 400,000 PIP silicone breast implants were sold worldwide. They were widely used in the United Kingdom, France, Spain, and Germany, where respectively 40K, 30K, 10K, and 7.5K women were implanted with PIP implants. According to an investigative report by Reuters, 1,262 of the estimated 300,000 implants sold worldwide have “split open” in the past two years.

Challenges In Reviewing Data

In reaching its conclusions, the SCENIHR noted the difficulties it experienced in conducting its evaluation noting such problems as uncertainty whether PIP silicone implants were used in some women until explantation has been carried out, no reporting requirements for adverse effects due to implants and consequently unreliable incidence figures, and different PIP implants varying in composition and in expected performance characteristics making it difficult to select or find a representative type of PIP implant for study.

Concrete Findings

Some of the findings that have been reported indicated weaknesses in PIP shells not found in other commercially available implants, a positive test for irritancy indicating the potential of the implant to cause irritancy if ruptured, and case

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“there is no common approach to risk management in the different European countries”

“approximately 400,000 PIP silicone breast implants were sold worldwide”

An Interview With Epidemiologist Derek Yach at PepsiCo

Epidemiologist and former WHO Chronic Diseases Director Derek Yach was interviewed recently by Riva Greenberg, a diabetes advocate and blogger on the Huffington Post. Yach is employed by PepsiCo as Senior Vice President on Global Health and Agricultural Policy, a unique position as far as we know for an epidemiologist.

Greenberg described Yach as “a noble fish trying to change the sea around him,” and said Yach's mission is to help address global challenges such as hunger and obesity, and the ills they cause, by finding ways for PepsiCo to be a part of the solution. These intriguing remarks led us to read the two-part interview and to present some of the excerpts below.

Greenberg: When you were at the World Health Organization you were instrumental in reducing smoking. Why is it so much harder to get food companies and consumers on the path of producing and eating healthy food?

Yach: Reducing tobacco use was much simpler. You demonize the industry, then tax it to the sky, ban marketing and reduce smoking in public places. Those are all very crude, easy things to do. They don't have the nuance of a diet, the complexity of the thousands of things available for people to eat or the numerous invested parties.

Greenberg: What has to happen regarding agricultural policies in order to help stem the tide of obesity and diabetes?

Yach: Simply, we need a far more nutrition-focused perspective embedded in agricultural policy. In terms of health, our food policies have failed miserably. The escalation of diabetes around the world is an indicator of how off course we've gone.

As an epidemiologist I look at trends and see problems before they begin and things getting better before it's noticed.

The public hasn't yet seen our agricultural policies translate into a direct impact on diabetes-related death, but it has. And, they are having significant consequences regarding increased diabetes, ill health and health care costs.

Greenberg: How can governments and businesses work more closely with agriculture to stem the tide of obesity and produce more healthful foods?

Yach: That's the critical question. When I was at the WHO, one of the things we failed to do when working on diet and physical activity policy was persuade agricultural organizations to look at what agricultural supply would be if it was meeting the health and nutrient needs of the world. I think that's the intimate bridge between what gets grown and what is needed from a health point of view.

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***“texting creates
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- Research has shown that drivers using cell phones are 4 times more likely to have a crash that will result in going to the hospital. The risk from texting is even higher with one estimate that texting creates a crash risk 23 times worse than driving without being distracted.
- Using a cell phone while driving whether hand-held or hands-free delays a driver’s reactions as much as having a blood alcohol concentration at the legal limit of .08 percent.
- Driving while using a cell phone reduces the amount of brain activity associated with driving by 37%.

Some of the activities which contribute to distracted driving are described by the NTSB as follows:

Texting
Using a cell or smart phone
Eating and drinking
Talking to passengers
Grooming
Reading, including maps
Using a navigation system
Watching a video
Adjusting a radio, CD or MP3 player

Laws

Currently, 35 states, the District of Columbia and Guam ban text messaging for all drivers and 9 states and the District prohibit all drivers from using hand held cell phone while driving.

While the problem of distracted driving may seem intractable given people’s attitudes, it is encouraging that episodes of drinking and driving have gone down by 30% during the past five years according to CDC. Also, deaths from drunk drivers dropped 4.9% in 2010 compared to 2009 (10,228 vs 10,759). Also, highway deaths overall fell in 2010 to 32,885, the lowest level since 1949 despite an increase of 46 billion more miles driven during the year compared to 2009.

In a sign that attitudes may be changing, Consumer Reports in its March 2012 issue describes the results of a survey of 1,000 Americans which revealed that distracted drivers are the public’s greatest safety concern ahead of patient safety, auto safety, clean air and water, and the safety of drugs, toys, and food.

■

***“distracted
drivers are the
public’s greatest
safety concern”***

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Dear Editor,

It will be very interesting to see how the philosophy of epidemiology grows, develops, and becomes accepted (and to what degree?) as a useful contribution. "Philosophy of science" has an interesting history itself, often encountering resistance or -- passing through the crucible of testing and refinement in the scholarly arena -- becoming more nuanced and then enjoying general acceptance, like the evolution of theories in science itself.

Sometimes scientists will (at least initially) consider worthy only those viewpoints on scientific research processes which are put forward by scientists themselves. For example, Heisenberg was irritated by those with only a superficial understanding of quantum mechanics who would comment on its deeper meaning, because they got it wrong; he wrote, "Physics is an honest trade, only after you have learned it have you the right to philosophize about it" (quoted in Thomas Powers' book, *Heisenberg's War*).

Thus, when Thomas Kuhn wrote about the *Structure of Scientific Revolutions*, it had a stronger impact because he had a Ph.D. in physics. And Gross and Levitt, in their book *Higher Superstition*, caricatured the philosophy of science, writing, "William Harvey's view of the circulation of the blood prevailed over his critics not because blood flows from the heart through the veins, but because Harvey was able to construct a 'representation' and wheedle a place for it among the accepted conventions of the savants? In other words, it is not to be admitted that nature might provide a template in conformity to which these 'representations' must be tightly molded?!" Scientists are capable of seeing and accepting the value of philosophy, but it must be useful to them and deeply well-informed about science from their point of view. The ideal would be a very thorough-going collaboration, as the Johannesburg conference suggests.

So it will be interesting to observe the progress of the philosophy of epidemiology as a field of study. There is a paucity of opportunities in academia for philosophical aspects of epidemiology, and Broadbent's new work in the field might expand them. In fact, one can imagine a future history-of-science study noting the articles and university positions generated by this initiative. More seriously, perhaps a deeper examination of epidemiology's concepts of causality is indeed in order. My guess is that if it offers tools that are useful to the birds, the birds will be interested in what the ornithologists have to offer (to use Feynman's metaphor but come to a different conclusion). I will be observing the outcome of this interaction with great interest, as will many others if the response to the Johannesburg conference is any indication, so best of luck to Broadbent and his crew.

Bart K. Holland, Ph.D.
New Jersey Medical School

Editor's note:

Have an opinion on this or other material that you have seen in the *Epidemiology Monitor*? Please forward them to us at info@epimonitor.net and we will publish them here and on our website as space allows.

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"The evidence to date, indicating a health risk for women with PIP silicone breast implants is not strong."

"clear evidence against an increased risk of breast cancer or any other type of cancer has been produced"

reports suggesting that PIP implants may have a higher failure rate in the first few years after implantation compared with those from other manufacturers.

Risks and Benefits Equation

In response to the question about risks and benefits of explantation, the report states "The evidence to date, indicating a health risk for women with PIP silicone breast implants is not strong. However, there is concern regarding an increased inflammation from ruptured PIP silicone breast implants. It is not possible to make a general risk benefit statement at this time. Rather, for the time being, the risk benefit assessment needs to be based on a patient by patient basis by the esthetic surgeon, bearing in mind the time since implantation and the psychological state of the patient."

Further Work Called For

The SCENIHR recommended further work to establish with greater certainty the type and magnitude of health risks, if they exist. In addition to further chemical and biological studies, the group recommended the creation of a reliable database on silicone breast implants and other implant failures and health effects of such failures.

Impressive Review

The 74-page report is an impressive review of available evidence on all breast implants and not just PIP implants since information about implants in general can help to assess the risk from PIP implants. According

to the report, the reported frequency of local complications among breast implant recipients generally ranges from 17-36% and with additional surgery because of these complications can range from 10-30% of initial recipients. The reasons for surgery can include capsular contracture, pain, hematoma, and infection.

Findings From Epidemiology

While no epidemiologic studies of PIP implants have been carried out, epidemiologists have carried out valuable studies on breast implants in general. From these studies, clear evidence against an increased risk of breast cancer or any other type of cancer has been produced, according to the report. Also, epidemiologic investigations have provided consistent evidence against connective tissue diseases as being related to implants and against health effects in the offspring of recipients. The report notes that it is a consistent observation that the population of women with cosmetic breast implants has a 2-3 fold higher rate of suicide than similar-aged women in the general population.

In releasing the report, the EC Health and Consumers Commissioner, John Dalli said: "In the current situation, patients' health remains the priority. The opinion published today sums up the current scientific knowledge on this case...Furthermore, the Commission will discuss with the Member States a series of immediate measures to strengthen

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the existing surveillance and safety controls on medical devices already on the market. The capacity to detect and minimize the risk of fraud must be increased...We had already been working on a revision of the Medical Devices Directive, envisaged for adoption this spring. We will now also take into account the lessons learnt from this case and take them on board in redrafting our legislation, in particular with regard to market surveillance, vigilance and functioning of notified bodies."

Reuters Investigative Report

According to an exhaustive Reuters investigation, the story of the PIP implants "...is a tale of a haphazardly run and cash-strapped company that allegedly took desperate and sometimes deceptive steps to shave costs and hide the true ingredients of its devices. PIP's efforts were made easier by a European regulatory regime that had been essentially outsourced to the very companies that are meant to be regulated."

To read the report of the European Commission, visit:

<http://tinyurl.com/6twyr5o>

To read the investigative report of the incident by Reuters, visit:

<http://tinyurl.com/7nfjy6l>

Disagreement On The Problem

Not everyone seems to agree that income inequality is a problem. In a recent report on the education gap between rich and poor children prepared by Stanford sociologist Sean Reardon and reported in the Times, critics of the report said that income inequality is "more of a symptom than a cause." Also, Scott Winship from the Brookings Institute testifying in Congress in early February on income inequality, mobility, and opportunity gave the following example by way of criticizing the importance of income inequality.

Example

"American inequality levels are viscerally bracing, but one still has to make the case that they are undesirable. Consider two men, one of whom makes 200 times the other. Should we be concerned about the poorer man? What if I told you that the two men in this example are [Facebook's Mark] Zuckerberg and poor Mitt Romney (who made just 22 million in 2010)? Romney made over 400 times the typical American household in 2010. Should we be concerned about that household?...What really matters is how the poor and middle class are doing and how much opportunity they have."

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"...is a tale of a haphazardly run and cash-strapped company that allegedly took desperate and sometimes deceptive steps to shave costs and hide the true ingredients of its devices."

"American inequality levels are viscerally bracing"

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Inequality Or Fairness?

"...in a world of perfect equality, there would be no rewards for hard work or risk."

Americans may agree. Despite the evidence about income inequality, reports indicate that Americans have a longstanding sense of inequality, but it does not bother them since they see it as an acceptable or intended consequence of the economic system in the US. What bothers people more is a sense of unfairness in the system that favors wealthy people.

Fuller Picture

Perhaps as more of the consequences of income inequality become apparent, the tolerance for it may lessen. According to Wilkinson and Pickett, "the problems in rich countries are not caused by the society not being rich enough (or even being too rich), but by the material differences between people within each society being too big. What matters is where we stand in relation to others in our own society...Inequality, not surprisingly, is a powerful social divider, perhaps because we all tend to use differences in living standards as markers of status differences."

"a great business is one that is doing things that are both right for the business and right for society"

The authors conclude that "understanding the effects of inequality means that we suddenly have a policy handle on the well-being of whole societies." Others are not so sure. According to Scott Winship, "...in a world of perfect equality, there would be no rewards for hard work or risk. That would cripple economic growth and hurt everyone." These different views will undoubtedly play out further in the upcoming US election. ■

Yach: We're investing in small farmers around the world and we're involved all along the chain, from the seed and development of farming practices to the final product and its consumption. We've partnered with the World Food Program and the United States Agency for International Development to fund better seeds and drip irrigation systems in Ethiopia so farmers can improve their yield of chickpeas. We believe this project can potentially reduce famine in Africa over the long term. Excess chick peas PepsiCo doesn't use, the World Food Program is using in a ready-to-eat food product to address famine in Pakistan.

PepsiCo is also fortifying many of its products to get micro-nutrients into millions of people's diets. For example, we're addressing iron deficiency in India with an iron-fortified cookie. In Mexico, we're fortifying some of our more nutritious cookies with Vitamin A.

Greenberg: Why don't more companies feel a moral obligation to move in this direction?

Yach: I can't answer for other companies but I think a great business is one that is doing things that are both right for the business and right for society.

It's less the moral case but the business case that needs to be made inside companies for doing this.

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-Yach continued from page 10

Greenberg: Was there any resistance within or without PepsiCo to move in this direction?

Yach: Yes, but being a South African growing up in a period of profound national change, I have seen there will always be resistance to change. When you have a senior team all speaking the same message, a CEO, Indra Nooyi, who sees the business growth opportunities that come with developing healthier products and investment in research and development, suddenly the change that seems so tough, happens. And suddenly, the investment in innovation you made is no longer visionary, but business as usual.

Greenberg: How do you reconcile doing this work in a company that's also the largest producer of what we think of as less than healthy snack foods?

Yach: I can answer that by saying there are two big strategies underway. One is to take many of our products and make sure that the salt, sugar and fat levels are at the lowest possible level and that they meet nutrition criteria, without sacrificing the great taste consumers expect from PepsiCo products.

While we invest in our core brands, we're also growing other parts of the company in order to build that \$30 billion health and wellness portfolio that I mentioned earlier.

Greenberg: You sound enormously hopeful.

Yach: Absolutely. If you look at the

trends for demanding healthier foods the trend lines are upward in every market in the world. Even in the current economic environment with people turning, in part, to comfort foods, the overall trend toward improving health and nutrition seems to universally be going in the right direction. And the trend lines are echoed by steadily improving life expectancy and steadily declining diseases we thought we would never be able to conquer.

I was in South Africa at the start of the upswing of the AIDS epidemic. The evidence is now that it's starting to go down. I was very involved in tobacco control and now we've seen dramatic decline in tobacco-related mortality like lung cancer. That was unthinkable 15 or 20 years ago. I've seen the almost complete collapse of measles and almost complete eradication of polio.

Over the course of my career I've seen changes that people thought would be impossible.

I've also seen that individual and community action can make a big difference to global health. And as an epidemiologist I'm stimulated by changing the shape of the trend line to make sure as bad things are going up we can slow them down and bring them back down sooner.

We're starting to see the peak of obesity in a number of European countries and a slowdown or first indication of reduction in parts of the U.S. I think a decade from now we'll be looking at a reversal of the diabetes epidemic in many parts of the world and a continued upward trend of people living longer, healthier lives.

Full interview:
<http://tinyurl.com/77g8ye7> ■

"Over the course of my career I've seen changes that people thought would be impossible."

"I'm stimulated by changing the shape of the trend line"

New York State Health Department Investigators Conclude Outbreak Of Tic Disorders Is Mass Psychogenic Illness

In a new report issued at the end of January, the New York State Department of Health and its collaborating co-investigator organizations found no environmental or infectious etiologies for the mystery illness affecting 12 cases of tic-like behaviors at LeRoy High School in upstate New York near Buffalo.

The investigators now consider the outbreak to be conversion disorder, a disease category characterized by physical symptoms without an identified cause other than psychological stress. Three of the twelve students had illness associated with tic symptoms before they attended the high school (three new students with possible tic symptoms were reported during the investigation and are currently under review).

The details of the cases provided the investigators with clues. Cases ranged in age from 13-19 years and all were female. Onset of the symptoms was in the latter half of 2011 between May and December. The cases are in different grade levels and no common in-school or after school activities were identified, though four participated in soccer and two in cheerleading. No temporal relationship between vaccination with HPV vaccine and symptom onset was apparent. Significant life stressors were identified in 11 of the cases.

In interpreting the results,

investigators determined that the occurrence of symptoms only in female students, the lack of faculty/staff involvement, and the range of time of symptom onset were not consistent with an environmental or infectious etiology.

Because of publicity surrounding a hypothesis put forth by the advocate Erin Broncovich about a chemical spill resulting from a train derailment, investigators checked out that area and found no cause for concern. Another diagnosis ruled out was Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococci (PANDAS) because none of the cases met the five PANDAS criteria.

Working with NIH, the state health department has offered all of the patients a no-cost specialized medical consultation to continue their care. ■

***“investigators
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**“The details of
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everywhere or read everything.

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Epi News Briefs

Emily The Epidemiologist Now Playing On “The Bachelor”

The Epidemiology Monitor always considers unusual situations involving epidemiologists to be newsworthy items for our readers including such situations as the one at PepsiCo where a senior epidemiologist is employed as described elsewhere in this issue. However, one of the most unexpected situations to come to our attention this month is the one involving a University of North Carolina epidemiologist who is currently one of the contestants on the Bachelor, a popular US “reality” TV show in which young women compete to be selected by an eligible male bachelor. We investigated to learn more about the woman who is only known on the show as Emily the epidemiologist. Here is what we have learned so far from our online sleuthing.

Emily is Emily O’Brien a former psychology major at Duke University and currently a PhD student at the UNC School of Public Health who published a paper last year on whether hospital arrival day is a factor on the outcome of stroke patients. Other reports are that she named *East of Eden* as her favorite book, she likes to dance, is the smartest contestant, and she is not afraid to speak out about people who exhibit what she considers unacceptable behavior. For example, she does not like skinflints on dates!

BioMed Central To Halt Publication of Online Journal Epidemiologic Perspectives and Innovations

The Epidemiology Monitor has learned from the University of Minnesota’s George Maldonado, editor of the online journal *Epidemiologic Perspectives and Innovations*, that BioMed Central will cease publication of the journal as of March 30, 2012 because the journal does not publish enough articles to fit BioMed Central’s business model. According to Maldonado, “We are exploring alternative on-line publishers.”

The other online epidemiology journal which was launched at approximately the same time is *Emerging Themes in Epidemiology*. According to its editor, Peter Smith from the London School of Hygiene and Public Health, there are no similar actions being taken for that journal.

Harvard’s New Epidemiology Chair Speaks Out On Her New Job, Public Health, And Epidemiology

Michelle Williams, the new chair of the Harvard Department of Epidemiology last summer was recently interviewed for a Harvard news publication about her plans for the Department and her thoughts about the field. Here are some excerpts from the interview.

“...I want to still be very much involved in the first-person moment of teaching and bringing people along. Students are freethinking, freewheeling. They’re fearless. And that helps my science. I think we all benefit from them more than we would admit.”

“The fact that in public health, our mission is to discover and to translate those discoveries into ways that change the world and alleviate or prevent suffering is a pretty amazing thing.”

"It is important for epidemiologists to continue to lead the change in documenting the adverse health outcomes of Westernized diets and sedentary lifestyles, even in low-income countries."

"Health disparities is a huge issue here in the United States, but disparities in global health get your attention really quickly."

Graphic Novel Features "Metaphysical Epidemiologist"

It is certainly turning into a strange month when we can read about epidemiologists working in "strange" positions at PepsiCo, appearing on "strange" TV reality shows like the Bachelor, and now featured in a "strange" novel entitled Witch Doctor.

What is described as a charmingly demented graphic novel has made its appearance in book form. As described on boingboing.net, it is about a metaphysical epidemiologist bent on stamping out Cthulhuism. What is a metaphysical epidemiologist and what is Cthulhuism you ask? According to the blurb about the novel, a metaphysical epidemiologist is one who specializes in tracking down and eradicating transdimensional pestilences. As for Cthulhuism, we learned on Wikipedia that he or it is a fictional character who first appeared in a short story in the pulp magazine *Weird Tales* in 1928 as a malevolent entity trapped in an underwater city in the South Pacific and described as being "...an octopus, a dragon, and a human caricature....."

In the first volume in the Witch Doctor series entitled *Under the Knife* other characters include Penny Dreadful (a possessed former art students whose internal demon feeds on pandimensional horrors) and Eric Gast, a paramedic who's learning the metaphysics trade.

According to Cory Doctorow on Boing Boing, "the metaphysics they reveal through the gruesome adventures in this volume has a weird internal consistency, but it's so cockeyed and frankly revolting that I can honestly say it never occurred to me before they scarred me with it...This is a fine debut, and I can't wait for future volumes."

To look at a preview of the graphic novel or to purchase a copy, visit <http://tinyurl.com/87bmg7> to find it on Amazon.com

We invite any readers of such novels to do a review and send us your comments. We are curious to learn what card-carrying, earthbound epidemiologists might think of this novel! ■

Do you have an upcoming event ? Perhaps a conference or summer class ?
Let us know about it so we can add it to our calendar for everyone to see.

<http://epimonitor.net/Events.htm>

Senior Director – Epidemiology

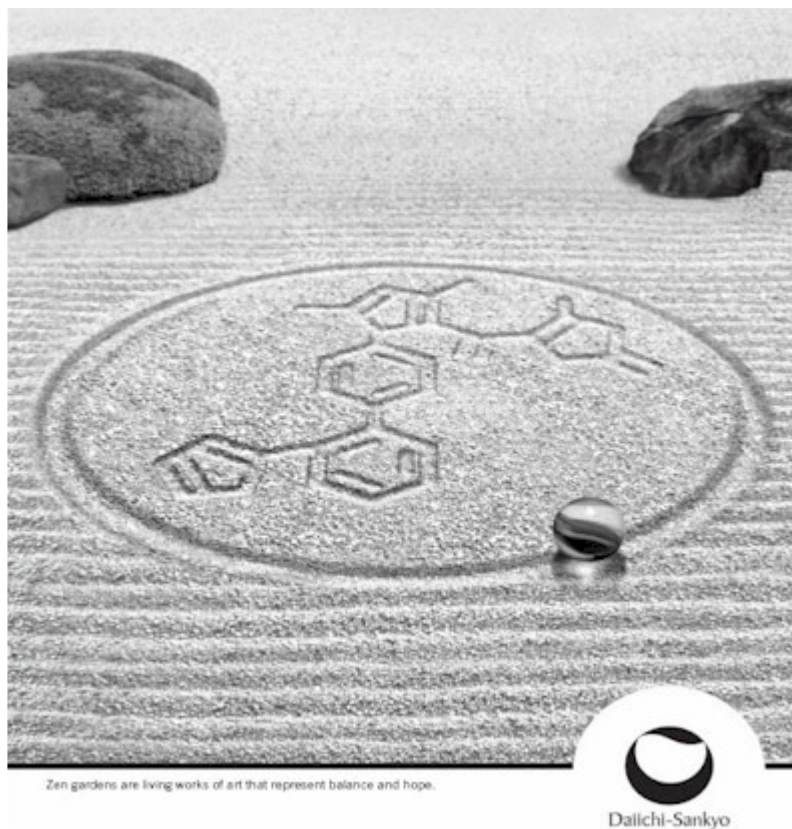
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Tenure-Track Assistant Professor in Women's Health

The Center for Interdisciplinary Research in Women's Health at UTMB invites applications for a tenure-track position at the assistant professor level. Applicants in all areas of research related to women's health will be considered. Candidates with doctoral level degrees in epidemiology, statistics, public health, demography, sociology, and related fields are invited to apply. UTMB has strong research programs in reproductive health, contraception, aging, infectious disease, adolescent health, preventative medicine, vaccine research, and cancer, among others. A strong publication record and experience with grant writing is preferred.

The successful candidate will be provided with a competitive salary and benefits package and given a minimum of 85% protected time for research. They will also be given the opportunity and assistance to establish and maintain an independent, externally funded research program.

Applicants should have a PhD, MD, or equivalent degree, a record of conducting research in women's health, and no more than 6 years of research experience following their degree.

Send electronic curriculum vitae, statement of research interests and goals, and the names of three references to:

Abbey Berenson, MD, MMS
The University of Texas Medical Branch
301 University Blvd.
Galveston, Tx 77555-0587
abberens@utmb.edu

*UTMB is an equal opportunity affirmative action institution that proudly values diversity.
Candidates of all backgrounds are encouraged to apply*

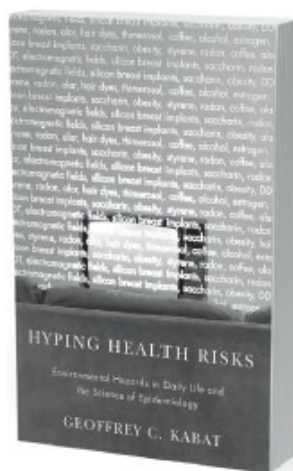
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This basic epidemiology course is directed at public health professionals and includes discussions of applied epidemiology and biostatistics, public health surveillance, field investigations, basic Epi-Info training, and selected prevalent diseases. Epidemiologic case studies are worked on in the classroom.

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This course is a comprehensive study on public health surveillance and includes discussions of the history and planning considerations, data sources and collection, analysis and interpretation, communication, evaluation, ethical and legal issues, state and local issues, and other public health surveillance issues.

Contact: Pia Valeriano, MBA, Program Manager
Phone 404-727-3485; Email: pvaleri@emory.edu
Website: <http://www.sph.emory.edu/EPICOURSES>

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Looking for a job in epidemiology...or looking to hire an epidemiologist ? The Epidemiology Monitor is your best source for openings in the field. After over 3 decades of publication we're the source that qualified epidemiologists look to when looking for their next job.

Today we list hundreds of epidemiology jobs in every state in the USA and throughout the world. Below and on the following pages you'll find a brief sample of the type of jobs that we list. For more details on these and other jobs please go to www.epimonitor.net/JobBank.htm or watch our Facebook page on a daily basis for new listings as they become available.

Sample Epidemiology Job Opportunities

Location	Position	Employer	Contact
Washington	Asst/Assoc Professor	U Wash – Dept of Epidemiology	epidem@uw.edu
Wash, DC	Asst/Assoc Prof - Biostatistics	GW-Dept of Epi & Biostatistics	http://www.gwumc.edu/sphhs/
Texas	NRSA T32 Postdoctoral Fellow	UT Medical Branch	abberens@utmb.edu
N. Carolina	Research Asst Professor	UNC - School of Global Pub. Health	http://jobs.unc.edu/2502399
Phoenix	Dir Health Info Center	Arizona State University	Tameka.Jackson@asu.edu
Maine	Dir Ctr for Outcomes Research	Maine Medical Center	lapoms@mmc.org
Arizona	Epidemiologist	San Carlos Apache Tribe	http://epimonitor.net/2011-1266.htm
Wisconsin	Assoc Dir Ctr for Effectiveness Rsch	Medical College of Wisconsin	jpanepin@mcw.edu
Michigan	Sr. Faculty – Cancer Epi	U Mich – School of Public Health	lfeld@umich.edu
Texas	Mgr III – Senior Epidemiologist	Texas Cancer Registry	Melanie.Williams@dshs.state.tx.us
Virginia	TT Faculty - Epidemiology	VCU Medical Center	epi@vcu.edu
Virginia	Professor – Cancer Epidemiology	Virginia Commonwealth University	epi@vcu.edu
Georgia	Faculty – Environmental Health	Emory – Rollins SPH	rthom10@emory.edu
Wisconsin	Epidemiologist – Masters Prepared	Marshfield Clinic	bach.bethany@marshfieldclinic.org
Wisconsin	Ctr. Research Administrator	Marshfield Clinic	bach.bethany@marshfieldclinic.org
Wisconsin	Clinical Epidemiologist	Marshfield Clinic	bach.bethany@marshfieldclinic.org
Alaska	Medical Epidemiologist	CDC – Artic Investigations Unit	zwa8@cdc.gov
Iowa	TT Faculty - Genetic Epi	Univ. Iowa – Dept of Epi	trudy-burns@uiowa.edu
Minnesota	Faculty – Health Disparities Rsch	Mayo Clinic	warner.david@mayo.edu
Germany	Statistician – Cancer Epi	German Cancer Research Center	www.dkfz.de
Germany	Senior Scientist - Statistician	Gernman Cancer Research Center	www.dkfz.de
New York	Biostatistician	Albert Einstein College of Medicine	http://www.Click2Apply.net/hjsr4rr
Illinois	Post-Doc Fellowship	U Chicago – Ctr for Cancer Epi	epijobs@health.bsd.uchicago.edu
Texas	Pre/Post-Doc Research	UTMB – Sealy Ctr on Aging	baschill@utmb.edu
Ohio	Sr. Faculty – Epidemiology	Kent State University	mjames22@kent.edu
S. Carolina	Chair – Dept Pub Health Sciences	Med Univ of South Carolina	martinc@musc.edu

For full details on these and other job openings: <http://epimonitor.net/JobBank.htm>



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Arizona State University seeks an energetic, creative, and self-motivated full-time tenure-track faculty member to fill the vacant position of Director of the Center for Health Information and Research (CHiR). The faculty appointment will be in a program/school appropriate to the candidate's field and at a rank equivalent with the candidate's level of experience and seniority.

The preferred start date is July 2012; Applications will be accepted until the position is filled.

For complete qualifications and application information see <http://chir.asu.edu>.

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SCHOOL OF PUBLIC HEALTH
Department of Epidemiology and Biostatistics

The University of Maryland-College Park, School of Public Health, Department of Epidemiology and Biostatistics invites applicants for an Assistant/Associate Professor (tenure track) in epidemiology. Research areas of particular interest to the department include, but are not limited to, social and behavioral factors in health and epidemiology of cardiovascular disease, cancer, infectious diseases (such as HIV/AIDS), and obesity. Special emphasis on diet/nutrition, physical activity, and application of epidemiologic methods to develop and evaluate disease prevention and health promotion interventions for translational research is desirable. We offer an MPH degree in epidemiology and in biostatistics, and a PhD in epidemiology. Successful candidates must have a doctorate in epidemiology, an active research program, the ability to teach intermediate or advanced graduate level epidemiology courses and mentor graduate students. Effective interpersonal, communication, and collaborative skills are essential. This is a 12-month tenure-track appointment with up to 75% state funding. Salary is competitive and commensurate with qualifications and experience. Appointments may begin as early as August 2012. The University of Maryland is an equal opportunity and affirmative action employer. Review of applications will begin February 6, 2012 and continue until the position is filled. For more application information go to: <https://jobs.umd.edu> specifying faculty position 115612.



University of Washington, Seattle School of Public Health Department of Epidemiology

Assistant Professor or Research Assistant Professor

The Department of Epidemiology, School of Public Health seeks to fill 1 or 2 full-time (100% FTE) faculty positions at the rank of Assistant Professor without tenure (WOT) or Research Assistant Professor. This individual will actively participate in the core methods teaching program of the Department and serve as a resource for fellows, graduate students and faculty affiliated with the Department.

Suitable applicants will have doctoral level training, i.e., PhD, DrPH, MD with at least one year of research experience and special expertise in studies related to epidemiology.

University of Washington faculty are expected to engage in teaching, research, and service. Salary is commensurate with experience and level of appointment. The University of Washington is building a culturally diverse faculty and strongly encourages applications from female and minority candidates. The University of Washington is an Equal Opportunity/Affirmative Action Employer.

Please submit a letter of interest, complete Curriculum Vitae, and a list of three references to: Dr. Noel S. Weiss, Chair of the Search Committee, Department of Epidemiology, University of Washington, Box 357236 Seattle, WA 98195, epidem@uw.edu

Position is to close no earlier than April 1, 2012, but will remain open until filled.



Faculty Position in Health Disparities Research

Heal the sick, advance the science, share the knowledge.

The Mayo Clinic seeks an outstanding research investigator in the science of health disparities research at the associate professor level or above. The successful applicant would be expected to play a leadership role in a comprehensive, significant institution-wide effort to address health disparities at a local and national level. This is a career scientist position (equivalent to tenure track) and includes a competitive start-up package, benefits and ongoing operating support. Mayo Clinic supports an existing infrastructure of community outreach and health disparities research. Credentials of successful applicants will include national/international recognition in the field and a track record of NIH or equivalent peer-reviewed grant funding. Investigators with expertise in behavioral sciences, partnering with community members and effectively working with clinical practices are particularly encouraged to apply.

Mayo Clinic offers a highly competitive compensation package, which includes exceptional benefits, and has been recognized by *Fortune* magazine as one of the "100 Best Companies to Work For."

To apply and learn more about this position, Mayo Clinic and Rochester, MN, please visit www.mayoclinic.org/scientist-jobs/ and reference job posting number 8133BR. Applications should include a letter of intent, curriculum vitae and bibliography and a statement of research interests. Specific questions related to the position should be directed to:

David O. Warner, M.D.
Chair, Search Committee
Mayo Clinic
200 First Street SW • Rochester, MN 55905
E-mail: warner.david@mayo.edu

Mayo Foundation is an affirmative action and equal opportunity employer and educator. Post-offer/pre-employment drug screening is required.



The Centers for Disease Control and Prevention (CDC), Arctic Investigations Program (AIP), announces the availability of a position for a Medical Epidemiologist based in Anchorage, Alaska.

AIP's mission is to prevent morbidity and mortality from infectious diseases in the Arctic and sub-Arctic, with special focus on diseases of high incidence and concern among the indigenous peoples. Priority activities include prevention of diseases caused by *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Helicobacter pylori*, groups A and B *Streptococcus*, *Neisseria meningitidis*, and respiratory syncytial virus (RSV), as well as the control of viral hepatitis and foodborne botulism. Ongoing, laboratory-based surveillance for *S. pneumoniae*, *H. influenzae*, and *H. pylori* creates opportunities to explore the impact of vaccination policies and to describe the emergence of antimicrobial resistance or new clonal types in these organisms.

Research activities take place in both urban and rural Alaska, with opportunities to travel to Alaska Native communities where lifestyles are still very traditional. AIP is part of the campus of the Alaska Native Medical Center and has a staff of 35 with laboratories for microbiology and molecular diagnostics and a 500,000+ specimen bank for supporting epidemiology studies. The epidemiology staff consists of four full-time and two part-time medical epidemiologists plus four research nurses. Two statisticians with extensive experience assist the epidemiology group with project development and analysis of field studies.

The duties of the position:

- Independently designs, initiates, coordinates, conducts and directs epidemiologic research, to include writing protocols and the collection, management and analysis of data related to such activities;
- Independently designs and manages surveillance systems for diseases of public health importance, including continuous ongoing surveillance as well as specialized short-term surveillance;
- No supervisory responsibility; however, may serve as the project manager for one or more specialty programs or research projects; ensures timely accomplishment of project tasks/program objectives; designs and writes program plans; provides instruction and direction to project personnel;
- Conducts, manages and leads on-site epidemiologic investigations of public health problems, including acute outbreaks and clusters of illness in domestic and international settings and provides recommendations for prevention and control;
- Maintains and enhances specialized expertise and in-depth knowledge of particular subject matters, serving as a domestic and international consultant to health professional providing advice and technical assistance as appropriate in the diagnosis, management, prevention, control, and treatment of specific diseases/conditions;
- Responsible for disseminating scientific and public health information through writing, editing and submitting reports and articles to scientific publications, and the presentation of seminars, conference, lectures in a variety of training, educational and scientific settings including national and international scientific meetings.

Contact Michael Bruce, MD, MPH, at zwa8@cdc.gov or 907-729-3416 for additional information. Also, go to <http://www.usajobs.gov> and type in "Medical Officer" and "Alaska" (Job announcement number: HHS-OHR-EO-12-575306).

Opportunities This Month

- 15 - Daiichi Sankyo / Sr. Dir. Epidemiology
- 15 - UTMB / TT Asst Prof - Womens Health
- 16 - NAACCR / Cancer Survival Workshop
- 16 - Kabat/ Hying Health Risks
- 16 - CDC / Epi-Info Software
- 16 - CDC & Emory/ Short Courses
- 18 - ASU / Dir Health Info Center
- 18 - UMD / Asst-Assoc Professor
- 18 - Mayo / Faculty - Health Disparities
- 18 - U Wash / Research Asst. Professor
- 19 - CDC / Medical Epidemiologist - Alaska
- 20 - UTMB / Post-Doc Fellow

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NRSA T32 Postdoctoral Fellowship **Interdisciplinary Women's Reproductive Health**

The University of Texas Medical Branch in Galveston, TX is accepting applications for one postdoctoral fellow interested in pursuing an academic career in women's health research. This 2-year NIH funded fellowship provides formal and informal training in theory and methods as well as practical experience in conducting clinical research. Program faculty include national experts in statistics, epidemiology, and women's health who can offer many opportunities to participate in data analysis, manuscript preparation, and grant writing in a collaborative environment.

Who may apply: Applicants who have completed a MD, PhD, or equivalent degree in a discipline related to women's health. Must be US citizen, non-citizen national or permanent resident and able to commit full time effort to the program for 2 years.

To apply, send 1) a personal statement including career goals, a brief description of proposed research, and how this training will help achieve your career goals; 2) a current CV; and 3) 3 letters of reference to:

Abbey Berenson, MD, MMS - abberens@utmb.edu
or
Dan Freeman, PhD - danfreeman@utmb.edu