Final EIS Assignments

EIS Class of 2017

March 2017
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- Division of Viral Hepatitis/Epidemiology Surveillance Branch/Epidemiology Research Team
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National Center for Immunization and Respiratory Diseases

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- Influenza Division/Epidemiology and Prevention Branch
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National Center for Injury Prevention and Control

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- Division of Violence Prevention, Research and Evaluation Branch
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- Division of Violence Prevention/Special Surveys and Prevention Initiatives Branch
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- Division of Violence Prevention/Surveillance Branch/Morbidity Surveillance Team
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EIS Assignments

National Center on Birth Defects and Developmental Disabilities

- Division of Congenital and Developmental Disorders/Birth Defects Branch
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- Division of Blood Disorders/Epidemiology and Surveillance Branch
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- Division of Congenital and Developmental Disorders/Birth Defects Branch/Partnerships and Applied Epidemiology
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National Institute for Occupational Safety and Health

- Division of Surveillance, Hazard Evaluations & Field Studies/Hazard Evaluations and Technical Assistance Branch
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- Division of Surveillance, Hazard Evaluations & Field Studies/Industrywide Studies Branch/ Epidemiology Team
  - NIOSH-DSHEFS-ISB-OH-2017-01

- Respiratory Health Division/Field Studies Branch
  - NIOSH-RHD-FSB-WV-2017-01

- Respiratory Health Division/Surveillance Branch
  - NIOSH-RHD-SB-WV-2017-01
EIS ASSIGNMENT MATCHING PROCESS

EIS is a program of training through service with the CDC. All assignments are eligible for consideration by all unmatched incoming EIS Officers. Be advised, however, that selection for assignments may be affected by the kinds of skills that are required to fulfill the service needs of a particular program; therefore, a supervisor may consider an officer’s previous experience and education as a factor when considering that officer for an assignment. For example, some assignments may require extensive use of sophisticated statistical methods and computer programs for data analysis; others may involve frequent use of clinical knowledge or skills.

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Division of Scientific Education and Professional Development/EIS Workforce Branch

Alaska

DSEPD/EWB-AK-2017-01

Agency Name: Alaska Department of Health and Social Services

Division/Branch/Team/Section: Division of Public Health, Section of Epidemiology

Physical Address: 3601 C St, Suite 540, Anchorage, Alaska 99503

Primary Supervisor: Louisa Castrodale, DVM, MPH, (EIS 1999), Veterinary Epidemiologist, louisa.castrodale@alaska.gov

Secondary Supervisor: Joseph McLaughlin, MD, MPH, (EIS 2001), State Epidemiologist, joseph.mclaughlin@alaska.gov

Background: The Alaska Section of Epidemiology (SOE) has a history of consistently providing EISOs with an outstanding training experience since the 1970s. With no counties or autonomous public health authorities, ultimate responsibility for responding to outbreaks and other public health situations rests at the State level. EISOs are offered a high degree of autonomy and expected to actively contribute to the team. Daily oversight is provided by SOE’s Infectious Diseases Program staff; however, the State Epidemiologist/SOE Chief plays a focal role in the EISO’s experience and can facilitate the EISO’s involvement in non-infectious disease public health projects. Alaska EISOs are well-trained to perform autonomously and as integral members of any applied epidemiology team.

Proposed Initial Projects: Examples of possible projects include:

• Work on a linkage to care project for people infected with hepatitis C
  - Work with disease intervention specialists and the viral hepatitis coordinator to develop and implement a questionnaire for newly identified cases of hepatitis C
  - Develop and integrate a database to track cases, risk factors, and outcomes
• Evaluate the reporting of enteric, culture-independent diagnostic tests
  - What proportion of these tests are culture-confirmed?
  - How have these tests impacted our ability to investigate foodborne outbreaks?
• Quantify the burden of paralytic shellfish poisoning and understand the relationship of toxin detection in clinical samples to morbidity
• Examine regional variation in the prices of sugary and non-sugary drinks in Alaska and correlate the findings with regional differences in obesity rates
• Quantify how many Alaskans die each year from tobacco use, physical inactivity and obesity, and alcohol use (c.f., Mokdad et al. JAMA 2000 for methods)
• Estimate Fetal Alcohol Spectrum Disorders (FAS/D) prevalence in Alaska
• Investigate the effects of vitamin D deficiency on specific health outcomes
  - Develop supplemental questions to be added to PRAMS
  - Conduct an ecological study looking at the relationship between latitude and prevalence of health outcomes that have a documented and/or suspect relationship with vitamin D deficiency
• Assist with the Neonatal Abstinence Syndrome (NAS) surveillance project by conducting focused research studies
  - Link NAS cases with early intervention data and other data sources to assess birth and child
health/behavior outcomes
• Analyze regional and other variations in provider participation in Alaska’s immunization information system
• Characterize morbidity and mortality due to opioids or marijuana in Alaska
• Review Medicaid HIV claims data to assess HIV viral suppression rates
• Assess regional differences in gonorrhea and chlamydia screening rates
• Use molecular and epidemiologic tools to evaluate occurrences of “repeat” tuberculosis infection to determine if these cases represent re-exposure to TB versus re-activation

Proposed Surveillance Projects: Surveillance evaluation projects will involve desk-based evaluation of data, interviews with stakeholders, and potentially site visits depending on the project.

1) tuberculosis among foreign-born Alaska residents
2) marijuana or opioid-associated morbidity/mortality
3) perinatal hepatitis B virus infection
4) all-terrain vehicle injuries
5) blood lead levels
6) gonorrhea and chlamydia in extragenital sites

Range of Opportunities: Alaska EISOs have historically focused on infectious diseases; however, they are encouraged to pursue interests in other areas such as chronic disease, environmental health, immunization, injury, maternal/child health, or occupational health.

Position Strengths: Frequent opportunities to investigate outbreaks, respond to health concerns in remote Alaska villages (where travel may require small airplanes, boats or four-wheelers), and work with some of the most preserved indigenous cultures in the US. There are no true county-level health authorities; the small, closely-knit Section of Epidemiology has direct statewide responsibilities. EISOs frequently interact with health care providers, media, and the general public offering experience to hone written and oral communication skills. Alaska EISOs who are so inclined have numerous opportunities to appear on local TV and radio news. EISOs have had no trouble fulfilling CALs.

Special Skills Useful for this Position: Flexibility for travel; basic epidemiology and biostatistics knowledge; strong writing skills.

Available Data: Reportable infectious conditions (AK STARS); immunization information system (VacTrAK); YRBS; BRFSS; Alaska Trauma Registry; Healthcare Facilities Data System.

Recent Publications:
A case control study of risk factors for death from 2009 pandemic influenza A (H1N1): is American Indian racial status an independent risk factor? Epidemiol Infect 2016


Increasing insect reactions in Alaska: is this related to changing climate? Allergy Asthma Proc 2009

Outbreak of Vibrio parahaemolyticus Gastroenteritis Associated with Alaskan Oysters. NEJM 2005

Domestic Travel: 10%  International Travel: 5%

Available Support: Former EIS officers, clinical scientists, and nurse epidemiologists are available for guidance and support. EISOs have their own office, computer support, access to the University of Alaska’s biomedical library, and state public health (BSL3+), and environmental laboratories. NCEZID and NIOSH field stations also offer support

Current/Recent EIS Officer: Yuri Springer, PhD, (EIS 2015), yuri.springer@alaska.gov
Current/Recent EIS Officer: Brian Yablon, MD, (EIS 2012), Hospitalist, brian.yablon@gmail.com
Current/Recent EIS Officer: Kimberly Porter, PhD, MSPH, (EIS 2010), CEFO, iyo9@cdc.gov
Current/Recent EIS Officer: Tracie Gardner, PhD, (EIS 2008), EIS Program Epidemiologist, hgj7@cdc.gov
Current/Recent EIS Officer: Ryan Fagan, MD, MPH, (EIS 2006), Medical Epidemiologist, fev3@cdc.gov


Officer Recent Publications: Springer YP, et al. Novel orthopoxvirus infection in an Alaska resident. In press CID


Consultant: Michael Cooper, MD, MS, (EIS 2006), Physician, mpcooper@scf.cc

Consultant: Brian Yablon, MD, (EIS 2012), Hospitalist, brian.yablon@gmail.com

Size of Community: Statewide ~750,000 persons; Anchorage ~300,000 persons

University Affiliation: University of Alaska Anchorage’s MPH and Nursing Programs, and WWAMI collaborative medical school offer EISo opportunities to guest lecture

Living Environment: Anchorage is the largest city in Alaska, with all of the amenities of city life, including great neighborhoods and restaurants. Ted Stevens International Airport offers direct flights from Anchorage to many locations, including Chicago, Denver, Hawaii, Las Vegas, Los Angeles, Minneapolis, Phoenix, Salt Lake City, and Seattle.

Cultural and Recreational Assets: Alaska has tremendous recreational assets year-round, including extensive local trail systems for running, cycling and skiing; nearby access to alpine skiing, mountaineering, trail-hiking, kayaking, rock/ice climbing, skating, paragliding, birding, fishing, hunting, and more. SOE’s office is walking distance to an outdoor speed skating track. Anchorage has art galleries, theater companies, museums, ethnic restaurants, and a large performing arts center.

Opportunity for Employment: Opportunities abound in Anchorage.

Arizona

DSEPD/EWB-AZ-2017-01

Agency Name: Arizona Department of Health Services

Division/Branch/Team/Section: Combined with Maricopa County Department of Public Health

Physical Address: 150 N 18th Avenue, Suite 100 Phoenix, Arizona 85007

Primary Supervisor: Kenneth Komatsu, MPH, State Epidemiologist, ken.komatsu@azdhs.gov

Secondary Supervisor: Rebecca Sunenshine, MD, (EIS 2004), CEFO/Medical Director, rebeccasunenshine@mail.maricopa.gov

Secondary Supervisor: Lisa Villarroel, MD, MPH, Medical Director, Epidemiology and Disease Control, lisa.villarroel@azdhs.gov

Background: The EISO will report to two co-primary supervisors – the State Epidemiologist and the Medical Director/Disease Control Administrator at Maricopa County. This division allows access to all programs at the AZ Department of Health as well as at Maricopa County Department of Public Health. Between the two jurisdictions, an EISO will have the best of both --- a local and state health agency experience, opportunities in a large urban metropolitan area, and in rural, tribal and border settings, optimizing the EISO experience. With almost 200 outbreaks annually in Maricopa County, Arizona’s diverse ecology of diseases and long-standing partner relationships with universities, community organizations, and tribes, we offer a unique and fulfilling EIS assignment. We will also assist the EISO in finding an international experience if desired.

Proposed Initial Projects: Choose among initial proposed projects, most with readily-available data: 1) Examine the severity and risk factors for pediatric coccidioidomycosis; 2) Assess declining WIC enrollment in Maricopa County; 3)
Determine return on investment for diabetic screening during routine dental examinations; 4) Evaluate compliance with Arizona law regarding school vaccine requirements among Maricopa County schools and reasons for non-compliance; 5) Analyze HIV control using viral load data post-Affordable Care Act; 6) Analyze pediatric hospitalizations with child abuse ICD-9/10 codes and barriers to clinician reporting; 7) Investigate use of phone apps among diagnosed syphilis and HIV cases in Maricopa County; 8) Analyze Maricopa County STD media campaigns impact on public awareness, testing and cases in Maricopa County; 9) Evaluate breast cancer treatment among American Indians; 10) Quality improvement study of the county Medical Countermeasures Distribution/Dispensing System to decrease time for dispensing; 12) Evaluate zika, dengue and chikungunya virus infection prevention messaging and interventions; 13) Assess the presence of chronic diseases among the Maricopa County homeless population; 14) Evaluate partnerships with private community providers to expedite treatment and partner services of syphilis cases in Maricopa County; 15) Evaluate the association between Emergency Department (ED) visits for influenza-like illness and ED diversion status to determine triggers for medical surge capacity; 16) Evaluate policy strategies to reduce obesity in Maricopa County; 17) Evaluate the impacts of the Million Hearts program; 18) Perform an environmental scan of the current conditions and opportunities to integrate chronic disease and access to care work with pharmacists; 19) Evaluate patient direct access laboratory testing use.

Proposed Surveillance Projects: There are several surveillance system evaluations to choose from: 1) Comparing incidence of alcohol-related motor vehicle deaths from medical examiner to Fatality Analysis Reporting System using death certificate data; 2) Evaluate the impact of culture independent tests by laboratories on enteric disease surveillance; 3) Compare positive predictive value of poison control centers for drug-related suicide surveillance system versus emergency department discharges; 4) Evaluate statewide microcephaly and fetal death surveillance systems; 5) Validate National Healthcare Safety Network surveillance in a health care facility; 6) Evaluate reporting to the state immunization registry.

Range of Opportunities: Projects ranging from outbreak investigations in the field to large dataset analysis, 2016 community-wide increase in shigellosis associated with childcare centers, statewide outbreak of cryptosporidiosis; outbreak of canine leptospirosis, seafood associated salmonellosis outbreak in a restaurant, measles outbreak in a detention center; 2015 transfusion associated St. Louis encephalitis virus, SLE/WNV and measles outbreaks; 2014 tickborne relapsing fever outbreak and mumps in hockey players; 2013 human psittacosis associated with chlamydiosis outbreak among peach-faced lovebirds, and Rocky Mountain spotted fever on six reservations. EISOs will have the opportunity to participate in assignments at CDC in Atlanta and national and international outbreak investigations.

Position Strengths: This shared State/Maricopa County position offers access to 15 county health departments, 21 American Indian tribes, Indian Health Service, 4 universities, and binational projects. The diversity of urban/rural, desert/alpine, reservations, and international border, provide unique epidemiologic challenges. Multiple “shovel-ready” projects ensure the EISO will easily meet all CALs.

Special Skills Useful for this Position: Spanish speaking, writing skills, and experience with SAS are helpful but not required. Curiosity, flexibility, and strong teamwork skills are critical. EISOs with a variety of backgrounds: medical, veterinary, PhD/DrPH and nursing could thrive in this position

Available Data: Infectious disease, births, deaths, hospital discharges, birth defects, cancer, trauma, behavioral risk factors, syndromic, immunizations, newborn screening and lead poisoning.


Domestic Travel: 10% International Travel: 5%

Available Support: Analytical support from numerous doctoral/masters level epidemiologists and health economist; computers/iPhone/software/IT services at both state and county sites.

Current/Recent EIS Officer: Sally Ann Iverson, DVM, MPH, (EIS 2016), EIS Officer, sally.iverson@azdhs.gov
Current/Recent EIS Officer: Heather Venkat, DVM, MPH, (EIS 2015), EIS Officer, heather.venkat@azdhs.gov
Current/Recent EIS Officer: Jefferson Jones, MD, MPH, (EIS 2014), Preventive Medicine Fellow, ioe@cdc.gov
Current/Recent EIS Officer: Candice Robinson, MD, MPH, (EIS 2013), Medical Officer, xfp3@cdc.gov
Current/Recent EIS Officer: Laura Adams, DVM, MPH, (EIS 2012), Epidemiologist, ipb2@cdc.gov
Current/Recent EIS Officer: Seema Yasmin, MD, (EIS 2011), Journalist/Professor, sxy143030@utdallas.edu
Current/Recent EIS Officer: Steven Baty, DVM, MPH, (EIS 2009), LTC Public Health Command - Atlantic
Current/Recent EIS Officer: Sanny Chen Northbrook, PhD, MPH, (EIS 2007), Epidemiologist, gdo0@cdc.gov

Officer Projects: Canine leptospirosis outbreak; acute flaccid myelitis cluster; first transfusion-associated Saint Louis Encephalitis Virus (SLE) case; concurrent SLE/WNV outbreak; community-wide cryptosporidiosis outbreak; shigellosis associated with childcare centers; seafood associated salmonellosis outbreak; measles outbreak in federal detention center; WNV syndromic surveillance algorithm, and tribal Rocky Mountain Spotted Fever intervention


Notes from the Field: Concurrent Outbreaks of St. Louis Encephalitis Virus and West Nile Virus Disease—Arizona. MMWR 2015;64(48); 1349.


Notes from the Field: Tickborne Relapsing Fever Outbreak at an Outdoor Education Camp—Arizona, 2014. MMWR 2015;64(23); 651.

Notes from the Field: Lack of Measles Transmission to Susceptible Contacts from a Health Care Worker with Probable Secondary Vaccine Failure—Maricopa County, Arizona, 2015:64(30); 832.

Notes from the Field: Strongyloidiasis at a Long-Term–Care Facility for the Developmentally Disabled — Arizona, 2015. MMWR 2016:65(23); 608.


Outbreak at an Outdoor Education Camp—Arizona, 2014. MMWR 2015;64(23); 651.


Consultant: Bob England, MD, MPH, Director, bobengland@mail.maricopa.gov

Size of Community: 6.6 million statewide; ~4 million in Maricopa County

University Affiliation: The state collaborates with all three state universities, veterinary school, two dental schools, and the biomedical research industry. Both state and county have adjunct faculty members of the University of Arizona College of Public Health and College of Medicine.

Living Environment: Phoenix, the sixth largest US city, is cosmopolitan, with sunshine and fine weather year-round.

Cultural and Recreational Assets: Arizona offers endless opportunities for outdoor activities with skiing, hiking, cultural activities and excellent restaurants. National basketball, baseball, football, and hockey teams are based in Phoenix, including the spring training baseball season. There are 26 National parks/monuments, including the Grand Canyon, and 27 State parks, including Kartchner’s Cavern. South Mountain Park, the largest municipal park in the US.

Opportunity for Employment: Current employment opportunities exceed national estimates; see https://www.bls.gov/regions/west/arizona.htm
Background: This position is located in the Division of Communicable Disease Control (DCDC). DCDC is responsible for monitoring, preventing and controlling communicable diseases in California (except HIV/AIDS). This position is situated with the tuberculosis control branch, but will work on projects throughout DCDC. DCDC has approximately 400 professional staff with extensive and diverse scientific experience, including Masters and PhD level epidemiologists, physicians, nurses, veterinarians, disease investigators, health educators, behavioral scientists, and laboratorians. DCDC includes the communicable disease laboratories, and many projects involve significant laboratory partnership. DCDC has close collaborations with many other programs, and opportunities in other areas, such as HIV/AIDS and health care associated infections, may be available.

The primary supervisor, James Watt, is the DCDC Chief and is responsible for identifying project opportunities, linking the officer with experienced leads in programs, overseeing the EIS experience, and providing exposure to high level public health management and policy issues. Each project will also have a specific project supervisor. The secondary supervisor, Pennan Barry, provides tuberculosis subject matter expertise, Shua Chai provides epidemiologic training experience, and Erin Murray provides statistical and analytic guidance. This model provides a wide diversity of communicable disease control experiences and the opportunity to work with experts in different disease control programs.

Proposed Initial Projects: - Lead a foodborne outbreak investigation (we have many!)
- Analyze recent TB transmission using a modified CDC method, and compare to methods using geocodes, genotype clustering, known “epi-links,” and whole genome sequencing. Use multivariate analysis of transmission risks/predictors.
- Assess the impact of new regulations requiring laboratories to submit isolates for several pathogens (Listeria, N. meningitidis, Shigella, STEC, Salmonella) and to obtain isolates when non-culture tests are positive
- Analyze trends in Zika virus testing to determine whether there have been changes in exposures or risk profiles of pregnant women. Describe the impact of commercial laboratory testing.
- Review surveillance and laboratory data and summarize existing information on antimicrobial resistance for Salmonella, Shigella, N. gonorrhoeae and M. tuberculosis.
- Analyze data on the frequency of febrile reactions to MMR vaccine in outbreak settings, the value of laboratory testing to distinguish vaccine virus from wild type virus, and the impact of vaccine reactions on disease control activities.
- Conduct a sexual network analysis for communities with high congenital syphilis burden
- Analyze syphilis data for young MSM of color to describe networks and risk behavior characteristics
- Evaluate use of trigger codes to initiate STD reporting from a community provider
- Evaluate perinatal hepatitis C transmission by matching chronic hepatitis C registry with California birth records
- Additional projects are available for officers with specific interests

Basic protocols and analytic plans will be developed by secondary supervisors and SMEs for these projects. EISO is not expected to spend substantial time developing protocols.

Proposed Surveillance Projects: - Evaluate surveillance of latent TB infection (LTBI) in California through electronic laboratory reporting of interferon gamma release assay (IGRA) results. Evaluation will involve analysis of electronic reports as well as key informant interviews with local TB control programs and reporting laboratories.

Range of Opportunities: This position offers experience with a range of epidemiologic methods (case-based and population-based surveillance, case-control and cohort studies, aberration detection using molecular, epidemiologic and spatial parameters), partnerships (including correctional facilities, health care providers and community-based organizations), populations (including ethnic, racial and sexual minorities), and public health problems. Field projects include a variety of outbreak or other investigations during which the EISO will work with local stakeholders and CDPH SMEs to apply practical epidemiologic study design and implement interventions.

Position Strengths: Wide range of scientific opportunities, large and diverse population, range of communicable diseases, extensive experience of staff, and opportunity to work directly with subject matter experts on a variety of projects.

Special Skills Useful for this Position: EIS officers in DCDC have had a range of different backgrounds including physicians, veterinarians and PhD epidemiologists. The most important skills for this position are creativity, enthusiasm, and the ability to work both independently and as part of a team. We have a diverse range of opportunities and are open to officers from different professional backgrounds.

Available Data: All communicable disease surveillance data in California, California Emerging Infections Program data, molecular data from an extensive laboratory collection, immunization delivery data, program performance data from 61 local health jurisdictions, outbreak data, hospital discharge and cost data, and others are available and accessible within the first month of the assignment.

Recent Publications: - Kozyreva VK, et al. Recent Outbreaks of Shigellosis in California Caused by Two Distinct Populations of Shigella sonnei with either Increased Virulence or Fluoroquinolone Resistance. mSphere. 2016 Dec.

**Domestic Travel:** 5%  **International Travel:** 5%

**Available Support:** Secretarial, IT, as well as support for geocoding, SAS, and Access. Advanced statistical support is available in-house. Specialized resources (e.g., cost-benefit analytic support) are available through ties with UC Berkeley and UCSF.

**Current/Recent EIS Officer:** Hope Biswas, PhD, (EIS 2015), hope.biswas@cdph.ca.gov
**Current/Recent EIS Officer:** Jacklyn Wong, PhD, (EIS 2014), jacklyn.wong@cdph.ca.gov
**Current/Recent EIS Officer:** Patrick Ayscue, PhD, (EIS 2013)
**Current/Recent EIS Officer:** Jonathan Nunez, MD, (EIS 2011)

**Officer Projects:** Analytic: Progression to active TB among immigrants; Risk factors for congenital syphilis; Characteristics of severe influenza; Incidence of drug resistant gonorrhea.

Surveillance: Outbreaks; Congenital syphilis; TB among immigrants; Influenza.

Outbreak investigations: Bloodstream infections among hemodialysis patients; TB; Acute Flaccid myelitis; Shiga-toxin producing E.coli; Mumps; Hantavirus; Gonorrhea; Ebola.

**Officer Recent Publications:**

**Consultant:** Duc Vugia, (EIS 1990), Chief, Infectious Disease Branch, duc.vugia@cdph.ca.gov
**Consultant:** Erin Murray, PhD, MSPH, (EIS 2009), Epidemiologist Supervisor, Immunization Branch, erin.murray@cdph.ca.gov

**Size of Community:** An extremely diverse population of 39 million persons across a wide range of epidemiologic settings

**University Affiliation:** UC Berkeley, UC San Francisco, Stanford, UC Davis

**Living Environment:** The Richmond campus is a short drive (~15 minutes) from Berkeley/Oakland and is easily accessible by rapid transit and bicycle; staff live all over the San Francisco Bay Area, from the more affordable areas north and east of Berkeley/Oakland to San Francisco.

**Cultural and Recreational Assets:** The Bay Area is a culturally and ethnically diverse metropolitan center, with the added benefit of a gorgeous, accessible natural environment.

**Opportunity for Employment:** Good

DSEPD/EWB-CA-2017-02

**Agency Name:** County of San Diego Health and Human Services Agency

**Division/Branch/Team/Section:** Epidemiology and Immunizations Services Branch

**Physical Address:** 3951 Rosecrans St Suite 715  San Diego, California 92110
Background: The San Diego County Epidemiology and Immunization Services Branch conducts timely surveillance, investigation, and intervention to protect community health, prevent spread of disease and to provide relevant information through data collection and analysis to the public and key partners. Reportable conditions are notified to the Branch, which works with other health agencies, private providers, and the public to take required actions. The County's TB and Refugee Branch, and the HIV, STD, Hepatitis Branch conduct similar activities for diseases under their purview. The County has a longstanding history of collaboration with the CDC's San Diego based US-Mexico Unit.

The US-Mexico Unit is part of the CDC's Division of Global Migration and Quarantine, with a mission to improve and promote the health of populations living within and travelling through US-Mexico border regions as well as broader binational populations. Their work is accomplished through science, partnerships, policy, preparedness and response. The US-Mexico Unit works with federal, state and local health agencies on both sides of the border, as well as relevant partners and communities to monitor, investigate and implement strategies to address diseases of public health concern.

Proposed Initial Projects: Options include: 1) Analysis of health disparities among foreign-born populations in the US using national survey data (e.g., NHIS). Data will analyzed using complex survey and multivariate modeling methods. Existing protocols can be adapted for this project 2) Analysis of existing vibriosis illness data and environmental health vibrio data to assess potential water sources of illness using correlation methods 3) Use spatio-temporal methods to define patterns of binational disease reporting  4) Understand correlates of poor tuberculosis treatment outcomes of patients on different medication regimens. For each project, existing protocols will be used/modified to permit rapid start-up.

Proposed Surveillance Projects: Options include: 1) Evaluation of enhanced surveillance of Cryptococcus spp. in San Diego County using provider-focused surveys and active case-finding, 2) Evaluation of San Diego Immunization Registry system for capturing immunization status of newly arriving refugee populations through assessment of refugee entry database (EDN), immunization registry data, and provider-focused interviews; 3) Use binational disease surveillance system to analyze trends in priority pathogen reporting, 4) Evaluation of the San Diego Immunization Registry as a surveillance tool for latent TB infection; review of existing registry data and site visits to county clinics; 5) Evaluation of existing tool for identifying dairy product ingestion in food-borne illnesses; using field visit observation, worker-focused surveys and desk-based review of TB surveillance system.

Range of Opportunities: General infectious disease duty assignment (surveillance, outbreak investigations, disease interventions, infectious disease emergency preparedness and response) with emphasis on diseases of binational importance. Outbreak response (e.g. enteric/vector borne/vaccine preventible/zoonotic diseases, hospital infections, cruise ship outbreaks, tuberculosis) in San Diego, other areas of California, among US-Mexico border populations. Opportunities to address HIV, national/ international deployments, and chronic diseases.

Position Strengths: Work at a large health department, and a busy CDC field unit. Large, diverse population with varied infectious disease morbidity. Can work with TB and HIV/ STD units and engage in international/binational health issues. Strong emphasis on epidemiologic work resulting in publications.

Special Skills Useful for this Position: Infectious disease background, SAS programming, Spanish, experience in immigrant/refugee health, ability to work independently and in teams.

Available Data: Computerized laboratory, notifiable disease, and syndromic surveillance systems. Electronic health records and Health Information Exchange data. Federal Quarantine Activity Reporting system, CureTB international referral data; Electronic Disease Notification system for immigrant/refugee medical examination data. Data are accessible and available for projects from initiation of assignments.


Domestic Travel: 10%  International Travel: 10%
**Available Support:** Supervisors are experienced epidemiologists and medical professionals. Support available from biostatisticians, public health laboratorians, County TB/Refugee/STD branches, CDC Quarantine/Public Health Officers, binational surveillance program and Mexico health liaison. Academic support available from San Diego State Graduate School of Public Health and University of California, San Diego

**Current/Recent EIS Officer:** Jessica Healy, PhD, (EIS 2015), yxj6@cdc.gov

**Current/Recent EIS Officer:** Jessica Adam, MD, MPH, (EIS 2013), xdc5@cdc.gov

**Current/Recent EIS Officer:** Rachael Joseph, VMD, MPH, (EIS 2011), vie5@cdc.gov

**Current/Recent EIS Officer:** Christina Khaokham, RN, MPH, MSN, (EIS 2009), christina.khaokham@gmail.com

**Current/Recent EIS Officer:** David Sugerman, MD, MPH, (EIS 2007), ggi4@cdc.gov

**Officer Projects:** Officer Projects: Production of electronic surveillance system to track outbreak in American Samoa; Estimation of unobserved Zika disease burden in Puerto Rico; Contact tracing for mumps outbreak at local university; Comparison of vaccination rates between US and foreign-born adolescents; Evaluation of TB contact tracing to identify latent TB infection

**Officer Recent Publications:** Healy, Jessica, etal. Notes from the Field: Outbreak of Zika Virus Disease-American Samoa, MMWR October 2016

Adam J etal. Fatal influenza outbreak aboard a sport fishing vessel in San Diego, CA. Trav Med and Inf Dis Jan-Feb 2015

Joseph et al. Erythema multiforme following orf virus infection; a report of two cases and review of the literature. Epidemiology and Inf Dis. Jan 2015

Adam, Jessica, etal Fatal rat-bite fever in a child – San Diego County, CA, 2013. MMWR December 19, 2014


Joseph, Rachael, etal Secondary and tertiary transmission of vaccinia virus after sexual contact with a smallpox vaccine. MMWR, March 2013.

**Consultant:** Marisa Moore, MD, (EIS 1995), Epidemiologist, Marialuisa.moore@sdcounty.ca.gov

**Consultant:** Elsa Villarino, MD, MPH, (EIS 1988), Mexico Liaison/Medical Officer, mev1@cdc.gov

**Size of Community:** San Diego County population 3.2 million; Tijuana (sister Mexican city) 2 million

**University Affiliation:** UCSD School of Medicine, Divisions of Family and Community Medicine and International Health; San Diego State University Graduate School of Public Health

**Living Environment:** Attractive multicultural metropolitan area on Pacific Ocean; Mild climate with year round outdoor activities. Good school systems. Reasonable commutes.

**Cultural and Recreational Assets:** Major theater, opera and symphony. Abundant outdoor recreation with beaches, mountains, and deserts close by. World famous zoo. Balboa Park museums and gardens. Cutting edge craft brewing scene. Many other nearby Southern California and Mexico recreational and entertainment opportunities.

**Opportunity for Employment:** Diverse economy including tourism, international trade and agriculture; science/biotech and military hub; several major universities/academic institutions and hospitals. County health departments in all 52 California counties, California Office of Border Health is located in San Diego.
Georgia

DSEPD/EWB-GA-2017-01
Agency Name: Georgia Department of Public Health
Division/Branch/Team/Section: Acute Disease Epidemiology
Physical Address: Georgia Department of Public Health 2 Peachtree Street NW, Suite 14-420 Atlanta, Georgia 30303
Primary Supervisor: Cherie Drenzek, DVM, MS, (EIS 1995), State Epidemiologist, cherie.drenzek@dph.ga.gov
Secondary Supervisor: Laura Edison, DVM, MPH, (EIS 2012), Career Epidemiology Field Officer, laura.edison@dph.ga.gov

Background: The Georgia Department of Public Health (DPH) is the lead Georgia agency in preventing disease, injury and disability; promoting health and well-being; and preparing for and responding to disasters from a health perspective. DPH collaborates with Georgia's 159 county health departments and 18 Public Health Districts. There are ~130 employees in the DPH Epidemiology Program and 18 District Epidemiologists working on a wide range of health issues. Georgia is one of 10 state health departments participating in the CDC Emerging Infections Program (EIP). Previous EIS Officers have participated in diverse projects and outbreak investigations, and were actively involved in the response to the 2016 Zika epidemic, 2014 Ebola epidemic, 2013 outbreak of fungal meningitis due to contaminated steroids, and the 2009 H1N1 pandemic.

Proposed Initial Projects: Opportunities exist in many areas of Epidemiology, depending on the Officer’s interests. There are multiple existing datasets that will enable a range of complex analytical projects, e.g., analysis of perinatal HIV exposure data to identify leading causes of ongoing maternal-child transmission would involve multivariate modeling, and analyses of confounding and effect modification. Other examples of possible projects utilizing available data include: work with the Fulton County Department of Health and Wellness to systematically analyze syphilis program data to define the scope of the epidemic, co-infection rates with STIs, risk behavior and demographic profiles, or geographic trends. Use the findings to design interventions for populations at risk; assist with development and analysis of opioid overdose-related morbidity and mortality surveillance, work with diverse community stakeholders on opioid-overdose prevention; link HIV surveillance data to Ryan White clinic data to evaluate impact of rapid linkage to care protocols; evaluate impact of out-of-care alerts generated through the Health Information Exchange on return to HIV care; conduct geospatial analysis of antimicrobial resistance data to identify changes over time and key areas of the state requiring response; develop methods to map patient transfer patterns between healthcare facilities to optimize HAI prevention and response activities; evaluate the impact of culture independent diagnostics on EIP by describing the clinical and epidemiologic characteristics of persons diagnosed with PCR and EIÁ for reportable enteric and invasive bacterial infections, evaluate the impact of these types of tests on reportable disease surveillance; evaluate impact of long-acting reversible contraception availability on health outcomes such as preterm births. In addition to these projects, GA EISOs have the opportunity to conduct multiple diverse outbreak investigations.

Proposed Surveillance Projects: Opportunities exist in many areas of Epidemiology depending on the Officer’s interests, and may include desk- or field-based evaluation depending on the project chosen. Examples include evaluation of: the new opioid overdose-related morbidity and mortality surveillance system; pertussis cases and completeness of records including vaccine history and exemptions; evaluation of a new statewide surveillance system for Neonatal Abstinence Syndrome; influenza-like illness syndromic surveillance reported by emergency departments; severe outcomes of Group A Streptococcus including necrotizing fascitis and toxic-shock syndrome; and Zika Virus, Pregnancy Registry, and Zika Birth Defects Registry Surveillance System Evaluation.

Range of Opportunities: EISOs work with staff in many areas of the Epidemiology Program and 18 Health Districts depending on their interests. Officers are involved with frequent outbreak investigations. The EISO would be able to participate in an international opportunity, should the situation arise.

Position Strengths: Very experienced epidemiologic leadership, diverse investigations, opportunity to do short and long-term projects on a wide variety of topics with a wide variety of staff, excellent data availability, opportunity to interface with the public and medical providers, and the opportunity to see how public health works at the state and local level. Proximity to CDC allows officers to learn about public health at the state and local level while still having access to CDC scientists and resources. The Emerging Infections Program (EIP) offers many analytical and learning resources.

Special Skills Useful for this Position: The ability to work with the public and people with varying backgrounds from multiple districts and agencies. The flexibility to address a wide range of topics and investigations.

Available Data: Notifiable disease database (SENDSS), immunization database (GRITS), HIV databases (eHARS, MMP, CAREWare, ADAP, NHBS), EIP data, ABCs and FoodNet data, HAI database (NHSN), hospital discharge


*Enhancing screening and early detection among women transitioning to Medicare from NBCCEDP in Georgia. Cancer Causes & Control 2015.*

Domestic Travel: 5%  International Travel: 0%

Available Support: Acute Disease Epidemiology Section (ADES) has 6 doctoral-level epidemiologists (3 MD, 3 DVM, 3 EIS alumni), 20 masters-level epidemiologists, and numerous support staff. Support is also available from epidemiologists in the Tuberculosis, HIV/AIDS, STD, MCH, and Chronic Disease Epidemiology Sections.

Current/Recent EIS Officer: Angie Parham, (EIS 2014), angie.parham@dph.ga.gov

Current/Recent EIS Officer: Laura Edison, (EIS 2012), laura.edison@dph.ga.gov

Current/Recent EIS Officer: Roodly Archer, (EIS 2008), wea7@cdc.gov

Current/Recent EIS Officer: Petra Wiersma, (EIS 2006), FFG2@cdc.gov

Current/Recent EIS Officer: Carrie Shuler, (EIS 2004)

Current/Recent EIS Officer: Martha Iwamoto, (EIS 2002), MCI5@cdc.gov

Officer Projects: Ebola active monitoring and potential-case investigations, predictors of viral suppression among HIV patients, outbreak investigations including fentanyl-related illicit-drug overdoses, group A Streptococcus among nursing home residents, Mycobacteria abscessus infections among children after dental procedures, endophthalmitis from contaminated medications, and hotel-associated Legionella.

Officer Recent Publications: Angie Parham


Laura Edison:


*Severe Illness Associated with Synthetic Cannabinoid Use — Georgia, 2013. MMWR, 2013.

*Trace-forward investigation of mice in response to lymphocytic choriomeningitis virus outbreak. EID, 2014.

*Lymphocytic choriomeningitis virus outbreak in employees and mice of a commercial breeding and distribution operation. EID, 2014.


Petra Wiersma


Consultant: Melissa Tobin-D'Angelo, MD, MPH, Medical Epidemiologist, Melissa.Tobin-DAngelo@dph.ga.gov

Consultant: Jessica Tuttle, MD, (EIS 1991), Medical Epidemiologist, jessica.tuttle@dph.ga.gov

Consultant: Julie Gabel, DVM, MPH, Medical Epidemiologist, julie.gabel@dph.ga.gov

Consultant: Kristina Lam, MD, MPH, Medical Epidemiologist, kristina.lam@dph.ga.gov

Consultant: Lara Jacobson, MD, MPH, (EIS 2010), Director of Health Promotion, lara.jacobson@dph.ga.gov
Size of Community: ~10 million GA residents

University Affiliation: Emory University, Georgia State University, University of Georgia, Georgia Institute of Technology

Living Environment: Urban or suburban

Cultural and Recreational Assets: The Atlanta metropolitan area has a population of over 5.2 million and is a vibrant cosmopolitan area. The area boasts abundant greenspace and urban trails, universities, multiple concert and theater venues, a symphony, a world-class aquarium and zoo, and 5 professional sports franchises. The Appalachian Mountains to the north, islands/beaches on the Atlantic and Gulf coasts, and the Okefenokee Swamp offer year-round adventures.

Opportunity for Employment: Excellent, Atlanta is the economic center of the southeast

Kentucky

DSEPD/EWB-KY-2017-01

Agency Name: Kentucky Department of Public Health

Division/Branch/Team/Section: Division of Epidemiology and Health Planning

Physical Address: KY Dept. for Public Health Division of Epidemiology and Health Planning 257 E. Main St. HS2GW-C Frankfort, Kentucky 40621

Primary Supervisor: Doug Thoroughman, PhD, MS, (EIS 1996), Dep State Epi/CDC Career Epi Field Officer (CEFO), douglas.thoroughman@ky.gov

Secondary Supervisor: Kimberly Porter, PhD, MScPH, (EIS 2010), CDC Career Epi Field Officer (CEFO), kima.porter@ky.gov

Secondary Supervisor: Jonathan Ballard, MD, MS, MPH, State Epidemiologist, Jonathan.Ballard@ky.gov

Background: Kentucky offers an excellent EIS experience in learning field epidemiology, contributing to critical public health efforts, and building epidemiologic capacity for the future. KDPH's Division of Epidemiology and Health Planning has four branches: Infectious Diseases, HIV/AIDS, Public Health Preparedness, and Vital Statistics, and 3 additional programs: Viral Hepatitis, Healthcare Associated Infections, and Injury Prevention. The EISO can engage with other KDPH divisions including Environmental Health, Maternal and Child Health, Women’s Health, Chronic Disease, Laboratory Services, and Health Equity. Outbreak investigation is expected to be a significant part of this assignment as well as public health preparedness and response. Kentucky experiences a wide variety of outbreaks and public health events—the EISO will have ample opportunity to engage in leading, consulting, and participating in multiple outbreak investigations.

Proposed Initial Projects: The EISO will have broad latitude to select or propose projects based on personal interests and background. Initial project ideas include: Working with the Viral Hepatitis program to better quantify disease burden and create strategies for prevention of the current (and rapidly expanding) hepatitis C epidemic fueled by illicit drug use; Expansion and evaluation of a new mobile pharmacy program making naloxone available in communities for people who inject drugs (PWID), while increasing testing for HIV and HCV, access and linkage to healthcare for PWID, and prevention education among PWID and their families; Multi-variable analysis of chronic disease risk factors in Kentucky using BRFSS data; Analysis of statewide immunization data targeting gaps in coverage using the KY Immunization Registry. Projects focused on Public Health Preparedness are also encouraged, such as surveillance for health outcomes at mass gathering events (e.g., equestrian events, NASCAR races), responding to large-scale disease events (e.g., pandemic H1N1, Ebola, Zika Virus surveillance and prevention), and natural disasters of public health significance (e.g., tornado response, flooding, large-scale ice storms).

Proposed Surveillance Projects: Several projects are possible: 1) Kentucky has a Health Information Exchange (KHIE) giving clinicians access to individual health information from other providers. KDPH is working with KHIE to access this data for public health surveillance and reporting, outbreak identification, immunization registration, an HAI alerting program, and other functions. As these systems come on line, evaluation of the accuracy, timeliness, and utility of the data systems is critical. 2) Substance abuse and risk of HCV and HIV in PWID provide many opportunities, including evaluation of client and services data for syringe exchange programs (legalized in KY in 2015), surveillance of drug overdoses and drug overdose deaths (currently handled through multiple systems), and evaluation of our mobile pharmacy data collection system. 3) Examining the effect of new electronic lab reporting regulations on viral hepatitis surveillance.
4) Pneumoconiosis, or “Black Lung Disease,” is a reportable condition in Kentucky and a large public health issue, but a surveillance mechanism does not exist. Developing a system with existing Black Lung clinics, federal surveillance programs and private providers is a priority for Kentucky. Surveillance evaluation projects will involve secondary (desk-based) and primary (site visits/field evaluation) of the system.

**Range of Opportunities:** The EISO will have a wide range of opportunities at KDPH, limited only by their time, energy, interests, and desire. Typical EIS experiences: participating in/leading epidemiologic investigations; developing public health policy initiatives; participation in international responses; working on national disease responses, such as Ebola or Zika. We support an officer’s participation in international Epi-Aids.

**Position Strengths:** Wide variety of opportunities. Ample collaboration and supervision through the primary and secondary supervisors and consulting epidemiologists in the Department. Ready access to 2 EIS Alumni, State Epidemiologist, State PH Veterinarian, infectious disease experts.

**Special Skills Useful for this Position:** The ability to operate autonomously, with little supervision at times, is a benefit, as is the ability to function in an urgent response environment, both in an emergency operations center or in the field. A portion of the officer’s duties will likely involve field investigations or work outside KDPH; flexibility for in-state travel is advantageous. Good quantitative skills are helpful: officers will have the opportunity to develop these skills if needed. Many activities will likely involve infectious diseases, so clinical knowledge is helpful, but KY has had very successful placements with all EIS disciplines.

**Available Data:** Available data sources include: National and statewide reportable disease surveillance systems, statewide immunization registry, vital records, behavioral risk factor surveillance system, cancer registry, hospital discharge data, Kentucky Health Information Exchange.

**Recent Publications:**

**Domestic Travel:** 25%  
**International Travel:** 10%

**Available Support:** Two EIS alumni (Career Epidemiology Field Officers or “CEFOs”), the State Epidemiologist, the infectious disease branch manager, approximately 25 state and 17 Regional Epidemiologists provide experience and support. The state laboratory offers the latest technology and works closely with the Epidemiology Division. Collaboration occurs with all Department for Public Health divisions as well as with local health departments, the Kentucky Cancer Registry, Kentucky Injury Prevention and Research Center, all state universities, the Kentucky Hospital Association, and 120 Kentucky hospitals.

**Current/Recent EIS Officer:** Anna Yaffee, MD, MPH, (EIS 2015), EIS Officer, annaQ.yaffee@ky.gov

**Officer Projects:** Investigation of CRE outbreak in patients without usual risk factors; Incident commander of environmental arsenic exposure; Opioid overdose and hepatitis C (HCV) response; Investigation of HIV clusters; Zika virus surveillance epidemiology; Increasing testing for HIV & HCV in hospital EDs; Investigation of multi-drug resistant Pseudomonas in cardiovascular ICU.

**Officer Recent Publications:** Yaffee AQ and Hoven AD. 2016, October 23. Get Tested for Hepatitis C! Lexington Herald Leader, “Your Partners In Good Health” Medical Supplement: p. 14L.

Planned:
1) MMWR - Obstetric Tetanus in an unvaccinated woman following home delivery – Kentucky, 2016
2) Collaborative Response to Arsenic Contaminated Soil in an Appalachian Kentucky Neighborhood
3) IncA/C2 plasmid mediated outbreak of VIM-producing CRE in a Tertiary Care Hospital Outbreak of CRE among patients without usual risk factors – Kentucky, 2016

**Other Recent Previous EISO Publications:**

Size of Community: Frankfort, Kentucky's capital, has a population of approximately 28,000. Louisville (50 miles west) has a population of 763,000; Lexington (22 miles east) has 314,000. Kentucky’s population is about 4.2 million.

University Affiliation: KDPH enjoys close public health collaboration with area universities including Universities of Kentucky, Louisville, Eastern Kentucky, Western Kentucky, and Northern Kentucky. Adjunct faculty appointments are possible.

Living Environment: Pleasant rural, suburban or urban (Louisville or Lexington) living environments are available. Central Kentucky is a low cost-of-living, family-friendly environment.

Cultural and Recreational Assets: Situated in the heart of the Bluegrass, Kentucky's horse country, Frankfort provides a central location where you can enjoy abundant outdoor activities, and the cultural, social, and entertainment opportunities of Kentucky's largest cities, Louisville and Lexington, which are both within short drives.

Opportunity for Employment: Ample opportunities. The Bluegrass Region has the lowest unemployment rate of all Kentucky regions and is below the national average.

Massachusetts

DSEPD/EWB-MA-2017-01
Agency Name: Massachusetts Dept of Public Health
Division/Branch/Team/Section: Bureau of Family Health and Nutrition/Office of Data Translation
Physical Address: 250 Washington Street 5th Floor Boston, Massachusetts 02108
Primary Supervisor: Susan Manning, MD, MPH, (EIS 2002), Medical Officer, susan.e.manning@state.ma.us
Secondary Supervisor: Hafsatou Diop, MD, MPH, MCH Epidemiologist, hafsatou.diop@state.ma.us
Secondary Supervisor: Karin Downs, RN, MPH, Division Director, karin.downs@state.ma.us

Background: The Massachusetts Department of Public Health (MDPH) Office of Data Translation (ODT) in the Bureau of Family Health and Nutrition (BFHN) conducts surveillance, research, and program evaluation to improve maternal and child health (MCH), and increase MCH data capacity in Massachusetts. The EIS officer will have the opportunity to conduct epidemiological studies from a wide array of state-based data systems. Opportunities also exist for timely investigations of emerging communicable disease and MCH issues in Massachusetts.

Proposed Initial Projects: A number of analytic opportunities exist depending on the interests of the incoming officer. These include: (1) Utilize the Massachusetts Pregnancy to Early Life Longitudinal (PELL) Data System to examine hospital utilization and costs in the first year of life among infants with neonatal abstinence syndrome (NAS) (time-series), (2) Link data from Massachusetts Home Visiting Initiative with the Massachusetts All Payer Claims Database to examine health outcomes for home visiting participants and their children (multivariate modeling), (3) Update previous analyses of the prevalence of autism spectrum disorders in Massachusetts and examine racial/ethnic disparities (multivariate modeling), (4) Collaborate with staff from the Massachusetts Center for Birth Defects Research and Prevention on etiologic studies of birth defects using case-control data from the National Birth Defects Prevention Study (NBDPS) and the Birth Defects Study to Evaluate Pregnancy Exposures (BD-STEPS) (multivariate modeling), (5) Analyze experiences of racism among new mothers in Massachusetts using data from the Pregnancy Risk Assessment Monitoring System (MA PRAMS) (multivariate modeling). These projects will include both descriptive and analytic epidemiology.

Proposed Surveillance Projects: Surveillance system evaluations that could be started upon initiation of the assignment include: (1) evaluate the feasibility and utility of using the PELL data system for surveillance of NAS, (2) evaluate the ascertainment of Zika-related birth defects by the birth defects surveillance system, (3) evaluate the reporting of birth defects among stillbirths by comparing the fetal death certificate and data from the Massachusetts Birth Defects Monitoring Program, (4) Evaluate the Massachusetts Child Fatality Review System. Each of these would involve interviewing key stakeholders to get their perspectives about components of the system.

Range of Opportunities: The position will advance the officer’s analytic skills, critical thinking, MCH expertise,
knowledge of epidemiologic methods, understanding of state MCH policies, and use of large population-based data sets. The officer will present research findings in several scientific seminars, national scientific meetings, in the MMWR, and in peer-reviewed journals. The officer have opportunities to participate in outbreak investigations as they occur, including designing and implementing investigations.

**Position Strengths:** Broad MCH experience, strong support both internal and external to MDPH (including CDC and academic partners). Excellent collaborative relationships across the department and with external partners.

**Special Skills Useful for this Position:** A candidate interested in obtaining a broad experience in applied epidemiology in the field of maternal and child health would be ideally suited for this position. Experience analyzing large and complex data sets, especially longitudinal data, would be beneficial.

**Available Data:** Readily available data sources include the longitudinal PELL Data System, Massachusetts Pregnancy Risk Assessment Monitoring System, Vital Statistics, National Birth Defects Prevention Study, Massachusetts Virtual Epidemiologic Network (web-based disease surveillance/case management system), Massachusetts Immunization Information System, Massachusetts Home Visiting Initiative, WIC, and Early Intervention.

**Recent Publications:**


**Domestic Travel:** 10%  
**International Travel:** 0%

**Available Support:** In addition to listed supervisors, the officer would have access to the resources and assistance of the Bureaus of Family Health and Nutrition and Infectious Disease/Laboratory Sciences. The officer would receive support from the CDC MCH Epidemiology Team and would participate in team meetings and training opportunities. The officer will have access to SAS v9.4 and SUDAAN.

**Current/Recent EIS Officer:** Nick Somerville, MD, MPH, (EIS 2015), EIS Officer, nick.somerville@state.ma.us

**Officer Projects:** Assess trends in Severe Maternal Morbidity; Evaluate maternal mortality surveillance; Validate head circumference on birth certificate, evaluate for microcephaly surveillance; Epi-Aid for fentanyl-related overdose; CDC DRH Epi-Aid for substance use among American Indian mothers; Deploy to PR for Zika pregnancy surveillance.

**Officer Recent Publications:**


**Publications in Process:**

First author, for peer-review:


First author, for MMWR:


**Consultant:** Alfred DeMaria, Jr., MD, State Epidemiologist, alfred.demaria@state.ma.us

**Consultant:** Mahsa Yazdy, PhD, Director, MA Birth Defects Center, mahsa.yazdy@state.ma.us

**Size of Community:** Approximately 6.4 million people reside in the Commonwealth of Massachusetts.

**University Affiliation:** Boston presents many opportunities for learning with several academic, health and cultural institutions nearby. The EISO will also have the opportunity to collaborate with staff and students from local universities including Harvard, Boston University, Tufts and the University of Massachusetts.

**Living Environment:** The city of Boston is comprised of vibrant and diverse neighborhoods and the neighboring suburbs are easily accessible. ODT is physically located in MDPH’s main building downtown in the heart of Boston, close to public transportation including the subway, commuter rail and buses.

**Cultural and Recreational Assets:** Boston's "Freedom Trail", the heart of the city's history, is directly outside the door of the building which is blocks away from Boston Harbor and Beacon Hill.

**Opportunity for Employment:** Boston offers opportunities for employment in a wide range of career fields.
Background: The Boston Public Health Commission is the city’s public health agency, governed by a seven-member board of health appointed by the Mayor of Boston, with an operating budget of $162 million. The Commission oversees Boston Emergency Medical Services (EMS), school-based health centers, several substance abuse treatment facilities, and the largest homeless services program in New England. Current BPHC strategic priorities include advancing health equity, addressing substance use disorders, and strengthening public health and health care partnerships.

Proposed Initial Projects: 1) Not enough to eat: Analysis of food insecurity among Boston residents
In 2015, approximately 20% of Boston adults reported they sometimes/often ran out of food without ability to purchase more. Using Boston Behavioral Risk Factor Surveillance System (BBRFSS) data, the EISO will conduct an analysis of food insecure populations. The EISO will link Boston BRFSS data to existing geographic data to describe the characteristics of persons who are food insecure, and, using logistic regression methods appropriate for complex survey data, identify factors associated with food insecurity to inform program planning. The EISO will design, conduct and interpret the analysis and present results to relevant stakeholders. The EISO will have the opportunity to better understand design considerations, weighted analysis and interpretation of complex survey data.

2) Suicide Prevention and Reducing Racial/Ethnic Disparity:
Although Massachusetts has the second lowest suicide rate of any state in the country (8.25 per 100,000), and Boston’s suicide rate is even lower (4.5 per 100,000), the BPHC is exploring whether racial disparity exists in age-specific suicide rates among adolescents and young adults. Initial steps may include thorough review of the different data systems that capture measures associated with suicide, including the BBRFSS, the Youth Risk Behavior Surveillance System (YRBSS), vital records, and Boston EMS Safety-Pad, and the Boston Syndromic Surveillance System. The goals include characterizing potential determinants underlying racial/ethnic disparities; identifying gaps in culturally appropriate mental/behavioral health services; and ultimately designing effective, outcomes-based interventions. Data analysis methods will include multiple logistic regression and spatial analysis.

Proposed Surveillance Projects: 1) Boston EMS Narcotic Related Illness and Death Surveillance Evaluation
Boston EMS has a robust transport data collection system that contributes to public health surveillance activities at BPHC. Among its many contributions is regular collection of information on narcotic related illness (NRI) transports. The EISO will evaluate the capacity of the EMS NRI surveillance activities to capture NRIs and narcotic related deaths. The EISO will use Acute Case Mix and death data to assess sensitivity and positive predictive value of EMS NRI surveillance.

2) Evaluating Surveillance of Social Determinants of Health
The EISO will have the opportunity to evaluate the ability of the Boston BRFSS to adequately capture social determinants of health (SDoH) such as income and housing stability. The EISO will have the opportunity to learn about phone-based surveillance, and complex survey design and analysis. In addition, the EISO will use the American Community Survey to assess the sensitivity and positive predictive value of BBRFSS SDoH data.

Range of Opportunities: Opportunities include leading communicable disease outbreak investigations; designing, analyzing and interpreting population health data; collaborating with academic and healthcare partners on analytic and programmatic projects; partnering with community based organizations and designing data-driven interventions; and interacting with local government stakeholders.

Position Strengths: This position has many strengths including the opportunity to work closely with senior level staff; lead and contribute to projects addressing communicable and chronic disease, health equity, and urgent concerns including the opioid epidemic and suicide prevention; employ a variety of analytic techniques; and develop partnerships with local academic, hospital and community stakeholders.

Special Skills Useful for this Position: EISOs should have a strong interest in health equity and an understanding of the social determinants of health. An interest in and facility with applied epidemiology and data analytics is important, as is the ability to work/communicate effectively with external partners. A willingness and ability to perform fieldwork and work within the community and an interest in working to demonstrate the value of the local health department in delivery reform initiatives is desirable.

Available Data: Large data sets include Acute Hospital Case Mix Databases, Boston Behavioral Risk Factor Survey, Boston Resident Births, Boston Resident Deaths, Boston Survey of Children's Health, Emergency Medical Services
Transport, Syndromic Surveillance, and Youth Risk Behavior Survey.

**Recent Publications:**

**Domestic Travel:** 10%  
**International Travel:** 0%

**Available Support:** Access to 1) epidemiologic and statistical expertise from primary supervisor and several doctoral- (MD, PhD) and masters-level staff; 2) the Executive Director’s content and policy development expertise and her full support to access all systems and staff relevant to EISO’s work; 3) BPHC Bureau and Program Directors (serving as subject matter experts), Communications Office, Intergovernmental Relations, and Information Technology Services; 4) administrative support and office space.

**Officer Projects:** None

**Officer Recent Publications:** None

**Consultant:**
- Amar Mehta, PhD, MPH, Public Health Scientist, amehta@bphc.org
- Roy Wada, PhD, Health Data Scientist, rwada@bphc.org
- Anita Barry, MD, Director, Infectious Disease Bureau, abarry@bphc.org
- Rita Nieves, RN, Associate Director, BPHC, rnieves@bphc.org
- Sophia Dyer, MD, Medical Director, Boston Emergency Medical Services, sdyer@bphc.org
- Julia Gunn, MSc, RN, Associated Director, Bureau of Infectious Disease, jgunn@bphc.org

**Size of Community:** Boston is a majority-minority city and the largest city in New England, population: 670,000. It is the hub of a substantially larger metropolitan area known as Greater Boston encompassing >80% of Massachusetts’ population (~4.7 million people).

**University Affiliation:** Boston University, Harvard, Northeastern University, Tufts University, and University of Massachusetts, Boston.

**Living Environment:** Boston is a walkable city with plentiful outdoor spaces, distinct neighborhoods, efficient public transit, and is among the top 50 of the World’s Most Livable Cities.

**Cultural and Recreational Assets:** Boston boasts numerous historic sites; an active arts, theatre, and music culture; a deep commitment to its sports teams (Go Red Sox!); and multiple opportunities for outdoor winter/summer, land and water-based recreation nearby.

**Opportunity for Employment:** Boston is a world leader in healthcare, higher education, finance, and technology and innovation. Opportunities for partner employment are abundant.

### Maryland

**DSEP/D/MD-MD-2017-01**

**Agency Name:** Maryland Department of Health and Mental Hygiene

**Division/Branch/Team/Section:** Infectious Disease Epidemiology and Outbreak Response Bureau

**Physical Address:** 201 W. Preston St. Baltimore, Maryland 21201

**Primary Supervisor:** Katherine Feldman, DVM, MPH, (EIS 2000), Chief, Center for Zoonotic and Vector Borne Diseases and State Public Health Veterinarian, katherine.feldman@maryland.gov

**Secondary Supervisor:** David Blythe, MD, MPH, (EIS 1998), State Epidemiologist, david.blythe@maryland.gov

**Background:** This is a general infectious disease assignment in the Infectious Disease Epidemiology and Outbreak Response Bureau (IDEORB), the infectious disease program of the Maryland Department of Health and Mental Hygiene (DHMH). DHMH/IDEORB is responsible for preventing and responding to infectious diseases, including foodborne infections, waterborne infections, vectorborne infections, infections caused by enteric and respiratory...
bacteria and viruses, vaccine-preventable diseases, tuberculosis, healthcare-associated infections, and emerging infections like Ebola, Zika, and MERS-CoV infection. IDEORB also works in concert with other parts of DHMH to prevent and respond to Zika virus, HIV, tuberculosis, and sexually transmitted infections. Much of this is accomplished by close collaboration with Maryland local health departments, hospitals and healthcare providers, and a range of other government and community partners.

**Proposed Initial Projects:** Projects can be arranged based on the EISO’s interests, and derive from the broad range of possibilities such as outbreak investigation and response, antimicrobial resistance and healthcare associated infections, and assessment of exposure locations for and/or healthcare provider knowledge of tickborne disease. IDEORB has a large dataset comprising outpatient antimicrobial prescriptions including detailed information about the prescribing provider. The EISO can explore antimicrobial use and potential overuse using multivariate analyses to assess for predictors of overprescribing or appropriate prescribing, considering the effects of variables like patient population, provider specialty, and geographic location. Analysis could examine how patient age and sex might modify effects of provider specialty on prescribing habits as well as account for confounders like measures of healthcare seeking behavior in the population of interest. Findings will help guide Maryland and national antibiotic stewardship and appropriate antibiotic use efforts. The EISO can also analyze Maryland’s Zika surveillance data, describing demographic, clinical, laboratory, and geographic characteristics of cases. Additional analysis could include conducting a multivariate analysis to compare different groups, e.g. children vs. adults, or pregnant vs. non-pregnant cases. The EISO can also work on Emerging Infections Program projects which include healthcare associated infections, influenza, foodborne diseases, and tickborne diseases. Projects might involve data collection at local health departments or clinical facilities.

**Proposed Surveillance Projects:** 1) Zika surveillance system: DHMH rapidly implemented surveillance for Zika virus infections after the recognition of the Zika outbreak in South America. An evaluation would help DHMH to continue to evolve the system in response to increased knowledge and changing needs. 2) Non-TB mycobacterial infections are consistently among Maryland’s top reportable conditions, and many are thought to be associated with Chesapeake Bay exposures; however, neither the reports nor the surveillance system have been fully characterized. Alternatively, the EISO could evaluate other surveillance systems of importance, including our antibiotic resistance surveillance system which collects and aggregates antibiotic resistance testing data from all Maryland hospitals to generate community-wide and regional antibiotic resistance reports. Any of these projects might potentially require visits to local health departments or clinical facilities for collection of additional data or review of surveillance system processes. Alternative projects can be arranged based on the EISO’s interests.

**Range of Opportunities:** This is primarily a general ID assignment focused on surveillance, outbreak investigations and related ID activities. Other opportunities exist, including preparedness, environmental health, and maternal and child health. This EISO works with LHDs, neighboring state health departments, and other state and federal agencies. An international opportunity is possible.

**Position Strengths:** High-quality supervision; assignment to visible investigations of public health importance; extensive exposure to real-world state and LHD practice; proximity to outstanding medical institutions; diverse population with varied cultural and travel-related health issues.

**Special Skills Useful for this Position:** IDEORB is a busy, fast-paced general communicable disease program. As such, it requires the EISO to be open to working on more than one project in a variety of subject areas at a time and to developing an ability to prioritize activities. Clinical experience and training can be helpful but is not required.

**Available Data:** A wide range of existing datasets are available for projects, including communicable diseases surveillance, Emerging Infections Program, TickNET, healthcare-associated infections surveillance, Maryland immunization registry, hospital discharge data, and HIV morbidity and behavioral surveillance program data. Other possibilities (e.g., environmental health, cancer) can be explored based on the EISO’s interests.

**Recent Publications:**
-Effectiveness of residential acaricides to prevent Lyme and other tickborne diseases. (JID 2016)
-Point prevalence of Klebsiella pneumoniae carbapenemase-producing Enterobacteriaceae. (ICHE 2014)
-Lyme disease testing by large commercial laboratories in the US. (CID 2014) -Clinician outreach to improve the quality of rabies PEP administration. (VBDZ 2014)
-Impact of rurality, broiler operations, and community socioeconomic factors on the risk of campylobacteriosis. (AJPH 2013)
-Legionnaires’ disease case-finding algorithm, attack rates, and risk factors during a residential outbreak among older adults. (BMC ID 2013)

**Domestic Travel:** 10%  **International Travel:** 0%

**Available Support:** The EISO is supported by >80 IDEORB public health professionals and Maryland’s 24 local health departments (LHD). Many former EISOs are affiliated with DHMH, including the current EISO who will stay at IDEORB, or are in the area. Other local resources include faculty and libraries of the Johns Hopkins School of Public Health, three medical schools, and the state public health laboratory.

**Current/Recent EIS Officer:** Richard Brooks, MD, MPH, (EIS 2015), EIS Officer, richard.brooks@maryland.gov
Current/Recent EIS Officer: David Schnabel, MD, MPH, (EIS 2013)
Current/Recent EIS Officer: Maria Said, MD, MPH, (EIS 2011)
Current/Recent EIS Officer: Rakhee Palekar, MD, MPH, (EIS 2007)


Officer Recent Publications:
- Likely Sexual Transmission of Zika Virus from a Man with No Symptoms of Infection - Maryland, 2016. (Brooks, MMWR 2016)
- Male-to-Female Sexual Transmission of Zika Virus-United States, January-April 2016. (Brooks, CID 2017)
- Invasive group A Streptococcus infections associated with liposuction surgery at outpatient facilities not subject to state or federal regulation. (Sad, JAMA Int Med 2014)
- A Large-scale, Rapid Public Health Response to Rabies in an Organ Recipient and the Previously Undiagnosed Organ Donor. (Sad, Zoonoses Pub Health 2014)
- Transmission of vaccinia virus, possibly through sexual contact, to a woman at high risk for adverse complications. (Sad, Mil Med 2013)
- Raccoon rabies virus variant transmission through solid organ transplantation. (Sad, JAMA 2013)
- Vascular access hemorrhages contribute to deaths among hemodialysis patients. (Palekar, Kidney Int 2012)
- An outbreak of 2009 pandemic influenza A (H1N1) virus infection in an elementary school in Pennsylvania. (Palekar, CID 2012)

Consultant: Lucy Wilson, MD, MSc, Chief, Center for Surveillance, Infection Prevention and Outbreak Response, lucy.wilson@maryland.gov
Consultant: Patricia Ryan, MS, Director, Emerging Infections Program, patricia.ryan@maryland.gov
Consultant: Cliff Mitchell, MD, MS, Director, Environmental Health Bureau, cliff.mitchell@maryland.gov
Consultant: Richard Brooks, MD, MPH, (EIS 2015), HA/HAR Expert, CDC Direct Assistance Assignee to DHMH, richard.brooks@maryland.gov

Size of Community: 5.9 million

University Affiliation: IDEORB maintains active affiliations with JHU and the University of Maryland School of Medicine and trains residents and students from both institutions. As part of this assignment, the EISO can mentor students and residents and lecture or do other teaching.

Living Environment: Moderate climate and a variety of living environments, including suburban and urban areas along the Baltimore-Washington, DC axis; agricultural and fishing areas on the Eastern Shore; and mountainous locales in Western Maryland.

Cultural and Recreational Assets: Attractions include Baltimore's Inner Harbor; Washington, DC; easy access to outdoor activities; beaches; mountains; museums; theaters; restaurants; night life; professional sports; and significant cultural and historical sites.

Opportunity for Employment: Numerous, including private businesses; government; colleges; universities; and healthcare facilities.

North Carolina

DSEPD/EWB-NC-2017-01
Agency Name: NC Department of Health and Human Services
Division/Branch/Team/Section: Communicable Disease Branch
Physical Address: 225 N. McDowell St., Raleigh, North Carolina 27603
Primary Supervisor: Aaron Fleischauer, PhD, MSPH, (EIS 2002), CEFO, aaron.fleischauer@dhhs.nc.gov
Secondary Supervisor: Zack Moore, MD, MPH, (EIS 2006), State Epidemiologist
Secondary Supervisor: Jennifer MacFarquhar, RN, MPH, (EIS 2007), CEFO
**Background:** The North Carolina Division of Public Health has hosted 37 EIS officers in the area of communicable disease since 1952. Recent officers have gone on to careers at CDC, academic medical centers and Non-profits.

The Communicable Disease Branch (CDB) is housed within the Epidemiology Section, which is responsible for reducing morbidity and mortality resulting from communicable, occupational and environmental diseases and conditions. The CDB has over 150 employees and is responsible for conducting surveillance for communicable diseases, including HIV, STDs, and all other communicable diseases reportable under NC law, and for protecting the health of the citizens of North Carolina through prevention and control of those diseases. EIS officers in this position work on a wide range of communicable disease investigations and projects and have frequent opportunities to collaborate with colleagues in other branches and sections of the Division of Public Health. The EIS supervisors and consultants have many years of experience with the EIS program and are committed to maximizing educational opportunities for officers and identifying projects that meet their individual needs.

**Proposed Initial Projects:** Quantify the association between opioid overdose/fatality and acute viral hepatitis infections in the Southern Appalachian region. Evaluate the effectiveness of hepatitis C linkage to care projects. Analyze newly integrated surveillance data to determine the temporal and spatial distribution and risk factors for co-infections with HIV, STDs, hepatitis and TB. Investigate risk behaviors and social network features associated with ongoing syphilis outbreaks. Describe risk factors for sporadic legionellosis infections. Assess epidemiologic differences in culture confirmed and culture independent case reports for Salmonellosis infections.

**Proposed Surveillance Projects:** Evaluate the effectiveness and efficiency of newly mandated (January 2017) chronic hepatitis C case reporting through electronic laboratory reporting only. Evaluate the validity of Lyme disease case reports by geospatial, clinical, and diagnostic criteria. Surveillance projects likely to involve in-state travel.

**Range of Opportunities:** The officer will be involved in field investigations and planned epidemiologic studies. Outbreaks are common; the EISO will have ample opportunities to lead investigations. The EISO is encouraged to work with epidemiologists in other branches, such as Public Health Preparedness and Response and Chronic Disease.

**Position Strengths:** NC has rich history in hosting and mentoring 37 EIS officers since 1952. We have a diverse staff committed to mentoring, teaching and supporting fellows. We are the 9th largest state and have close relationships with local health departments that ensures opportunities for working on outbreaks and other investigations. Close relationships with neighboring academic institutions provide opportunities for collaboration, practice, and teaching.

**Special Skills Useful for this Position:** Flexibility; strong interpersonal skills; ability to communicate clearly with the public, lay audiences, and professionals from a variety of backgrounds and disciplines; willingness to travel within the state.

**Available Data:** Our statewide reportable disease surveillance system, NC EDSS, is a completely integrated and linked system that includes comprehensive data for all communicable diseases including HIV, STDs and tuberculosis. Our statewide syndromic surveillance system, NC DETECT, includes real-time data from all 115 hospital emergency departments in NC as well as data from the Carolinas Poison Center.

**Recent Publications:** Recent publications by the supervisory team have covered a wide variety of topics, including investigations of hepatitis outbreaks in healthcare settings; identification of influenza variants with reduced antiviral susceptibility; integration of syndromic surveillance data in public health practice at the state and local levels; use of near real-time morbidity data to identify heat-related illness prevention strategies; and fatal Apophysomyces elegans infection transmitted by deceased donor renal allografts. Publications have appeared in the Journal of Infectious Diseases, Emerging Infectious Diseases, Public Health Reports, Infection Control and Hospital Epidemiology, Vaccine, the American Journal of Transplantation and other high-profile journals.

**Domestic Travel:** 15% **International Travel:** 0%

**Available Support:** Experienced staff including physicians, veterinarians, nurses, doctoral-level epidemiologists, and industrial hygienists; expertise in surveillance, outbreak investigation, and study design. Consultation with biostatisticians available through the State Center for Health Statistics and UNC School of Public Health.

**Current/Recent EIS Officer:** Jessica Rinsky, PhD, (EIS 2015)

**Officer Projects:** Investigated outbreaks and published reports on fungal meningitis, hepatitis B, legionellosis, brucellosis, E.coli, and S. paratyphi B. Projects have included comparing clinical and demographic features among confirmed vs. probable spotted fever rickettsiosis cases, antibiotic prescribing patterns in Medicaid, and an investigation of occupational and take-home lead exposures.

**Officer Recent Publications:**

Consultant: Jean-Marie Maillard, MD, MSc, Medical Director, Communicable Diseases
Consultant: Evelyn Foust, MPH, Branch Chief, Communicable Diseases
Consultant: Victoria Mobley, MD, MPH, Medical Director, HIV/STDs

Size of Community: >412,000 (Raleigh); >1.7 million (Research Triangle); 10 million (State; 9th largest)

University Affiliation: The Research Triangle is rich in academic health resources, including the UNC Gillings School of Global Public Health, UNC and Duke Schools of Medicine, and NCSU College of Veterinary Medicine.

Living Environment: Raleigh is a vibrant city. Housing is affordable and public schools are excellent.

Cultural and Recreational Assets: The Research Triangle area (including Raleigh, Durham, and Chapel Hill) offers many cultural and sporting events and excellent restaurants. Several state parks and lakes are nearby. Raleigh is less than three hours from the Blue Ridge Mountains and the ocean.

Opportunity for Employment: The Research Triangle area offers abundant opportunities for employment and education, including academic, medical, biomedical, research, technology, and pharmaceutical institutions.

New Mexico

DSEPD/EWB-NM-2017-01
Agency Name: New Mexico Department of Health
Division/Branch/Team/Section: Epidemiology and Response Division
Physical Address: 1190 St. Francis Drive N1320, Santa Fe, New Mexico 87502
Primary Supervisor: Michael Landen, MD, MPH, (EIS 1995), State Epidemiologist, michael.landen@state.nm.us
Secondary Supervisor: Chad Smelser, MD, (EIS 2002), Medical Epidemiologist, chad.smelser@state.nm.us

Background: The New Mexico Department of Health is a centralized department of health covering the entire population of the state. There are no local health jurisdictions. The Epidemiology and Response Division has responsibility for communicable disease surveillance (including HIV/AIDS), environmental epidemiology, substance abuse epidemiology, veterinary public health, injury epidemiology, vital records and health statistics, emergency preparedness and EMS. The Division has 180 staff and a budget of $30 million. State laboratory support is excellent.

Proposed Initial Projects: Possible initial analytic projects include: 1) trends in life expectancy by race/ethnicity in New Mexico; 2) suicide in southwest New Mexico; 3) molecular characteristics of group A streptococcus infections in long-term care facility residents; 4) relationship between socio-economic factors and invasive streptococcus infections; 5) analysis of exposure survey and urine contaminant results (arsenic, cadmium, and mercury) using the CDC-funded Four Corner State Biomonitoring Consortium data to determine potential correlations.

Proposed Surveillance Projects: A surveillance system evaluation of one of the following: drug overdose deaths 2013-2016 - datasets include vital record death certificate data and the statewide Office of the Medical Investigator autopsy reports, respiratory syncytial virus is a new surveillance system in New Mexico, or birth defects including birth certificate data, notifiable condition data and hospital inpatient discharge data.

Range of Opportunities: The officer will learn, first hand, infectious disease epidemiology and control. The officer will complete one or more epidemiologic studies in environmental, chronic, maternal and child health, substance abuse, or injury epidemiology. Opportunities exist for special studies among border, American Indian, Hispanic, and other sub-
populations.

**Position Strengths:** The Epidemiology and Response Division offers a well-rounded experience in field epidemiology and analytic epidemiologic studies. The Department of Health has jurisdiction over all New Mexico residents. NM is an Emerging Infections Program (EIP) state and has a population-based Surveillance Epidemiology and End Results (SEER) cancer registry and a statewide medical examiner.

**Special Skills Useful for this Position:** We are looking for a well-rounded individual capable of working with a variety of different people from various backgrounds and interested in a variety of epidemiologic studies and populations.

**Available Data:** New Mexico’s electronic disease surveillance system has data going back 12 years for notifiable diseases; the Behavioral Risk Factor Surveillance System (BRFSS) data, Youth Risk and Resiliency (YRRS) data, birth records, death records, hospital discharge data, emergency department data.

**Recent Publications:** In addition to peer-reviewed journal articles, New Mexico EIS Officers are able to publish a wide range of publications. Past officers have crafted press releases, health alert network messages, disease specific brochures and factsheets, New Mexico epidemiology reports, sections of program annual reports and some have participated in analyzing bills to be presented to the NM state legislature.

**Domestic Travel:** 10%  
**International Travel:** 10%

**Available Support:** NMDOH has highly experienced SAS programmers. Methodological expertise is available onsite. Potential project supervisors include Michael Landen, MD, MPH (EIS 1995), Chad Smelser, MD (EIS 2002), Paul Ettestad, DVM, MS (EIS 1992), Joan Baumbach, MD, MPH, Heidi Krapfl, MPH, Fermin Arguello MD, MPH (EIS 2002, PMR 2004), Laura Tomedi, PhD, MPH.

**Current/Recent EIS Officer:** Nicole Middaugh, ScD, MS, (EIS 2015), EISO

**Current/Recent EIS Officer:** Carrie McNeil, DVM, MPH, (EIS 2012)

**Current/Recent EIS Officer:** Mam Ibraheem, MD, MPH, (EIS 2010)

**Current/Recent EIS Officer:** Megin Nichols, DVM, MPH, (EIS 2008)

**Current/Recent EIS Officer:** Aaron Wendelboe, PhD, (EIS 2006)

**Current/Recent EIS Officer:** Chad Smelser, MD, (EIS 2002)

**Current/Recent EIS Officer:** John Redd, MD, MPH, (EIS 2000)

**Officer Projects:** Wound botulism in injection drug users; analysis of methamphetamine drug-overdose deaths in New Mexico; fentanyl-related overdose deaths; study of tularemia in domestic canines; multi-state outbreak of Salmonella Poona; Group A Streptococcus cluster in long-term care facility residents; youth suicide attempt investigation in Los Alamos County, NM.


**Consultant:** Joan Baumbach, MD, MPH, Deputy State Epidemiologist

**Consultant:** Paul Ettestad, DVM, MS, (EIS 1992), State Public Health Epidemiologist

**Consultant:** Heidi Krapfl, MS, Environmental Health Epidemiologist

**Consultant:** Fermin Arguello, MD, MPH, (EIS 2002), Medical Epidemiologist

**Consultant:** Laura Tomedi, MPH, PhD, Epidemiologist

**Size of Community:** Santa Fe, the state capital, has a population of 75,000 and is located in north central New Mexico. The state’s population is 2 million

**University Affiliation:** We maintain a strong affiliation with the University of New Mexico and its medical school and MPH program. We also work closely with New Mexico State University and the affiliated New Mexico Department of Agriculture.

**Living Environment:** Santa Fe’s cost of living is similar to major urban areas. The climate has been described as incomparable.

**Cultural and Recreational Assets:** Santa Fe is a cosmopolitan city with numerous cultural and outdoor activities including a world-class opera, a nationally acclaimed chamber music festival, art galleries and excellent restaurants.
Winter skiing is a 30-minute drive; rafting, boating, fishing, hiking, camping, and biking trails are abundant. **Opportunity for Employment:** Santa Fe, Los Alamos, and Albuquerque offer several major employers with good employment opportunities.

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**New York**

**DSEPD/EWB-NY-2017-01**
**Agency Name:** New York City Department of Health and Mental Hygiene  
**Division/Branch/Team/Section:** Bureau of Communicable Disease  
**Physical Address:** 42-09 28th Street, CN 22A, Long Island City, New York 11101  
**Primary Supervisor:** Marcelle Layton, MD, (EIS 1992), Assistant Commissioner, mlayton@health.nyc.gov  
**Secondary Supervisor:** Sharon Greene, PhD, MPH, (EIS 2005), Director, Data Analysis Unit, sgreene4@health.nyc.gov  
**Secondary Supervisor:** Sharon Balter, MD, (EIS 1997), Medical Director, Enterics and Waterborne, sbalter@health.nyc.gov  
**Secondary Supervisor:** Annie Fine, MD, (EIS 1996), Medical Director, Reportable Disease, Informatics and Data Analysis Unit, afine@health.nyc.gov

**Background:** We are the primary public health agency for over 8 million ethnically and socioeconomically diverse people. Every disease or condition may and usually does occur here. NYC DOHMH has a reputation for being at the forefront of many public health initiatives. Previous EIS officers were actively involved in the response to imported Zika virus disease in 2016 and Ebola virus disease in 2014-5, Hurricane Sandy in 2012, the emergence of 2009 pandemic influenza, the 2001 World Trade Center and anthrax terrorist attacks, and the initial introduction of West Nile virus into the United States in 1999.

**Proposed Initial Projects:** Descriptive retrospective review of effectiveness of environmental interventions used to control legionellosis outbreaks in community settings; Evaluating impact of exclusions for enteric illness in persons in high risk settings (e.g., foodhandlers, daycare); Evaluation of new initiatives for improving linkage to care for chronic hepatitis C and provider testing and treatment practices; estimating hepatitis B prevalence in NY and developing an HBV care cascade; matching NYC hepatitis C surveillance data with SPARCS data (hospitalization data in NY State) to look at hospital admission, discharge, diagnosis, patient level characteristics to characterize our patients with chronic hepatitis C; Assessing potential reasons for recent declines in salmonellosis in children in NY; Case control study to assess risk factors for Shigella isolates resistant to azithromycin; Describe geographic and temporal patterns of Emergency Department (ED) utilization in NY in relation to disease prevalence to measure different ED utilization patterns and determine their relationship to neighborhood income and racial/ethnic distributions; Evaluating use of rabies post-exposure prophylaxis in NYC emergency departments; Characterize trends in infectious disease mortality in NYC in the pre- vs post-HIV era.

**Proposed Surveillance Projects:** 1) Evaluating surveillance approaches to detecting clusters of legionellosis that might represent outbreaks caused by contaminated cooling towers or potable water systems (will include meetings with BCD Data Analysis Unit staff to understand the various reportable disease cluster detection methods in use in NY (e.g., SaTScan and Historical Limits methods) and field visits with Public Health Engineers involved in routine inspections of cooling towers in NY).  
2) Evaluating new proposal to develop a citywide antibiogram for outpatient urinary tract infections (will include meetings with BCD staff conducting medical records reviews on infants with laboratory evidence of Zika infection).  
3) Evaluating NYC’s surveillance efforts to participate in the US Zika Pregnancy Registry (will include field visits with BCD staff conducting medical records reviews on infants with laboratory evidence of Zika infection).

**Range of Opportunities:** The potential for epidemiologic projects and outbreak investigations abound. It is NYC after all! The EISO is not limited to projects in BCD; opportunities exist in other programs (HIV, chronic disease, environmental). Outbreak investigations provide opportunities to apply practical epidemiologic methods in a variety of field settings, from healthcare to restaurants, jails and shelters. We are supportive of international deployments.

**Position Strengths:** It is an exciting environment and you get a true taste of all aspects of public health at the local level. Energetic, knowledgeable colleagues are willing to work with you to ensure projects are completed.  
**Special Skills Useful for this Position:** Though a medical background (especially infectious diseases) and epidemiologic, statistical, and computer skills as well as good oral and written communication skills are very helpful, we consider this a training opportunity and will work with the EISO to help improve these skills if s/he has minimal prior experience in public health or infectious diseases. The most important characteristics for an EISO in NYC are the
ability to work well with a very diverse staff, to be able to juggle more than one project at a time and to be able to work under occasional demanding or stressful situations.

**Available Data:** Data for >90 notifiable diseases. Syndromic surveillance data from emergency department visits, pharmaceutical sales and school nurse visits. Birth and death certificate data. Information on NYC public data sources is available at [http://www1.nyc.gov/site/doh/data/tools.page](http://www1.nyc.gov/site/doh/data/tools.page). All data are accessible and readily available for use on EISO’s arrival.


**Domestic Travel:** 0%  
**International Travel:** 0%

**Available Support:** DOHMH has a large staff of medical and doctoral-level epidemiologists and >30 EIS alumni. BCD has a large number of research scientists and surveillance staff to provide epidemiologic support and assist in field investigations. Computer, statistical, and clerical support are readily available. NYC/NYS public health laboratories provide diagnostic support.

**Current/Recent EIS Officer:** Chris Lee, MD, MSc, MPH, (EIS 2015), Epidemiologist, klq5@cdc.gov
**Current/Recent EIS Officer:** Isaac Benowitz, MD, (EIS 2014), Medical officer, key6@cdc.gov
**Current/Recent EIS Officer:** Alison Ridpath, MD, MPH, (EIS 2012), Medical officer, etf4@cdc.gov
**Current/Recent EIS Officer:** Prabhu Gounder, MD, MPH, (EIS 2010), Medical Officer, iym4@cdc.gov
**Current/Recent EIS Officer:** Anne Marie France, PhD, (EIS 2008), Epidemiologist, hgj6@cdc.gov
**Current/Recent EIS Officer:** Bruce Gutelius, MD, MPH, (EIS 2006), Medical epidemiologist, bguteliu@health.nyc.gov
**Current/Recent EIS Officer:** Ben Tsoi, MD, (EIS 2004), Medical Director, btsoi@health.nyc.gov
**Current/Recent EIS Officer:** Melissa Marx, PhD, (EIS 2002), Assistant Professor, mmarx@jhu.edu
**Current/Recent EIS Officer:** Michael Phillips, MD, (EIS 2000), Director, Hospital epidemiology, Michael.Phillips@nymc.org
**Current/Recent EIS Officer:** Farzad Mostashari, MD, MPH, (EIS 1998), CEO, farzad@aledade.com
**Current/Recent EIS Officer:** Annie Fine, MD, (EIS 1996), Medical Director, afin@health.nyc.gov
**Current/Recent EIS Officer:** Rosalind Carter, PhD, (EIS 1994), Epidemiologist, rdc6@cdc.gov
**Current/Recent EIS Officer:** Marcelle Layton, MD, (EIS 1992), Assistant Commssioner, mlayton@health.nyc.gov
**Current/Recent EIS Officer:** Thomas Frieden, MD, MPH, (EIS 1990)
**Current/Recent EIS Officer:** Kelly Henning, MD, MPH, (EIS 1988), Director

**Officer Projects:** 1) Impact of supportive housing on decreasing HIV incidence, NYC
2) Risk factors for infant measles mortality, Mongolia
3) Microcephaly prevalence, NYC
4) Disparities in Zika virus testing and incidence, NYC
5) Multiple foodborne, healthcare and other outbreak responses, including influenza A H7N2 among cats at a NYC shelter

Size of Community: 8.5 million

University Affiliation: We have strong collaborative relationships with Columbia and Hunter/CUNY Schools of Public Health.

Living Environment: Sometimes challenging, often surprising, always exciting.

Cultural and Recreational Assets: If you have to ask….it is NYC after all!!

Opportunity for Employment: Excellent

Oregon

DSEPD/EWB-OR-2017-01

Agency Name: Oregon Health Authority/Public Health Division
Division/Branch/Team/Section: Center for Public Health Practice
Physical Address: 800 NE Oregon St., Suite 772, Portland, Oregon 97232

Primary Supervisor: Richard Leman, MD, (EIS 2000), Chief Medical Officer, Health Security, Preparedness, and Response Program, richard.f.leman@state.or.us
Secondary Supervisor: Julie Maher, PhD, (EIS 1997), Director, Program Design and Evaluation Services, julie.e.maher@state.or.us

Background: Oregon Public Health Division is the state agency responsible for investigating and addressing the leading causes of death, disease and injury in Oregon. We have had EIS officers continuously since 1987. EIS projects are available in the following programmatic areas: communicable diseases; HIV/STD/TB; injuries; chronic disease prevention; maternal and child health; and environmental health.

Proposed Initial Projects: Multivariate analysis of ER encounter data, State Trauma Registry, and medical records to assess risk factors associated with firearm injury; conduct analysis of all-payer, all-claims database to assess patterns of preventive health care; through multivariate analysis of Behavioral Risk Factor Surveillance System data, assess impact of Adverse Childhood Experiences on subsequent development of chronic diseases and health risk behaviors.

Proposed Surveillance Projects: Evaluation of the Oregon State Cancer Registry, including review of Public Health Division systems, field observation of data collection methods, and key informant interviews; Review of domoic acid surveillance in shellfish and seawater samples, with participation in field collection activities on the Oregon Coast. Depending on officer interest, Oregon’s recently created Emergency Medical Services Information System, the state’s Prescription Drug Monitoring database or our C. difficile surveillance system could be evaluated. In any of these projects, the EIS officer could review systems currently in place at the Public Health Division for data collection, processing and storage, as well as meet with and interview external data users and suppliers to gain a broader understanding of the systems’ usefulness, flexibility, and acceptability.

Range of Opportunities: Oregon EIS officers regularly investigate outbreaks of communicable disease and other illnesses, with opportunities for field investigations throughout the state. EISOs also conduct special studies, and respond to public health inquiries. Officers work with local, state, and national governmental and academic colleagues. Issues of interest include health burdens associated with prescription drug misuse, suicide and intimate partner violence, emerging infections, public health effects of retail recreational marijuana, tobacco-related illness, and other chronic diseases.

Position Strengths: Oregon sponsors two EIS positions (one each year); the established officer typically mentors the newer officer. Oregon officers work with experienced epidemiologists. We provide experience in applied epidemiology, equip EIS officers with tools to address a variety of public health issues, and facilitate publication in peer-reviewed journals. We support temporary CDC international opportunities for officers who want to pursue them.

Special Skills Useful for this Position: (None are mandatory but all are appreciated and contribute to success.) Flexibility toward investigation and study methods; patience; curiosity; breadth of interest; fluency in languages other than English; recognition that applied epidemiology differs from academic epidemiology; knowledge of and practical experience with relational databases; working knowledge of common measures of association and how to calculate them from raw data using analytic software; some familiarity or experience with clinical medicine; good writing skills; humility and good humor.

Available Data: State Trauma, Cancer, and Immunization Registries; Behavioral Risk Factor Surveillance data; Pregnancy Risk Assessment Monitoring System; vital statistics data (birth/death certificates); Prescription Drug...
Monitoring Program data; statewide outbreak, reportable disease, hospital discharge, ER encounter, and all-payer all-claims databases.


Domestic Travel: 10%  International Travel: 0%

Available Support: OPHD houses seven physician epidemiologists, two dozen doctoral-level epidemiology/behavioral/social scientists, seven EIS alumni, and has excellent statistical, laboratory, and clerical support.

Current/Recent EIS Officer: David Shih, MD, MPH, (EIS 2016), EISO, david.c.shih@state.or.us

Consultant: Sean Schafer, MD, MPH, (EIS 2003), Medical Epidemiologist, sean.schafer@state.or.us

Consultant: Katrina Hedberg, MD, MPH, (EIS 1986), State Epidemiologist and Health Officer, katrina.hedberg@state.or.us

Consultant: Jonas Hines, MD, (EIS 2015), EISO, jonas.hines@state.or.us

Consultant: Emily Fisher, MD, MPH, (EIS 2014), EISO

Consultant: Malini DeSilva, MD, MPH, (EIS 2013), EISO

Consultant: Kara Levri, MD, MPH, (EIS 2012), EISO

Officer Projects: Effect of precipitation on Shigella transmission among homeless populations; Use of emergency department-based surveillance to assess burden of marijuana-related adverse events; exploration of strategies to improve case ascertainment/contact investigation in syphilis outbreak among injection drug users; predictors of success in investigating PFGE clusters of E. coli O157.


DeSilva (’13) A case-control study evaluating the role of internet meet-up sites and mobile telephone applications in influencing a syphilis outbreak: Multnomah County, Oregon USA 2014. (Sexually Transmitted Infections); Early syphilis among men who have sex with men in the US Pacific Northwest, 2008-2013: Clinical management and implications for prevention. (AIDS Patient Care STDs); Communitywide cryptosporidiosis outbreak associated with surface water-supplied municipal water system-Baker City, Oregon, 2013. (Epidemiology and Infection); Fatal yellow fever vaccine-associated viscerotropic disease – Oregon, September 2014. (MMWR).


Buser (’11) Severe methemoglobinemia/hemolytic anemia from aniline purchased as 2C-E (4-ethyl-2, 5-dimethoxyphenethylamine), a recreational drug, on Internet—Oregon, 2011. (MMWR), Acute kidney injury associated with smoking synthetic cannabinoid. 2014 (Clinical Toxicology)

Consultant: Sean Schafer, MD, MPH, (EIS 2003), Medical Epidemiologist, sean.schafer@state.or.us

Consultant: Katrina Hedberg, MD, MPH, (EIS 1986), State Epidemiologist and Health Officer, katrina.hedberg@state.or.us

Consultant: Jonas Hines, MD, (EIS 2015), EISO, jonas.hines@state.or.us

Consultant: Emily Fisher, MD, MPH, (EIS 2014), EISO

Consultant: Malini DeSilva, MD, MPH, (EIS 2013), EISO

Consultant: Kara Levri, MD, MPH, (EIS 2012), EISO

Consultant: Jonas Hines, MD, (EIS 2015), EISO, jonas.hines@state.or.us

Consultant: Emily Fisher, MD, MPH, (EIS 2014), EISO

Consultant: Malini DeSilva, MD, MPH, (EIS 2013), EISO

Consultant: Kara Levri, MD, MPH, (EIS 2012), EISO

Officer Projects: Effect of precipitation on Shigella transmission among homeless populations; Use of emergency department-based surveillance to assess burden of marijuana-related adverse events; exploration of strategies to improve case ascertainment/contact investigation in syphilis outbreak among injection drug users; predictors of success in investigating PFGE clusters of E. coli O157.


DeSilva (’13) A case-control study evaluating the role of internet meet-up sites and mobile telephone applications in influencing a syphilis outbreak: Multnomah County, Oregon USA 2014. (Sexually Transmitted Infections); Early syphilis among men who have sex with men in the US Pacific Northwest, 2008-2013: Clinical management and implications for prevention. (AIDS Patient Care STDs); Communitywide cryptosporidiosis outbreak associated with surface water-supplied municipal water system-Baker City, Oregon, 2013. (Epidemiology and Infection); Fatal yellow fever vaccine-associated viscerotropic disease – Oregon, September 2014. (MMWR).


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Consultant: Sean Schafer, MD, MPH, (EIS 2003), Medical Epidemiologist, sean.schafer@state.or.us

Consultant: Katrina Hedberg, MD, MPH, (EIS 1986), State Epidemiologist and Health Officer, katrina.hedberg@state.or.us

Consultant: Jonas Hines, MD, (EIS 2015), EISO, jonas.hines@state.or.us

Consultant: Emily Fisher, MD, MPH, (EIS 2014), EISO

Consultant: Malini DeSilva, MD, MPH, (EIS 2013), EISO

Consultant: Kara Levri, MD, MPH, (EIS 2012), EISO

Officer Projects: Effect of precipitation on Shigella transmission among homeless populations; Use of emergency department-based surveillance to assess burden of marijuana-related adverse events; exploration of strategies to improve case ascertainment/contact investigation in syphilis outbreak among injection drug users; predictors of success in investigating PFGE clusters of E. coli O157.


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Consultant: Sean Schafer, MD, MPH, (EIS 2003), Medical Epidemiologist, sean.schafer@state.or.us

Consultant: Katrina Hedberg, MD, MPH, (EIS 1986), State Epidemiologist and Health Officer, katrina.hedberg@state.or.us

Consultant: Jonas Hines, MD, (EIS 2015), EISO, jonas.hines@state.or.us

Consultant: Emily Fisher, MD, MPH, (EIS 2014), EISO

Consultant: Malini DeSilva, MD, MPH, (EIS 2013), EISO

Consultant: Kara Levri, MD, MPH, (EIS 2012), EISO

Size of Community: Portland metropolitan area 1.6 million; State 3.8 million.

University Affiliation: Public Health Division epidemiologists work closely with the Department of Public Health and Preventive Medicine at Oregon Health & Science University, with opportunities to teach and attend epidemiology conferences.

Living Environment: Portland is a beautiful city, known for its microbreweries, excellent restaurants, and bicycle-friendly streets. Housing is readily available within walking distance of the office, and in suburban neighborhoods on bus and light-rail lines. Public transportation is excellent.

Cultural and Recreational Assets: Skiing, rafting, camping, hiking, fishing, windsurfing, and mountain climbing are all
within a 90-minute radius of town, as are Oregon’s scenic coastline and Willamette Valley vineyards. Portland has several quality museums, as well as theatre, symphony, and ballet.

**Opportunity for Employment:** Portland is home to several academic centers (Oregon Health & Science University, Portland State University, Reed College), governmental agencies, hospitals, and industries (Nike, Intel, Columbia Sportswear), which offer a variety of employment opportunities.

**Pennsylvania**

DSEPD/EWB-PA-2017-01

**Agency Name:** Allegheny County Health Department

**Division/Branch/Team/Section:** Bureau of Assessment, Statistics, and Epidemiology

**Physical Address:** 542 Fourth Avenue, Pittsburgh, Pennsylvania 15219

**Primary Supervisor:** Kristen Mertz, MD, MPH, (EIS 1993), Medical epidemiologist, kristen.mertz@alleghenycounty.us

**Secondary Supervisor:** LuAnn Brink, MPH, PhD, Chief epidemiologist, luann.brink@alleghenycounty.us

**Background:** The Allegheny County Health Department (ACHD) serves 1.2 million people in Pittsburgh and surrounding municipalities. The mission of ACHD is to protect, promote, and preserve the health and well-being of all Allegheny County residents, particularly the most vulnerable. The Bureau of Assessment, Statistics, and Epidemiology (BASE) is responsible for disease surveillance, vital statistics, and outbreak investigations. The Chief of Epidemiology and the medical epidemiologist have a combined 40 years of public health experience and will be the EIS supervisors. There are many opportunities to investigate outbreaks of foodborne illness, Legionnaires’ disease, invasive group A streptococcal infections, shigellosis, and pertussis and to undertake special studies related to improving disease surveillance. Opportunities to analyze data related to injuries, chronic disease, and child health are also available.

**Proposed Initial Projects:**

1. Hepatitis C surveillance projects:
   a. Survey of drug treatment centers to assess current hepatitis C screening practices. This project will give EISO experience with primary data collection.
   b. Linkage of birth certificate data to hepatitis C reports to determine the number of hepatitis positive women delivering and the extent of testing among infants at risk. This project offers the EISO the opportunity to merge large data sets.
   c. Analysis of hepatitis C surveillance data to determine the percentage of hepatitis C positive persons receiving care and treatment. This will involve analysis of data reported by providers and patients as well as a parallel analysis of laboratory data.

2. Analyses of data from the 2016 Allegheny County Health Survey, a county-wide population-based survey with a large sample size (9000). The EISO could focus on the prevalence of health-related behaviors (smoking, physical activity, nutrition, overweight), chronic disease (diabetes, asthma), preventive health screening (mammography, colonoscopy), or access to care, beginning with descriptive analyses then using multivariate models.

**Proposed Surveillance Projects:**

Option 1. Evaluation of Lyme disease surveillance: The number of Lyme disease cases in Allegheny County has skyrocketed during the past 10 years. ACHD does not have the staff to investigate the hundreds of positive laboratory tests reported each year. In 2015 and 2016 we investigated 20% of reported cases; results of these investigations are being used to estimate total case counts. The EISO will compare estimated case counts using the sampling technique to official counts from 2014, when we investigated every case. He/she would also evaluate the new sampling method using standard evaluation criteria. This will involve interviews with emergency department staff and private practitioners about their practices related to testing and reporting of Lyme disease cases.

Option 2. Evaluation of hepatitis C surveillance: ACHD receives hundreds of hepatitis C positive laboratory tests per year. In 2015 we investigated every report, but in 2016 we investigated a subset of reports based on age criteria. The EISO can compare results from these 2 approaches and evaluate the current system using standard evaluation criteria. The evaluation will involve interviews about the testing and reporting practices at facilities serving high-risk populations, such as drug treatment centers, the jail, and the STD clinic.

**Range of Opportunities:** The EIS officer will have opportunities to work with staff in both the Infectious Disease Epidemiology (IDE) and Chronic Disease Epidemiology (CDE) programs within BASE. Examples of additional opportunities with the IDE program include responding to disease outbreaks involving foodborne illnesses, vaccine
preventable diseases, or health care associated infections. Additional opportunities with the CDE Epi group include working on reports related to disparities in health conditions.

**Position Strengths:** Outbreak investigations at a local health department are conducted as a joint effort between epidemiologists and environmental health professionals, offering an opportunity for the EISO to become familiar with a variety of programs within the department.

**Special Skills Useful for this Position:** Clinical experience would be useful for investigation and mitigation of outbreaks. Knowledge of SAS, especially for the analysis of weighted survey data, would be a plus, but not required

**Available Data:** The following data sets are accessible and available to the EISO:
- Notifiable disease surveillance data
- Hospital discharge data
- Opioid surveillance data (including 911 data, EMS data, ED data, and hospitalization data)
- ACHS weighted data
- Childhood blood lead surveillance data
- Mortality data
- Birth data


**Domestic Travel:** 5%  
**International Travel:** 0%

**Available Support:** Assistance with SAS and basic statistics is available from the BASE epidemiology team. For more complicated statistical support, we would consult statisticians at the University of Pittsburgh’s Graduate School of Public Health. Communications involving the news media and social media are directed by our public health information officer who can assist with communications training.

**Current/Recent EIS Officer:** Michael Gronostaj, MD, PharmD, MPH, (EIS 2011), Medical epidemiologist, VIE0@cdc.gov

**Officer Projects:**  
- First US outbreak investigation of listeriosis associated with cut-and-repackaged cheeses  
- Multivariable analysis of overweight/obesity risk factors  
- Fungal meningitis associated with contaminated methylprednisolone  
- Yersiniosis outbreak investigation associated with pasteurized dairy products  
- Nationwide outbreak of hepatitis C investigation associated with healthcare worker  
- Antibiotic prophylaxis algorithm for meningitis contact investigations

Size of Community: 1.2 million county residents

University Affiliation: Drs. Mertz and Brink (supervisor/mentors) both have adjunct appointments at the University of Pittsburgh’s Graduate School of Public Health (Department of Epidemiology)

Living Environment: Affordable housing, available mass transit, relatively low cost of living

Cultural and Recreational Assets: World class museums, symphony, ballet, and theater; biking trails, road races, river activities; ski resorts <1.5 hrs; major league sports teams; extensive city park system

Opportunity for Employment: Growing high tech industry, several major health care systems, numerous universities and colleges

DSEPD/EBW-PA-2017-02
Agency Name: Philadelphia Department of Public Health
Division/Branch/Team/Section: Division of Disease Control
Physical Address: Philadelphia Department of Public Health Division of Disease Control 500 S. Broad St Philadelphia, Pennsylvania 19146
Primary Supervisor: Eileen Farnon, MD, (EIS 2005), Director, Healthcare-Associated Infections/Antimicrobial Resistance Program, eileen.farnon@phila.gov
Secondary Supervisor: Kendra Viner, MPH, PhD, Director, Viral Hepatitis Program, kendra.viner@phila.gov

Background: The Philadelphia Department of Public Health (PDPH) Division of Disease Control (DDC) is one of the oldest Public Health Departments in the U.S. With a rich history of public health interventions, from quarantine for yellow fever, to controlling the first recognized Legionnaire’s Disease outbreak, Philadelphia currently is home to a diverse population, and is a major center for academic medicine, with strong partners nearby including the CDC Penn Prevention EpiCenter, Drexel School of Public Health, Jefferson College of Population Health, Temple College of Public Health, and the Pennsylvania Department of Public Health. PDPH DDC recently expanded its Healthcare-Associated Infections/Antimicrobial Resistance Program and Hepatitis Programs, which offer numerous opportunities for applied public health training, in addition to other sections within DDC (Immunizations, Tuberculosis Control, STD Control, Acute Communicable Disease Control, Public Health Preparedness, and Epidemiology).

Proposed Initial Projects: All the following projects will be ready to go for an incoming EISO:
- Analyze rates of Clostridium difficile in Philadelphia healthcare facilities and create a multifaceted intervention targeted at high-rate facilities.
- Conduct a study to assess risk factors for hepatitis C virus (HCV) infection among dialysis patients in Philadelphia.
- Conduct a study to assess the prevalence of azole-resistant Aspergillus fumigatus in the Philadelphia region and describe characteristics and risk factors for patients with infection.
- Create a targeted prevention program for an organ transplant-transmitted infection and assess its effectiveness.
- Participate in Infection Control Assessment and Response (ICAR) activities across the spectrum of healthcare, as well as Ebola and other Special Pathogen Assessments and Exercises with three Philadelphia Ebola Treatment Centers and Ebola Assessment Hospitals.
- Describe and assess gaps in the citywide HCV continuum of care for specific sub-populations in the city, including mentally ill, homeless, current drug users, and inmates.
- Investigate HCV screening, confirmation, and linkage to care rates in Philadelphia’s Medication Assisted Treatment facilities.
- Match behavioral health and hepatitis surveillance data (including both positive and negative results) to determine areas with the highest rates of active HCV transmission and target them for interventions.
- Evaluate Emergency Department mumps data to determine the need for a third vaccine dose.

Proposed Surveillance Projects: Evaluate the NHSN Surveillance System for Philadelphia. PDPH recently acquired access to NHSN data reported by healthcare facilities in the City. An evaluation of NHSN for HAI/AR reporting will be important to understand the merits and limitations of the surveillance system for Philadelphia and to help PDPH improve its utility.
- Create an XDRO Registry, a novel surveillance system for CRE and other multidrug-resistant organisms (MDROs)
in Philadelphia, as a pilot that may be expanded across Pennsylvania. This effort will be in collaboration with local and state public health partners, and will link epidemiologic data with laboratory isolates for further characterization, assist with determining disease burden, targeting interventions, and assisting healthcare facility communication and implementation of isolation precautions.

- Evaluate the STD Syphilis surveillance system, comparing the current surveillance system using the reverse algorithm to diagnose syphilis compared to the traditional algorithm.

Range of Opportunities: The EISO will be based in DDC, which offers many opportunities for outbreak investigations, large dataset analyses, targeted studies, and outreach on a wide range of infectious disease topics. Outside of DDC, the EISO will have the opportunity to work with the AIDS Coordinating Office, the Health Commissioner’s Office, and other sections of PDPH. While this position is primarily infectious disease oriented, opportunities for projects focusing on general and chronic disease control and prevention in PDPH will be available. Opportunities for international and domestic deployment for CDC will be supported and encouraged if desired.

Position Strengths: Variety of opportunities for applied epidemiology training; fieldwork; scientific presentation and publication, in a large city health department. Projects and supervisors will be carefully selected to ensure a successful and productive EIS experience.

Special Skills Useful for this Position: Academic backgrounds of all kinds would be valuable assets to the DDC Programs hosting the EISO. An eagerness to be flexible, learn new skills, be self-motivated, and work with a diversity of populations are key attributes that would help an EISO appreciate the opportunities at PDPH. Opportunities to work clinically are available within DDC (TB and STD clinic), as well as externally, if desired.

Available Data: Reportable disease database; PA-NEDSS; NHSN; Hepatitis registry; etc.

Recent Publications:
- Response to an imported case of Melioidosis and laboratory worker exposures. EID (in progress).
- Pan-azole-resistant Aspergillus fumigatus in the U.S. MMWR (in progress).
- Risk profile and HCV care continuum of HCV/HBV co-infected patients. JVH (submitted).
- Failure to Identify Perinatally Infected Children Born to HCV-Positive Women. CID 2016.

Domestic Travel: 5%  International Travel: 0%

Available Support: DDC has a staff of >130, including physicians, nurses, epidemiologists, and other public health professionals. The EISO will have access to multiple ongoing surveillance systems, the opportunity to create a new surveillance system, and work with collaborators across and outside of DDC on projects and outbreak investigations. Statistical support is available in the Epidemiology Program as well as embedded within other DDC Programs.

Current/Recent EIS Officer: Michael Nguyen, MD, (EIS 2006)
Current/Recent EIS Officer: Felicia Lewis, MD, (EIS 2004)
Current/Recent EIS Officer: Claire Newbern, PhD, (EIS 2002)

Officer Projects:
- Varicella vaccine effectiveness study; investigation of ocular vaccinia in a laboratory worker; investigation of variolation kits and healthcare worker attitudes toward smallpox vaccination; multistate outbreak investigations of fusarium keratitis associated with contact lens solution, Listeriosis associated with turkey deli meat; community-acquired Clostridium difficile infection.

Officer Recent Publications:

Consultant: Tiina Peritz, RN, MS, Health Educator, tiina.peritz@phila.gov
Consultant: Danica Kuncio, MPH, Epidemiologist, danica.kuncio@phila.gov
Consultant: Felicia Lewis, MD, (EIS 2004), STD Medical Officer, felicia.lewis@phila.gov
Consultant: Steve Alles, MD, MS, Director, Division of Disease Control, steve.alles@phila.gov
Consultant: Caroline Johnson, MD, Deputy Health Commissioner, caroline.johnson@phila.gov
Consultant: Thomas Farley, MD, MPH, (EIS 1987), Health Commissioner, thomas.farley@phila.gov
Size of Community: Over 1.5 Million

University Affiliation: University of Pennsylvania; Drexel University; Temple University; Haverford College

Living Environment: As the Nation’s first Capitol, Philadelphia is the birthplace of Liberty in the United States. Today, Philadelphia is a vibrant and growing metropolis with great ethnic diversity, and is an important center for higher education and medicine, as well as the pharmaceutical industry and publishing. You can live in an eclectic city neighborhood or in adjoining suburbs which offer the best school districts in the country along with the amenities of the city.

Cultural and Recreational Assets: Philadelphia offers a lively arts and cultural landscape, and a vibrant culinary scene. Claiming the largest urban park in the U.S., Philadelphia also offers numerous opportunities within the City and environs to explore the outdoors and relax.

Opportunity for Employment: Numerous opportunities exist in academics, government, nonprofit, and commercial sectors in the greater Philadelphia area.

Tennessee

DSEPD/EWB-TN-2017-01

Agency Name: Tennessee Department of Health
Division/Branch/Team/Section: Communicable and Environmental Disease Services
Physical Address: CEDEP, 4th Fl., AJT 710 James Robertson Pkwy. Nashville, Tennessee 37243
Primary Supervisor: Timothy Jones, MD, (EIS 1997), State Epidemiologist, tim.f.jones@tn.gov
Secondary Supervisor: John Dunn, DVM, PhD, (EIS 2003), Deputy State Epidemiologist, john.dunn@tn.gov
Secondary Supervisor: William Schaffner, MD, (EIS 1966), Vanderbilt School of Medicine, william.schaffner@vanderbilt.edu

Background: The Department of Health serves a demographically diverse population of over 6 million. The EISO works in the Communicable and Environmental Disease Services and Emergency Preparedness Division, which provides access to a wide range of programs and activities. We have exceptionally good relationships with our regional and county health departments, with lots of opportunities for field experience.

Proposed Initial Projects: A wide range of opportunities are available, with substantial flexibility to tailor projects toward the interests of the officer. These could include evaluation of viral load testing surveillance as a proxy for entry into care for HIV; spatial and temporal analysis of Salmonella serotypes in TN; analysis of Whole Genome Sequencing for foodborne outbreaks; Antimicrobial Resistance Laboratory Network surveillance; analysis of EIP surveillance data on early and late onset Group B Strep infections…

Proposed Surveillance Projects: Depending on interests of the officer, options include: Impact of culture-independent diagnostics on surveillance for Shiga-toxin producing E. coli or Campylobacter; evaluation of a Neonatal Abstinence Syndrome surveillance system; comparison of paper vs. electronic laboratory reporting of notifiable diseases; a newly instituted surveillance system for birth defects related to Zika virus; newly reportable diseases (chronic HCV, TB infection); analysis of TB surveillance data flow

Range of Opportunities: Our section includes TB, HIV/STD, Immunizations, Hospital Infections, Emergency Preparedness, Foodborne, Vector-borne and Zoonotic Diseases, Environmental Epi, and outbreak investigation programs. The EISO has substantial input in determining the projects they pursue. Most quickly become involved in field investigations. As an Emerging Infections Program (EIP) state, there are numerous opportunities for projects involving multistate data. Participation in international assignments is strongly supported.

Position Strengths: The officer’s professional development is our primary goal, with regular supervisor meetings a priority. The officer will gain an excellent working knowledge of practical epidemiology, public health practice, and applied biostatistics. Publication and national presentations are strongly encouraged.

Special Skills Useful for this Position: Exceptional enthusiasm! Tennessee has hosted fellows of various backgrounds including physicians, veterinarians, DrPHs, and PhDs. The position is well-suited to allow the fellow to grow and expand in areas that complement their existing knowledge and skills with the goal of making them a well-rounded public health practitioner in applied epidemiology. Staff within the department are accessible to provide subject matter
expertise and technical support in training fellows.

**Available Data:** In addition to the programs noted above, TN participates in numerous special programs including the EIP, Foodborne Diseases Centers of Excellence, FoodCore, hospital-associated infections and hepatitis C studies. We also have ready access to vital records, hospital discharge, drug prescription, chronic disease, and other large databases.

**Recent Publications:** 50 in 3 years, in journals like NEJM, JAMA-IM, J Peds, JID, CID, AJTMH, EID, etc.), on topics including:

- Variability among states in investigating foodborne disease outbreaks
- Post-diarrheal HUS
- Molecular fingerprinting to detect foodborne outbreaks
- Contaminated steroids and fungal meningitis
- Characteristics of consumers of unpasteurized milk
- Healthcare workers’ attitudes and knowledge of arboviral diseases
- Spatio-temporal occurrence of Flanders and West Nile virus
- Effectiveness of antibiotics for recurrent soft tissue infections.
- Seroprevalence of Trypanosoma cruzi in raccoons
- The global burden of Salmonella gastroenteritis
- Economic evaluation of a foodborne pathogen subtyping network

**Domestic Travel:** 5%

**International Travel:** 0%

**Available Support:** Supervisors are readily available at any time. Seven EIS alumni and >200 professional staff in our section provide ample support. Newly created SAS working group, full-time GIS support, etc. Close relationships with Vanderbilt University allow access to an array of academic resources.

**Current/Recent EIS Officer:** Mary-Margaret Fill, MD, (EIS 2015), EISO, mary-margaret.fill@tn.gov

**Current/Recent EIS Officer:** Josh Clayton, PhD, (EIS 2013), JClayton1@isdh.IN.gov

**Current/Recent EIS Officer:** Jane Baumbllatt, MD, (EIS 2011)

**Current/Recent EIS Officer:** Rendi Murphree, PhD, (EIS 2009), Career Epi Field Officer, rendi.murphree@tn.gov

**Current/Recent EIS Officer:** Jennifer MacFarquhar, RN, MPH, (EIS 2007), MacFarquhar, Jennifer (jennifer.macfarquhar@dhhs.nc.gov)

**Current/Recent EIS Officer:** Rand Carpenter, DVM, (EIS 2005)

**Current/Recent EIS Officer:** Rose Devasia, MD, (EIS 2003), rose.devasia@tn.gov

**Current/Recent EIS Officer:** David Kirschke, MD, (EIS 2001), david.kirschke@tn.gov

**Officer Projects:** Measles outbreak, educational outcomes after neonatal abstinence syndrome, epidemiology of the Hepatitis C epidemic in TN, Legionella outbreak at a hotel, Zika virus response, deaths from “Dewshine”, death from a novel tickborne virus, measles outbreak, foodborne and waterborne disease outbreaks, international travel to work on Zika in Colombia…

Fill MA. Measles outbreak with unknown source, Shelby County, TN. MMWR 2016.
Fill MA. Notes from the Field: Intoxication and deaths associated with ingestion of a racing fuel and carbonated soft drink mixture- Tennessee, January 2016. MMWR 2016.

Size of Community: State population ~6.6M, Nashville ~680,000
University Affiliation: Exceptionally close relationship with Vanderbilt University (with a dozen others in the area), with access to conferences and libraries, and many opportunities to speak at conferences.
Living Environment: Nashville is the current “It City”. The area’s quality of life goes beyond its mild climate, growing food scene, and friendly neighborhoods. It is a good place for families; the cost of living is reasonable. Ample social opportunities are available, and you can actually get to them without hours in traffic.
Cultural and Recreational Assets: A thriving arts scene includes live music of all kinds, ballet, theatre, symphony orchestra, and museum of art. We have professional sports teams (NFL & NHL), and easy access to a wide range of outdoor activities including hiking, biking, and boating.
Opportunity for Employment: Plentiful! (healthcare, music, education, automotive, and much more).

Texas

DSEPD/EWB-TX-2017-01
Agency Name: Houston Department of Health and Human Services
Division/Branch/Team/Section: Office of Surveillance and Public Health Preparedness
Physical Address: 8000 North Stadium Drive, Houston, Texas 77054
Primary Supervisor: Raouf Arafat, MD, MPH, Director of the Office of Surveillance and Public Health Preparedness, Raouf.Arafat@houstontx.gov
Secondary Supervisor: Kirstin Short, MPH, Bureau Chief of Epidemiology, Kirstin.Short@houstontx.gov
Secondary Supervisor: Kristy Murray, BS, DVM, PhD, (EIS 1999), Associate Professor of Pediatric Tropical Medicine, Associate Vice-Chair for Research in the Depam, kmurray@bcm.edu

Background: The EIS officer would be housed within the Office of Surveillance and Public Health Preparedness (OSPHP), which includes the Bureaus of Epidemiology, Laboratory, Public Health Preparedness, and the Informatics program. OSPHP conducts public health surveillance, responds to outbreaks, and works to prevent and control disease spread. OSPHP has strong, nationally respected informatics program that currently houses 3 SHINE fellows. OSPHP plays a leading role in antimicrobial stewardship activities through the Houston Antimicrobial Stewardship Committee (HASC), comprised of global experts in hospital-associated infections/antibiotic resistance. Through a private-public partnership with Baylor College of Medicine/Texas Children’s Hospital, the EISO can become involved in analyzing large hospital-based data sets, epidemiological research data collection and analysis, and exposure to global health projects in Nicaragua and the Philippines.

Proposed Initial Projects:
HIV cluster analysis: HIV surveillance/prevention is transitioning from traditional contact tracing towards molecular cluster analysis to assess local dynamics of HIV transmission. HIV phylogentic data is available for the entirety of Harris County to identify cluster for follow-up and analysis.

Digital Bridge: The purpose of Electronic Case Reporting (eCR) is to automatically generate case reports from the provider’s electronic health record (EHR) which are then sent to public health agencies. eCR promises to facilitate increased quality data necessary for timely public health response. The EISO would test technical specifications of end to end eCR with live data from the clinics EHR system to HHD and demonstrate the viability of eCR for public health and health care. The pilot began in February 2017 represents collaboration between HHD, Houston Methodist hospital system, and Epic Systems Corp, and EHR technology provider.

State of Texas Emergency Assistance Registry (STEAR) assessment: Texas maintains a voluntary registry for persons who may need assistance with evacuation before a hurricane event. An evaluation is needed of the STEAR data with the EM Power Map and the Houston-Galveston Area Council Evacuation Zip Zones to determine if the STEAR data are representative of evacuation needs of persons living in potential hurricane impact zones.

HASC: The EISO would support and expand Carbapenem resistant Enterobacteriaceae (CRE) and Clostridium difficile
(C Diff) surveillance through detection (including genomic sequencing to determine resistance), tracking and responding to outbreaks of these organisms.

**Proposed Surveillance Projects:** Evaluation of physician-based notifiable condition reporting from local hospitals. Hospital-based data sets of select notifiable conditions will be compared to Maven, the HHD notifiable condition database, to develop estimates of underreporting. Key informant interviews will be conducted with stakeholders in the reporting process and recommendations identified to improve the reporting process and increase overall reporting.

Evaluation of complaint-based foodborne illness reporting: HHD maintains a web-based survey tool through which residents and visitors can report foodborne complaints. To improve foodborne illness reporting and investigations, an analysis of this database is needed, focusing on the utility of epidemiologic-associated investigations.

Hospital-based Zika active surveillance: The EISO can develop a Zika screening study of cord blood from over 11,000 annual deliveries in the Texas Medical Center.

**Range of Opportunities:** Houston is the 4th largest and most racially/ethnically diverse city in the US. An EISO will likely have several outbreaks from a variety of diseases to respond to. The EISO will have opportunities to lead outbreak investigations, travel, present, speak to the public, and exercise professional judgement on how to improve our surveillance systems. Through our public-private partnership with Baylor College of Medicine/Texas Children’s Hospital, there are opportunities to blend public health with academic tropical medicine and global health.

**Position Strengths:** Being a large city local health department, we enjoy the flexibility of local government with State-level resources. We have ‘boots on the ground’ activity, and the ability to influence policy that impacts over 2 million Houstonians. We are supporting projects that improve the lives and health of the people of Houston.

**Special Skills Useful for this Position:** Familiarity with infectious disease agents and notifiable conditions is a plus. An EISO with an affinity for health and medical technological development would have opportunity to use those skills in this assignment.

Ability to work in multicultural and racially/ethnically diverse environments. Bilingual in Spanish or Vietnamese, or interest in developing bilingual language skills is a plus.

**Available Data:** Laboratory PFGE data; MAVEN notifiable condition data; RODS/ESSENCE syndromic surveillance data; ILI data (insurance claims, Flu Near You, ILINet); STD*MIS data; eHARS data; Medical Monitoring Program (MMP) data; National HIV Behavioral Surveillance (NHBS) data.


**Domestic Travel:** 10%  **International Travel:** 5%

**Available Support:** Support exists for SAS, R, RShiny, support staff of 2 scientific analysts, and approximately 40 other epidemiologists/informaticians –many with PhDs or MDs.

**Officer Projects:** This is the inaugural year for Houston to host an EISO.

**Consultant:** John Fleming, MPA, Bureau Chief of Public Health Preparedness, john.fleming@houstontx.gov

**Consultant:** Larry Seigler, PhD, Bureau Chief of Laboratory Services, Larry.Seigler@houstontx.gov

**Consultant:** Charlene Offiong, PharmD, HAI/AR Coordinator, Charlene.Offiong@houstontx.gov

**Consultant:** Biru Yang, PhD, Informatics Program Manager, Biru.Yang@houstontx.gov

**Consultant:** Eric Bakota, MS, Scientific Analyst, eric.bakota@houstontx.gov

**Size of Community:** The city of Houston has a population of more than 2.2 million with a wide variety of cultural and economic factors. Houston is the fourth most populous city in the nation (trailing only New York, Los Angeles and Chicago), and is the largest in the southern U.S. and Texas.

**University Affiliation:** University of Texas School of Public Health; Baylor Clooege of Medicine; University of Texas Medical School at Houston

**Living Environment:** Houston living environment is as vast and diverse as its population. With >1 million foreign born residents it is easy to find an environment that suits any lifestyle.

**Cultural and Recreational Assets:** Houston has a museum district and several cultural institutions; and hosts the Astros,
Rockets, and Texans.

**Opportunity for Employment:** Houston’s economy is broad with industrial bases in energy, manufacturing, aeronautics, and transportation. Houston houses the Texas Medical Center, the largest medical center in the world, with a local economic impact of $10 billion.

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**U.S. Virgin Islands**

**DSEPD/EWB-VI-2017-01**

**Agency Name:** U.S. Virgin Islands Department of Health  
**Division/Branch/Team/Section:** Division of Epidemiology  
**Physical Address:** Charles Harwood 3500 Estate Richmond Christiansted, U.S. Virgin Islands 00820  
**Primary Supervisor:** Esther Ellis, PhD, (EIS 2012), Territorial Epidemiologist, esther.ellis@doh.vi.gov  
**Secondary Supervisor:** Jay Roth, MPH, CEFO, jay.roth@doh.vi.gov

**Background:** The United States Virgin Islands (USVI) is composed of three main islands, St. Croix, St. Thomas and St. John. According to 2010 Census data, the population of the USVI consists of 106,405 persons with a racial/ethnic distribution including Black/African American 76%, White 15.6%, Asian 1.4%. A total of 17.5% of persons identify themselves as Hispanic. Approximately 1/3 of the population is foreign-born with varying familial and cultural ties elsewhere, primarily in the Caribbean. In 2014, the Caribbean recorded record travel of 26.3 million people to the region. According to the Caribbean Tourism Organization, this included >650,000 tourists by air to USVI (6th of 28 Caribbean Nations) and >2 million cruise ship visitors to USVI (3rd greatest in Caribbean). The high travel to the region has direct infectious disease implications. The VI Department of Health functions as both the territorial and local health departments, thereby affording staff opportunities ranging from investigating cases to managing multijurisdictional responses.

**Proposed Initial Projects:** Based on their areas of interest, EISOs can choose to work in both infectious and chronic disease and large database investigations/analyses. Initial analytic projects include 1) Zika: USVI has had over 2,000 reported Zika cases in 2016, and >185 pregnant women with confirmed Zika exposure. Descriptive case characterization risk factor analyses will be conducted, along with potential prospective multivariate analysis regarding birth outcomes in accordance with similarly conducted CDC studies in other jurisdictions. 2) Foodborne-illness: Case investigation opportunities involving episodic reports of Salmonella or E. Coli may be investigated. 3) Examine data from recent Norovirus outbreaks involving a novel virus strain and compare disease severity with genome data. 4) Other analytic investigations could include the cancer registry and BRFSS.

**Proposed Surveillance Projects:** 1) Zika Pregnancy Registry: current registry data could be compared with data from all pregnant women, and the value of the registry to track the babies born to Zika positive-women. 2) ArboNET: examine the usefulness of the Zika CSTE case definition in a dengue-endemic area and potential case misclassification. The evaluation will include site/field visit data collected from hospitals in St Croix and St. Thomas, secondary evaluation of existing data in ArboNet, and communication with stakeholders.

**Range of Opportunities:** There is an opportunity to work on outbreaks and large data analyses of many public health conditions. The health department includes divisions of TB, Immunizations, Communicable Diseases, Chronic Diseases, STD control, environmental health and Maternal and Child Health. The department is small and therefore all of these groups collaborate and work together closely and are all accessible in the St. Croix location. If opportunities arise with CDC, EISOs could also participate in national and international investigations.

**Position Strengths:** Leading a breadth of tropical and infectious disease investigations in an island setting of this caliber is a rare opportunity for publications, professional growth, and unparalleled quality of life.

**Special Skills Useful for this Position:** EISOs should come with a willingness to work and learn, an interest in applied epidemiology, and ability to take initiative. Cultural competency is required as we work with an ethnically diverse population. The ability and interest in travel between islands, typically by seaplane, within the US Virgin Islands will be needed.

**Available Data:** Zika pregnancy registry data, ArboNET, and reportable disease data are immediately available. Chronic disease data from the BRFSS and VI Cancer Registry are accessible and will be readily available within the first month.


**Domestic Travel:** 15%  **International Travel:** 10%

**Available Support:** The division has many doctoral-level staff (MD, PhD/DrPH), a CEFO from CDC and numerous master-level staff. The Department has a new public health laboratory, strong computer support from a data analyst and limited statistical consultation.

**Officer Projects:** During the past 2 years, the USVI has requested multiple epi-AIDS; 1) Walkability study, 2) Epidemic keratoconjunctivitis (EKC) outbreak, 3) Zika outbreak (2 epi-AIDS), and 4) Chikungunya outbreak (3 epi-AIDS). All of these are Epi-Aids that a local EIS officer could have led if in place.

**Size of Community:** St Croix, the largest island in USVI, hosts the main office of the USVI DOH and has a population of approximately 50,000.

**University Affiliation:** University of Virgin Islands, St Croix and St. Thomas campuses; University of the Virgin Islands, School of Medicine; University of Hawaii, John A Burns School of Medicine, Department of Tropical Medicine Medical Microbiology and Pharmacology.

**Living Environment:** Urban and beachfront housing is available from within 5-10 minutes’ drive to the office; rural and secluded housing is accessible via a 15-20 minute commute.

**Cultural and Recreational Assets:** Caribbean culture, along with world-class beaches, snorkeling, scuba diving, and magnificent cycling and running venues featured in the annual IronMan 70.3, draw visitors and vacationers from around the globe.

**Opportunity for Employment:** Specialized skills remain in demand and St. Croix medical facilities are designated as Health Professional Shortage Areas.

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**Washington**

**DSEPD/EWB-WA-2017-01**

**Agency Name:** Public Health - Seattle and King County

**Division/Branch/Team/Section:** Communicable Disease Epidemiology and Immunization

**Physical Address:** 401 Fifth Avenue, Suite 1200, Seattle, Washington 98104

**Primary Supervisor:** Meagan Kay, DVM, MPVM, (EIS 2009), Medical Epidemiologist, Meagan.Kay@kingcounty.gov

**Secondary Supervisor:** Jeff Duchin, MD, (EIS 1992), Health Officer/Chief of Communicable Disease Epidemiology and Immunization, Jeff.Duchin@kingcounty.gov

**Background:** This position is in the Communicable Disease Epidemiology & Immunization Section of a large urban health department in downtown Seattle. We conduct surveillance, disease investigation, response, and preparedness activities for non-TB, non STD/HIV communicable diseases and manage the child vaccination program. Opportunities also exist for projects in other program areas, including heroin-opioid related epidemiology; injury prevention, tuberculosis, and environmental health.

**Proposed Initial Projects:** Capture-recapture analysis of perinatal hepatitis B prevention program (evaluation protocol has been developed); development of a hospital-acquired infection investigation protocol; spatial cluster analysis of Washington State Immunization Information System data to identify and describe geographic clusters of unimmunized and under-immunized children residing in King County (evaluation protocol has been developed); impact of culture-independent diagnostic tests on enteric disease surveillance (protocol will be developed by EISO and senior epi staff); multivariate regression analysis of successful retention in care and cure for persons with HCV infection (protocol will be developed by EISO and senior epi staff/supervisors.

**Proposed Surveillance Projects:** Analysis of death reports and HCV-link death certificate data with ICD 9 codes related to HCV with reported HCV cases; analysis of a traditional foodborne disease surveillance system. These surveillance systems evaluations will primarily be secondary (desk-based) evaluations with the possibility of visiting our public health laboratory to gain insight on testing for enteric diseases (for the foodborne disease surveillance evaluation).

**Range of Opportunities:** Experience in case/outbreak investigation including field investigations of healthcare-associated outbreaks (e.g. drug-resistant organisms, infection control lapses, etc), foodborne outbreaks, and zoonotic disease reports; surveillance, including syndromic surveillance; emergency preparedness; vaccine distribution and
immunization work; communication skills; technical writing for the public and health care professionals; interacting with and providing presentations to local health care professionals. Publication of projects is strongly encouraged. Opportunities exist for projects in other Departmental programs including TB, HIV, chronic disease, injury prevention and environmental health, if desired.

**Position Strengths:** Strong mentorship with successful history of training numerous EIS officers and other CDC trainees (HSIP scholar, PMR trainees, CSTE fellows); broad range of project topics and flexibility regarding project choices depending on officer’s interests; frontline investigative experience with right of first refusal; exciting location; collaborative work environment.

**Special Skills Useful for this Position:** Database/analytical skills useful. Flexibility and good people skills.

**Available Data:** King County notifiable conditions databases; immunization registry data. These data are accessible to the EISO and available within the first month.

**Recent Publications:** See also EISO publications section.

Outbreak of Listeria monocytogenes infections linked to a pasteurized ice cream product served to hospitalized patients.

The Challenges in Measuring Local Immunization Coverage: A Statewide Case Study.

Risk factors for infections in international travelers: an analysis of travel-related notifiable communicable diseases.

Characterization of hepatitis C infection in tuberculosis patients in an urban city in the USA.

**Domestic Travel:** 10%  
**International Travel:** 0%

**Available Support:** Section staff includes 7 epidemiologists with advanced statistical/analytical skills; 8 nurses; a medical epidemiologist; health educators; administrative staff; and Section Chief. We work closely with the public health veterinarian. The EIS officer would have a desktop Windows computer with internet, office applications, and statistical software.

**Current/Recent EIS Officer:** Vance Kawakami, DVM, MPH, (EIS 2015), EIS Officer, vance.kawakami@kingcounty.gov

**Current/Recent EIS Officer:** Kristen Wendorf, MD, MPH, (EIS 2013)

**Current/Recent EIS Officer:** Mike Kinzer, MD, (EIS 2011)

**Current/Recent EIS Officer:** Meagan Kay, DVM, MPVM, (EIS 2009), Medical Epidemiologist, Meagan.Kay@kingcounty.gov

**Current/Recent EIS Officer:** Matt Hansen, MD, (EIS 2007)

**Current/Recent EIS Officer:** Reena Gulati, MD, MPH, (EIS 2006)

**Officer Projects:** Endoscope-associated multi-drug resistant E. Coli (CRE); CRE surveillance evaluation; neural tube defect investigation; legionellosis cluster investigation; measles cost analysis; lead toxicosis investigation; pork-associated salmonellosis outbreak; mumps vaccination among ethnic minorities; AFM investigations; hospital-acquired Listeriosis linked to milkshake machine; fatal S. zooepidemicus in persons with horse exposure.

**Officer Recent Publications:** Notes from the Field: Outbreak of Multidrug-Resistant Salmonella Infections Linked to Pork - Washington, 2015. MMWR

Hospital-acquired listeriosis linked to a persistently contaminated milkshake machine. Epidemiol Infect.

Notes from the Field: Fatal Infection Associated with Equine Exposure - King County, Washington, 2016. MMWR

Costs of Measles Containment in an Ambulatory Pediatrics Clinic. Ped Infect Dis

Notes from the Field: Measles in a Micronesian Community — King County, Washington, 2014. MMWR


Toscana virus infection in American traveler returning from Sicily, 2009 [letter]. Emerg Infect Dis

**Consultant:** Atar Baer, PhD, Epidemiologist, Atar.Baer@kingcounty.gov

**Consultant:** Shelly McKeirnan, MSN, PHSS, Shelly.McKeirnan@kingcounty.gov

**Consultant:** Jenny Lloyd, MPH, Epidemiologist, jenny.lloyd@kingcounty.gov

**Consultant:** Krista Rietberg, MPH, Epidemiologist, Krista.Rietberg@kingcounty.gov

**Consultant:** Libby Page, MPH, Immunization Program Manager, Libby.Page@kingcounty.gov

**Size of Community:** King County is home to 2 million persons, approximately 30% of Washington State’s residents
and is the 13th largest county in the US. King County includes the ethnically-diverse urban city of Seattle, as well as small rural communities.

**University Affiliation:** University of Washington Schools of Medicine and Public Health

**Living Environment:** A variety of desirable housing and living environments are available.

**Cultural and Recreational Assets:** Seattle and the Puget Sound region offer access to natural beauty, recreational activities, a vibrant art, music and cinema scene, robust coffee and micro-brew and cycling culture, and the Canadian border.

**Opportunity for Employment:** The Seattle area has a variety of employers representing a variety of professions and occupations, multiple academic institutions.

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**DSEPD/EWB-WA-2017-02**

**Agency Name:** Washington State Department of Health

**Division/Branch/Team/Section:** Washington Office of the Secretary/Office of the State Health Officer

**Physical Address:** 101 Israel Road, SE, Tumwater, Washington 98501

**Primary Supervisor:** Cathy Wasserman, PhD, MPH, State Epidemiologist for Non Infectious Conditions, cathy.wasserman@doh.wa.gov

**Secondary Supervisor:** Jennifer Sabel, PhD, (EIS 2000), Epidemiologist, jennifer.sabel@doh.wa.gov

**Background:**

The EIS officer (EISO) will be housed in the Office of the Secretary as a member of the State Health Officer’s team. This team includes both state epidemiologists, senior epidemiologists, informatics staff, health systems transformation staff, a 2016 EISO, and an Informatics Fellow. Two staff are former EISOs; most other epidemiology staff have 10-20 years’ experience in applied epidemiology in state or local health departments. The office provides leadership in epidemiology across the Department of Health, including the design and conduct of surveillance and analytic projects, support to local and state staff, capacity for investigating outbreaks and non-infectious disease clusters, development of analytic guidelines, direction for building interoperable surveillance systems, capacity for special studies, and policy advice.

**Proposed Initial Projects:** Choose from several projects, all with available data: (a) Assist with a communicable disease outbreak and/or non-infectious disease cluster; (b) Explore the demographics, health behaviors, and chronic disease status of the population reporting poor mental health status on the Behavioral Risk Factor Surveillance System; (c) Analyze health behaviors of youth reporting depressive feelings on school-based surveys; (d) Assess the prevalence of drug-exposed infants, trends, comorbidity and maternal risk factors using hospitalizations linked to birth certificates, (e) Assess alcohol outlet and marijuana outlet density in WA; explore associations with excess alcohol and marijuana use. (f) Link the prescription monitoring program with syndromic surveillance data to assess the controlled substance prescription history of people with overdose ER visits and hospitalizations (g) Assess the deaths and YPLL due to excessive drinking across regions of Washington.

**Proposed Surveillance Projects:**

(a) Explore the use of syndromic surveillance for surveillance of asthma, diabetes, opioid overdose, or pesticide-exposure, and compare prevalence estimates to hospital discharge or other available data. (b) Evaluate the completeness of National Violent Death Reporting system and make recommendations for death investigations (c) Evaluate hepatitis surveillance and the ability to track cases longitudinally (d) Evaluate maternal mortality surveillance and explore the potential to expand to severe maternal morbidity.

**Range of Opportunities:**

This position offers many learning opportunities in diverse content areas using several datasets and analytic approaches, as well as opportunities to explore surveillance informatics, information governance, and public health leadership. The EISO will have opportunities to investigate infectious disease outbreaks and clusters of non-infectious diseases, evaluate a surveillance system and make recommendations, and analyze large datasets.

**Position Strengths:**

Strengths include diverse content areas and epidemiologic approaches; strong epidemiologic, statistical, and computer support; opportunities for program and policy development including evidence based public health practice at a leadership level.

**Special Skills Useful for this Position:**

Basic proficiency in analytic software such as SAS, STATA, or R is highly recommended for this position. Experience using large surveillance datasets and an understanding of variable and model construction is also recommended.


**Recent Publications:** Slavova S, O’Brien DB, Creppage K, Dao D, Fondario A, Haile E, Hume B, Largo TW, Nguyen

Domestic Travel: 10%  International Travel: 0%

Available Support: The EISOs team includes two MDs, 4 PhD Epidemiologists, and staff with expertise in SAS, STATA and R. Staff throughout the agency provide content expertise in infectious and chronic disease, environmental health, injury and maternal and child health, as well as statistical, epidemiologic, computer and administrative support.

Current/Recent EIS Officer: Mandy Stahre, (EIS 2012), Chronic Disease Epidemiology Supervisor, mandy.stahre@doh.wa.gov
Current/Recent EIS Officer: Myduc Ta, (EIS 2008), Epidemiologist, myduc.ta@kingcounty.gov
Current/Recent EIS Officer: Jesse Bonwitt, BVSc, MSc, (EIS 2016), Current EIS Officer, jesse.bonwitt@doh.wa.gov
Officer Projects: Investigation of bacteremia associated with an unusual fly-transmitted pathogen; Cluster investigation of acute flaccid myelitis; Evaluation of HIV/AIDS reporting; Case-control study of anencephaly cluster; Analysis of housing insecurity and health; Summaries of the prescription monitoring program.
Consultant: Scott Lindquist, MD, MPH, State Communicable Disease Epidemiologist, scott.lindquist@doh.wa.gov
Consultant: Kathy Lofy, MD, (EIS 2002), State Health Officer, kathy.lofy@doh.wa.gov
Consultant: Bryant Karras, MD, Informatics Chief, bryant.karras@doh.wa.gov

Size of Community: Olympia area: ~100,000; Thurston County: 265,000; Washington State: almost 7,000,000.
University Affiliation: The department has strong ties with the University of Washington School of Public Health providing opportunities for teaching, joint research and clinical faculty status.
Living Environment: Olympia is a medium-sized college town about 65 miles south of Seattle.
Cultural and Recreational Assets: The Puget Sound area has excellent cultural and outdoor recreational opportunities. The region offers excellent theater, opera, sports teams, and a progressive film and music scene as well as an extensive state and national park system. Summers are incomparable.
Opportunity for Employment: Olympia and nearby Tacoma offer diverse employment opportunities in addition to extensive opportunities in state government.

Wisconsin

DSEPD/EWB-WI-2017-01
Agency Name: Wisconsin Department of Health Services
Division/Branch/Team/Section: Bureau of Environmental and Occupational Health
Physical Address: 1 W Wilson RM 150 Madison, Wisconsin 53701
Primary Supervisor: Jon Meiman, MD, (EIS 2013), Chief Medical Officer / State Epidemiologist, jonathan.meiman@dhs.wisconsin.gov
Secondary Supervisor: Carrie Tomasallo, PhD, MPH, Senior Epidemiologist, carrie.tomasallo@dhs.wisconsin.gov

Background: Wisconsin's Environmental Disease EISO is housed in the Bureau of Environmental and Occupational Health (BEOH). BEOH serves the entire population of Wisconsin and is the state leader in providing expert consultation to local health departments and medical professionals. BEOH has over 80 staff, including 8 epidemiologists and 4 toxicologists, as well as experts in asthma, radiation protection, childhood lead, asbestos, and radon. We work closely with the Bureau of Communicable Disease on cross cutting issues such as harmful algal blooms, waterborne and zoonotic disease outbreaks. In addition, EISOs have the opportunity to collaborate with a
multitude of other agencies and institutions located in Madison, specifically:

- USGS National Wildlife Health Center;
- Wisconsin State Laboratory of Hygiene;
- Department of Natural Resources;
- Department of Agriculture, Trade and Consumer Protection;
- Global Health Institute at the University of Wisconsin and
- School of Veterinary Medicine at the University of Wisconsin.

Furthermore, EISOs are provided with numerous opportunities to work on field assignments, either independently or as part of a team, to investigate urgent or emerging issues. Field opportunities are identified through routine surveillance activities or by concerns raised by the public or state partners. EISOs are given priority to lead investigations with the support of our subject matter experts. EISOs also have the opportunity to work alongside Wisconsin’s infectious disease EISO, CSTE fellows, and CDC Public Health Associate Program (PHAP) fellows.

**Proposed Initial Projects:** Based on their areas of interest, EISOs have latitude in selection of their projects within BEOH and other bureaus in the Wisconsin Division of Public Health. Possibilities include, but are not limited to: 1) analysis of risk factors for poor asthma control and evaluation of school-based asthma program effectiveness; 2) examination of elevated blood lead levels (eBLLs) in children due to contaminated water using an interrupted time series analysis of eBLLs; 4) analysis of toxic analytes in Wisconsin anglers to identify risks for elevated toxins using multivariate regression (protocols developed); 5) analysis of workers’ compensation claims, including descriptive and trend analysis of work-related injury to identify high risk industries and occupations; 6) analysis of agricultural injuries including severity and mechanism using emergency department and hospital discharge databases (protocols developed).

**Proposed Surveillance Projects:** Carbon monoxide (CO) is a colorless, odorless gas that is produced through the incomplete combustion of hydrocarbons. Unintentional CO poisoning is responsible for approximately 500 emergency department visits and 5 deaths in Wisconsin each year. CO poisoning will be a reportable condition in 2017 under new requirements and will provide BEOH with the results of all CO testing performed statewide along with detailed case information. Currently little is known on the circumstances surrounding CO poisoning. The evaluation of this new system will involve analysis of submitted case reports, comparison to other data sources, and site visit/field evaluation with local public health agencies. The results will be used to make improvements and result in more effective public health intervention efforts.

**Range of Opportunities:** The EISO is housed within BEOH which includes: toxicology, asthma, climate change, radon, disease surveillance, lead poisoning, and occupational health. The EISO can also work in other areas, including infectious disease, injury, and maternal-child health. Field projects include investigations of environmental contamination, clusters of environmentally-related disease, and infectious disease outbreaks. EISOs have the opportunity to participate in assignments in Atlanta and international investigations.

**Position Strengths:** Wisconsin EISOs have diverse experiences in applied epidemiology. BEOH's strong surveillance and investigation network provides opportunities for epidemiologic investigations and research. There is strong supervisor support for publishing peer-reviewed literature.

**Special Skills Useful for this Position:** Basic familiarity with the principles of public health is required. Statistical and analytical experience, particularly using large datasets and familiarity with SAS, R, or STATA, is helpful. Experience interviewing members of the public and crafting outreach and education materials is desirable.

**Available Data:** EISOs have access to vital records, reportable conditions data, hospital discharges, workers' compensation data, poison center data, ambulance run and trauma registry, prescription drug monitoring database, and several state-specific survey databases. All data sources will be available within the first month of the assignment.

**Recent Publications:** BEOH staff have authored or coauthored numerous articles published in peer-reviewed journals. Topics include:
- heroin/opioid overdose fatalities;
- lead poisoning among workers at a shipyard;
- lead poisoning among persons with retained bullets;
- Middle East Respiratory Syndrome Coronavirus (MERS-CoV);
- e-cigarette poisonings;
- carbon monoxide poisonings;
- mercury spills;
- body-burden of persistent organic pollutants using Wisconsin cohort and NHANES data;
- radon exposures; and
- hypothermia related fatalities.

**Domestic Travel:** 10%  **International Travel:** 10%

**Available Support:** BEOH has an experienced staff of >80 persons. The Bureau has epidemiologists who are highly
proficient in SAS and statistical analysis. BEOH has a strong record of publication and SMEs who can review manuscripts for scientific soundness and clarity. BEOH also has support from 7 other Bureaus/Offices in DPH and works closely with local health department staff.

**Current/Recent EIS Officer:** Deby Weiss, DVM, MPH, MS, (EIS 2015), EIS Officer, Debra.Weiss@dhs.wisconsin.gov

**Current/Recent EIS Officer:** Jon Meiman, MD, (EIS 2013), EIS Officer, jonathan.meiman@dhs.wisconsin.gov

**Current/Recent EIS Officer:** Jevon McFadden, MD, MPH, (EIS 2009), EIS Officer, ihv2@cdc.gov

**Officer Projects:** Deby Weiss’ projects have included: an analysis of e-cigarette exposures in Wisconsin; a blastomycosis outbreak investigation; an investigation of an occupational lead poisoning at a shipyard; an analysis of antibiotic resistance among humans and livestock in Kibale National Park, Uganda; and an evaluation of the statewide radon surveillance system.

**Officer Recent Publications:** Weiss D, et al. MMWR Notes from the Field: Occupational Lead Exposures at a Shipyard — Wisconsin. MMWR. 2016.


**Consultant:** Krista Christensen, PhD, Epidemiologist

**Consultant:** Lina Elbadawi, MD, MPH, (EIS 2014), Career Epidemiology Field Officer, lina.elbadawi@dhs.wisconsin.gov

**Size of Community:** Madison population: ~250,000; metro area population: ~560,000.

**University Affiliation:** Previous BEOH EISOs have had adjunct faculty appointments in the UW School of Medicine and Public Health. Close relationships exist with the UW faculty in medicine, population health, pediatrics, family medicine, and veterinary medicine.

**Living Environment:** Ranked as one of the "Top 10 Happiest Cities" by National Geographic, Madison is built along lakes and surrounded by farmland and has an extensive bike trail system. Madison has the most restaurants per capita of any US city and one of the largest farmers markets in the Nation. Madison also offers excellent mass transit, educational systems, and housing options.

**Cultural and Recreational Assets:** Madison is the State Capital of Wisconsin. Many varied cultural opportunities exist, and are enhanced by proximity to Milwaukee (1 hr), Chicago (2.5 hrs) and Minneapolis (4.5 hrs). Recreational opportunities abound, particularly for biking, water, and winter sports enthusiasts.

**Opportunity for Employment:** Excellent in most service professional occupations.
West Virginia

DSEPD/EWB-WV-2017-01
Agency Name: West Virginia Department of Health and Human Resources
Division/Branch/Team/Section: Division of Infectious Disease Epidemiology
Physical Address: 350 Capitol Street Rm # 702 Charleston, West Virginia 25301
Primary Supervisor: Loretta Haddy, PhD, State Epidemiologist, loretta.e.haddy@wv.gov
Secondary Supervisor: Sherif Ibrahim, MD, Lead Outbreak Epidemiologist, sherif.m.ibrahim@wv.gov
Secondary Supervisor: Erica Thomasson, PhD, (EIS 2013), CDC Career Epidemiology Field Officer

Background: The current State Epidemiologist has mentored EIS Officers (EISOs) and CSTE fellows since 1988 and been the State Epidemiologist since 1981. The West Virginia (WV) EISO is housed in the WV Bureau for Public Health’s (WVBPHs), Office of Epidemiology and Prevention Services (OEPS), Division of Infectious Disease Epidemiology (DIDE), with access to a range of program areas from cancer epidemiology to infectious disease epidemiology to vital records that are located within the same work site.

Proposed Initial Projects: Outbreak investigation is instrumental in EISO training. DIDE’s staff serves on monthly outbreak captain rotations. Opportunities to lead investigations and respond to outbreaks will be established early by including the EISO on the rotation schedule. Officer learns to investigate a wide variety of outbreaks that range from flu in long-term care facilities (LTCFs) to more sophisticated health care associated outbreaks. Officer is expected to participate and/or lead complicated outbreaks, field investigations, and analytic projects. The current EISO conducted multivariate analyses of vital records and the immunization registry to look at factors associated with hepatitis B vaccination at birth, and protocols could be modified to model factors associated with additional vaccine series doses. Several other analytical projects are available such as: analyzing trends and characteristics of drug overdose mortality using 2010–2018 WV vital statistics death data; exploring co-occurrence of maternal drug use, hepatitis B, hepatitis C, and neonatal abstinence syndrome (NAS) using 2014–2018 WV vital statistics birth data and infectious disease registries; and investigating the use of health care and preventive services by adults in WV before, during, and post Affordable Care Act (ACA) implementation using 2011–2018 WV Behavioral Risk Factor Surveillance System data.

Proposed Surveillance Projects: Evaluation of syndromic surveillance for the 2017 National Boy Scout Jamboree (NBSJ) at the Summit Bechtel Family National Scout Reserve, WV. The 2019 World Scout Jamboree will be held July 22–August 2, 2019 in the same location. The 2015 World Scout Jamboree in Japan was associated with an outbreak of invasive meningococcal disease. Evaluation of 2017 NBSJ surveillance is a critical preparedness activity for planning and conducting this international mass gathering. This evaluation will include a site visit to the event location and retrospective analysis of the 2017 data. Other surveillance evaluation topics are possible. For example, a statewide opioid overdose surveillance system is currently being developed. The EISO could evaluate this system in partnership with emergency department syndromic surveillance and the WV Violence and Injury Prevention Program.

Range of Opportunities: Past projects have used vital records and medical examiner data to explore risk factors for fatalities caused by all-terrain vehicles and association of smoking and low birth weight. Recent field investigations include the following outbreaks health care associated keratoconjunctivitis; invasive Staphylococcus aureus in a pain clinic (Am J Infect Control. 2011), carbapenem resistant K pneumoniae at a LTCF (MMWR, 2011), Tsukamurella species bloodstream infection at an oncology clinic (ICHE, 2014). We investigate 200+ outbreaks per year, and are frequently in the field collaborating and engaging with our local partners. Potential local partners include local health departments, academic and professional institutions, healthcare facilities, poison center, etc. Potential opportunities include zoonotic disease projects.

Position Strengths: OEPS is staffed with energetic and friendly staff. Opportunities abound for a mix of state and local applied public health experiences. EISO supervision has utilized multiple epidemiologists to lead the training of EISOs.

Special Skills Useful for this Position: Quantitative skills and experience with SAS or a strong desire to learn these skills are helpful. Interpersonal skills and ability to work with people with diverse education and backgrounds is helpful. Flexibility and interest in traveling for in-state field investigations, oral presentations and professional organization meetings is preferred.

Available Data: vital statistics, cancer registry, maternal and child health, BRFSS, reportable disease surveillance, STD/HIV/AIDS, syndromic surveillance, immunization registry. These data are accessible in-house and readily available for analysis.

Recent Publications: Harris, M. C., E. J. Dotseth, B. T. Jackson, S. L. Paulson & D. M. Hawley. 2015. Detection and isolation of La Crosse virus in field-collected Aedes japonicus japonicus (Diptera: Culicidae) in the Appalachian
Region. EID. 21(4): 646-649.
Harris, M. C., F. Yang, D. M. Jackson, E. J. Dotseth. 2015. La Crosse virus field detection and vector competence of Culex mosquitoes. AJTMH; 93(3): 461-467.


**Domestic Travel:** 10%  **International Travel:** 0%

**Available Support:** Statistical support includes training on SAS, managing and linking data sets, analyzing vital statistics and complex survey data.

**Current/Recent EIS Officer:** Joel Massey, MD, (EIS 2015)

**Consultant:** Birgit Shanholtzer, MA, Director of epidemiology with the Center for Health Statistics

Domestic Travel: 10%  International Travel: 0%

**Available Support:** Statistical support includes training on SAS, managing and linking data sets, analyzing vital statistics and complex survey data.

**Current/Recent EIS Officer:** Joel Massey, MD, (EIS 2015)

**Consultant:** Birgit Shanholtzer, MA, Director of epidemiology with the Center for Health Statistics

**Current/Recent EIS Officer:** Erica Thomasson, PhD, (EIS 2013)

**Current/Recent EIS Officer:** Erica Thomasson, PhD, (EIS 2013)


**Officer Recent Publications:** MMWR: Health Care–Associated Outbreak of Epidemic Keratoconjunctivitis — West Virginia, 2015.


Public Health Investigation of an Opioid-Related Overdose Outbreak — West Virginia, 2016

**Consultant:** Birgit Shanholtzer, MA, Director of epidemiology with the Center for Health Statistics


**Officer Recent Publications:** MMWR: Health Care–Associated Outbreak of Epidemic Keratoconjunctivitis — West Virginia, 2015.


Public Health Investigation of an Opioid-Related Overdose Outbreak — West Virginia, 2016

**Consultant:** Birgit Shanholtzer, MA, Director of epidemiology with the Center for Health Statistics

**Size of Community:** Charleston is the state capitol with a population of 51,400. The city is surrounded by communities totaling about 250,000; state population is 1,825,994.

**University Affiliation:** University of Charleston and WV State University; Charleston campuses for WV University Medical School and Marshall University; WV University School of Public Health and NIOSH Morgantown.

**Living Environment:** Charleston is a small river town in the Kanawha Valley and has many outdoor activities. This is a wonderful environment for families and singles.

**Cultural and Recreational Assets:** Within walking distance of the office: monthly Thursday night Art Walk. The WV Symphony performs at the Clay Center for the Performing Arts (art gallery, hands-on museum, and planetarium), shopping mall, indoor/outdoor farmer’s market, Mountain Stage, Kanawha State Forest. Within 2 hours by car: hiking, camping, skiing, whitewater, fishing, mountain biking, etc. Within 4 hours by car: Pittsburgh, Columbus, and Cincinnati.

**Opportunity for Employment:** Health care, education, chemical industry, business, and government.
The Center for Global Health (CGH) provides leadership within CDC and works with partners around the globe to "Help CDC Help the World." CDC is a leader in promoting public health for all people, protecting the United States and the world from health threats, and working with global partners to realize the goal of “Healthy People in a Healthy World—through Prevention.” CGH works with partners to prevent and control infectious and chronic diseases; respond to international disasters; and build sustainable global public health capacity by training epidemiologists, laboratory scientists, and public health managers. Organizationally, CGH is comprised of four divisions: (1) the Division of Global Health Protection, (2) the Division of Global HIV/AIDS and Tuberculosis, (3) the Division of Parasitic Diseases and Malaria, and (4) the Global Immunization Division. Exceptional training opportunities exist for EIS officers within each of the CGH divisions.

**Division of Global Health Protection/Epidemiology, Informatics, Surveillance, Laboratory Branch/Epi Team**

**CGH-DGHP-EISLB-GA-2017-01**

**Agency Name:** CDC  
**Division/Branch/Team/Section:** Division of Global Health Protection/Epidemiology, Informatics, Surveillance, Laboratory Branch/Epi Team  
**Physical Address:** Atlanta, Georgia  
**Primary Supervisor:** Terrence Lo, DrPH, MPH, (EIS 2011), Epidemiologist, tgl8@cdc.gov  
**Secondary Supervisor:** Stephanie Salyer, DVM, MPH, (EIS 2012), Epidemiologist, wig9@cdc.gov  
**Secondary Supervisor:** Joel Montgomery, PhD, (EIS 2002), Branch Chief, ztq9@cdc.gov

**Background:** The EIS officer will be with the Epidemiology Team of the Epidemiology, Informatics, Laboratory, and Surveillance (EISL) Branch in the Division of Global Health Protection (DGHP) in the Center for Global Health. DGHP activities are not limited to one specific public health topic or country. The EISL Branch interacts across the Division, Center, and Agency, providing a great opportunity to engage with other groups both domestically and internationally. DGHP develops and strengthens global capacity to detect, respond to, contain, and mitigate the effects of emerging infectious diseases, complex humanitarian emergencies, and bioterrorist threats. Our mission is to protect Americans and the global community against urgent public health threats through a network of partners. The partner network includes both internal (i.e., subject matter experts throughout CDC) and external partners including the World Health Organization (WHO) and their regional centers, Ministries of Health, United States Agency for International Development (USAID) and universities (foreign and domestic).

The EISL Branch, provides technical expertise on the implementation of the Global Health Security Agenda (GHSA) and works extensively through a network of Global Disease Detection (GDD) Regional Centers. The GDD program provides technical assistance needed for conducting surveillance, applied research, capacity building, and outbreak support for infectious diseases. In collaboration with GDD field staff and other CDC subject matter experts, the Epidemiology Team supports multi-center projects throughout the GDD network and supports projects at individual GDD sites. The Epidemiology Team engages closely with the GDD Operations Center which seeks to detect and respond to public health events of international importance and emerging disease threats. The GDD Program supports the establishment of zoonotic disease surveillance systems at the animal-human interface and works closely with CDC’s One Health Office to coordinate and strengthen this capacity globally. Lab system strengthening and novel diagnostic capacity are also a focus area by collaborating with national reference laboratories to accurately detect diseases. The Informatics team collaborates with external partners to promote information system standards, novel data capture methods, and other tools to facilitate functioning surveillance.

**Proposed Initial Projects:** (1) Surveillance for acute febrile illness in multiple counties; (2) surveillance for hospital-acquired infections and antimicrobial resistance in multiple countries; (3) analyses of data from studies examining the effect of Zika and other infections during pregnancy; (4) evaluation of novel diagnostics for Zika, chikungunya, dengue, and other infections among patients recruited through acute febrile illness surveillance platforms in countries with ongoing Zika transmission; (5) Surveillance and studies related to zoonotic infections.

**Proposed Surveillance Projects:** Multiple potential surveillance projects exist in the ten GDD countries and the 17 GHSA Phase I countries as noted above under initial projects. The selection will be made in accordance with EISL needs in Fall 2017 and EISO's interests.
**Range of Opportunities:** A range of international projects related to surveillance, outbreak investigations, and planned studies for various emerging infectious diseases in multiple countries under project supervision of leading CDC field epidemiologists are available.

**Position Strengths:** This is an ideal position for an EISO interested becoming an expert on the practice of epidemiology and surveillance of emerging infectious diseases in the developing world through field-based projects in up to ten developing countries. EISL Branch strengths also include collaborations with partners and willingness to mentor and provide a well-rounded experience for EISOs.

**Special Skills Useful for this Position:** Familiarity with international settings as well as excellent diplomatic and intercultural ability are necessary. Foreign languages advantageous but not required.

**Available Data:** Numerous datasets are available for analysis in the ten GDD countries, examples of which are noted under the proposed initial projects listed above. The GDD sites have longstanding ongoing surveillance and applied research projects.

**Recent Publications:**
2. Association of acute toxic encephalopathy with litchi consumption in an outbreak in Muzaffarpur, India, 2014: a case–control study.
3. Evaluation of the national tuberculosis surveillance program in Haiti
4. Global burden of invasive nontyphoidal Salmonella disease, 2010
5. A study to see if adding a calcium clay supplement to diet can decrease the risk of death and disease by aflatoxicosis.

**Domestic Travel:** 10%  **International Travel:** 40%

**Available Support:** Support will be provided from several senior epidemiologists, many of whom were former EISOs themselves, with expertise in epidemiologic methods, field epidemiology, surveillance, outbreak response, statistical analysis, program evaluation, information systems, laboratory diagnostics, and applied international public health. CDC Epidemiologists in the countries where the EISO will conduct field projects will also provide support with infrastructure and logistic support from HQ and country offices.

**Current/Recent EIS Officer:**
- Daniel Rhee, MD, MSc, (EIS 2015), EIS Officer, yvw7@cdc.gov
- Ashely Greiner, MD, (EIS 2014), EISO
- Preetha Iyengar, MD, (EIS 2012)
- Tony Ao, DSc, (EIS 2011)

**Officer Projects:**
- Zika Virus Pregnancy Cohort Study Implementation (Thailand and Kenya); assessment of the Population-Based Infectious Disease Surveillance (PBIDS) diarrheal disease case management (Kenya); acute febrile illness surveillance evaluation (Egypt); evaluation of the quality of data and acceptability of electronic medical records (Zambia)

**Officer Recent Publications:**
- Addressing contact tracing challenges—critical to halting Ebola virus disease transmission.

**Consultant:**
- Olga Henao, PhD, MPH, Epi Team Lead, dot8@cdc.gov
- Mike Park, PhD, Health Economist
- Nick Schaad, MPH
- Sarah Bennett, MD, MPH, (EIS 2010), Epidemiologist
- Greg Raczniak, MD, MPH, (EIS 2011), Epidemiologist
- Carol Rao, ScD, (EIS 2005), Epidemiologist
- Len Peruski, PhD, Lab Team Lead
- Ray Ransom, MPH, Informatics Team Lead
Division of Global Health Protection/Emergency Response and Recovery Branch

CGH-DGHP-ERRB-GA-2017-01

Agency Name: CDC

Division/Branch/Team/Section: Division of Global Health Protection/Emergency Response and Recovery Branch

Physical Address: Atlanta, Georgia

Primary Supervisor: Sharmila Shetty, MD, (EIS 2002), Epidemiologist, SShetty@cdc.gov

Secondary Supervisor: Michelle Hynes, PhD, Epidemiologist, MHynes@cdc.gov

Secondary Supervisor: Oleg Bilukha, MD, PhD, (EIS 2002), Epidemiologist

Background: The officer will be assigned to the Emergency Response and Recovery Branch (ERRB) in the Division of Global Health Protection (DGHP) in the Center for Global Health. ERRB is responsible for directly responding to, and strengthening global capacity to respond to and recover from complex humanitarian emergencies (CHEs). ERRB is a multidisciplinary team of public health professionals responsible for coordinating CDC's response to CHEs. The branch is a major provider of technical assistance to the international community. In all activities, the branch works with organizations such as the UN High Commissioner for Refugees (UNHCR), UNICEF, WHO, World Food Program (WFP), UN Population Fund (UNFPA), US Office of Foreign Disaster Assistance (OFDA), US State Department Bureau for Population, Refugees and Migration (PRM), and various international non-governmental organizations.

Proposed Initial Projects:

1) Set up community-based surveillance among internally displaced persons to better understand the magnitude of displaced in an urban setting—location to be determined with funding provided to Columbia University

2) Undertake event-based surveillance (EBS) to identify, verify and coordinate response for a variety of outbreaks including mystery illnesses

3) Undertake outbreak investigations for known and mystery diseases

4) Participate in and support review, assessment and strengthening of disease surveillance systems during mass gatherings e.g. Hajj pilgrimage

5) Participate and lead EBS capacity building initiatives in select Global Health Security countries with the goal of setting up EBS units at the national and subnational level

6) Participate in the surveillance, outbreak investigation and outbreak response of a viral hemorrhagic fever illness

7) Participate and support partner agencies upon invitation, as a technical expert on EBS (e.g. WHO support)

8) Conduct water, sanitation and hygiene surveys in collaboration with WHO/UN partners and CDC CIOs during a waterborne outbreak situation or refugee camp setting

9) Mapping and gap analysis of international global rapid response teams

Proposed Surveillance Projects:

1) Perform a capture-recapture analysis in Goma using a community-based surveillance system set up by Columbia University and 2-3 independent data sources to better determine birth rates, death rates, and the number of internally displaced people. Time frame: August 2017

2) Conduct evaluation of community-based surveillance in Goma among internally displaced persons. The system was established with local NGO and ministry through collaboration with Columbia University to better understand the magnitude of displaced in Goma – time frame: August 2017

3) Evaluate a Communicable Diseases Surveillance and Response (CSR) system with an international partner

4) Evaluation of severe acute respiratory illness surveillance system in Burkina Faso

5) Evaluation of yellow fever surveillance system in Angola

6) Evaluation of Zika / microcephaly surveillance in Angola

Range of Opportunities: The officers in this assignment will use epidemiologic principles to address public health issues related to complex humanitarian emergencies and health systems reconstruction following emergencies. This may include providing technical assistance by:

1) carrying out rapid assessments of health, water/sanitation, and nutrition status

2) conducting emergency mortality and nutrition surveys

3) establishing and evaluating disease and injury surveillance systems

4) investigating communicable disease outbreaks

5) evaluating the effectiveness of various emergency and post-emergency programs

Position Strengths: The branch focus is on a population rather than a specific health condition. This provides the officer with a broad range of experiences encompassing both communicable and non-communicable diseases as they impact a highly vulnerable population. Officers can work with any branch staff person as projects arise and responses occur. The primary and secondary supervisors support cross-branch, division, and CIO activities.

Special Skills Useful for this Position:

1) Willingness to travel internationally

2) previous international experience, particularly in emergency or post-emergency settings

3) conversational in French or Portuguese

Available Data:

1) Injury surveillance data from Iraq

2) Pregnancy outcome surveillance data set from Haiti

3) National HIV database, Haiti

4) Data from the landmine knowledge, attitudes and practices (KAP) survey in Colombia

Recent Publications:


**Domestic Travel:** 5%  **International Travel:** 25%

**Available Support:** Branch statistician, branch language tutor (French/Spanish), secretarial/admin support, multiple staff members with experience in EIS or working with EIS officers

**Current/Recent EIS Officer:** Andy Boyd, MD, (EIS 2015)

**Current/Recent EIS Officer:** Alaine Knipes, PhD, (EIS 2015)

**Current/Recent EIS Officer:** Aimee Summers, PhD, (EIS 2014)

**Current/Recent EIS Officer:** Max Nerlander, MD, (EIS 2014)

**Current/Recent EIS Officer:** Raina Phillips, MD, (EIS 2013)

**Current/Recent EIS Officer:** Michelle Dynes, PhD, MSN, (EIS 2013)

**Officer Projects:**
- Evaluation of International Organization for Migration (IOM)’s tuberculosis screening and treatment program among Syrian refugees, Jordan & Lebanon
- Follow-up Assessment of Household Water Treatment Products and Water Use in Artibonite Department, Haiti
- Evaluation of Maternal Mortality Surveillance, Liberia
- Data analysis and verification for Nigeria nutrition and mortality data

**Officer Recent Publications:**
1) Dynes M, Perceptions of the Risk for Ebola and Health Facility Use Among Health Workers and Pregnant and Lactating Women – Kenema District, Sierra Leone, September 2014. MMWR 2015; 63(51-52):1226-1227

**Consultant:** Tasha Stehling-Ariza, PhD, (EIS 2014)

**Consultant:** Tom Handzel, MD, (EIS 2000)

**Consultant:** Susan Cookson, MD, (EIS 1995)

**Consultant:** Mark Anderson, MD, MPH, (EIS 1996), mea6@cdc.gov

**Consultant:** Diana Bensyl, PhD, (EIS 1999), dbensyl@cdc.gov

**Consultant:** Cyrus Shahpar, MD, (EIS 2010)

**Consultant:** Dinorah Calles, PhD, (EIS 2013)

CGH-DGHP-ERRB-GA-2017-02

**Agency Name:** CDC

**Division/Branch/Team/Section:** Division of Global Health Protection/Emergency Response and Recovery Branch

**Physical Address:** Atlanta, Georgia

**Primary Supervisor:** Cyrus Shahpar, MD, MBA, MPH, (EIS 2010), Epidemiologist, CShahpar@cdc.gov

**Secondary Supervisor:** Diana Bensyl, MA, PhD, (EIS 1999), Epidemiologist, dbensyl@cdc.gov

**Secondary Supervisor:** Dinorah Calles, PhD, (EIS 2013), Epidemiologist, DCalles@cdc.gov

**Background:** The officers will be assigned to the Emergency Response and Recovery Branch (ERRB) in the Division of Global Health Protection (DGHP) in the Center for Global Health. ERRB is responsible for directly responding to, and strengthening global capacity to respond to and recover from complex humanitarian emergencies (CHE’s). ERRB
is a multidisciplinary team of public health professionals responsible for coordinating CDC’s response to CHE’s. The branch is a major provider of technical assistance to the international community. In all activities, the branch works with organizations such as the UN High Commissioner for Refugees (UNHCR), UNICEF, WHO, World Food Program (WFP), UN Population Fund (UNFPA), US Office of Foreign Disaster Assistance (OFDA), US State Department Bureau for Population, Refugees and Migration (PRM), and various international non-governmental organizations.

**Proposed Initial Projects:** 1) Set up community-based surveillance among internally displaced persons to better understand the magnitude of displaced in an urban setting—location to be determined with funding provided to Columbia University – time frame: to be determined. 2) Undertake event-based surveillance (EBS) to identify, verify and coordinate response for a variety of outbreaks including mystery illnesses 3) Undertake outbreak investigations for known and mystery diseases 4) Participate in and support review, assessment and strengthening of disease surveillance systems during mass gatherings e.g. Haj pilgrimage 5) Participate and lead EBS capacity building initiatives in select Global Health Security countries with the goal of setting up EBS units at the national and subnational level 6) Participate in the surveillance, outbreak investigation and outbreak response of a viral hemorrhagic fever illness 7) Participate and support partner agencies upon invitation, as a technical expert on EBS (e.g. WHO support) 8) Conduct water, sanitation and hygiene surveys in collaboration with WHO/UN partners and CDC CIOs during a waterborne outbreak situation or refugee camp setting 9) Mapping and gap analysis of international global rapid response teams

**Proposed Surveillance Projects:** 1) Perform a capture-recapture analysis in Goma using a community-based surveillance system set up by Columbia University and 2-3 independent data sources to better determine birth rates, death rates, and the number of internally displaced people. Time frame: August 2017 2) Conduct evaluation of community-based surveillance in Goma among internally displaced persons. The system was established with local NGO and ministry through collaboration with Columbia University to better understand the magnitude of displaced in Goma – time frame: August 2017 3) Evaluate a Communicable Diseases Surveillance and Response (CSR) system in country X 4) Evaluation of severe acute respiratory illness surveillance system in Burkina Faso 5) Evaluation of yellow fever surveillance system in Angola 6) Evaluation of Zika / microcephaly surveillance in Angola

**Range of Opportunities:** The officers in this assignment will use epidemiologic principles to address public health issues related to complex humanitarian emergencies and health systems reconstruction following emergencies. This may include providing technical assistance by: 1) carrying out rapid assessments of health, water/sanitation, and nutrition status; 2) conducting emergency mortality and nutrition surveys; 3) establishing and evaluating disease and injury surveillance systems; 4) investigating communicable disease outbreaks; 5) evaluating the effectiveness of various emergency and post-emergency programs

**Position Strengths:** The branch focus is on a population rather than a specific health condition. This provides the officer with a broad range of experiences encompassing both communicable and non-communicable diseases as they impact a highly vulnerable population. Officers can work with any branch staff person as projects arise and responses occur. The primary and secondary supervisors support cross-branch, division, and CIO activities.

**Special Skills Useful for this Position:** 1) Willingness to travel internationally, 2) previous international experience, particularly in emergency or post-emergency settings, 3) conversational in French

**Available Data:** 1) Injury surveillance data from Iraq, 2) Pregnancy outcome surveillance data set from Haiti 3) National HIV database, Haiti 4) Data from the landmine knowledge, attitudes and practices (KAP) survey in Colombia


**Domestic Travel:** 5%  **International Travel:** 25%

**Available Support:** Branch statistician, branch language tutor (French/Spanish), secretarial/admin support, multiple staff members with experience in EIS or working with EIS officers

**Current/Recent EIS Officer:** Alaine Knipes, PhD, (EIS 2015)  
**Current/Recent EIS Officer:** Andy Boyd, MD, (EIS 2015)  
**Current/Recent EIS Officer:** Aimee Summers, PhD, (EIS 2014)  
**Current/Recent EIS Officer:** Max Nerlander, MD, (EIS 2014)  
**Current/Recent EIS Officer:** Michelle Dynes, MSN, PhD, (EIS 2013)
Current/Recent EIS Officer: Raina Phillips, MD, (EIS 2013)
Current/Recent EIS Officer: Rachel Idowu, MD, (EIS 2012)
Current/Recent EIS Officer: Miriam Shiferaw, MD, (EIS 2012)
Current/Recent EIS Officer: Stephanie Salyer, PhD, (EIS 2012)
Current/Recent EIS Officer: David Fitter, MD, (EIS 2011)
Current/Recent EIS Officer: Kevin Clarke, MD, (EIS 2011)

Officer Projects:
- Evaluation of International Organization for Migration (IOM)’s tuberculosis screening and treatment program among Syrian refugees, Jordan & Lebanon
- Follow-up Assessment of Household Water Treatment Products and Water Use in Artibonite Department, Haiti
- Evaluation of Maternal Mortality Surveillance, Liberia
- Data analysis and verification for Nigeria nutrition and mortality data

Officer Recent Publications:
1) Dynes M, Perceptions of the Risk for Ebola and Health Facility Use Among Health Workers and Pregnant and Lactating Women – Kenema District, Sierra Leone, September 2014. MMWR 2015; 63(51-52):1226-1227

Consultant: Tasha Stehling-Ariza, PhD, (EIS 2014)
Consultant: Tom Handzel, MD, (EIS 2000)
Consultant: Susan Cookson, MD, (EIS 1995)
Consultant: Sharmila Shetty, MD, (EIS 2002)
Consultant: Michelle Hynes, PhD
Consultant: Oleg Bilukha, MD, PhD, (EIS 2002)
Consultant: Farah Husain, DDS, (EIS 2008)
Consultant: Sudhir Bunga, MBBS, (EIS 2010)
Consultant: Ashley Greiner, MD, MPH, (EIS 2014)

Division of Global HIV and Tuberculosis/Epidemiology and Surveillance Branch/Office of the Director

CGH-DGHT-ESB-GA-2017-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Global HIV and Tuberculosis/Epidemiology and Surveillance Branch/Office of the Director
Physical Address: Atlanta, Georgia
Primary Supervisor: Italia Rolle, PhD, MS, (EIS 2006), Associate Chief for Science, itr2@cdc.gov
Secondary Supervisor: Drew Voetsch, PhD, (EIS 2005), Team Leader, aav6@cdc.gov
Secondary Supervisor: Edith Nyakaana Nyangoma, MD, MPH, (EIS 2013), Epidemiologist, xdf9@cdc.gov

Background: The Epidemiology and Surveillance Branch in the Division of Global HIV & TB serves as a leader in developing, establishing, and advancing HIV surveillance standards globally. The branch has three teams: General Population Surveillance, Key Populations, and Clinical Surveillance. The EIS officer will work closely with the General Population Surveillance Team. The vision of the General Population Surveillance team is to provide data from population-based HIV-focused household surveys to monitor the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) HIV program impact and progress towards epidemic control. The team’s priorities for the next 2 years
include:
1. Demonstrate the impact of PEPFAR efforts and identify gaps based on results from the 2015-2016 Zambia, Zimbabwe, and Malawi surveys via reports, conference presentations, manuscripts, and workshops.
4. Provide technical assistance to population-based surveys in Nigeria, South Africa, Mozambique, Angola, and South Sudan.
5. Develop and implement a research agenda for data generated by population-based surveys.

The EIS Officer will have an opportunity to also work on projects with the Key Populations team and the Clinical Surveillance team.

**Proposed Initial Projects:** Multiple projects related to the analysis of Population-based HIV Impact Assessment (PHIA) household surveys conducted in Zimbabwe, Malawi, Zambia, Uganda, Tanzania, Lesotho, and Swaziland, including 1) Engagement in HIV care among children, adolescents and adults, 2) Patterns and factors associated with detectable HIV viral load and HIV drug resistance, 3) Prevalence and correlates of adult male circumcision, 4) Tuberculosis screening, co-infection, isoniazid preventive therapy, and treatment among people living with HIV, 5) field assessment of return of viral load results and linkage to care activities for newly diagnosed HIV-positive participants in Tanzania, Lesotho, and Uganda, 6) Confirmation of return of PCR results and active linkage to care for HIV-positive infants, and 7) HIV risk factors among adolescent girls and young women. Projects with other teams in the branch include 1) data analysis of the “Examining linkage, initiation, retention and adherence to care and treatment among HIV-positive key populations in Kampala, Uganda (Crane Linkage Study), 2) HIV treatment cascade data analyses, and 3) HIV contact tracing and investigation among areas with high antiretroviral treatment coverage to identify networks with on-going or new transmission.

**Proposed Surveillance Projects:** 1. Evaluate Population-based HIV Impact Assessments conducted in Zimbabwe (ZIMPHIA) and Malawi (MPHIA) by comparing response rates, HIV prevalence, and key behavioral indicators with Demographic and Health surveys conducted concurrently in Zimbabwe and Malawi during 2015-16; 2. Evaluate use of disaggregated routine HIV programmatic data for describing progress towards global treatment targets (UNAIDS 90-90-90 targets).

**Range of Opportunities:** The branch supports HIV surveillance activities in PEPFAR countries (e.g. Tanzania, Rwanda, Mozambique, Cameroon, South Africa, Central America, Caribbean, Thailand). Opportunities include surveillance system development and implementation, outbreak investigation, data analysis, and manuscript writing, operational research, implementation science, and guideline development with the World Health Organization and UNAIDS.

**Position Strengths:** Officers will work hand in hand with former EIS officers now in leadership positions. The branch strives for the effective use of traditional and non-traditional HIV data sources for surveillance. Additionally, team members build technical HIV surveillance capacity in low and middle income countries.

**Special Skills Useful for this Position:** Familiarity with quantitative data and analytic methods. Excellent verbal and written skills, including in communicating and diplomacy with foreign government officials. Ability to speak a foreign language. Ready to travel internationally and work independently or under long-distance supervision.

**Available Data:** 2016 Population based HIV impact assessment (PHIA) surveys (3) – Zimbabwe, Malawi, Zambia. PHIAs are stratified, two-stage cluster designs powered to assess HIV incidence and prevalence. Sample sizes range 22,866-27,128. Multiple Uganda CRANE Key Population datasets from 2008 – present include bio-behavioral surveys, qualitative data, population size estimates, and geographic mapping. Key populations include men who have sex with men, sex workers, people who inject drugs, and transgender people.


**Domestic Travel:** 5%  **International Travel:** 25%

**Available Support:** There are six former EIS officers in the branch including the branch chief. Team epidemiologists and demographers have strong epidemiology, research methods, and survey skills. Statistical support is provided by the DGHT statistical branch.

**Current/Recent EIS Officer:** Hammad Ali, MBBS, MPH, PhD, (EIS 2015), EIS Officer

**Current/Recent EIS Officer:** Reena Doshi, PhD, MPH, (EIS 2016), EIS Officer

Officer Recent Publications: The current EIS officers are working on the following manuscripts for publication:

1. Infant HIV diagnosis and turnaround time for testing in Malawi; Ghana’s HIV epidemic and PEPFAR’s response to the epidemic; HIV, serostatus knowledge, and viral load suppression among female sex workers in Kampala, Uganda, 2012 – A respondent-driven sampling survey; and A critical evaluation of the HIV case based surveillance system, Trinidad and Tobago 2016.

Consultant: Wolfgang Hladik, MD, PhD, (EIS 1999), Branch Chief, whl3@cdc.gov
Consultant: Paul Stupp, PhD, Demographer
Consultant: Hammad Ali, MBBS, MPH, PhD, (EIS 2015), EIS Officer
Consultant: Kristin Brown, MPH, Epidemiologist
Consultant: Avi Hakim, MPH, Epidemiologist
Consultant: Anne McIntyre, PhD, MPH, (EIS 2008), Epidemiologist
Consultant: Dimitri Prybylski, PhD, MPH

Division of Global HIV and Tuberculosis/Global Tuberculosis Prevention and Control Branch

CGH-DGHT-GTCB-GA-2017-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Global HIV and Tuberculosis Prevention and Control Branch
Physical Address: Atlanta, Georgia
Primary Supervisor: John Oeltmann, PhD, (EIS 2003), Epidemiologist, jeo3@cdc.gov
Secondary Supervisor: Michele Pearson, MD, (EIS 1990), Medical Officer, mxp8@cdc.gov

Background: Nearly a quarter of the world’s population is infected M. tuberculosis, and TB disease is the leading infectious disease killer across the globe, responsible for over 1.8 million deaths in 2015. The Global TB Prevention and Control Branch (GTB) is committed to reducing the burden of TB in the world by conducting innovative, impactful and programmatically relevant research and by providing direct technical assistance to national TB programs across the globe. Our Division plays an essential role in the unified U.S. Government’s plan to implement the President’s Emergency Plan for AIDS Relief (PEPFAR). Our branch is structured as three teams, reflecting the focus of our work: TB Prevention, Care and Treatment; High Risk and Vulnerable Populations; Surveillance, Epidemiology, and Impact Measurement. Our branch staff, which includes 14 former and 2 current EISOs, is dedicated to ensuring well-rounded training and support for our EISOs. To ensure that their learning goals are met, EISOs will have a choice of projects from across all teams, and they will have an opportunity to be involved in all stages of project implementation, from study concept and design, to data collection and analysis, to dissemination of results (written and oral). For field-based international projects, there will be close collaboration with CDC country offices and international Ministries of Health. In addition to field-based epidemiology experiences, EISOs will have the opportunity to analyze data from existing large datasets, attend a formal clinical TB training course, and collaborate on projects with other Branches in the Division. The majority of GTB’s work occurs in foreign countries with high burdens of TB. Examples of countries in which projects may occur include, but are not limited to, Botswana, Cambodia, China, Ethiopia, India, Kenya, Lesotho, Mozambique, Myanmar, Nigeria, the Philippines, South Africa, Thailand, Tanzania, Uganda, Vietnam, Zambia, and Zimbabwe.

Proposed Initial Projects:

- Assessment of point-of-care testing for TB (GeneXpert® Omni), Kenya (Baker)
- Assessment of risk factors for hepatotoxicity and adverse drug events among people living with HIV who receive TB preventive therapy (Baker)
- Evaluation of impact and cost of TB Infection Control programs, multi-country (Pearson)
- Operationalization and monitoring of systematic HIV testing for presumptive TB patients in 1-2 selected countries (Coggin, Date)
- Assessment of a family-centered approach to improve TB screening and diagnosis, HIV testing, and linkage to care. This project includes screening child TB contacts for TB and HIV and linkage to care and an evaluation of new approaches to diagnose TB in children. (Click)

Proposed Surveillance Projects:

- Evaluation of surveillance for isoniazid preventive therapy, Kenya
- Evaluation of surveillance systems for TB among healthcare workers, Ethiopia
- Joint CDC WHO evaluation of surveillance systems for TB and vital statistics

Range of Opportunities: Research question development. Survey development. Data collection and analysis. International field assignments. Presentations at domestic and international conferences. Manuscript writing and
dissemination. Protocol writing. Assistance with policy development. Teaching TB-related research courses in collaboration with national programs.

**Position Strengths:** Diverse projects with different staff in the Branch/Division that directly inform policy and strengthen TB control efforts internationally. Emphasis on learning and applying epidemiologic methods to develop impactful projects, which officers are encouraged to develop. International travel and collaboration with partners in Ministries of Health, WHO, USAID, and non-governmental agencies. Working with PEPFAR, the single largest financial contribution to AIDS programming in the world.

**Special Skills Useful for this Position:** No Special skills are required

**Available Data:** Kopanyo data – collected in Botswana to better understand TB transmission in a setting with high rates of HIV (Oeltmann, Click, Moonan). EnTIC data – from a multicenter, cluster randomized trial of a TB Infection Control intervention (Pearson). Preserving Effective TB Treatment Study (PETTS) data - multinational cohort study of MDRTB (Cegielski) Secondary analysis of data from a TB clinical research database (Cegielski)

**Recent Publications:** Investigators in the Global Tuberculosis Branch published 44 peer-reviewed articles in 2016. A complete list of these will be provided at the conference.

**Domestic Travel:** 5%  
**International Travel:** 25%

**Available Support:** DGHT has a team of statisticians who are invested in training junior staff. Officers will be offered statistical consultation, as well as SAS, STATA, and/or R software training, and a formal clinical TB training course.

**Current/Recent EIS Officer:** Elizabeth Schnaubelt, MD, (EIS 2016), EIS Officer, lwy6@cdc.gov  
**Current/Recent EIS Officer:** Diya Surie, MD, (EIS 2015), EIS Officer, kbz@cdc.gov

**Officer Projects:** Investigation of nosocomial tuberculosis outbreak, Botswana  
Analysis of transmission among multidrug-resistant TB cases, India  
Pediatric TB surveillance evaluation, Uganda  
Multi-country analysis of predictors of loss to follow-up during MDRTB treatment  
Teaching epidemiologic methods, Vietnam, Kenya, India  
Analysis of antiretroviral treatment impact on TB rates, sub-Saharan Africa

**Officer Recent Publications:** (Surie). Molecular, Spatial, and Field Epidemiology Suggest TB Transmission in Community. Not Hospital, Botswana. Emerg Infect Dis. 2017 Mar 15;23(3).  

(Lo). Same-day vs. 2-day sputum smear microscopy for diagnosing tuberculosis. Public Health Action. 2016 Dec 21;6(4)


**Consultant:** Susan Maloney, MD, (EIS 1992), Branch Chief, szm7@cdc.gov  
**Consultant:** Eric Pevzner, PhD, (EIS 2005), Team Lead: Vulnerable Populations Team, ecp9@cdc.gov  
**Consultant:** Patrick Moonan, DrPH, Molecular Epidemiologist, bng3@cdc.gov  
**Consultant:** Sarita Shah, MD, PhD, (EIS 2004), Associate Director of Science, bwg2@cdc.gov  
**Consultant:** Podewils Laura, PhD, (EIS 2003), Epidemiologist, lpp8@cdc.gov  
**Consultant:** Kevin Cain, MD, (EIS 2004), TB Director, Kisumu, Kenya, bvi1@cdc.gov  
**Consultant:** Brian Baker, MD, (EIS 2010), Epidemiologist, izj4@cdc.gov  
**Consultant:** Peter Cegielski, MD, MPH, Team Lead: TB Prevention, Care and Treatment, gzc@cdc.gov
Consultant: Paul Jensen, PhD, Engineer, pej4@cdc.gov
Consultant: Julia Ershova, PhD, Epidemiologist, jhe3@cdc.gov
Consultant: Ray Shiraishi, PhD, Statistician, fnf3@cdc.gov
Consultant: Anand Date, MD, MBBS, (EIS 2004), Associate Branch Chief, bvz7@cdc.gov
Consultant: Ellie Click, MD, PhD, (EIS 2009), Epidemiologist, eoc9@cdc.gov
Consultant: Hannah Kirking, MD, (EIS 2014), Epidemiologist, hrj7@cdc.gov
Consultant: Katie Curran, PhD, (EIS 2014), Epidemiologist, ydh9@cdc.gov
Consultant: Kassim Sidibe, MD, (EIS 2001), Epidemiologist, kus5@cdc.gov

Division of Global HIV/AIDS and TB, HIV Prevention Branch, Medical Transmission Prevention Team

CGH-DGHT-HPB-GA-2017-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Global HIV/AIDS and TB, HIV Prevention Branch, Medical Transmission Prevention Team
Physical Address: Atlanta, Georgia
Primary Supervisor: Dejana Selenic, MD, MPH, (EIS 2000), Senior Medical Epidemiologist, zdn7@cdc.gov
Secondary Supervisor: Bakary Drammeh, DrPH, Ag Team Lead, bkd3@cdc.gov
Secondary Supervisor: Michelle Chevalier, MD, MPH, (EIS 2015), Medical Officer, xde1@cdc.gov

Background: Medical transmission of HIV through unsafe blood transfusion, unsafe injections, and poor handling of medical waste remains a significant source for HIV transmission in resource-limited countries. The HIV Prevention Branch provides technical support for design, implementation, and evaluation of HIV prevention activities to prevent HIV transmission due to transfusion and needle stick injury. These activities occur in 35 countries with an emphasis on 15 “focus” countries in Africa, Asia, and the Caribbean. The selected officer will perform epidemiologic studies, field studies, program evaluations and surveillance related to reducing the medical transmission of HIV and other blood-borne pathogens. This assignment offers the EISO an opportunity to become an international expert in transfusion medicine and healthcare-associated infection prevention as related to HIV and other blood-borne pathogens.

Proposed Initial Projects: In discussion with the supervisor, the EIS officer will be able to select from a number of projects listed below, which will be particularly relevant to his/her fellowship and further his/her professional development and learning:
- Technical involvement in management of the WHO Global Database for Blood safety focusing on viral transfusion-transmissible infections
- Participation in the development of a predictive model to determine the national blood demand in low resource settings
- Participation in a study assessing blood demand and blood use among HIV-infected and un-infected pregnant and postpartum women in Zambia
- Support for a linkage study to develop and evaluate strategies to link HIV reactive donors to care and treatment services
- Monitoring of quality of screening for blood-borne pathogens at both the National Blood Transfusion Services (NBTS) and non-NBTS laboratories for transfusion-associated infections such as HIV, Hepatitis B, and Hepatitis C
- Modeling of estimated HIV infections averted through behavioral screening and laboratory testing among blood donors in U.S. President’s Emergency Plan for AIDS Relief (PEPFAR)-supported countries
- Evaluation of the implementation of:
  - The African Society of Blood Transfusion Standards and stepwise accreditation to decrease transfusion transmitted infections at NBTS in low resource settings,
  - A blood safety information system to improve donor management, laboratory testing quality and monitor, exclude, and track blood donors based on HIV status at the NBTS in Lesotho, Ethiopia, Zambia and Ghana
- Assist the Key Population Team with the Implementation Science Project to determine the best ways to provide HIV services to key populations such as female sex workers and men who have sex with men.
- Assist the Combination Prevention Program Evaluation Team in the analysis of cross-sectional or longitudinal data on HIV testing, linkage, and retention in HIV care on participants in combination prevention evaluations projects in Mozambique, Tanzania, and Swaziland.
**Proposed Surveillance Projects:** Evaluation of usability, quality, and impact of surveillance systems in one or more countries in sub-Saharan Africa to track adverse transfusion events

**Range of Opportunities:** Several of the projects listed above are implemented in close collaboration with experts from DGHT’s International Laboratory and Strategic Information Branches. DGHT offers support across a range of technical areas, including HIV/AIDS care and treatment, biostatistics, maternal/child health, and health economics. Projects supported by the Medical Transmission Prevention team are implemented across a range of diverse country settings providing exposure to program, surveillance and research implementation in a variety of contexts in collaboration with host-country nationals and field colleagues.

**Position Strengths:** This position will allow the EISO to serve as an international subject matter expert in transfusion medicine and the prevention of transfusion-associated infections.

**Special Skills Useful for this Position:** This position requires excellent verbal and written communication skills, the ability to work with diverse and multicultural groups, and flexibility. Prior experience with clinical and/or blood bank laboratory medicine is preferred.

**Available Data:** PEPFAR and WHO Global Database on Blood Safety will be used to describe, assess, and monitor processes associated with blood service operations worldwide. Other national datasets will also be used to measure progress, identify gaps and enhance future program strengthening activities.

**Recent Publications:**

**Domestic Travel:** 5%  
**International Travel:** 25%

**Available Support:** The EISO will work with a multi-disciplinary team of epidemiologists, medical officers, health scientists, public health advisors and laboratorians based within the HIV prevention branch. Three of the team's five members are EIS alumni.

**Current/Recent EIS Officer:** Ibironke Apata, MD, (EIS 2015), Medical Officer, iba2@cdc.gov

**Consultant:** Fatima Mili, MD, PhD, MPH, (EIS 1989), Medical Epidemiologist, fdm1@cdc.gov

**Consultant:** Gaston Djomand, MD, MPH, (EIS 2000), Epidemiologist, gdd7@cdc.gov

**Consultant:** Stephanie Davis, MD, MPH, (EIS 2011), Medical Officer, vic6@cdc.gov

**Officer Recent Publications:**

**Division of Global HIV and TB/Monitoring, Evaluation, and Data Analysis Branch/Monitoring and Evaluation Strategic Planning Team**

**CGH-DGHT-MEDAB-GA-2017-01**

**Agency Name:** CDC

**Division/Branch/Team/Section:** Division of Global HIV and TB/Monitoring, Evaluation, and Data Analysis Branch/Monitoring and Evaluation Strategic Planning Team

**Physical Address:** Atlanta, Georgia
Primary Supervisor: Eboni Galloway, PhD, (EIS 2011), Epidemiologist, egalloway2@cdc.gov
Secondary Supervisor: Mike Melchior, PhD, Team Lead, mmelchior@cdc.gov

Background: More than 33 million individuals are now living with HIV worldwide. The hardest-hit region, by far, is sub-Saharan Africa, which accounts for 70% of all HIV cases, followed by South and Southeast Asia, Latin America, and the Caribbean. Through strong partnerships with Ministries of Health, CDC’s Division of Global HIV & Tuberculosis (DGHT) supports over 40 countries, working to improve critical health systems and services to build sustainable national public health capacity. DGHT works under the oversight of the Global AIDS Coordinator at the State Department, and in collaboration with other U.S. Government agencies to implement the President’s Emergency Plan for AIDS Relief (PEPFAR). DGHT’s main focus areas are: 1) strategic information, including surveillance, information systems, and monitoring and evaluation; 2) laboratory; 3) prevention; and 4) HIV care and treatment. The DGHT Monitoring, Evaluation, and Data Analysis Branch (MEDAB) is tasked with developing and assuring the monitoring and evaluation processes, tools and guidance, and providing technical assistance and training to CDC teams at headquarters and in country offices for planning, implementation, quality assurance of monitoring and evaluation for HIV programs. This includes supporting the implementation of a CDC DGHT monitoring and evaluation framework and specific processes for Agency program monitoring and evaluation and accountability systems and developing and supporting data analytics that integrate multiple strategic information data streams in analysis, interpretation, reporting, and use.

Proposed Initial Projects: Multiple opportunities exist depending on the interests of the officer. MEDAB has access to aggregate and survey data collected during activities supported by PEPFAR. The officer will use PEPFAR data to estimate the impact of ART provision and other PEPFAR activities in controlling and mitigating the spread and associated morbidity/mortality of HIV. Potential projects included but are not limited to: 1) Characterize male sexual partners of adolescent girls and young women using population-based HIV impact assessment results in Zimbabwe; 2) Develop methods to improve the collection, quality, and use of program evaluation data; 3) Triangulation of routinely collected output and outcome data (indicators for voluntary medical male circumcision and key populations) with service quality data (Site Improvement Monitoring System data), by both geographic location and technical area; 4) Analyze PEPFAR data to estimate the impact of PEPFAR to reduce the number of AIDS related deaths and new HIV infections; 5) Advance use of program monitoring to inform surveillance and evaluation during program planning and implementation; 6) Develop and lead analyses as part of interagency technical working groups; 7) Analyze data from multiple strategic information data streams in the Interagency Collaborative for Program Improvement (ICPI) (e.g., laboratory, voluntary medical male circumcision, HIV testing services, TB/HIV, care and treatment).

Proposed Surveillance Projects: MEDAB has two potential surveillance projects:
1) Evaluation of the National HIV surveillance system of Nigeria.
2) Evaluation of the National HIV case surveillance system of Haiti.

Range of Opportunities: MEDAB collaborates with other branches and country offices. MEDAB provides opportunities across all technical areas through our division-wide and ICPI support, allowing for analyses in multiple technical areas, both from an agency and interagency perspectives.

Position Strengths: The EISO will develop expertise in monitoring and evaluation and epidemiology, gain diplomatic skills and experience in low-resource settings. MEDAB provides the bulk of technical support in monitoring and evaluation to CDC’s international HIV activities, and a vast range of opportunities exist to develop monitoring and evaluation and analytic skills benefitting future careers in public health or academia.

Special Skills Useful for this Position: MEDAB operates within the context of PEPFAR, the single largest humanitarian endeavor in history. Prospective officers should be enthusiastic and dedicated to improving the lives of others. The officer must function within a team of colleagues with a variety of professional and cultural backgrounds and will collaborate with officials from other governments, NGO’s, and multilaterals within diverse economic, cultural, and political contexts. Strong communication skills, patience, flexibility, and a well-developed sense of humor are absolutely necessary. Experience in routine program evaluation is preferred. Fluency in other languages, particularly French, Portuguese, and Spanish, is invaluable though not necessary.

Available Data: Potential PEPFAR data for analysis includes: 1) Monitoring, Evaluation and Reporting (MER): includes testing, treatment, and systems indicators; 2) Site Improvement Monitoring System (SIMS): site-level data detailing adherence to standards across all PEPFAR support program services at the facility, community, site, and above-site level.

Recent Publications: MEDAB has co-authored a variety of reports including evaluation reports and reports to Congress. Recent MEDAB publications include:
• Critique and Lessons Learned from using Multiple Methods to Estimate Population Size of Men who have Sex with Men in Ghana (AIDS & Behavior. 2015 Feb;19(S1):16-23).
• Progressing beyond SLMTA: are internal audits or corrective action the key drivers of quality improvement? (African Journal of Laboratory Medicine. 2016 Jan;3(2):1-7).

**Domestic Travel:** 5%  
**International Travel:** 25%

**Available Support:** The EISO will work with a multi-disciplinary team of epidemiologists, medical officers, and health scientists. The primary supervisor is an EIS alum, and the secondary supervisor brings experience in HIV research and monitoring and evaluation across. DGHT has a Health Informatics, Data Management, and Statistics Branch with a senior statistician dedicated to supporting and consulting with EISOs.

**Officer Projects:** The Monitoring, Evaluation, and Data Analysis Branch (MEDAB) was established in 2016, and this will be MEDAB’s first EIS Officer.

**Officer Recent Publications:** N/A

**Consultant:** Sadhna Patel, MPH, Team Lead, spatel@cdc.gov  
**Consultant:** John Aberle-Grasse, MPH, Branch Chief, jaberlegrasse@cdc.gov

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**Division of Parasitic Diseases and Malaria/Malaria Branch**

CGH-DPDM-MB-GA-2017-01  
**Agency Name:** CDC

**Division/Branch/Team/Section:** Division of Parasitic Diseases and Malaria/Malaria Branch

**Physical Address:** Atlanta, Georgia

**Primary Supervisor:** Meghna Desai, PhD, MPH, Epidemiologist, mud8@cdc.gov  
**Secondary Supervisor:** Alexandre Macedo de Oliveira, MSc, PhD, MD, (EIS 2002), Medical Officer, acq7@cdc.gov

**Background:** CDC’s Malaria Branch is at the forefront of global malaria control and elimination efforts, working collaboratively with domestic, other US Government, and international organizations. We also work with clinicians, state and local public health partners to prevent and treat malaria in the United States. The Malaria Branch has four units: Program Implementation, Strategic and Applied Sciences, Laboratory Research and Development, and Domestic Response. Malaria Branch staff represent a diverse set of public health professionals – epidemiologists, medical and veterinary officers, laboratory scientists, health scientists, and public health advisors – who work on projects that often bridge units and other branches at CDC, including the Entomology Branch.

As the key technical partner for several international malaria initiatives such as the U.S. President’s Malaria Initiative (PMI), the Amazon Malaria Initiative (AMI), and the Malaria Zero consortium (MZ), the branch leads efforts to monitor and evaluate malaria interventions, track antimalarial drug and insecticide efficacy, design and evaluate strategies for improving facility- and community-based malaria case management, reduce the burden of malaria especially among pregnant women and children, and evaluate approaches for malaria elimination. CDC Malaria Branch research contributed to the development of the key malaria control interventions used today and continues to focus on the development of new tools for the control and eventual elimination of malaria, including new strategies to reduce malaria in pregnancy, new malaria diagnostics, malaria vaccines and antimalarial treatments, vector control and treatment strategies to reduce malaria transmission, and strategies to improve health worker performance. The Branch also develops and maintains guidelines for malaria prevention, diagnosis and treatment among US travelers and provides clinical consultation for clinicians treating malaria patients in the US. The Domestic Response Unit conducts surveillance among malaria cases diagnosed in the US, including surveillance for molecular markers of drug resistance.

PMI in Africa and Asia, AMI in South and Central America, and MZ in Haiti and the Dominican Republic, offer unique opportunities for EIS officers in monitoring public health program implementation in different regions of the world and across the spectrum of malaria program activities from control to malaria elimination. Our long-standing collaborations with research institutions in malaria endemic countries (i.e., Kenya, Malawi, Tanzania, Uganda) likewise offer unique overseas applied public health research experiences in a variety of settings. Malaria Branch field activities are supported through both intramural and extramural resources (i.e. Bill and Melinda Gates Foundation, National Institutes of Health, US Agency for International Development).


**Proposed Surveillance Projects:** (a) Evaluate US National Malaria Surveillance System with the purpose of providing
recommendations to improve the usefulness of the data it collects; (b) Evaluate WHO malaria surveillance for annual World Malaria Report.

**Range of Opportunities:** Short and long-term projects are available. Topics range from US domestic malaria to international field research and program implementation, with activities in Africa, the Americas, and Asia. There are opportunities to author research-related publications, co-author book chapters, and write review articles and other short communications. Officers respond to public inquiries regarding malaria prevention and case management in the US, investigate malaria outbreaks, and participate in Epi-Aids and CDC-wide responses in other disease areas

**Position Strengths:** The Malaria Branch has a long history of successfully supervising EIS officers and values the contribution of its officers. In addition to their internationally recognized subject matter expertise, a majority of the epidemiologists are EIS alumni familiar with the educational objectives of EIS. The diversity of projects and international settings allows flexibility in shaping this position to meet the individual skills, interests and training needs of the incoming EIS Officers

**Special Skills Useful for this Position:** Knowledge of foreign languages (e.g., French, Portuguese, Spanish) while not required, is an asset for this position, as it will allow the EIS officer to work in some international settings with more confidence.

**Available Data:** (a) US National Malaria Surveillance System Data, (b) US Health Care Utilization Program Data


**Domestic Travel:** 5%  **International Travel:** 20%

**Available Support:** Statistical support is available through biostatisticians in the Data Management Group of the Division of Parasitic Diseases and Malaria

**Current/Recent EIS Officer:** Elizabeth Davlantes, MD, (EIS 2016)

**Current/Recent EIS Officer:** Anna Minta, MD, MPH, (EIS 2015)

**Current/Recent EIS Officer:** Megumi Itoh, MD, (EIS 2015)

**Current/Recent EIS Officer:** Nelli Westercamp, PhD, MPH, MBA, (EIS 2014)

**Current/Recent EIS Officer:** Ruth Namuyinga, MD, MPH, (EIS 2014)

**Current/Recent EIS Officer:** Magdelena Paczkowski, PhD, MPH, (EIS 2013)

**Current/Recent EIS Officer:** Mateusz Plucinski, PhD, MPH, (EIS 2012)

**Current/Recent EIS Officer:** Keren Landman, MD, (EIS 2012)

**Officer Projects:** 1) Therapeutic efficacy studies in Brazil, Rwanda, Angola; 2) Malaria in pregnancy study in Malawi 3) Trial comparing reactive case detection and focal mass drug administration for malaria control in the Central Highlands area of Madagascar. 4) Improving surveillance of malaria in Peace Corps Volunteers

**Officer Recent Publications:** Itoh M, Arguin PM. A conversation about chemoprophylaxis. Travel Med Infect Dis. 2016


Namuyinga RJ, et al. Health worker adherence to malaria treatment guidelines at outpatient health facilities in southern Malawi following implementation of universal access to diagnostic testing. Malar J. 2017


Westercamp N, Arguin PM. Malaria chemoprophylaxis: a proven public health intervention for international travelers. Travel Med Infect Dis. 2015


**Consultant:** Paul Arguin, MD, (EIS 1997)

**Consultant:** Patrick Kachur, MD, (EIS 1993)
Consultant: Peter McElroy, PhD, (EIS 1999)
Consultant: Michael Aidoo, PhD
Consultant: Achuyt Bhattarai, MD, (EIS 2008)
Consultant: Michelle Chang, MD, (EIS 2003)
Consultant: Jimee Hwang, MD, MPH, (EIS 2007)
Consultant: Kimberly Mace, PhD, (EIS 2009)
Consultant: John Painter, DVM, MSc, (EIS 1999)
Consultant: Mateusz Plucinski, PhD, MPH, (EIS 2012)
Consultant: Alex Rowe, MD, MPH, (EIS 1994)
Consultant: Eric Halsey, MD
Consultant: John Gimnig, PhD
Consultant: Julie Gutman, MD
Consultant: Katherine Tan, MD, MPH, (EIS 2003)
Consultant: Nelli Westercamp, PhD, MPH, MBA, (EIS 2014)
Consultant: Lauren Lewis, MD, MPH, (EIS 1999)
Consultant: Venkatachalam Udayakumar, PhD
Consultant: Laura Steinhartd, PhD, (EIS 2010)
Consultant: Aaron Samuels, MD, (EIS 2010)
Consultant: Kim Lindblade, PhD
Consultant: Kwame Asamoa, MD, (EIS 2001)
Consultant: William Hawley, PhD, MPH
Consultant: John Williamson, PhD
Consultant: Ryan Wiegand, PhD

CGH-DPDM-MB-GA-2017-02
Agency Name: CDC
Division/Branch/Team/Section: Division of Parasitic Diseases and Malaria/Malaria Branch
Physical Address: Atlanta, Georgia
Primary Supervisor: Julie Thwing, MD, (EIS 2006), Medical Officer, fez3@cdc.gov
Secondary Supervisor: BK Kapella, MD, MS, (EIS 2005), Medical Officer, dvk6@cdc.gov

Background: CDC’s Malaria Branch is at the forefront of global malaria control and elimination efforts, working collaboratively with domestic, other US Government, and international organizations. We also work with clinicians, state and local public health partners to prevent and treat malaria in the United States. The Malaria Branch has four units: Program Implementation, Strategic and Applied Sciences, Laboratory Research and Development, and Domestic Response. Malaria Branch staff represent a diverse set of public health professionals – epidemiologists, medical and veterinary officers, laboratory scientists, health scientists, and public health advisors – who work on projects that often bridge units and other branches at CDC, including the Entomology Branch.

As the key technical partner for several international malaria initiatives such as the U.S. President’s Malaria Initiative (PMI), the Amazon Malaria Initiative (AMI), and the Malaria Zero consortium (MZ), the branch leads efforts to monitor and evaluate malaria interventions, track antimalarial drug and insecticide efficacy, design and evaluate strategies for improving facility- and community-based malaria case management, reduce the burden of malaria especially among pregnant women and children, and evaluate approaches for malaria elimination. CDC Malaria Branch research contributed to the development of the key malaria control interventions used today and continues to
focus on the development of new tools for the control and eventual elimination of malaria, including new strategies to reduce malaria in pregnancy, new malaria diagnostics, malaria vaccines and antimalarial treatments, vector control and treatment strategies to reduce malaria transmission, and strategies to improve health worker performance. The Branch also develops and maintains guidelines for malaria prevention, diagnosis and treatment among US travelers and provides clinical consultation for clinicians treating malaria patients in the US. The Domestic Response Unit conducts surveillance among malaria cases diagnosed in the US, including surveillance for molecular markers of drug resistance.

PMI in Africa and Asia, AMI in South and Central America, and MZ in Haiti and the Dominican Republic, offer unique opportunities for EIS officers in monitoring public health program implementation in different regions of the world and across the spectrum of malaria program activities from control to malaria elimination. Our long-standing collaborations with research institutions in malaria endemic countries (i.e., Kenya, Malawi, Tanzania, Uganda) likewise offer unique overseas applied public health research experiences in a variety of settings. Malaria Branch field activities are supported through both intramural and extramural resources (i.e. Bill and Melinda Gates Foundation, National Institutes of Health, US Agency for International Development).


**Proposed Surveillance Projects:** (a) Evaluate routine malaria surveillance and epidemic surveillance sites in Senegal; (b) Evaluate WHO updated surveillance system assessment approach for certification of malaria elimination.

**Range of Opportunities:** Short and long-term projects are available. Topics range from US domestic malaria to international field research and program implementation, with activities in Africa, the Americas, and Asia. There are opportunities to author research-related publications, co-author book chapters, and write review articles and other short communications. Officers respond to public inquiries regarding malaria prevention and case management in the US, investigate malaria outbreaks, and participate in Epi-Aids and CDC-wide responses in other disease areas.

**Position Strengths:** The Malaria Branch has a long history of successfully supervising EIS officers and values the contribution of its officers. In addition to their internationally recognized subject matter expertise, a majority of the epidemiologists are EIS alumni familiar with the educational objectives of EIS. The diversity of projects and international settings allows flexibility in shaping this position to meet the individual skills, interests and training needs of the incoming EISOs.

**Special Skills Useful for this Position:** Knowledge of foreign languages (e.g., French, Portuguese, Spanish) while not required, is an asset for this position, as it will allow the EIS officer to work in some international settings with more confidence.

**Available Data:** a) Nationally-representative household survey data in multiple countries, b) CDC-KEMRI Demographic Surveillance System longitudinal data


**Domestic Travel:** 5%  **International Travel:** 20%

**Available Support:** Statistical support is available through biostatisticians in the Data Management Group of the Division of Parasitic Diseases and Malaria

**Current/Recent EIS Officer:** Elizabeth Davlantes, MD, (EIS 2016)

**Current/Recent EIS Officer:** Anna Minta, MD, MPH, (EIS 2015)

**Current/Recent EIS Officer:** Megumi Itoh, MD, MPH, (EIS 2015)

**Current/Recent EIS Officer:** Nelli Westercamp, PhD, MPH, MBA, (EIS 2014)

**Current/Recent EIS Officer:** Ruth Namuyinga, MD, MPH, (EIS 2014)

**Current/Recent EIS Officer:** Magdelena Paczkowski, PhD, MPH, (EIS 2013)

**Current/Recent EIS Officer:** Mateusz Plucinski, PhD, MPH, (EIS 2012)

**Current/Recent EIS Officer:** Keren Landman, MD, (EIS 2012)

**Officer Projects:** 1) Therapeutic efficacy studies in Brazil, Rwanda, Angola; 2) Malaria in pregnancy study in Malawi 3) Trial comparing reactive case detection and focal mass drug administration for malaria control in the Central Highlands area of Madagascar. 4) Improving surveillance of malaria in Peace Corps Volunteers
Officer Recent Publications: Itoh M, Arguin PM. A conversation about chemoprophylaxis. Travel Med Infect Dis. 2016
Namuyinga RJ, et al. Health worker adherence to malaria treatment guidelines at outpatient health facilities in southern Malawi following implementation of universal access to diagnostic testing. Malar J. 2017
Westercamp N, Arguin PM. Malaria chemoprophylaxis: a proven public health intervention for international travelers. Travel Med Infect Dis. 2015
Consultant: Paul Arguin, MD, (EIS 1997)
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Consultant: Alex Rowe, MD, MPH, (EIS 1994)
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Consultant: John Gimnig, PhD
Consultant: Alexandre Macedo de Oliveira, MD, PhD, (EIS 2002)
Consultant: Julie Gutman, MD
Consultant: Katherine Tan, MD, MPH, (EIS 2003)
Consultant: Nelli Westercamp, PhD, MPH, MBA, (EIS 2014)
Consultant: Lauren Lewis, MD, MPH, (EIS 1999)
Consultant: Venkatachalam Udhayakumar, PhD
Consultant: Laura Steinhardt, PhD, MPH, (EIS 2010)
Consultant: Aaron Samuels, MD, (EIS 2010)
Consultant: Kim Lindblade, PhD
Consultant: Kwame Asamoa, MD, (EIS 2001)
Consultant: William Hawley, PhD, MPH
Consultant: John Williamson, PhD
Consultant: Ryan Weigand, PhD
Background: The Parasitic Diseases Branch (PDB) conducts research and surveillance to develop effective methods for diagnosis, prevention, control, and elimination of parasitic diseases, both nationally and internationally. Branch staff members have interests in onchocerciasis, lymphatic filariasis (LF), soil-transmitted helminth infections, schistosomiasis, dracunculiasis (Guinea worm disease), American trypanosomiasis (Chagas disease), babesiosis, cyclosporiasis, toxoplasmosis, leishmaniasis, cysticercosis, and various emerging and zoonotic parasitic infections. PDB members also work on trachoma elimination, since this program has features in common with programs to control and/or eliminate neglected tropical diseases (NTDs). PDB currently has projects in the United States, the Caribbean, South Asia, Southeast Asia, and Africa that the EIS officers are encouraged to participate in. The officer in PDB will have a wide range of opportunities to conduct studies in a supportive atmosphere, both in the United States and overseas. Opportunities exist to work closely with a wide variety of scientists in the Branch, including statisticians, epidemiologists, laboratory scientists, and entomologists, as well as medical officers and veterinary officers. The officer will also work with a range of partners from local and state health departments, other Federal agencies, nongovernmental organizations, ministries of health, and national and international health organizations. During the 2 years in the Branch, the officer is expected to participate in the full continuum of project development, from protocol conception and writing, to IRB approval, project planning and implementation, training, data collection and management, data analysis, manuscript writing and publication, and information presentation (e.g., oral presentations and posters at conferences). These activities may all occur with one project or may occur piecemeal with multiple large projects. PDB is the U.S. reference diagnostic laboratory for multiple parasitic diseases; PDB staff and EIS officers also provide telephone and email consultations for clinicians and public health officials and release drugs in collaboration with the CDC Drug Service. These services provide officers with opportunities to develop expertise in the diagnosis and treatment of diseases rarely encountered in clinical practice in the United States. PDB also conducts surveillance for Trichinella, Babesia, and Cyclospora infections, which are nationally notifiable diseases.

Proposed Initial Projects:

- Assist WHO and country neglected tropical disease (NTD) programs with development and piloting of tools to assess the quality of LF morbidity management and disability prevention (MMDP) services.
- Produce and publish a case-series of Ascaris suum human infections in the U.S. based on inquiries to CDC and develop health communication materials related to this infection.
- Develop and implement a survey for on-going surveillance for LF after stopping mass drug administration (MDA).
- Assess the different species of Leishmania affecting returned travelers in the USA diagnosed by the Division of Parasitic Diseases laboratory.
- Implement a survey designed to inform whether mass drug administration (MDA) should be stopped in an onchocerciasis-endemic country in Africa.
- Evaluation of the PDB drug release dataset to estimate the incidence of African trypanosomiasis in the United States.

Proposed Surveillance Projects: Evaluate US surveillance systems for cyclosporiasis.

Range of Opportunities: The officer will work in both domestic and international settings on a wide range of diseases. Projects may include the development of laboratory and epidemiologic tools to monitor disease elimination programs, the integration of NTD programs, and the improvement of our understanding of neglected parasitic diseases in the United States. The officer will communicate with clinicians and public health officials about the epidemiology and diagnosis of parasitic diseases in individual patients and may be involved in the investigation of transplant and transfusion-transmitted parasitic infections as well as outbreaks of parasitic diseases.

Position Strengths: The position provides the opportunity to interact with experts on a wide variety of parasitic diseases in both international and domestic settings and the ability to select projects that will meet one's individualized educational goals and all of the EIS core activities of learning.
Officer with superior team spirit, willingness to pitch in, curiosity and eagerness to learn, with a great sense of humor and humility, good communication skills, and patience and flexibility to take it as it comes. The following skills would be useful, though not required: 1) ability to work in a foreign language, particularly French, 2) previous experience (work, study, volunteer) in an international setting, and 3) previous experience with statistical analysis software.

**Available Data:**
- Dataset of antigen and antibody responses in LF-endemic and non-endemic districts in Ghana.
- Dataset comparing performance of two different serologic tests for onchocerciasis.

**Recent Publications:**
- Transmission of Babesia microti parasites by solid organ transplantation (Emerg Infect Dis);
- Lymphatic filariasis elimination in American Samoa: evaluation of molecular xenomonitoring as a surveillance tool in the endgame (PLoS Negl Trop Dis);
- Estimating the burden of Chagas disease in the United States (PLoS Negl Trop Dis);
- Baylisascaris procyonis roundworm seroprevalence among wildlife rehabilitators, United States and Canada, 2012–2015 (Emerg Infect Dis);
- Evaluation of lymphatic filariasis and onchocerciasis in three Senegalese districts treated for onchocerciasis with ivermectin (PLoS Negl Trop Dis);
- 2013 multistate outbreaks of Cyclospora caytanensis infections associated with fresh produce: focus on the Texas investigations (Epidemiol Infect).

**Domestic Travel:** 5%  
**International Travel:** 20%

**Available Support:** The EIS officer will work with statisticians, epidemiologists, laboratory scientists, entomologists, and health communications personnel in addition to medical and veterinary officers.

**Current/Recent EIS Officer:**
- Anita Sircar, MD, MPH, (EIS 2015), EIS Officer, yxi6@cdc.gov
- Eugene Liu, MD, (EIS 2016), EIS Officer, lxq8@cdc.gov

**Officer Projects:**
- Triple-drug therapy randomized control trial for lymphatic filariasis (Haiti);
- Schistosomiasis prevalence survey feasibility assessment (Suriname);
- Lymphatic filariasis surveillance and xenomonitoring (Bangladesh, Ghana);
- National Toxocara seroprevalence survey (US);
- National trichomoniasis knowledge, attitudes, practices survey of obstetricians (US);
- Onchocerciasis diagnostic tests evaluation (Togo);
- Ebola response (Guinea);
- Yellow fever outbreak (Angola).

**Officer Recent Publications:**
- Raccoon roundworm infection associated with central nervous system disease and ocular disease—Six states, 2013–2015 (MMWR);
- Ocular toxocariasis: Epidemiologic, anatomic, and therapeutic variations based in a survey of ophthalmic subspecialists (Ophthalmology);
- Impact of community-based lymphedema management on perceived disability among patients with lymphatic filariasis in Orissa State, India (PLoS Negl Trop Dis);
- Schistosoma mansoni morbidity among school-aged children: a SCORE project in Kenya (Am J Trop Med Hyg);
- A laboratory-based surveillance system for W. bancrofti in Togo: a practical model for resource-poor settings (Am J Trop Med Hyg);
- Ocular toxocariasis—United States, 2009–2010 (MMWR);
- The United States Trypanosoma cruzi Infection Study: Evidence for vector-borne transmission of the parasite that causes Chagas disease among United States blood donors (Transfusion);
- Transmission of Strongyloides stercoralis through transplantation of solid organs—Pennsylvania, 2012 (MMWR);
- Outbreaks of cyclosporiasis—United States, June–August 2013 (MMWR);
- Strongyloidiasis in a rural setting—southeastern Kentucky, 2013 (MMWR);
- Strongyloidiasis infection among patients at a long-term care facility—Florida, 2010–2012 (MMWR);

**Consultant:**
- LeAnne Fox, MD, MPH, (EIS 2002), Team Lead, lff4@cdc.gov
- Christine Dubray, MD, MSc, (EIS 2006), Medical Officer, ffg5@cdc.gov
- Susan Montgomery, DVM, MPH, (EIS 2002), Team Lead, zqu6@cdc.gov
- Barbara Herwaldt, MD, MPH, (EIS 1989), Medical Officer, bxh4@cdc.gov
- Jeffrey Jones, MD, MPH, (EIS 1987), Medical Officer, jlj1@cdc.gov
- Caitlin Worrell, MPH, Epidemiologist, uvz2@cdc.gov
- Stephanie Bialek, MD, MPH, (EIS 1999), Branch Chief, zqg7@cdc.gov
Global Immunization Division/Immunization System Branch and Accelerated Disease Control and Surveillance Branch

CGH-GID-ISB-GA-2017-01
Agency Name: CDC
Division/Branch/Team/Section: Global Immunization Division/Immunization System Branch and Accelerated Disease Control and Surveillance Branch
Physical Address: Atlanta, Georgia
Primary Supervisor: Laura Conklin, MD, MPH, (EIS 2005), Team Lead, dvj3@cdc.gov
Secondary Supervisor: Umid Sharapov, MD, MSc, (EIS 2006), Medical Epidemiologist

Background: The Global Immunization Division (GID) focuses on addressing key global immunization opportunities and challenges, including controlling, eliminating, and eradicating vaccine preventable diseases (VPDs); strengthening country ownership, policy development, and partnership initiatives; strengthening VPD surveillance and immunization information; ensuring quality of vaccination delivery to achieve high and equitable coverage; and conducting and promoting research, innovation and evaluation to provide evidence for optimal policy and program implementation. GID leads CDC’s efforts on the global eradication of polio and elimination of measles, rubella and neonatal tetanus, and it supports global control of hepatitis B through immunization. Several areas of more recent focus for GID include 1) strengthening capacity to monitor, characterize, and communicate emerging vaccine safety data and to adopt appropriate vaccine policy in support of the World Health Organization’s Global Vaccine Safety Plan; and 2) bringing insights from behavioral science to assess vaccine confidence, hesitancy, and equity issues to strengthen immunization programs.

GID has 4 branches: Immunization Systems Branch (ISB), Accelerated Disease Control and VPD Surveillance Branch (ADCSB), Polio Eradication Branch (PEB), and Strategic Information and Workforce Development Branch (SIWDB). It has >230 staff, including 200 full-time staff based in Atlanta; 3 EIS officers; and a network of field assignees in multiple countries.

The EIS Officer will have a primary supervisor in ISB and a secondary supervisor in ADCSB. Supervisors will ensure that the Officer will have support throughout the division in identifying investigations and developing projects that are tailored to the Officer’s area of interest and will gain experience and develop skills in the full range of global immunization activities. International travel will be required to assist in outbreak investigation, health system strengthening, new vaccine introductions, assessing vaccine hesitancy, surveillance, disease control activities, and research projects.

For more information about GID’s work and the unique opportunities available for EIS officers, please visit: http://www.cdc.gov/globalhealth/immunization/

Proposed Initial Projects: - Investigate a VPD outbreak (measles, rubella, diphtheria) in an international setting
- Pilot test a new tool for vaccine safety -- the Vaccine Adverse Event Information Management System (VAEIMS)
- Provide an update on new vaccine introductions (MMWR article)
- Assess vaccine hesitancy among community and health providers (Kenya, Vietnam)
- Conduct and evaluate a malaria and immunization delivery integration demonstration project (Sierra Leone)
- Conduct an assessment of immunization delivery in the 2nd year of life (Ghana)
- Evaluate oral cholera vaccine (OCV) use through the global stockpile (emergency and endemic use)
- Evaluate a typhoid conjugate vaccine introduction program (India)
- Evaluate human papilloma virus (HPV) vaccine introduction to protect against cancers (multiple countries)
- Conduct post-introduction evaluations (PIEs), vaccine coverage surveys, community assessments of vaccine knowledge, acceptability and social mobilization efforts
- Assist in monitoring wide-age range measles-rubella vaccination campaigns (multiple countries)

Proposed Surveillance Projects: - Conduct an evaluation of an adverse events following immunization (AEFI) reporting surveillance system (low income country)
- Conduct evaluations of enteric fever (typhoid and paratyphoid) surveillance systems in endemic countries (Nepal, Bangladesh, Pakistan, India)
- Conduct VPD surveillance evaluations in support of the Global Health Security Agenda (multiple countries)

Range of Opportunities: This position offers a unique opportunity to gain extensive international experience, conduct research studies, and design and implement program evaluations with significant public health impact. Opportunities include assisting with VPD surveillance and outbreak response; evaluating new vaccine introduction; monitoring vaccination campaigns; evaluating routine immunization systems; conducting operational research to improve
vaccination coverage and decrease the burden of VPDs; and building health system capacity.

**Position Strengths:** The EIS officer will also have the opportunity to develop expertise in the field of VPDs and to work with the World Health Organization and other global partners in important activities such as polio eradication and measles and rubella elimination. The position includes a wide range of projects across a variety of VPDs and will lead to a well-rounded training experience with skills translatable to work in other areas of public health.

**Special Skills Useful for this Position:** Language skills in French or other foreign languages are useful but not required; flexibility for traveling for up to 6-8 weeks at a time; ability to acclimate to foreign cultures/countries quickly and withstand hardships of the field; ability to work well with others.

**Available Data:** National immunization coverage surveys, VPD surveillance data, disease sero-prevalence studies, Demographic Health Surveys, WHO/UNICEF joint reporting estimates for global immunization programs, and research studies.

**Recent Publications:**
- Oral cholera vaccine coverage, barriers to vaccination, and adverse events following vaccination, Haiti, 2013. Emerg Infect Dis. 2015.
- Assessing the Potential Cost-Effectiveness of Microneedle Patches in Childhood Measles Vaccination Programs: The Case for Further Research and Development. Drugs R D. 2016

**Domestic Travel:** 0%

**International Travel:** 25%

**Available Support:** Staff with extensive experience in health system strengthening, health system capacity building, behavioral science, VPD surveillance, outbreak response, operations research, economics research, communications, and policy analysis. Three statisticians will provide study design and statistical support.

**Current/Recent EIS Officer:**
- **Rebecca Casey, MD,** (EIS2016)
- **Michelle Morales, MD,** (EIS2015)
- **Saleena Subaiya, MD,** (EIS2015)
- **Jose Hagan, MD, MS,** (EIS2014)
- **Jennifer Harris, PhD, MPH,** (EIS2013)
- **Carolyn Sein, MD,** (EIS2012)
- **Heather Scobie, PhD, MPH,** (EIS2011)

**Officer Projects:**
- Use of mobile-phone messages to improve vaccination coverage (Kenya)
- Establishment of congenital rubella syndrome surveillance system (Sudan)
- Assessment of private practitioner vaccination practices (India)
- Evaluation of hepatitis B birth dose introduction (Botswana)
- Investigation of large measles outbreak affecting adults (Mongolia)
- Implementation of cluster survey after a national campaign (Kenya)

**Officer Recent Publications:**
- Notes from the Field: Circulating Vaccine-Derived Poliovirus Outbreaks --- Five Countries, 2014-2015. MMWR 2016

**Consultant:** Kim Fox, MD, MPH, Branch Chief, ISB

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Global Immunization Division/Polio Eradication Branch/Eastern Mediterranean Region Project

CGH-GID-PEB-GA-2017-01
Agency Name: CDC

Division/Branch/Team/Section: Global Immunization Division/Polio Eradication Branch/Eastern Mediterranean Region Project

Physical Address: Atlanta, Georgia

Primary Supervisor: Chukwuma Mbaeyi, BDS, MPH, (EIS 2010), Epidemiologist, iyo1@cdc.gov
Secondary Supervisor: Kristie Clarke, MD, (EIS 2011), Medical Epidemiologist, vhz9@cdc.gov
Secondary Supervisor: Colleen Scott, DrPH, MPH, (EIS 2014), Epidemiologist, ibk9@cdc.gov

Background: The EISO placed in GID will have the unique opportunity to work on one of the most effective global health missions: vaccination against deadly diseases. The assignment will include opportunities for field work in numerous countries where he/she will collaborate with Ministries of Health and international partners to assist in surveillance, outbreak investigation, disease control activities, and research projects.

The mission of the Global Immunization Division (GID) is to protect the health of Americans and global citizens by preventing disease, disability and death through immunization. Key global immunization challenges include improving global VPD surveillance; strengthening access to and use of immunization services; strengthening immunization workforce capacity development and data quality and use; and supporting the introduction of new vaccines to prevent diseases of global public health importance. All of these efforts contribute to the control, elimination, and eradication of vaccine preventable diseases (VPDs). GID leads the CDC’s efforts on the eradication of polio and measles/rubella elimination.

GID is comprised of 4 branches: Strategic Information and Workforce Development (SIWD), Polio Eradication Branch (PEB), Accelerated Disease Control and VPD Surveillance (ADCS), and the Immunization Systems Branch (ISB). While based administratively in PEB and SIWD, the EISO will have the opportunity to work on multiple projects across the Division. The Division has >140 staff, 3 EIS officers; and a network of field assignees in multiple countries.

The supervisors will ensure that the Officer has support and opportunities to develop projects that are tailored to the Officer’s areas of interest, and provide guidance and skill development in the full range of global immunization activities. For further information: http://www.cdc.gov/globalhealth/immunization/default.htm
Proposed Initial Projects: Incoming officer will work with supervisors to select from a wide variety of potential projects, including:
- Conduct immunization data quality assessments in Caribbean island country or Cambodia
- Evaluate the performance of a name-based electronic immunization registry in Grenada.
- Assist in projects linking electronic vaccination records to civil registration systems in Kenya and Zambia
- Evaluate post-campaign monitoring methods for polio supplementary immunization activities
- Analysis and interpretation of routine immunization data from Nigeria for program evaluation
- Serve as lead author on an MMWR article on the polio eradication initiative
- Develop, implement, and conduct a qualitative analysis for an evaluation of the immunization outreach program and mobile data collection tool in Jordan
- Investigate VPD (measles, rubella, diphtheria) outbreaks in an international setting
- Identify risk factors affecting seroconversion after measles vaccination in children
- Analyze data from a project on increasing vaccine acceptance in Afghanistan
- Investigate factors leading to improvement of childhood vaccination rates in Madagascar
- Participate in vaccination campaign planning and monitoring
- Design surveys to evaluate vaccination campaigns for polio, measles, and rubella

Proposed Surveillance Projects: - Evaluate polio surveillance systems in endemic, outbreak, and at-risk countries
- Evaluate VPD case reporting and the routine collection of immunization data at health facilities in a priority country in Africa, Europe or Asia
- Evaluate a reporting system for adverse events following immunization

Range of Opportunities: - Be a part of polio eradication!
- Gain significant global health experience, including working with Ministries of Public Health and international partners
- Assist with VPD surveillance and outbreak responses
- Build immunization system capacity and strengthen immunization workforces globally
- Conduct research activities and programmatic evaluations with significant public health impact
- Monitor vaccination campaigns
- Evaluate routine immunization systems
- Conduct operational research aimed at improving vaccination coverage and decreasing the burden of VPDs

Position Strengths: Supportive environment with great opportunities to be part of polio eradication and strengthening immunization systems around the world. Develop expertise in the field of vaccine preventable diseases and help implement a wide range of projects in a variety of vaccines/diseases leading to a well-rounded training experience as well as skills that are translatable to other areas of public health.

Special Skills Useful for this Position: Analytical skills, including familiarity with statistical software; ability to work well with others; able to travel for up to 4 weeks at a time; able to acclimate to foreign cultures/countries quickly -- be diplomatic and politically sensitive, and able to adjust to a variety of living/working conditions while in the field, including rural settings. Language skills in French, Spanish, Portuguese or Arabic are helpful but not required.

Available Data: Data are available from vaccine preventable disease surveillance systems, seroprevalence studies, national coverage surveys, national immunization programs, and research studies.

- Progress Toward Poliomyelitis Eradication - Afghanistan, January 2015, August 2016.
- An economic analysis of poliovirus risk management policy options. BMC Infect Dis. 2015

Domestic Travel: 5%  International Travel: 25%

Available Support: GID staff have a wide range of experience in surveillance, outbreak response, operations research, and health system strengthening. Statistical support can be provided by three full-time statisticians in the Division as needed.

Current/Recent EIS Officer: Rebecca Casey, MBBS, MPH, (EIS 2016), Current EIS Officer, lyn6@cdc.gov
Current/Recent EIS Officer: Michelle Morales, MD, (EIS 2015), Current EIS Officer, yxm5@cdc.gov
Current/Recent EIS Officer: Saleena Subaiya, MD, MSc, (EIS 2015), Current EIS Officer, yzv3@cdc.gov
Current/Recent EIS Officer: Jose Hagan, MD, MS, (EIS 2014), Recent EIS Officer, esp3@cdc.gov
Current/Recent EIS Officer: Edna Moturi, MBChB, MPH, (EIS 2013), Recent EIS Officer, moturi@unhcr.org

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Current/Recent EIS Officer: Jennifer Harris, PhD, MPH, (EIS 2013), Recent EIS Officer, xdd4@cdc.gov

Officer Projects: - Immunogenicity of type 2 monovalent oral and inactivated poliovirus vaccines (Bangladesh)
- Evaluation of VPD surveillance systems (Jordan, India)
- Evaluation of national Expanded Program on Immunization (Swaziland, Ecuador)
- Evaluation of Hepatitis B birth vaccination practices (Brazil)
- Evaluation of measles surveillance (Sierra Leone)
- Evaluation of text-messaging to improve vaccination coverage (Kenya)

- State of Inequality: Childhood Immunization in the WHO African Region (under review)
- Measles Outbreak Associated with Vaccine Failure in Adults--Micronesia. 2014. MMWR 2015.

Consultant: Steve Wassilak, MD, (EIS 1980), SPARC, swg1@cdc.gov
Consultant: Will Schluter, MD, MSPH, (EIS 1995), Division Director, wbs8@cdc.gov
Consultant: John Vertefeuille, PhD, Branch Chief (PEB), dki4@cdc.gov
Consultant: Peter Bloland, DVM, MPVM, (EIS 1989), Branch Chief (SIWD), pbb1@cdc.gov
Consultant: Derek Ehrhardt, MPH, MSN, RN, (EIS 2006), Team Lead, fev1@cdc.gov
Consultant: Abhijeet Anand, MBBS, MPH, (EIS 2005), Team Lead, dvi5@cdc.gov
Consultant: Hardeep Sandhu, MD, MBBS, (EIS 2001), Team Lead, hjs3@cdc.gov
Consultant: Eric Mast, MD, MPH, (EIS 1987), Associate Director for Science, eem1@cdc.gov
Consultant: Adam Macneil, PhD, MPH, (EIS 2007), Team Lead, aho3@cdc.gov
Consultant: Susan Wang, MD, MPH, (EIS 1996), Medical Officer, sjw8@cdc.gov
Consultant: Kathleen Wannemuehler, PhD, Statistician, kpw9@cdc.gov
Consultant: Elias Durry, MD, MPH, Team Lead, edx4@cdc.gov
Consultant: Eric Wiesen, MS, Team Lead, ejw2@cdc.gov
Consultant: Noha Farag, MD, (EIS 2010), Deputy Team Lead, iym0@cdc.gov
Consultant: Deblina Datta, MD, (EIS 1999), Medical Officer, skd2@cdc.gov
Consultant: Roodly Archer, PhD, (EIS 2008), Epidemiologist, wea7@cdc.gov
Consultant: Ed Maes, PhD, MS, (EIS 1985), Deputy Team Lead, efm1@cdc.gov
Consultant: Mary Alleman, PhD, Epidemiologist, mea4@cdc.gov
Consultant: Chimereemma Nnadi, MD, PhD, (EIS 2012), Medical Epidemiologist, wq4@cdc.gov
Consultant: Louie Rosencrans, PhD, Deputy Team Lead, lor1@cdc.gov

National Center for Chronic Disease Prevention and Health Promotion

Chronic diseases, such as heart disease, stroke, cancer, diabetes, arthritis, are the nation’s leading causes of death and disability; 86% of our healthcare dollars goes to treatment of chronic diseases. CDC’s National Center for Chronic Disease Prevention and Health Promotion focuses on preventing and controlling these diseases and improving quality of life for patients.
Disease Prevention and Health Promotion (NCCDPHP) is at the forefront of the nation's efforts to prevent and control chronic diseases. NCCDPHP’s nine divisions support efforts to prevent chronic diseases and promote health by targeting four key action areas: epidemiology and surveillance; environmental approaches that promote health and support and reinforce healthful behaviors in schools, worksites, and communities; health system interventions to improve the effective delivery and use of clinical and other preventive services; strategies to link community programs to clinical services so that communities support and clinics refer patients to programs that improve management of chronic conditions.

Division of Cancer Prevention and Control/Cancer Surveillance and Epidemiology and Applied Research Branch

NCCDPHP-DCPC-CSB-GA-2017-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Cancer Prevention and Control/Cancer Surveillance and Epidemiology and Applied Research Branch
Physical Address: Atlanta, Georgia
Primary Supervisor: Loria Pollack, MD, MPH, (EIS 2002), Medical Epidemiologist, lop5@cdc.gov
Secondary Supervisor: Arica White, PhD, (EIS 2009), Epidemiologist, AWhite5@cdc.gov
Secondary Supervisor: Sue Sabatino, MPH, MD, Medical Officer, bzo8@cdc.gov

Background: The Division of Cancer Prevention and Control (DCPC) is a leader in national efforts to develop, implement, and promote effective strategies for preventing and controlling cancer. This unique position bridges the Cancer Surveillance Branch’s (CSB) well-established population-based national cancer registry with the Epidemiology and Applied Research Branch’s (EARB) multidisciplinary research program. Combined efforts of CSB and EARB generate data, evidence and tools essential to public health efforts in cancer prevention and control. We describe and address national and state-specific cancer burden, prevention strategies, disparities, and cancer survivorship. DCPC’s teams include epidemiologists, economists, behavioral scientists, and communicators who synthesize scientific evidence and evaluate interventions, programs, policy and practice; and provide subject matter expertise to translate research into practice. CSB’s National Program of Cancer Registries (NPCR) receives data on more than 1.5 million cancer cases and produces the U.S. Cancer Statistics annually. EARB does independent and innovative research and provides technical, scientific and translational services to other initiatives within the Division, including DCPC’s National Breast and Cervical Cancer Early Detection Program and Colorectal Cancer Control Program, the largest cancer screening programs in the country serving medically underserved, low-income populations. DCPC produced 173 publications in 2015-2016, with many receiving considerable media attention. We provide EIS officers opportunities to learn or advance analytic skills while deepening their understanding of population health and prevention. For further information: http://www.cdc.gov/cancer/dcpc.htm.

Proposed Initial Projects: All listed projects will involve multivariate statistical modeling.
(a) Describe cancer screening rates and groups at risk of not receiving screening, or cancer-related behavioral risk factors reported through CDC’s Behavioral Risk Factor Surveillance System (BRFSS) and National Health Interview Survey (NHIS).
(b) Analyze internal population-based cancer registry data to investigate the relation of body mass index and comorbidities to breast or colorectal cancer incidence, stage at diagnosis, histologic variation, treatment and/or outcomes.
(c) Pancreatic or solid tumor cancer incidence and survival study using NPCR/SEER and NPCR survival data.
(d) Examine health behaviors and/or screening use among cancer survivors using NHIS or BRFSS data.

Proposed Surveillance Projects: EIS officers will have the opportunity to evaluate a specific aspect of NPCR, DCPC’s population-based cancer registries in 45 states, 3 territories, and the District of Columbia. Available projects include focusing on the direct capture of biomarker data from pathology laboratories; exploring the capture of progression and recurrence using data from a multi-state Patient Centered Outcomes Research study. EISO will visit a hospital registry, reporting laboratory, and/or state central cancer registry.

Range of Opportunities: Projects will be tailored to meet the interests, skills, and learning goals of EIS officers. Atlanta-based projects include updating cancer screening and incidence statistics focusing on trends, disparities, and risk factors; understanding cancer-related health behaviors and cancer survivorship issues. Potential field opportunities include working with our Indian Health Service field assignees in Albuquerque, NM or with a state central cancer registry on an evaluation or enhancement project.

Position Strengths: Officers will develop skills in quantitative data analysis and using SEER*Stat, SAS and SUDAAN. Our branches work collaboratively with all programs within the division. Colleagues are knowledgeable, friendly,
accessible and willing to work with the officer. EIS officers may have opportunities to collaborate with other CDC divisions and centers, federal partners, and non-governmental organizations.

Special Skills Useful for this Position: Communication (written and oral) skills, data analysis skills are desirable but not required.

Available Data: National Program of Cancer Registries - public use and internal datasets, Behavioral Risk Factor Surveillance System (BRFSS), National Health Interview Survey (NHIS).

Racial and ethnic disparities in colorectal cancer screening persisted despite expansion of Medicare's screening reimbursement. Cancer Epidemiol Biomarkers Prev. 2011

Domestic Travel: 5%  International Travel: 0%

Available Support: Both branches offer friendly statistical support. Our division has a robust communication team able to help officers develop a strategy and messages to increase the reach of their work. In addition, we support learning through CDC University to meet specific learning goals.

Current/Recent EIS Officer: David Siegel, MD, MPH, (EIS 2016), Medical Officer, irn3@cdc.gov
Current/Recent EIS Officer: Elizabeth VanDyne, MD, (EIS 2016), Medical Officer, lxq3@cdc.gov
Current/Recent EIS Officer: Hilda Razzaghi, MScPH, PhD, (EIS 2015), Health Scientist, HRazzaghi@cdc.gov
Current/Recent EIS Officer: Keisha Houston, PhD, (EIS 2013), Epidemiologist, brn0@cdc.gov
Current/Recent EIS Officer: SallyAnn King, MD, (EIS 2011), Medical Officer, FJQ9@cdc.gov

Officer Projects: Evaluation of national cancer surveillance system's capacity to capture tobacco use; Descriptive study on racial disparities in survival among children with brain and CNS cancer; Review of state cancer control programs targeting children and adolescents; Examination of preventive care services utilized by adolescent and young adult cancer survivors.


Consultant: Vicki Benard, PhD, CSB Branch Cheif, VBenard@ccdc.gov
Consultant: Mary White, DrPH, EARB Branch Cheif, MCWhite@cdc.gov
Consultant: Jun Li, MD, PhD, (EIS 2006), Epidemiologist, JLi4@cdc.gov
Consultant: Trevor Thompson, BS, Statistician, ttk2@cdc.gov
Consultant: Zahava Berkowitz, MSPH, MSc, Statistician, zab3@cdc.gov
Consultant: Eric Tai, MD, MS, (EIS 2006), Medical Officer, etai@cdc.gov

Division for Heart Disease Prevention and Health Promotion/Epidemiology and Surveillance Branch
Background: DHDSP serves as the nation’s public health leader for achieving cardiovascular health for all and eliminating disparities in heart disease and stroke, the first and fifth leading causes of death in the United States. ESB conducts surveillance, epidemiologic and health services research on cardiovascular disease (CVD) outcomes and risk factors and supports Million Hearts®, a national initiative to prevent one million heart attacks, strokes and other CVD events over 5 years. Division supported activities include the Paul Coverdell National Acute Stroke Program (PCNASP) and WISEWOMAN (Well-Integrated Screening and Evaluation for WOMen Across the Nation). The PCNASP aims to improve stroke outcomes using data to drive quality improvements across the care continuum (from first signs of stroke to post-hospital care). The WISEWOMAN program provides low-income, under-insured or uninsured women aged 40–64 years with chronic disease risk factor screening, lifestyle programs, and referral services to prevent CVD. In addition, ESB is a leader in the use of geographic information systems (GIS) for monitoring CVD risk and outcomes at national, state and local levels, excels in using healthcare-related administrative and clinical data for public health surveillance and research, and collaborates with international organizations on research, including, for example, a randomized controlled trial related to sodium reduction in China. DHDSP fully supports EISOs to participate in Epi-Aids and CD emergency responses; recent EISOs have responded to mumps in Arkansas, Ebola in Sierra Leone, chronic disease in Guam, and pertussis in Vermont. For further information see http://www.cdc.gov/dhdsp/, https://millionhearts.hhs.gov/, and https://nccd.cdc.gov/dhdspatlas/.

Proposed Initial Projects: (a) Analyzing trends and disparities in the use of CVD-related clinical preventative services among Medicare beneficiaries; (b) Support Million Hearts by examining geographic variability in heart attack and stroke hospitalization and mortality by age group; (c) Assessing for geographic variability in the intensity and type of blood pressure medication used at the state and local level; (d) Analyzing state-level variation in risk factors for heart disease among youth (YRBSS) and young adult prevalence of heart disease (BRFSS); (e) Analyzing factors contributing to improved stroke care and outcomes (PCNASR); (f) Analysis of cardiovascular health through the life-course (NHANES). Choice of projects is flexible, dependent upon the interests of the officer in discussion with his/her supervisors. The EISO will use appropriate analytic techniques which may include multiple logistic regression, modeling, or other analyses as supervisor and EISO will determine together.

Proposed Surveillance Projects: (a) Evaluate use of the PCNASP Registry for surveillance of acute stroke care and identification of best practices (work with project officer and grantees to collect pertinent data); (b) Evaluate use of claims-based data for surveillance of temporal trends in use of procedures for atrial fibrillation (access available to claims data, potential consultation with data stewards and external subject matter experts); (c) Evaluate the BRFSS Cardiovascular Health Module or BRFSS Stroke Community Education Module (full access to module data is available, along with potential consultation with CDC and state BRFSS experts).

Range of Opportunities: The incoming EIS officer has the opportunity to become familiar with cardiovascular outcomes and risk factors, develop strong analytic and health services research skills, and network with a wide range of federal, state, international, academic, and non-profit partners, including the AMA, CMS, NACHC, and the AHA. The Division fully supports participation in field investigations and Epi-Aids; potential opportunities include responses to requests from communities or states involved in health services-related surveillance and research.

Position Strengths: Ability to impact public health and prevention of cardiovascular diseases through activities affecting policies and programs locally, nationally, and globally. Experienced and enthusiastic mentors and staff who enjoy helping EISOs succeed.

Special Skills Useful for this Position: Previous clinical or epidemiologic training or experience in health services research is useful. Excellent oral and written communication skills desired. Strong quantitative skills and/or desire to learn and apply quantitative skills to public health problems (statistical and analytic assistance are available to the EIS officer).

Available Data: National, state, or local health surveys (e.g., NHANES, BRFSS, Cardiovascular Health Examination...
Surveys), mortality data, medical claims data (e.g., Medicare, Healthcare Cost and Utilization Project, Market Scan), national healthcare professional surveys (DocStyles), case registries (PCNASR), and longitudinal cohort studies (e.g., Jackson Heart Study).


**Domestic Travel:** 0%  **International Travel:** 0%

**Available Support:** The ESB environment is uniquely positioned to support an incoming EIS officer, with 10 former EISOs (Commissioned Corps and Civil Service), access to a statistical unit for developing or advancing analytic skills, and mentorship from senior-level epidemiologists and medical officers.

**Current/Recent EIS Officer:** Puthiery Va, MD, MPH, (EIS 2016), Current Officer, lyu4@cdc.gov

**Current/Recent EIS Officer:** Sandra Jackson, PA, PhD, (EIS 2014), Epidemiologist, SLJackson@cdc.gov

**Current/Recent EIS Officer:** Iman Martin, PhD, MPH, MSc, (EIS 2014), Currently with the National Cancer Institute; EIS at the Centers for Medicare and Medicaid Services, iman.martin@nih.gov

**Current/Recent EIS Officer:** Carla Mercado, PhD, (EIS 2012), Epidemiologist, CMercado@cdc.gov

**Officer Projects:** Evaluate validity of 24-hour dietary recall for assessing sodium intake United States. Assess prevalence of perceived barriers to reducing sodium intake. Analyze post-acute care following incident ischemic stroke hospitalization and subsequent costs among Medicare beneficiaries. Investigate availability and pricing of lower sodium foods in Guam (Epi Aid, 2015).


**Consultant:** Sallyann Coleman King, MD, (EIS 2010), Medical Officer, ColemanKing@cdc.gov

**Consultant:** Angela Thompson-Paul, PhD, (EIS 2012), Epidemiologist, eup4@cdc.gov

**Consultant:** Erika Odom, PhD, (EIS 2010), Research Scientist Officer, ECOdom@cdc.gov

**Consultant:** Fleetwood Loustalot, PhD, MN, (EIS 2008), Team Lead, FLoustalot@cdc.gov

**Consultant:** Quanhe Yang, PhD, (EIS 1995), Senior Scientist, QYang@cdc.gov

**Consultant:** Carma Ayala, PhD, (EIS 1999), Research Epidemiologist, CAyala@cdc.gov

**Consultant:** Robert Merritt, MA, Branch Chief, RMerritt@cdc.gov

**Consultant:** Mary (Molly) Cogswell, DrPH, RN, (EIS 1992), Senior Scientist, MCogswell@cdc.gov

**Consultant:** Cathleen Gillespie, MS, Statistical Unit Lead, ckg2@cdc.gov

**Consultant:** Michele Casper, PhD, Small Area Analysis Team Lead, myc5@cdc.gov
**Division of Nutrition, Physical Activity and Obesity/Nutrition Branch/International Micronutrient Malnutrition Prevention and Control Team**

**NCCDPHP-DNPAO-MCNB-GA-2017-01**

**Agency Name:** CDC

**Division/Branch/Team/Section:** Division of Nutrition, Physical Activity and Obesity/Nutrition Branch/International Micronutrient Malnutrition Prevention and Control Team

**Physical Address:** Atlanta, Georgia

**Primary Supervisor:** Maria Elena Jefferds, PhD, (EIS 2001), Acting Team Lead, IMMPaCt, mnj5@cdc.gov

**Secondary Supervisor:** Mary Serdula, PhD, (EIS 1978), Medical Epidemiologist

**Secondary Supervisor:** Rafael Flores-Ayala, PhD, Nutrition Branch Chief

**Background:** The International Micronutrient Malnutrition Prevention and Control Team (IMMPaCt) works with global partners to contribute CDC skills and resources to eliminate vitamin and mineral deficiencies among vulnerable populations throughout the world. By helping countries to develop and operate appropriate assessment, monitoring and evaluation systems, IMMPaCt and its global partners work to enable national governments, food industries and civic organizations to successfully implement interventions, such as mass food fortification, supplementation, and home fortification in order to eliminate vitamin and mineral deficiencies. IMMPaCt focuses on iodine, vitamin A, zinc, folic acid and iron deficiencies throughout the developing world. Collaboration is ongoing with developing countries, UNICEF, WHO, USAID, World Food Programme, Micronutrient Initiative, and the Global Alliance for Improved Nutrition (GAIN).

**Proposed Initial Projects:** 1) Develop monitoring, evaluation or surveillance systems for micronutrient programs in one or more African countries; 2) develop micronutrient assessment surveys or coverage surveys in various countries; 3) provide technical assistance for the monitoring of micronutrient and nutrition intervention programs; 4) complete secondary analysis of micronutrient status surveys, such as predicting causes of deficiency, examining validity of micronutrient biomarkers, or exploring associations with risk factors and indicators of chronic disease; 5) use multivariate modeling to examine factors influencing coverage and intake adherence to micronutrient interventions in multiple countries; 6) analyze Geographic Information System (GIS) monitoring and survey data from multiple countries. The initial project depends on the interests of the officer.

**Proposed Surveillance Projects:** Select among several options, including proposed surveillance system design for countries in Africa or the micronutrient powder component of the health management information system (HMIS) in Nepal or the iodine indicators in the nutrition information systems in Kenya. Officers will conduct desk review of methods and consult via phone with stakeholders, as required.

**Range of Opportunities:** Depending on the project, country work involves the design through dissemination/publication phase. Develop epidemiology, monitoring and evaluation skills, as well as experience with global coordination/negotiation and collaboration. International travel expected 10-20% and country assignments may involve Uganda, Nigeria, Rwanda, or Burkina Faso. In addition, IMMPaCt has multiple headquarters activities with UNICEF and WHO involving the development of global policy and guidance documents, evaluation, and strengthening of global surveillance systems, and training workshops. EISOs are encouraged to participate in Epi Aids and collaborate with other units in the division and CDC, if desired.

**Position Strengths:** Opportunities for country work, analytic work, publishing, and developing key skillsets transferable to other content areas. Weekly one hour meetings with supervisors. Strong collaboration, support, and supervision in the team and branch. Epi, biostats, behavioral, and other technical support and consultation available as needed. Long, good history working with EISOs.
Special Skills Useful for this Position: Skills in designing, implementing, and analyzing complex surveys; experience with biological data collection; intervention monitoring and evaluation experience; nutrition/micronutrient content; French, Spanish, Portuguese, or potentially other languages; quantitative data management and analysis -- all these skills would be great but are not required.

Available Data: Plenty immediately available. 20+ country micronutrient surveys, intervention monitoring, surveillance and other datasets on hand.

Recent Publications: The IMMPaCt team publishes widely in nutrition and medical journals on micronutrient deficiencies, status, and interpretation of micronutrient indicators; micronutrient and nutrition interventions; and policies. The team also publishes micronutrient survey and surveillance reports, Cochrane systematic reviews, technical reports, and guidance documents, global policy documents, and contributes to WHO guidelines documents.

Domestic Travel: 0%  International Travel: 20%

Available Support: For all projects, collaborate and consult with multidisciplinary IMMPaCt and Nutrition Branch staff, including epidemiologists, MDs, health scientists, biostatisticians, and behavioral scientists. History of strong collaboration with the Nutrition Branch staff on analytic projects involving domestic datasets. Training as needed.

Current/Recent EIS Officer: Victor Akelo, MD, (EIS 2016)
Current/Recent EIS Officer: Bernadette Ng'eno, MD, (EIS 2014)
Current/Recent EIS Officer: Becky Merrill, PhD, (EIS 2013)
Current/Recent EIS Officer: Ranji Gunnala, MD, (EIS 2012)
Current/Recent EIS Officer: Kristie Applegren, PhD, (EIS 2011)
Current/Recent EIS Officer: Heather Clayton, PhD, (EIS 2010)
Current/Recent EIS Officer: Erin Nichols, PhD, (EIS 2009)
Current/Recent EIS Officer: Cria Perrine, PhD, (EIS 2008)
Current/Recent EIS Officer: Nancy Aburto, PhD, (EIS 2007)

Officer Projects: Provide technical assistance to design and implement national micronutrient surveys; intervention monitoring and evaluation systems; and national surveillance systems, including recently Tanzania, Mozambique, Uganda, Nepal, Nigeria, South Africa, Ethiopia, Kenya, and Vietnam. Work with global and country partners to successfully implement micronutrient interventions, including mass fortification, supplementation, and home fortification.

Officer Recent Publications:
Akelo: Characteristics of and Predictors of Inflammation Among 6-23 Months old Children - Nepal, 2012
Ng'eno: High prevalence of vitamin B12 deficiency and normal folate status in young children in Nepal Ng'eno: Relationship of maternal reported consumption of Micronutrient Powders (MNP) and observed MNP sachets in the household
Merrill: Response on ferritin concentration from nutrition-specific and nutrition-sensitive interventions in children and women of reproductive age: an overview of reviews
Merrill: Prevalence of inflammation varies among preschool children across 12 countries.
Gunnala: Identifying acceptability and price points for purchasing micronutrient powders for children 2 to 5 years old in Nepal (and additional manuscripts with TB group)
Mirkovic: Infant and young child feeding practices after an integrated micronutrient powder/infant and young child feeding pilot program in Nepal
Mirkovic: Predictors of micronutrient powder intake adherence in a pilot programme in Nepal
Appelgren: Effect of decision rules for Lot Quality Assurance Sampling on an assessment of micronutrient program coverage
Clayton: Prevalence and reasons for introducing infants early to solid foods; variations by milk feeding type
Nichols: Vitamin D status and determinants of deficiency among non-pregnant Jordanian women of reproductive age

Consultant: Victor Akelo, MD, (EIS 2016)
Consultant: Bernadette Ng'eno, MD, (EIS 2014), EISO
Consultant: Becky Merrill, PhD, PhD, (EIS 2013), International nutrional and epi
Division of Nutrition, Physical Activity, and Obesity/Nutrition Branch/Infant Feeding Team

NCCDPHP-DNPAO-NB-GA-2017-01

Agency Name: CDC

Division/Branch/Team/Section: Division of Nutrition, Physical Activity, and Obesity/Nutrition Branch/Infant Feeding Team

Primary Supervisor: Heather Hamner, PhD, Senior Scientist, hfc2@cdc.gov

Secondary Supervisor: Jennifer Nelson, MD, MPH, (EIS 2014), Medical Epidemiologist, zcn6@cdc.gov

Background: The goal of the Nutrition Branch at CDC is to improve those aspects of dietary quality most related to the population burden of obesity, chronic disease, and suboptimal child development. To meet this goal we conduct surveillance, research, translation, and guideline development on topics such as infant feeding, child growth and development, dietary quality, micronutrient deficiencies, and healthier food access. Major activities include: 1) assessing maternity care practices and policies related to breastfeeding in the US; 2) identifying environmental and policy determinants of infant and child nutrition; 3) assessing the effects of infant feeding practices on child development, including obesity and chronic diseases; 4) synthesizing evidence, developing recommendations, and disseminating information on best practices to promote healthy behaviors; 5) facilitating the implementation of policies and environmental changes that support optimal infant and toddler feeding practices in hospitals, workplaces, child care centers, and the community.

Recent epidemiologic projects by EISOs and staff include assessment of practices related to donor human milk use in hospitals; maternity leave and breastfeeding outcomes; breastfeeding and children’s psychosocial development; early infant feeding predictors for childhood obesity; reasons why women introduce solid foods earlier than recommended and why mothers could not breastfeed as long as they wanted; risk of bottle feeding and rapid infant weight gain; effectiveness of breastfeeding support in the hospitals and child care centers; development of children’s self-regulation of food intake and mothers’ responsive feeding styles; and association of maternity leave and infant feeding practices in the United States.

Data sources available for analyses include the Maternity Practices in Infant Nutrition and Care (mPINC) survey, Infant Feeding Practices Study II (IFPS II) and its Year 6 Follow-Up Study (Y6FU), National Immunization Survey (NIS), National Health and Nutrition Examination Survey (NHANES), National Survey of Children’s Health (NSCH), National Survey of Family Growth, HealthStyles, among others.

Proposed Initial Projects: 1) Assessment of dietary patterns of infants and toddlers, 2) Model changes in food supply of key nutrients for infants and toddlers and potential public health impact, 3) Assessment of knowledge, attitudes, and behaviors of parents and health care providers on early child feeding issues, 4) Trends in breastfeeding related maternity care practices in the US; 5) Association of child care arrangement and breastfeeding; 6) Link between length of breastfeeding and benefits on children's health and development. Officers will have the opportunity to do analyses using a variety of statistical techniques (i.e., multiple logistic regression or modeling). Opportunities exist for involvement in other collaborative projects that are of interest to the incoming EIS officer with other CDC topic area experts and external partners.

Proposed Surveillance Projects: Options include: 1) evaluation of proposed revisions to CDC’s Maternity Practices in Infant Nutrition and Care (mPINC) survey that monitors breastfeeding-related hospital practices among all the birth facilities in the US; 2) evaluation of surveillance on breastfeeding and/or toddler feeding practices and behaviors using NHANES. Officers will gather input from appropriate stakeholders and partners (i.e., national organizations, state health departments, hospitals, professional clinical organizations).

Range of Opportunities: The officer will have opportunities for epidemiologic analysis and writing and public health application. We are also fully supportive of the EISO being involved in field investigations in our Center as well as other Centers.

Position Strengths: Strong epidemiologic guidance and support from supervisors, epidemiology staff, and Branch Chief. Experienced EISO supervisors and consultants who are EIS alumni. Branch commitment to translation of epidemiologic research for public health action. Strong support for participation in Agency and EIS outbreak responses.

Special Skills Useful for this Position: Statistical knowledge and SAS and/or SPSS programming skills.

Available Data: EISO will have access to all national data sets; data are available within first month. In addition, the branch hosts data from Maternity Practices in Infant Nutrition and Care (mPINC) survey, the Infant Feeding Practices Study II (longitudinal study from late pregnancy through first year of life) and Year 6 Follow-Up Study (Children who
participated IFPS II were re-contacted at 6 years of age) and breastfeeding data collected via HealthStyles survey. Analyses of country data from our International Micronutrient team are also available.


**Domestic Travel:** 10%  
**International Travel:** 10%

**Available Support:** The Nutrition Branch will provide epidemiologic support and guidance and mentoring from the EISO supervisors as well as staff epidemiologists and health scientists that include EIS alumni. We also have a Branch SAS programmer to provide SAS support.

**Current/Recent EIS Officer:** Jennifer Nelson, (EIS 2014), EIS Officer, JMNelson@cdc.gov  
**Current/Recent EIS Officer:** Kelsey Mirkovic, (EIS 2013), Health Scientist, KMirkovic@cdc.gov  
**Current/Recent EIS Officer:** Jennifer Lind, (EIS 2012), Epidemiologist/Pharmacist, JLind@cdc.gov  
**Current/Recent EIS Officer:** Ellen Boundy, ScD, MS, (EIS 2016), EIS Officer, lwz9@cdc.gov

**Officer Projects:** Officers have conducted multiple epidemiologic analyses on hospital practices that support breastfeeding, maternity leave and breastfeeding outcomes, predictors of coverage and intake of micronutrient powders, and public perceptions of breastfeeding. Officers have participated in investigations of Neonatal Abstinence Syndrome, a meningococcal outbreak, and the Ebola and Zika virus responses.


**Consultant:** Ruowei (Rosie) Li, (EIS 1997), Senior Epidemiologist, ril6@cdc.gov  
**Consultant:** Cria Perrine, PhD, (EIS 2008), Team Lead, hgk3@cdc.gov
**Background:** Poor diet and physical inactivity are contributors to obesity. Preventing and reducing the prevalence of obesity is an agency priority. EISO will undertake epidemiologic studies of behavioral risk factors, systems/environmental supports, and healthcare-based prevention & treatment issues related to diet quality, physical activity, and obesity. High priorities for the branch include monitoring weight status and dietary behaviors including fruits and vegetables and sugar-sweetened beverages/added sugars, identifying policy and environmental supports for healthy eating and active living in childcare, schools, hospitals, and community venues, developing surveillance measures, identifying effective practice-tested interventions for child obesity in clinical or community settings, identifying opportunities to improve health equity, and translating research evidence into guidelines/recommendations.

The incoming EISO will enjoy a wide variety of opportunities for surveillance, research, and evaluation and should be flexible to respond to agency, state, territorial, tribal and community requests for assistance. Opportunities will be available to explore national and longitudinal data sets and assist on national priorities including those identified in Healthy People 2020.

Recent epidemiologic analyses by OPCB staff include: (a) sugar-sweetened beverage intake; (2) estimating the percentage of the population meeting fruit and vegetable intake recommendations; (3) worksite supports for healthy eating reported by employed adults; (4) written nutrition standards for foods served or sold in municipal government worksites; (5) tracking obesity prevalence in adults and children; (6) food insecurity; (7) assessing the current Electronic Health Record (EHR) capacity to promote obesity-related care. For more information, http://www.cdc.gov/obesity.

**Proposed Initial Projects:** Examining behaviors, attitudes, and perceptions related to diet quality and priority obesity prevention areas: (1) perception of drinking water quality and water intake among Hispanic adults; (2) food and beverage preferences and intake among parent-teen dyads; (3) prevalence of municipal policies to improve community access to healthy foods within a national sample of SUs municipalities; (4) concurrence of food insecurity and obesity in rural America; (5) prevalence of obesity and related co-morbidities among large cohorts of children with EHR data; (6) examine BMI and frequency of child obesity best practices (e.g., screening, motivational interviewing) in a national sample of pediatric primary care records. Other projects of interest to the incoming EISO will also be considered. EISO will have opportunities to conduct survey data analyses, multivariable logistic regression, and modeling and to translate research findings into guidelines and best practices.

**Proposed Surveillance Projects:** (1) Agency for Children and Families and USDA collect data on obesity prevalence in young children. EISO will work with DNPAO staff who have access to both of these data sources and existing relationships with staff to compare obesity prevalence among young children enrolled in Head Start (AF) to other data sources (e.g., USDA WIC Participant & Program Characteristic data). (2) Compare EHR-derived child BMI data to local/regional/national survey data. DNPAO has an existing relationship with PEDSnet, a learning health system across institutions that integrates and standardizes clinical data. PEDSnet clinical, informatics and research staff will be available to explore national and longitudinal data sets and assist on national priorities including those identified in Healthy People 2020.

**Range of Opportunities:** Short- and long-term projects related to improvements in food systems, diet quality, and obesity prevention and control exist. EISO will have opportunities to collaborate across CDC. The Division fully supports participation in field investigations/Epi-Aids. Potential field investigation includes evaluation of a local pediatric weight management program, that would involve determining appropriate process and outcome measures in collaboration with local partners, data collection and assessment, and forming recommendations for program improvement.

**Position Strengths:** From 2011–2015, EISOs in OPCB have led 4 Epi-Aids (National parks, Navajo Nation, American Samoa, Guam) and participated in CDC Epi-Aids (Zika, Ebola, Hepatitis C). OPCB EISOs completed their CALs within the 1st year.

**Special Skills Useful for this Position:** • Scientific writing or desire to improve writing skills.
• Interest in chronic disease epidemiology, food systems, and health equity.
• Statistical analysis experience or strong desire to increase statistical skills.

**Available Data:** BRFSS, NHANES, NHIS, Styles surveys, FLASHE study, National Ambulatory Medical Care Survey (NAMCS), MarketScan, WIC PC, PedNSS, National Survey of Community-based Policy and Environmental Supports for Healthy Eating and Active Living, EHR data, and other. Opportunities exist for collaborative projects with internal/external partners. Data are accessible and readily available within the first month of the officer’s assignment.

**Recent Publications:** • Park S, Blanck HM, Doooyema CA, Ayala GX. Association between Sugar-Sweetened Beverage Intake and Proxies of Acculturation among U.S. Hispanic and Non-Hispanic White Adults. AJHP. 2016;60(5):537–64
Domestic Travel: 10%  International Travel: 10%

Available Support: OPCB is comprised of numerous doctoral level epidemiologists, physicians, and EIS Alumni. Experienced EISO supervisors and mentors provide epidemiologic and statistical training to assist EISOs with projects and CALs.

Current/Recent EIS Officer: Elizabeth Lundeen, PhD, (EIS 2015)
Current/Recent EIS Officer: Brenna VanFrank, MD, MSPH, (EIS 2014)
Current/Recent EIS Officer: Seung Hee Lee-Kwan, PhD, (EIS 2013)

Officer Projects: (1) Evaluation of sugar-sweetened beverage questions; (2) youth access to school salad bars; (3) physicians’ SSB intake and counseling practices; (4) systematic screening of food insecurity programs engaged with healthcare systems; (5) Epi-Aids on food environment in Guam, American Samoa, Navajo Nation, National parks.

Officer Recent Publications: 1. Lundeen E, Park S, Dooyema C, Blanck HM. Total sugar-sweetened beverage intake among U.S. adults underreported when using one question instead of four questions to assess intake using a screener. In Clearance.

Consultant: Heidi Blanck, PhD, (EIS 1999), Branch Chief
Consultant: David Freedman, PhD
Consultant: Latetia Moore Freeman, PhD, (EIS 2007)
Consultant: Diane Harris, PhD
Consultant: Stephen Onufrak, PhD
Consultant: Liping Pan, MD, MPH
Consultant: Meredith Reynolds, PhD, (EIS 1999)
(2) physical activity using built environment measurement tools;
(3) disparities related to access to physical activity and walking venues;
(4) effects of physical activity, walking and inactivity on population health; and
(5) data systems that support environmental and policy-related surveillance.

The Branch helps coordinate and provides scientific support to Step it Up! The Surgeon General’s Call to Action to Promote Walking and Walkable Communities and the anticipated 2018 Physical Activity Guidelines. This position will advance the EISO’s analytic skills, critical thinking, and expertise in physical activity research, programs, and policies and will provide opportunities to present epidemiologic findings at national scientific meetings and in peer-reviewed publications.

An EIS officer may use nationally-representative data to explore physical activity research questions. These datasets may include the Behavioral Risk Factor Surveillance System (BRFSS), National Health Interview Survey (NHIS), National Health and Nutrition Examination Survey (NHANES), National Household Travel Survey (NHTS), or the Youth Risk Behavior Surveillance System (YRBSS). Opportunities for collaboration exist with other Branches and Divisions at CDC.

**Proposed Initial Projects:** Initial EISO projects range from descriptive epidemiology to more complex methodologies. We strive to take a step-wise approach with new officers, helping them progress in their analytic skills depending on their incoming skillset. Descriptive projects include tracking adoption of policy supports for physical activity including master plans, complete streets, and shared use agreements; examining the prevalence of walking to school and availability of walk to school programs among children and adolescents; and assessing trends in physical activity among disparate populations. These projects all involve large datasets that require specific attention to their complex design. More advanced analyses including multivariateate modelling include assessing the association between measures (questionnaire and GIS based) of community-level supports and physical activity; and examining long-term differences in the prevalence of community supports for walking and physical activity at the state and national level.

**Proposed Surveillance Projects:** Potential surveillance projects include comparing differing physical activity questionnaires used across years in NHANES; evaluating the use of the American Household Survey for the surveillance of community supports for active living; and evaluating how recent changes to the National Household Travel Survey will influence the monitoring of walking and bicycling in the US. The surveillance systems we use are typically large national surveys. Our EISO will have the opportunity to meet with key informants and stakeholders of the selected survey to collect pertinent data for their evaluation, which will simultaneously benefit our Branch in developing and strengthening partnerships.

**Range of Opportunities:** Our officer will enjoy a wide range of opportunities to develop their public health skills. They will learn biostatistics through the analysis of large national surveys and conduct scientific investigations resulting in manuscripts and presentations at conferences. Opportunities exist to develop expertise in technology, policy, communication, and partnership building.

**Position Strengths:** The Physical Activity Epidemiology and Surveillance Team (PEST!) prides itself on providing EIS Officers a supportive, fun, and cohesive team environment. We offer experienced supervisors and support staff with statistical and analytical expertise. As a PEST member, you will participate in setting the national physical activity agenda, such as the development of the 2018 Physical Activity Guidelines. In addition, you will have a wide range of opportunities, from scientific analyses to translation activities.

**Special Skills Useful for this Position:** Data analysis; SAS is preferable; Physical activity/Exercise or related field.

**Available Data:** All datasets are available immediately for analysis, including: -National Health Interview Survey -Behavioral Risk Factor Surveillance System -National Household Travel Survey -National Survey of Community Based Policy and Environmental Supports for Healthy Eating and Active Living


**Domestic Travel:** 10%  **International Travel:** 0%

**Available Support:** Our Branch is well positioned to support an incoming EISO, with several EIS alumni (both Civil Service and Commission Corps) available for mentorship. Our EISO will have ready access to experts in statistics, epidemiology, economics, policy, health equity, evaluation, translation, and more.
Current/Recent EIS Officer: Emily Ussery, PhD, (EIS 2015), Epidemiologist, yzv4@cdc.gov
Current/Recent EIS Officer: Dana McGuire, PhD, (EIS 2015), Epidemiologist, yxf6@cdc.gov
Current/Recent EIS Officer: John Omura, MD, MPH, (EIS 2014), Medical Officer, ydk8@cdc.gov
Current/Recent EIS Officer: Prabasaj Paul, PhD, (EIS 2011), Epidemiologist
Current/Recent EIS Officer: MinKyoung Song, PhD, (EIS 2010)
Current/Recent EIS Officer: Fleetwood Loustalot, PhD, (EIS 2008), Team Lead

Officer Projects: - Led Epi-Aid to assess walkability in the US Virgin Islands
- Identified disparities in park access
- Estimated risk of premature death associated with active transportation
- Examined disparities in meeting physical activity guidelines in adults with disabilities
- Contributed to Ebola & Zika outbreak responses


Consultant: Jeff Whitfield, PhD, (EIS 2013), Epidemiologist, xdh5@cdc.gov
Consultant: Janet Fulton, PhD, Branch Chief, jkf2@cdc.gov
Consultant: David Brown, PhD, Health Scientist
Consultant: Emily Ussery, PhD, (EIS 2015), Epidemiologist, yzv4@cdc.gov
Consultant: Erin Peterson, MPH, ORISE Fellow, lwt0@cdc.gov

Division of Population Health/Arthritis, Epilepsy, and Well-Being Branch

NCCDPHP-DPH-AE WB-GA-2017-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Population Health/Arthritis, Epilepsy, and Well-Being Branch
Physical Address: Atlanta, Georgia
Primary Supervisor: Kamil Barbour, PhD, (EIS 2010), Epidemiologist, iyk1@cdc.gov
Secondary Supervisor: Charles Helmick, (EIS 1979), Medical Epidemiologist, cgh1@cdc.gov

Background: Doctor-diagnosed arthritis affects 54.4 million American adults (22.7%), costs more than $128 billion/year, and remains the most common cause of disability. This work has direct application to public health practice and actions relevant to arthritis. The EIS officer will have an excellent chance to publish in MMWR and high impact journals, and present at prestigious conferences. Our analytic capacity allows EISOs to contend and win EIS awards; prior two officers were finalists for the Peavy Award (2014 EISO Jin Qin won the award), which recognizes effective epidemiological and statistical methods in an investigation. We provide the opportunity to become an expert in SAS, STATA and SUDAAN.

Proposed Initial Projects: The choice depends on the interests of the officer and the program, and could include: 1) analyzing the natural history and risk factors for the outcomes of knee and hip osteoarthritis using data from the CDC funded Johnston County Osteoarthritis Project, or other longitudinal OA studies using various modeling techniques
such as log binomial regression, logistic regression, GEE, and Weibull Parametric Regression 2) analyzing descriptive epidemiological data for arthritis using the National Health Interview Survey (NHIS) or the Behavioral Risk Factor Surveillance System (BRFSS). To analyze these data the EIS officer would use logistic regression or log binomial regression.

**Proposed Surveillance Projects:** There are several arthritis or arthritis-related questions that are asked regularly for surveillance purposes; therefore, the choice of project would depend on the interests of the EISO and the program. One surveillance project that would be important for the arthritis program is evaluating the arthritis surveillance question on arthritis attributable activity limitations (AAAL) using either the NHIS or BRFSS surveys. Currently, almost 10% of all adults in the U.S. have AAAL (22.7 million) and nearly half of adults with arthritis have AAAL. In addition to AAAL, severe joint pain and no leisure-time physical activity are surveillance measures regularly used by the arthritis team that can be evaluated. The EISO would be tasked with evaluating various components (e.g., data quality, acceptability, timeliness, stability, flexibility) of a surveillance system. The EIS officer can engage with the arthritis stakeholders as a part of their evaluation by receiving input from our 12-funded state health departments and our funded national partners such as the Arthritis Foundation, YMCA, and the National Recreation and Park Association.

**Range of Opportunities:** The Division fully supports EISO involvement in field investigations/Epi-Aids with other CIOs. International public health work in Haiti, Guinea, Liberia, China, and Jordan, and domestic infectious disease outbreak investigations in West Virginia and the Virgin Islands were just some of the activities of our prior EISOs.

**Position Strengths:** We fund the Johnston County Osteoarthritis Project, which allows a rare opportunity to conduct longitudinal analyses and use advanced statistical modeling (e.g., Generalized Estimating Equations, Parametric Survival Regression, and discrete survival analysis). We allow the EISO to be independent, do their own projects, and collaborate with other programs.

**Special Skills Useful for this Position:** Motivated, analytic, strong desire to learn, works well in a team, independent, passion for epidemiology.

**Available Data:** Johnston County Osteoarthritis Study; National Health Interview Survey; Behavioral Risk Factor Surveillance Study; National Health and Nutrition Examination Survey. All data are accessible and available for use within the first month.

**Recent Publications:**

**Domestic Travel:** 10%  **International Travel:** 10%

**Available Support:** The incoming EISO will have the opportunity to work with highly experienced epidemiologists. Support is provided for analyses of longitudinal data on osteoarthritis, and for arthritis questions in national and state surveys.

**Current/Recent EIS Officer:** Jin Qin, (EIS 2014), EIS Officer, wyv0@cdc.gov

**Officer Projects:**
1. Lifetime Symptomatic Hand Osteoarthritis
2. The effects of objectively measured physical activity on incident knee osteoarthritis.
3. Impact of Arthritis and Multiple Chronic Conditions on Selected Life Domains.
4. Arthritis as a barrier to physical activity among obese adults.

**Officer Recent Publications:**

**Consultant:** Jin Qin, (EIS 2014), EIS Officer, wyv0@cdc.gov
Background: For all Americans, Alzheimer’s disease is the sixth-leading cause of death in the United States, and the fifth-leading cause for Americans over 65 years of age. The population of older Americans over 65 years is expected to reach nearly 100 million people and comprise nearly 30% of the US population. With this increase in older adults, the numbers of persons with cognitive impairment—specifically those with dementia, including Alzheimer’s disease—is also expected to grow. Caregiving is another important health issue for many older adults, but especially for persons with cognitive impairment as these adults may have difficulty with activities such as meal preparation and management of chronic conditions. The Alzheimer’s Disease and Healthy Aging Program (AD+HAP) works to promote the public of persons with cognitive decline, including those with dementia, and their caregivers. AD+HAP collects data as part of both the cognitive decline and caregiver modules of the Behavioral Risk Factor Surveillance System and these data are a primary source for information about adults with subjective cognitive decline as well as adults who act as an informal caregiver to a friend or family member. AD+HAP is located in the Applied Research and Translation Branch which also includes the chronic disease-focused Prevention Research Centers coordination and evaluation units, and the Workplace Health Team. AD+HAP works with several national partners, and has opportunities for gaining knowledge regarding older adult health, the public health aspects of dementia and cognition, including statistical analysis of large, weighted survey data sets.

Proposed Initial Projects: Examining public health-related issues for persons with cognitive impairment and dementia, including Alzheimer’s disease, including (a) identifying the chronic conditions most common in persons with cognitive impairment using data from the Behavioral Risk Factor Surveillance System (BRFSS) cognitive decline module; (b) describing the prevalence of chronic conditions most common in persons caregiving for persons with dementia, including Alzheimer’s disease using the BRFSS caregiver module; and (c) examining Alzheimer’s disease related mortality among persons with other chronic conditions using the National Vital Statistics System or CDC Wide-ranging Online Data for Epidemiologic Research (WONDER) data. Data analysis of BRFSS may include multivariate modeling and will require statistical analyses which take into account the BRFSS weighted survey design.

Proposed Surveillance Projects: (a) Evaluate the surveillance utility of the Behavioral Risk Factor Surveillance System cognitive or caregiver module as a reliable means of public health surveillance; (b) evaluate the utility of mortality data from the National Vital Statistics System as a tool to examine the rate of Alzheimer’s disease-related deaths in the US. This evaluation may involve reaching out to interested national partners and learning the importance of mortality surveillance as a public health measure.

Range of Opportunities: Projects related to dementia, including Alzheimer’s disease, and the opportunity to collaborate across CDC with scientists whose work includes a focus on older adults. The Officer might participate in a field project which examines aspects of chronic or infectious disease or injuries and their impact on adults with dementia. Field project opportunities may include applying an epidemiologic study design in order to study dementia-friendly communities where the EISO can to examine their effectiveness.

Position Strengths: AD+HAP is a team of dedicated scientists nationally well-respected within the field of age-related public health and Alzheimer’s disease-related scientific groups. Small program size allows for unique experience where individual interests can be examined and accommodated if aligned with resources and program direction.

Special Skills Useful for this Position: Scientific analysis experience or strong desire to increase statistical skills. Scientific writing or desire to improve writing skills.
Interest in chronic disease epidemiology and/or dementia, including Alzheimer’s disease

**Available Data:** Behavioral Risk Factor Surveillance System (BRFSS), National Health and Nutrition Examination Survey (NHANES), CDC WONDER, HEALTHSTYLÉS, & SUMMERSTYLES. Data are readily available for analysis.


**Domestic Travel:** 5%  **International Travel:** 0%

**Available Support:** The Alzheimer’s Disease and Healthy Aging Program (AD+HAP) is comprised of three doctoral-level scientists and two public health advisors. AD+HAP is within the Division of Population which includes statisticians and surveillance experts working with the Behavioral Risk Factor Surveillance System, public health scientists, and several former EIS Alumni.

**Officer Projects:** This program has had no previous EIS officers; however, proposed Supervisors and Consultants are experienced EISO supervisors and mentors to other fellowship programs. Dr. Taylor has mentored 1 previous EISO. Dr. McGuire has supervised 5 EISOs. Consultants, into total, have mentored at least one dozen EISOs over their CDC careers.

**Consultant:** Valerie Edwards, PhD, Health Scientist

**Consultant:** Connie Bish, PhD, (EIS 2006), Team Lead

**Consultant:** Janet Croft, PhD, Branch Chief

**Consultant:** Kurt Greenlund, PhD, Associate Director of Science

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**Division of Reproductive Health/Applied Sciences Branch**

NCCDPHP-DRH-ASB-GA-2017-01

**Agency Name:** CDC

**Division/Branch/Team/Section:** Division of Reproductive Health/Applied Sciences Branch

**Physical Address:** Atlanta, Georgia

**Primary Supervisor:** Emily Koumans, MD, (EIS 1994), Team Lead, exk0@cdc.gov

**Secondary Supervisor:** Deborah Dee, PhD, (EIS 2005), Senior Scientist

**Background:** The EIS officer will work with both teams in ASB: Adolescent Reproductive Health (ARH) and Pregnancy Risk Assessment Monitoring System (PRAMS). ARH works on projects to improve US teens’ sexual and reproductive health, focusing largely on teen pregnancy prevention. Teen pregnancy is a “Winnable Battle” and Director’s priority for CDC. Major work includes three randomized trials evaluating interventions to reduce teen pregnancy among young men, and three community programs to increase reproductive health services for high-risk youth (Teens, Access, Quality [TAQ]).

The PRAMS team implements a surveillance system that collects population-based data on maternal attitudes, behaviors, and experiences before, during, and shortly after pregnancy in 51 states/sites, representative of ~83% of all U.S. births. PRAMS identifies groups of women and infants at high risk, monitors changes, and measures progress toward health-related goals, and now also collects data to explore prenatal behaviors and exposures related to Zika virus in Puerto Rico and several US states.

**Proposed Initial Projects:**

1) As part of CDC’s Zika Emergency Response, PRAMS and Puerto Rico’s Department of Health conducted hospital-based surveillance of women during their birth hospitalization. Data are ready for the EIS officer to analyze on use of pre- and post-partum contraception, and use of condoms as contraception and to delay or prevent sexual transmission of Zika virus. Effects of attitudes, behaviors, and provider influences on preventing Zika virus infection will be assessed using multivariate modeling and assessment of effect modification.

2) Interventions to improve clinic friendliness and contraceptive provision are ongoing in TAQ. Teens attending clinics are asked questions about their referral, sexual and reproductive health care, and teen-friendliness”. During this
potential field project, the EIS officer will design the analysis to address questions about the effect of interventions on satisfaction and service provision. The addition of new questions of interest to the officer is possible. Data are collected quarterly from youth and from clinic providers and are ready for analysis.

3) Multivariate analysis of PRAMS data on other topics based on interest, possibilities include opiate, tobacco, and marijuana use, health behaviors, and health- and birth-related effects of Zika virus infection.

4) Analyses of other data, such as National Survey of Family Growth, Behavioral Risk Factor Surveillance System (with new reproductive health questions), or other surveillance data of interest to the officer, to examine topics such as experiences, attitudes, and behaviors of reproductive-aged males, pregnancies among teens, influences on contraceptive use and method(s) used.

Epidemiologists, statisticians, and stakeholders will be available to assist with analyses and related scientific products, such as manuscripts and presentations.

**Proposed Surveillance Projects:** Two possible projects include the evaluation of adding a Web-based response option or the emergency response Zika virus module to PRAMS. The EIS officer will work with PRAMS staff, visit a PRAMS site, meet stakeholders, and gather data to complete the evaluation. The EIS officer's interests will help determine the project. PRAMS team staff and Zika subject matter experts will be available to the officer to assist.

**Range of Opportunities:** The EIS officer can choose between analyzing small/large datasets, evaluating modifications to PRAMS, designing field investigations (including Epi-Aids), working with other branches, state health departments, and federal agencies, emergency responses, randomized trials, individual surveys, nationally representative surveys, and quantitative and qualitative data.

**Position Strengths:** Combination of experienced epidemiologic, clinical evaluation, behavioral researchers at CDC, experienced and successful supervisors, local and state partners, and flexibility. Friendly, knowledgeable, and supportive staff who value EIS officers.

**Special Skills Useful for this Position:** Enthusiasm, interest in ASB topic areas, some familiarity with analyses,

**Available Data:**

1) Zika Postpartum Emergency Response (ZPER) collected data in Puerto Rico during 2016-17 on pregnant women’s interactions with health care providers; influences on women’s efforts to protect themselves and their pregnancies from Zika virus infection; access/barriers to contraception; (2) TAQ data including clinic coverage, teen surveys, provider knowledge and attitudes; (3) PRAMS data (1987 to present) covering maternal child health/reproductive health indicators for both trend and point-in-time analyses; 4) multiple years of NSFG, BRFSS, and other national surveys

**Recent Publications:**


**Domestic Travel:** 10%  **International Travel:** 0%

**Available Support:** ASB has epidemiologists, statisticians, behavioral scientists, data managers, and administrative staff to support an EIS officer to learn, meet CALs, and address areas the officer and supervisors identify. Complex analyses, field work, preparation of oral presentations and manuscripts for publication are expected.

**Current/Recent EIS Officer:** Oluwatosin Olaya, MD, MD, (EIS 2014)

**Officer Projects:** Analysis of PRAMS surveillance data on breastfeeding and maternity care among teen mothers, evaluation of brief counseling intervention among WIC clients in Ohio, work in Emergency Operations Center during Ebola response

**Officer Recent Publications:**


Division of Reproductive Health/Maternal and Infant Health Branch/Maternal Health Team

NCCDPHP-DRH-MIHB-GA-2017-01

Agency Name: CDC
Division/Branch/Team/Section: Division of Reproductive Health/Maternal and Infant Health Branch/Maternal Health Team
Physical Address: Atlanta, Georgia

Primary Supervisor: David Goodman, PhD, MS, Lead (acting), Maternal Health Team, igc4@cdc.gov
Secondary Supervisor: Cheryl Robbins, MS, PhD, (EIS 2007), Epidemiologist, ggf9@cdc.gov
Secondary Supervisor: Jean Ko, PhD, (EIS 2010), Epidemiologist, fob1@cdc.gov

Background: The Maternal Health Team (MHT) in the Division of Reproductive Health (DRH) conducts a broad range of surveillance, research and programmatic activities to develop evidence that can be used to improve maternal and infant health in the United States. The MHT’s scientific research and surveillance relates to maternal health, preconception health, cardiovascular disease, hypertension, diabetes, obesity, physical inactivity, smoking and other substance use, and poor mental health. The MHT has a strong reputation for mentoring and producing first rate science.

Proposed Initial Projects: The initial project can be flexible based on the officer’s interests. It will provide the officer an opportunity to strengthen analytic skills using large population-based survey data such as Pregnancy Risk Assessment Monitoring System (PRAMS), Behavioral Risk Factor Surveillance System (BRFSS), and National Survey on Drug Use and Health (NSDUH), Pregnancy Mortality Surveillance System (PMSS), as well as administrative data such as Healthcare Cost and Utilization Project (HCUP). The initial analytic project will increase subject matter knowledge of preconception, maternal, and interconception health. All proposed analytic projects entail descriptive analyses, examination of confounding and potential effect modification, and multivariable modeling:

• Describe contraceptive methods used pre-pregnancy (by level of effectiveness), examine changes in methods used postpartum among women with recent live births that resulted from unintended pregnancies, and examine characteristics associated with change to more effective methods (PRAMS)
• Describe contraceptive method choices (by level of effectiveness) among non-pregnant women of reproductive age who report heavy alcohol use/binge drinking before pregnancy and examine characteristics associated with non-use of a more effective contraceptive method (BRFSS)
• Examine knowledge, attitudes, and practices of obstetricians/gynecologists for screening and management of pregnant and postpartum women who abuse opioids. Assess characteristics associated with screening and management (American Congress of Obstetrics and Gynecologists survey [ACOG])
• Describe the characteristics of pregnancy-related deaths where cause of death is unknown (PMSS)
• Describe the contribution of cardiovascular disease to trends in severe maternal morbidity, and how the contribution differs by hospital and patient characteristics (HCUP)

Proposed Surveillance Projects: The officer will get input from stakeholders during the evaluation process (as noted in parentheses).

• Evaluate HCUP as a surveillance system to monitor trends in and characteristics associated with neonatal abstinence syndrome (American Academy of Pediatrics)
• Evaluate reliability of self-reported postpartum depression using Oregon PRAMS/PRAMS2 among women with Medicaid paid deliveries by comparing estimates with Oregon Medicaid claims and hospital discharge records (Oregon Medicaid Agency)
• Working in partnership with select states, validate the use of obesity ICD-9-CM codes for severe obesity on hospital discharge records using birth certificate data
• Evaluate a new CDC developed data application to support surveillance and monitoring of maternal deaths by review committees
• Evaluate postpartum depression screener questions in PRAMS, which collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy (ACOG, Massachusetts Department of Public Health)

Range of Opportunities: Travel may include attendance at scientific conferences, project site visits and/or Epi-Aids, depending on the officer’s projects and interests. The Division fully supports participation in Division, CDC, or external field investigations and Epi-Aid. The officer’s particular interests and strengths will be strongly considered in
determining project selection.

**Position Strengths:** The team has a reputation for scientific excellence and strong mentoring. This position provides a breadth of topics in which the EISO can strengthen analytic skills and increase subject matter knowledge about maternal health, preconception health, cardiovascular disease, hypertension, diabetes, obesity, physical inactivity, smoking, and other substance use, and poor mental health.

**Special Skills Useful for this Position:** Skills in conducting quantitative analyses; previous experience with SAS/STATA; strong oral and written communication skills

**Available Data:** Pregnancy Risk Assessment Monitoring System (PRAMS)  
Behavioral Risk Factor Surveillance System (BRFSS)  
National Survey on Drug Use and Health (NSDUH)  
Healthcare Cost and Utilization Project (HCUP)  
Pregnancy Mortality Surveillance System (PMSS)  
National Health and Nutrition Examination Survey (NHANES) National Health Interview Survey (NHIS)


- Okoroh EM, et al. (including Goodman DA). United States and territory policies supporting maternal and neonatal transfer... Journal of Perinatology, 2016

**Domestic Travel:** 20%  **International Travel:** 0%

**Available Support:** Technical support available from epidemiologists, behavioral scientists, and statisticians. Consultation with OB/GYN clinician.

**Current/Recent EIS Officer:** Jonetta Johnson Mpofu, PhD, MPH, (EIS 2012), Epidemiologist, wgp8@cdc.gov

**Current/Recent EIS Officer:** Jean Ko, PhD, (EIS 2010), Epidemiologist, fob1@cdc.gov

**Current/Recent EIS Officer:** Timothy Cunningham, DrSc, (EIS 2010), Epidemiologist

**Officer Projects:** Investigated effects of secondhand smoke from airport smoking rooms in eight large-hub U.S. airports (EPI-AID)
Examined social and economic impacts of school closures due to Hurricane Isaac in Gulfport and Biloxi, MS (EPI-AID)

Assessed maternal morbidity, mortality, and infant health outcomes in Kigoma, Tanzania (Field Investigation)


Johnson JL. Bodies don't sleep, neither do babies: experiences at the only maternity hospital isolation unit in Sierra Leone during the 2014 Ebola epidemic. AJOG, 2015


King B, et al. (including Johnson JL). Indoor air quality at nine large-hub airports with and without designated smoking areas - United States, MMWR, 2012

**Consultant:** William Callaghan, MD, MPH, Branch Chief, Maternal and Infant Health Branch, wgc0@cdc.gov

**Consultant:** Elena Kuklina, MD, Medical Epidemiologist

**Division of Reproductive Health/Women's Health and Fertility Branch/Assisted Reproductive Technology Surveillance and Research Team**

**NCCDPHP-DRH-WHFB-GA-2017-01**

**Agency Name:** CDC

**Division/Branch/Team/Section:** Division of Reproductive Health/Women's Health and Fertility Branch/Assisted Reproductive Technology Surveillance and Research Team

**Physical Address:** Atlanta, Georgia

**Primary Supervisor:** Sheree Boulet, DrPH, MPH, Health Scientist, sbu1@cdc.gov

**Secondary Supervisor:** Dmitry Kissin, (EIS 2003), Team Lead, dtk3@cdc.gov

**Background:** The Assisted Reproductive Technology (ART) Surveillance and Research Team maintains the National ART Surveillance System (NASS), which collects information on nearly all ART cycles performed in U.S. fertility clinics. NASS data are used to monitor national and clinic-specific pregnancy success rates, trends in ART use, and infant outcomes. The ART Team also collaborates with the health departments of four states to link NASS data with vital records, hospital discharge data, birth defects registries, and other surveillance systems of these states. This project, called the States Monitoring ART (SMART) Collaborative, provides an opportunity to further monitor a range of maternal and infant health outcomes and to assess differences between infants conceived by ART and those conceived spontaneously.

The officer will develop a familiarity with reproductive and perinatal epidemiology in general and will gain additional expertise regarding the impact of infertility treatments on reproductive health. This position emphasizes analytic epidemiology and will provide the officer with opportunities to develop analytic skills, conduct epidemiologic analyses using large datasets, prepare manuscripts for publication, and give presentations to a variety of audiences. The EIS officer will have access to 18 years of NASS data for analysis. NASS data includes information on the clinical characteristics of ART treatments, infertility diagnosis, obstetrical and medical history, and pregnancy and birth outcomes. Data from the SMART Collaborative will also be available for analysis and include multiple years of data.
from four states (Connecticut, Massachusetts, Michigan, and Florida). These population-based linked data can be used to study risks and outcomes among infants conceived using ART compared with the general population of infants in the states. In the next year, NASS data will be linked with data from the National Vital Statistics System (NVSS) period linked birth-infant death files, creating a national cohort of ART and non-ART live births. Other national datasets are also available for analysis including the National Survey on Family Growth (NSFG), the Healthcare Cost and Utilization Project (HCUP), Nationwide Inpatient Sample (NIS) and MarketScan Health Insurance Claims databases. The position also offers opportunities to participate in the ongoing ART surveillance activities, including health communication and field epidemiology work to reduce adverse outcomes of ART as well as activities supporting CDC’s National Public Health Action Plan for the Detection, Prevention, and Management of Infertility.

For further information, visit our website at: http://www.cdc.gov/art.

Proposed Initial Projects: 1) Use linked NASS-NVSS birth cohort files to construct multivariable models comparing maternal and infant complications for ART and non-ART live births in the U.S.; 2) Investigate the association between use of donor oocytes and pregnancy complications, including mediation analyses to assess direct and indirect effects; 3) Analyze data collected from a survey of obstetricians and gynecologists on the use and outcomes of non-ART fertility treatments.

Proposed Surveillance Projects: Evaluate the National ART Surveillance System using quantitative and qualitative data, including participation in annual data validation site visits where the officer will participate in chart abstraction and meet with clinic staff to discuss validation results.

Range of Opportunities: The officer will have the opportunity to conduct analyses using a comprehensive national dataset on assisted reproductive technology, assist in administering a national surveillance system, attend scientific meetings, assess new and emerging treatments for infertility, and provide technical assistance to states. The Team fully supports participation in domestic or international field investigations and Epi-Aids through the Division, CDC, or externally. Prior officers participated in Ebola and Zika responses.

Position Strengths: The strengths of the position include the ability to work with a multi-disciplinary team including clinicians and public health practitioners, access to national surveillance data for analysis as well as epidemiologic and statistical support for analytic projects, and the opportunity to gain expertise regarding the public health impact of infertility as well as the safety and efficacy of infertility treatments.

Special Skills Useful for this Position: Knowledge of maternal and child health epidemiology, analytic skills, experience in using statistical software (SAS, SUDAAN, Stata), and scientific writing.

Available Data: National Assisted Reproductive Technology Surveillance data for 1996-2015; linked ART surveillance-state vital records and registry data for 4 states; national cohort of ART and non-ART live births in 2014; Truven Health MarketScan health insurance claims data for 2003-2015. All data sources are accessible and available immediately.


https://www.cdc.gov/art/key-findings/index.html

Domestic Travel: 10% International Travel: 0%

Available Support: The ART Team includes staff trained in medicine (OB/GYN and Reproductive Endocrinology), epidemiology, surveillance, and statistics.

Current/Recent EIS Officer: Kiran Perkins, MD, MPH, (EIS 2013), Medical Officer, guu9@cdc.gov

Current/Recent EIS Officer: Ada Dieke, DrPH, (EIS 2015), vts5@cdc.gov

Current/Recent EIS Officer: Nafeesa Ghaji, MD, (EIS 2011), Internal Medicine Resident

Officer Projects: Intracytoplasmic sperm injection (ICSI) use in states with and without insurance coverage for infertility treatment - United States, 2000-2014; racial/ethnic disparities in assisted reproductive technology (ART) usage, 2014; maternal characteristics and infant outcomes of ART live births in three states

Division of Reproductive Health/Women's Health and Fertility Branch/Fertility Epidemiology Studies Team

NCCDPHP-DRH-WHFB-GA-2017-02
Agency Name: CDC
Division/Branch/Team/Section: Division of Reproductive Health/Women's Health and Fertility Branch/Fertility Epidemiology Studies Team
Physical Address: Chamblee, Georgia
Primary Supervisor: Lauren Zapata, (EIS 2005), Epidemiologist/Behavioral scientist , lzapata@cdc.gov
Secondary Supervisor: Maura Whiteman, (EIS 2002), Team Lead/Epidemiologist, acq5@cdc.gov
Secondary Supervisor: Naomi Tepper, (EIS 2007), Medical epidemiologist/OB-GYN, gdq2@cdc.gov

Background: The Fertility Epidemiology Studies (FES) Team of the Women’s Health and Fertility Branch (WHFB) conducts research and surveillance related to the epidemiology of fertility, including the safety, effectiveness and non-contraceptive benefits of contraceptive methods; risk factors for/consequences of unintended pregnancy; and surveillance of abortion in the United States. Major work of the team involves the removal of barriers to safe and effective contraceptive use through development and dissemination of national guidance for health care providers on contraceptive use and related research on contraceptive use, safety, and barriers to use of effective contraception. The position emphasizes analytic epidemiology and will be good for officers who would like to learn women’s health and contraceptive topics in depth and expand their epidemiologic skills to benefit the health of women, men, and families. The team has a long history of supporting EIS officers.

Proposed Initial Projects: The position is flexible so that the EIS experience can be tailored to the needs and goals of the officer. A variety of possible analytic topics with data to address them are available. Examples include: (1) use of Behavioral Risk Factor Surveillance System (BRFSS) data to assess contraceptive use among women with certain medical conditions that are associated with increased risk for adverse health events as a result of an unintended pregnancy (e.g., hypertension, diabetes); (2) use of Youth Risk Behavior Surveillance System (YRBSS) data to assess adolescent sexual and contraceptive use behaviors including use of long-acting reversible contraception (LARC) among in-school youth; and (3) use of Pregnancy Risk Assessment Monitoring System (PRAMS) data to examine type of pregnancy unintendedness (i.e., mistimed or unwanted) and associated maternal characteristics and behaviors. The FES team has also collected primary data to monitor changes in attitudes and practices among U.S. family planning providers after the release of national contraceptive guidance to improve delivery of services in the United States. A variety of topics are available from these data (e.g., health care provider practices related to dispensing oral contraceptive pills). Proposed topics and data sources will allow officers to learn or advance a variety of analytic skills (e.g., how to handle missing data, model building for multivariable regression, examining effect modification). Supervisors can discuss possible projects in more detail.

Proposed Surveillance Projects: Depending on the interest of the officer, several surveillance system evaluation projects are possible. Examples include CDC’s Abortion Surveillance System, BRFSS (e.g., contraceptive use among older women or those with specific medical conditions), YRBSS (e.g., LARC use or sexual behaviors among in-school youth), or PRAMS (e.g., pregnancy intentions among women with a recent live birth). Officers are encouraged to engage with system stakeholders (e.g., state health departments, program planners, policy makers, professional organizations) to obtain input, learn unique aspects of system operations, and develop valuable recommendations to improve system performance. Officers can often integrate a selected analytic project with the surveillance evaluation.

Range of Opportunities: The position offers opportunities to design/conduct epidemiologic analyses, disseminate findings via presentations and manuscripts, and respond to public inquiries. Other possible opportunities include participating in activities(e.g., conducting systematic reviews) to contribute to national contraceptive guidance. The Division fully supports the officer participating in Division, Agency, or external field investigations and Epi-Aids.

Position Strengths: The position is flexible and can be tailored to meet the needs and goals of the officer. The FES team has strong epidemiologic capacity and subject matter expertise in a wide range of reproductive health topics. The officer is encouraged to explore current and new areas of interest.

Special Skills Useful for this Position: analytic skills, writing skills, interest in reproductive health. Experience analyzing complex survey data would be helpful but not necessary.
Available Data: PRAMS, BRFSS, YRBSS, National Survey of Family Growth, CDC’s Abortion Surveillance System, primary data collected to monitor changes in attitudes and practices among U.S. family planning providers. Other data immediately available include administrative datasets (Healthcare Cost and Utilization Project, MarketScan), which could be used to examine a variety of research questions on contraception and women’s health.

Recent Publications: The supervisors for this position have collectively published nearly 100 articles since January 2010 on a wide variety of topics including contraception, dual protection, pregnancy and sexually transmitted diseases among teens, gynecologic cancers and surgeries, HIV testing in obstetric settings, obstetric morbidity, assisted reproductive technology, preconception health, HIV among street youth, and influenza related to pregnancy and women’s health.

Domestic Travel: 5%  International Travel: 0%

Available Support: The primary and secondary supervisors, as well as others on the FES team and in WHFB, are fully committed to supporting the growth and development of the officer. Statisticians are also available for programming support and consultation.

Current/Recent EIS Officer: Titilope Oduyebo, MD, MPH, (EIS 2014), Medical epidemiologist/OB-GYN, ydk7@cdc.gov

Current/Recent EIS Officer: Michael Lowe, PhD, (EIS 2012), flk4@cdc.gov

Current/Recent EIS Officer: Crystal Tyler, PhD, (EIS 2009), ctyler@mphi.org

Current/Recent EIS Officer: Cheryl Robbins, (EIS 2007), Epidemiologist, ggf9@cdc.gov

Officer Projects: Conducting analyses to identify factors associated with highly effective postpartum contraceptive use; conducting project on dissemination processes of global family planning guidance; conducted investigation for and published case report on a pregnant patient infected with Ebola virus disease (EVD); and other emergency response activities related to EVD and Zika virus.

Officer Recent Publications:
- Factors associated with postpartum use of long-acting reversible contraception (in progress).

Consultant: Kate Curtis, PhD, (EIS 1996), Epidemiologist, kmc6@cdc.gov

Consultant: Tara Jatlaoui, MD, Medical epidemiologist/OB-GYN, kgz4@cdc.gov

Consultant: Suzanne Folger, PhD, Acting Branch Chief, Senior Scientist, Epidemiologist, sxg1@cdc.gov

Consultant: Titilope Oduyebo, MD, MPH, (EIS 2014), Medical epidemiologist, ydk7@cdc.gov

Office on Smoking and Health/Office of the Director

NCCDPHP-OSH-OD-GA-2017-01

Agency Name: CDC

Division/Branch/Team/Section: Office on Smoking and Health/Office of the Director

Physical Address: Atlanta, Georgia

Primary Supervisor: Brian King, PhD, MPH, (EIS 2010), Deputy Director for Research Translation, baking@cdc.gov

Secondary Supervisor: Indu Ahluwalia, PhD, MPH, (EIS 1995), Branch Chief, iaa2@cdc.gov
Background: Tobacco use continues to be the leading cause of preventable death worldwide. In the U.S., progress has been made reducing cigarette smoking, but an estimated 36.5 million adults still smoke, and 480,000 adults die from smoking each year. Moreover, the use of other tobacco products has increased or stayed the same in recent years. The Office on Smoking and Health (OSH) is the lead federal agency for tobacco prevention and control, and is responsible for coordinating national efforts aimed at preventing tobacco use initiation, promoting quitting, reducing exposure to secondhand smoke, identifying and eliminating disparities, and producing critical data to inform public health policy, planning, and practice at the local, state, national, and international levels. With additional effort and support for evidence-based, cost-effective strategies that can be implemented now, a significant impact can be made in the U.S. and worldwide. An efficient and systematic surveillance mechanism to monitor the tobacco epidemic is an essential component of a comprehensive tobacco control program. OSH houses multiple national and international surveillance systems to monitor tobacco use and tobacco-related behaviors, including the National Youth Tobacco Survey, National Adult Tobacco Survey, Global Youth Tobacco Survey, and Global Adult Tobacco Survey. The tobacco product landscape continues to diversify. Therefore, OSH activities also routinely address various emerging issues in tobacco control, both globally and domestically, such as electronic cigarettes, hookahs/waterpipes, concurrent marijuana and tobacco use, and smokeless tobacco use. Additionally, with the 2009 passage of the Family Smoking Prevention and Tobacco Control Act, OSH continues to serve an important role in informing the U.S. Food and Drug Administration’s ongoing efforts to regulate tobacco.

Proposed Initial Projects: Potential projects include: multivariate analysis of trends in e-cigarette advertising and relationship with use; longitudinal analyses evaluating the effectiveness of CDC's national anti-smoking campaign, “Tips from Former Smokers”; bivariate analyses of attitudes toward emerging tobacco product strategies among U.S. adults, including e-cigarettes and flavored tobacco products; multivariate analyses of secondhand smoke exposure via serum cotinine among the U.S. population; multivariate analyses of global tobacco use and related behaviors, including purchase patterns across countries or tobacco access by youth; analytic and writing support for Surgeon General’s Reports on tobacco-related topics.

Proposed Surveillance Projects: Proposed projects will include surveillance systems housed within OSH to help facilitate ready access and evaluation opportunities, including working closely with surveillance system project managers and external stakeholders. Potential projects include: Evaluation of the Global Youth Tobacco Survey and one Global Adult Tobacco Survey country; Evaluation of the impact of including diverse product response options on estimates of e-cigarette use in the Styles survey; Evaluation of the impact of including “rarely” as a response option on estimates of current smoking prevalence in the National Adult Tobacco Survey; and Evaluation of the first administration of an electronic version of the National Youth Tobacco Survey using tablets in a school-based setting.

Range of Opportunities: EIS officers will develop their own projects, collaborate on projects with OSH staff, present at scientific meetings, assist with compilation of Surgeon General’s Reports, and develop manuscripts for submission to peer-reviewed journals and MMWR. Potential field projects include assessments of e-cigarette aerosol levels in public indoor environments; poisonings and explosions from e-cigarettes; and secondhand exposure to marijuana smoke.

Position Strengths: EIS officers are encouraged to develop in-depth expertise in multiple areas of tobacco control. This position allows the EIS officer to collaborate across multiple branches, to establish skills in data analysis, publication, and research translation to diverse stakeholders. OSH has a strong history of successful EIS officers, including a recent recipient of the Langmuir Prize. OSH EIS officers have always met their CALs prior to the end of the program, and consistently secure positions in OSH and throughout CDC post EIS.

Special Skills Useful for this Position: OSH is committed to mentoring incoming EIS officers to ensure they receive the necessary skills and proficiencies outlined in the EIS CALs, as well as those related to professional career trajectories in public health. Upon entry into the EIS program, skills that are desired, but not necessary, include: rudimentary or greater data analysis skills (R, SAS, SUDAAN, or STATA), the ability to work in a high pace office, and good writing skills.

Available Data: Global Adult Tobacco Survey; Global Youth Tobacco Survey; National Adult Tobacco Survey; National Youth Tobacco Survey; Styles; Tips longitudinal web panel; and others. Data are accessible immediately upon initiation of the EIS assignment.


Domestic Travel: 10%  International Travel: 10%

Available Support: Resources for EIS officers include software training, computer support, expert statistical (in house and external) and epidemiological advice, and tobacco control content expertise.

Current/Recent EIS Officer: Teresa Wang, PhD, (EIS 2015), EIS Officer, yxn7@cdc.gov


**Consultant:** Israel Agaku, DMD, (EIS 2012), Deputy Associate Director for Science, wgn9@cdc.gov

**Consultant:** Linda Neff, PhD, MPH, Branch Chief, len2@cdc.gov

**Consultant:** Brian Armour, PhD, Associate Director for Science, bka9@cdc.gov

**Consultant:** David Homa, PhD, MPH, Senior Scientific Advisor, dgh3@cdc.gov

**Consultant:** Rene Arrazola, MPH, Senior Scientific Advisor, fdy9@cdc.gov

**Consultant:** Krishna Palipudi, PhD, Team Lead, gou8@cdc.gov

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**National Center for Emerging and Zoonotic Infectious Diseases**

**Division of Foodborne, Waterborne and Environmental Diseases/Enteric Diseases Epidemiology Branch**

**NCEZID-DFWED-EDEB-GA-2017-01**

**Agency Name:** CDC

**Division/Branch/Team/Section:** Division of Foodborne, Waterborne and Environmental Diseases/Enteric Diseases Epidemiology Branch

**Physical Address:** Atlanta, Georgia

**Primary Supervisor:** Karen Wong, MD, MPH, (EIS 2011), National Surveillance Team Lead, kwong@cdc.gov

**Secondary Supervisor:** Sam Crowe, PhD, MPH, (EIS 2014), National Outbreak Reporting System (NORS) Team Lead, sjcrowe@cdc.gov

**Secondary Supervisor:** Patricia Griffin, MD, (EIS 1985), Branch chief, PGriffin@cdc.gov

**Background:** The Division of Foodborne, Waterborne, and Environmental Diseases (DFWED) strives to improve public health nationally and internationally through the prevention and control of disease, disablement, and death caused by foodborne, waterborne, and environmentally-transmitted pathogens. EISOs located in branches of DFWED enjoy several advantages resulting from the synergy between the various groups comprising the division. DFWED’s Biostatistics and Information Management Activity provides statistical and IT support. DFWED provides extensive laboratory support. EISOs may undertake select projects in branches other than their own in the division; the division conducts journal club and other didactic activities for EISOs, as well as a monthly seminar; resident liaisons from USDA and FDA facilitate interactions with these regulatory agencies, which are important partners in foodborne disease outbreak investigations.

EDEB is recruiting for 1 officer. EDEB maintains 9 active and passive surveillance systems covering pathogens and syndromes including botulism, Campylobacter, hemolytic uremic syndrome, Listeria, Salmonella, Shiga toxin-
producing E. coli (O157 and others), Shigella, Yersinia, and Vibrio. We design and conduct case-control and cohort studies; some projects offer the chance to learn and apply advanced analytic techniques. We use these activities to estimate the burden of foodborne illnesses, assess trends, and evaluate prevention efforts. We also track emerging antimicrobial resistance in enteric pathogens and use whole genome sequencing to detect and investigate outbreaks and attribute illnesses to their sources. We provide clinical and epidemiologic consultation and bioterrorism preparedness for botulism. DFWED EIS officers will be trained to conduct free-living ameba and botulism case consultations and provide rapid drug and antitoxin release. EDEB EIS officers work with the Outbreak Response and Prevention Branch (ORPB) on multistate outbreak investigations. Domestic travel on short notice occurs but is usually infrequent. International opportunities may be available but typically do not exceed 8 weeks over 2 years.

**Proposed Initial Projects:** All projects have datasets available. Initial analytic projects will depend on officer’s background and interests, and can include 1) describe outbreaks associated with ground turkey and implications for antimicrobial resistance and food safety, 2) characterize and evaluate reasons for recent decline in mortality due to V. vulnificus infections, 3) evaluate features of outbreaks that lead to product recalls, 4) synthesize data from multiple surveillance systems to describe epidemiology of Salmonella Typhimurium, 5) create interactive data visualization tool for displaying national surveillance data, 6) assess seasonality and geographic features of Shiga toxin-producing E. coli serogroups, 7) create a probabilistic model to assign vibriosis cases with unknown transmission mode, 8) characterize epidemiologic and clinical features of pediatric vibriosis.

**Proposed Surveillance Projects:** EDEB has multiple surveillance systems suitable for evaluation, and EISOs will interview partners and stakeholders as part of the evaluation. Projects can include evaluation of 1) active surveillance for hemolytic uremic syndrome in FoodNet compared to national passive surveillance, 2) national campylobacteriosis surveillance before and after becoming a nationally notifiable condition in 2015, 3) national E. coli data being provisioned through a new informatics pipeline, 4) expansion of Salmonella surveillance using whole genome sequencing to predict antimicrobial resistance.

**Range of Opportunities:** Every officer’s experience will be different, but all will investigate outbreaks, analyze surveillance data, write manuscripts, and collaborate with state and federal agencies. Officers may have international opportunities in EDEB, the Waterborne Diseases Prevention Branch (WDPB), or elsewhere at CDC.

**Position Strengths:** EDEB is CDC’s lead group for tracking and identifying sources for bacterial enteric infections transmitted by food and other routes. Officers receive frontline training in surveillance and analytics and collaborate with many partners (local, state, federal, and international). Opportunities to work on urgent problems and long-term scientific projects abound! Training EIS officers is a core part of EDEB’s mission. In addition to on-the-job training, there are didactic trainings in enteric diseases, biostatistics, R, SAS, scientific writing, etc. You will join a group of dedicated colleagues who are excited about their work, and also value a balanced life.

**Special Skills Useful for this Position:** Anyone with the skills to become an EIS officer has the skills needed for this position. Our work is broad enough that we can tailor the experience to the officer’s needs and interests, from those who are just learning about p values to those who have done complex statistical modeling. Physicians, veterinarians, PhD scientists, and nurses have all thrived and done outstanding work with us. EISOs who are flexible, eager to learn, willing to work hard, and able to work in teams in a fast-paced and busy environment will get the most out of the opportunities we provide.

**Available Data:** Numerous datasets about surveillance, special studies, antimicrobial resistance, and more are available immediately.

**Recent Publications:** EDEB values scientific writing and has a distinguished reputation of publishing many excellent papers in high-profile peer-reviewed journals. During 2011–2016, we produced >200 peer-reviewed publications and 35 MMWRs. Our work is frequently published in the New England Journal of Medicine, JAMA, Emerging Infectious Diseases, and Clinical Infectious Diseases, among others. These papers—including one cited nearly 2,000 times since publication in January, 2011—have made important contributions to our knowledge about foodborne disease, including estimating the number of people who get sick each year and the foods that make them sick.

**Domestic Travel:** 10%  **International Travel:** 10%

**Available Support:** EDEB is a multidisciplinary branch with a history of excellent EISO mentorship and training. EISOs have access to a broad range of projects and mentorship by doctoral epidemiologists who work closely with surveillance epidemiologists, social scientists, statisticians, communicators, and microbiologists.

**Current/Recent EIS Officer:** Sarah Luna, PhD, (EIS 2016), SLuna@cdc.gov

**Current/Recent EIS Officer:** Julie Self, PhD, MPH, (EIS 2015), JLSelf@cdc.gov

**Current/Recent EIS Officer:** Mariel Marlow, PhD, MPH, (EIS 2015), MMarlow@cdc.gov

**Current/Recent EIS Officer:** Sam Crowe, PhD, MPH, (EIS 2014)

**Current/Recent EIS Officer:** Reid Harvey, DVM, MPH, (EIS 2013)

**Current/Recent EIS Officer:** Ulzii Luvsansharav, MD, PhD, (EIS 2013)

**Current/Recent EIS Officer:** Jolene Nakao, MD, MPH, (EIS 2012)
Current/Recent EIS Officer: Von Nguyen, MD, MPH, (EIS 2012)
Current/Recent EIS Officer: Alison Laufer, PhD, (EIS 2011)

Officer Projects: 1) Characterize epidemiology of pork-associated outbreaks; 2) Evaluate food safety policies in correctional institutions; 3) Describe invasive salmonellosis among infants; 4) Assess epidemiologic, molecular, and ecologic characteristics of Salmonella Javiana; 5) Design vaccine coverage survey, Angola; 6) Investigate emergent Salmonella Infantis outbreak at a detention center


Consultant: Rob Tauxe, MD, MPH, (EIS 1983)
Consultant: Michael Beach, PhD, (EIS 1995)
Consultant: Beau Bruce, MD, PhD, Analytics Lead, BBruce@cdc.gov
Consultant: Kevin Chatham-Stephens, MD, MPH, (EIS 2013), Medical Officer, KChathamStephens@cdc.gov
Consultant: Louise Francois Watkins, MD, MPH, (EIS 2013)
Consultant: Cindy Friedman, MD, MPH, (EIS 1995), National Antimicrobial Resistance Monitoring System (NARMS) Team Lead, CRFriedman@cdc.gov
Consultant: Aimee Geissler, PhD, MPH, (EIS 2009), FoodNet Acting Team Lead, AGeissler@cdc.gov
Consultant: Cheri Grigg, DVM, MPH, (EIS 2014)
Consultant: Weidong Gu, MD, PhD
Consultant: Mike Hoekstra, PhD
Consultant: Jennifer Hunter, DrPH, MPH, (EIS 2013)
Consultant: Beth Karp, DVM, MPH
Consultant: Cita Medalla, MD, MS
Consultant: Meghin Nichols, DVM, (EIS 2013)
Consultant: Ian Plumb, MBBS, (EIS 2014)
Consultant: Agam Rao, MD, (EIS 2009)
Consultant: Jeremy Sobel, MD, (EIS 1995)
Consultant: Ian Williams, PhD, MS, (EIS 1994)
Consultant: Matt Wise, PhD, MPH, (EIS 2008)

Division of Foodborne, Waterborne and Environmental Diseases/Mycotic Diseases Branch/Epidemiology Team

NCEZID-DFWED-MDB-GA-2017-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Foodborne, Waterborne and Environmental Diseases/Mycotic Diseases Branch/Epidemiology Team
Physical Address: Atlanta, Georgia
Primary Supervisor: Brendan Jackson, MD, MPH, (EIS 2010), Team Lead, iyn0@cdc.gov
Proper Initial Projects: Investigation of Candida auris community vs. health care facility transmission
Analysis of intravenous drug use practices as risk factors for candidemia
Evaluate antifungal prescribing patterns for mucormycosis using a big data approach
Analysis of associations between hospital-level factors (e.g., bed size, presence of antimicrobial stewardship policy, etc.) and candidemia-related outcomes
Assess role of cryptococcal antigen titers in screening of HIV patients to prevent meningitis
Design and implement a big data study to assess clinical provider testing practices for coccidioidomycosis in newly endemic areas in the US, using a large health insurance database.
Molecular epidemiology of transplant-associated histoplasmosis infections
Multi-country analysis of Cryptococcus gattii incidence and risk factors

Proposed Surveillance Projects: Evaluate new surveillance for antifungal-resistant Candida in the Antimicrobial Resistance Laboratory Network (ARLN)
Evaluate national surveillance for Coccidioidomycosis in United States
Evaluate newly implemented invasive mold surveillance system through the Emerging Infections Program

Range of Opportunities: MDB’s work touches nearly every aspect of public health including hospital-associated infections, global HIV/AIDS, respiratory diseases, environmental health, climatology, and transplant infectious diseases; we work closely with public health departments, ministries of health, other US Government agencies, and academic physicians.

Position Strengths: MDB is one of the only groups in the world addressing fungal epidemiology; we deal with many fungal pathogens in a wide range of patients and environments. EIS officers are introduced to a broad range of issues, both domestic and international and opportunities for collaboration and project development both within and outside of CDC abound. EIS officers participate in outbreak investigations, analytic projects, surveillance programs, implementation science projects, monitoring and evaluation, and policy development in domestic and international settings. Staff has strong analytic, writing, and presentation skills and promote the same in their officers. The small size of our branch means a high degree of individual attention and support.

Special Skills Useful for this Position: Because MDB is involved in so many aspects of public health, we can easily tailor our EIS officer’s experience to the skills and background from which they will benefit the most. We are looking for EIS officers who are scientifically inquisitive, flexible, and eager to learn; EIS officers should be able to work both independently and closely within a team. Fluency in another language, especially Spanish, French, or Portuguese, is helpful but not required.
Available Data: Numerous large surveillance and medical claims datasets are readily available for analysis within our branch and through our many intra/inter-agency collaborations. Projects may also lead to primary data collection opportunities.

Recent Publications: MDB’s work has been published in the New England Journal of Medicine, the Journal of the American Medical Association, Clinical Infectious Diseases, Open Forum Infectious Diseases, Emerging Infectious Diseases, Journal of Clinical Microbiology, AIDS, JAIDS, MBio, Transplant Infectious Diseases, and PLoS One, among other journals.

Domestic Travel: 10%  International Travel: 10%

Available Support: Close communication with superb, easily-accessible staff, including PhD-level biostatisticians, epidemiologists, laboratorians, and health communicators.

Current/Recent EIS Officer: Sharon Tsay, MD, (EIS 2016), EIS Officer, lqx1@cdc.gov

Current/Recent EIS Officer: Paige Armstrong, MD, MHS, (EIS 2015), EIS Officer, yzu9@cdc.gov

Current/Recent EIS Officer: Tiffany Walker, MD, (EIS 2014), Medical Officer, ydj7@cdc.gov

Current/Recent EIS Officer: Snigdha Vallabhaneni, MD, MPH, (EIS 2013), Medical Officer, fco6@cdc.gov

Current/Recent EIS Officer: Anne Purfield, PhD, (EIS 2012), Epidemiologist, aip4@cdc.gov

Current/Recent EIS Officer: Rachel Smith, MD, MPH, (EIS 2011), Medical Epidemiologist, vih9@cdc.gov

Current/Recent EIS Officer: Robyn Neblett Fanfair, MD, MPH, (EIS 2010), Medical Epidemiologist, iyo5@cdc.gov

Officer Projects: Global emergence of Candida auris (New York, Colombia)
Outbreak of Exophiala dermatitidis bloodstream infections (New York)
Analysis of C. difficile infection among patients with candidemia
Outbreaks of mucormycosis in hospitals (Colorado, Pennsylvania)
Outbreak of histoplasmosis at a hydroelectric dam (Dominican Republic)
Epidemiological description of histoplasmosis in the United States


Consultant: Tom Chiller, MD, MPHTM, (EIS 2001), Branch Chief, tnc3@cdc.gov
Consultant: Snigdha Vallabhaneni, MD, MPH, (EIS 2013), Medical Officer, fco6@cdc.gov
Consultant: Ana Litivintseva, PhD, Mycologist, frq8@cdc.gov
Consultant: Shawn Lockhart, PhD, Mycologist, giy2@cdc.gov
Consultant: Gordana Derado, PhD, Statistician, uwx8@cdc.gov
Consultant: Kaitlin Benedict, MPH, Epidemiologist, jsy8@cdc.gov
Consultant: Orion McCotter, MPH, Epidemiologist, yim4@cdc.gov
Consultant: Taryn Gerth, MPH, Epidemiologist, xzy2@cdc.gov
Consultant: Robert Tauxe, MD, MPH, (EIS 1983), Division Director, rvt1@cdc.gov
Division of Foodborne, Waterborne, and Environmental Diseases/Outbreak Response and Prevention Branch

NCEZID-DFWED-ORPB-GA-2017-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Foodborne, Waterborne, and Environmental Diseases/Outbreak Response and Prevention Branch
Physical Address: Atlanta, Georgia
Primary Supervisor: Laura Gieraltowski, PhD, MPH, (EIS 2009), Epidemiologist, LGieraltowski@cdc.gov
Secondary Supervisor: Matthew Wise, PhD, MPH, (EIS 2008), Team Lead

Background: The Division of Foodborne, Waterborne, and Environmental Diseases (DFWED) strives to improve public health nationally and internationally through the prevention and control of disease, disability, and death caused by foodborne, waterborne, and environmentally transmitted infections. The EISOs will have responsibilities in their own Branches, as well as activities shared with other Branches.

The Outbreak Response and Prevention Branch (ORPB) is responsible for outbreak investigations involving a variety of organisms/syndromes transmitted by food, animal contact, or other routes. Detecting and investigating outbreaks is exciting and often requires shoe-leather epidemiology, conducting epidemiologic studies, and close collaboration with a diverse group of investigators. Our work drives enactment of policies and regulations that improve food safety and leads to changes in the animal production/pet industries to better protect animal and human health. ORPB typically monitors 20-60 potential clusters of illness/week and conducts >200 multistate investigations annually. Identification of contaminated food products in recent investigations has resulted in prompt actions to stop outbreaks, including recalls of millions of pounds of food products (including chia powder, apples, nut butters, ice cream, cucumbers, sprouts, poultry, frozen foods, and cheese). A One Health approach (integrating multiple disciplines to attain optimal health for people, animals and the environment) is an increasingly important part of ORPB’s strategy to decrease human illness from animal sources. Recent zoonotic outbreak investigations linked illnesses to bearded dragons, backyard poultry, frozen feeder rodents, small turtles, and hedgehogs. For more information on ORPB investigations, see http://www.cdc.gov/outbreaknet/outbreaks.html.

ORPB is a key leader in the national network of public health officials who investigate enteric illness outbreaks by facilitating rapid exchange of information and coordinating multistate investigations. We collaborate with the Enteric Diseases Laboratory Branch, the Enteric Diseases Epidemiology Branch, and other groups in DFWED. We provide guidance and support to state, local, and territorial public and animal health agencies to improve outbreak surveillance, detection, and response and routinely collaborate with regulatory agencies such as FDA and USDA. ORPB is continually developing new tools to more rapidly detect, visualize, and analyze illness clusters. New challenges include incorporating the use of whole genome sequencing and antimicrobial resistance testing into outbreak investigations and assessing the impact of culture independent diagnostic tests on molecular surveillance. EISOs will also conduct free-living ameba and botulism case consultations in collaboration with DFWED subject matter experts in other Branches to provide rapid drug and antitoxin release.

Proposed Initial Projects:
1) Investigate outbreaks of a variety of organisms/syndromes transmitted by food, animal contact, or other routes;
2) Assess whether outbreaks caused by specific foods, such as beef, and poultry, have unique characteristics which can assist hypothesis generation;
3) Analyze national outbreak reporting data to characterize the epidemiology of pediatric outbreaks;
4) Summarize epidemiologic features of recent outbreaks linked to specific products such as low-moisture foods.

Proposed Surveillance Projects:
1) Evaluate the incorporation of whole genome sequencing into Listeria surveillance,
2) Evaluate STEC reporting to laboratory-based surveillance systems such as PulseNet and LEDS, and NNDS.

Range of Opportunities: EISOs will gain skills in study design, data analysis, outbreak investigations, surveillance systems, and scientific writing and presenting. EISOs will also collaborate with public health, agriculture, and regulatory officials at state and federal agencies. International opportunities are usually available to interested EISOs, but will typically not exceed 8 weeks of travel over 2 years.

Position Strengths: ORPB offers an exciting EIS experience, where EISOs can lead outbreak investigations from start to finish. These outbreaks frequently present new an unexpected challenges and often require shoe-leather epidemiology. EISOs will work in a strong team environment in a Branch that values work-life balance and where there is a long-standing commitment to mentoring EISOs. All Officers are offered formal training in enteric diseases,
biostatistics, scientific writing, and media/communications.

**Special Skills Useful for this Position:** EISOs from all backgrounds including physicians, veterinarians, doctoral scientists, and nurses have made major public health impacts with ORPB. To a great degree, your EIS experience can be tailored to your specific needs and goals. EISOs who are flexible, eager to learn, willing to work hard, and able to work in teams in a fast-paced environment will get the most out of an EIS assignment in ORPB. Other useful skills include the ability to be diplomatic, to work on multiple projects concurrently, to work both independently and as part of a team, and excellent communication skills.

**Available Data:** Datasets are available within DFWED and through intra/inter-agency collaborations with groups such as the National Outbreak Reporting System and PulseNet, the national molecular subtyping network for foodborne disease surveillance.

**Recent Publications:**
- How to protect patients, families from enteric zoonoses. AAP News, July 2013.
- Salmonella Typhimurium infections associated with peanut products. NEJM, 2011.
- Salmonella enterica serotype Infantis Infections in Humans Linked to Dry Dog Food in the United States

**Domestic Travel:** 10%  
**International Travel:** 10%

**Available Support:** ORPB has a staff of physicians, veterinarians, and doctoral level epidemiologists with experience in state, federal, and international public health settings. EISOs will work closely with ORPB staff and colleagues in other DFWED Branches and in FDA and USDA.

**Current/Recent EIS Officer:**
- Vikram Krishnasamy, MD, MPH, (EIS 2016)
- Sarah Luna, PhD, (EIS 2016)
- Mark Laughlin, DVM, MPH, (EIS 2015)
- Kelly Gambino-Shirley, DVM, MPH, (EIS 2015)
- Mariel Marlow, PhD, MPH, (EIS 2015)
- Julie Self, PhD, MPH, (EIS 2015)
- Kristina Angelo, DO, MPH, (EIS 2014)

**Officer Projects:** Lead multistate outbreak investigations of Salmonella, E. coli, and Listeria linked to food (e.g., poultry, cucumbers) and animal contact (e.g., backyard flocks, turtles). Analyze outbreak data (e.g., characteristics of outbreaks by commodity type, impact of enhanced surveillance on produce outbreaks) to inform the response to future outbreaks.

**Officer Recent Publications:**
- Using whole genome sequencing, food isolate traceback information, and epidemiologic evidence to solve a foodborne outbreak of Salmonella infections associated with chicken: a new method for tackling this challenging food vehicle. *J of Food Protection*, 2017.
- Clinical veterinarians can help protect the public’s health. *JAVMA*, 2014.
- Outbreak of Salmonella enterica serotype Infantis Infections in Humans Linked to Dry Dog Food in the United States


Consultant: Ian Williams, PhD, MS, (EIS 1994), Branch Chief
Consultant: Michael Jhung, MD, MPH, (EIS 2005), Deputy Branch Chief
Consultant: Karen Neil, MD, MSPH, (EIS 2008), Epidemiologist
Consultant: Colin Basler, DVM, MPH, (EIS 2013), Epidemiologist
Consultant: Kevin Chatham-Stevens, MD, MPH, (EIS 2013)
Consultant: Jennifer Hunter, DrPH, MPH, (EIS 2013)
Consultant: Samuel Crowe, PhD, (EIS 2014), Team Lead
Consultant: Karen Wong, MD, (EIS 2011)
Consultant: Robert Tauxe, MPH, MD, (EIS 1983), Division Director
Consultant: Patricia Griffin, MD, (EIS 1985)

Division of Foodborne, Waterborne and Environmental Diseases/Outbreak Response and Prevention Branch/Enteric Zoonoses Activity

NCEZID-DFWED-ORPB-GA-2017-02
Agency Name: CDC
Division/Branch/Team/Section: Division of Foodborne, Waterborne and Environmental Diseases/Outbreak Response and Prevention Branch/Enteric Zoonoses Activity
Physical Address: Atlanta, Georgia
Primary Supervisor: Megin Nichols, DVM, MPH, (EIS 2008), Team Lead, gpg6@cdc.gov
Secondary Supervisor: Michael Jhung, MD, MPH, (EIS 2005), Deputy Branch Chief, dvk3@cdc.gov

Background: The Division of Foodborne, Waterborne, and Environmental Diseases (DFWED) strives to improve public health nationally and internationally through the prevention and control of disease, disability, and death caused by foodborne, waterborne, zoonotic and environmentally transmitted infections. EISOs in 3 DFWED Branches (Outbreak Response and Prevention, Enteric Diseases Epidemiology, Waterborne Disease Prevention) will have primary responsibilities in their own Branches, as well as activities shared with other Branches.

The Outbreak Response and Prevention Branch (ORPB) is responsible for outbreak investigations related to a wide variety of organisms/syndromes, whether transmitted by food, animal contact, or other routes. Detecting and investigating outbreaks is exciting and often requires shoe-leather epidemiology, conducting epidemiologic studies, and close collaboration with a diverse group of investigators. Our work drives enactment of policies and regulations that improve food safety and leads to changes in the animal production/pet industries to better protect animal and human health. ORPB typically monitors 20-60 potential clusters of illness each week. An area of emerging concern is the transmission of enteric zoonoses: domesticated or wild animals may appear healthy even while shedding pathogens, making control and prevention challenging. A One Health approach, one that integrates multiple disciplines to attain optimal health for people, animals and the environment, is becoming an increasingly important part of the Branch strategy to decrease human illness from animal sources. For more information on ORPB enteric zoonoses investigations: https://www.cdc.gov/ncezid/dfwed/orpb/eza.html

ORPB is a key leader in the national network of public health officials who investigate enteric illness outbreaks by facilitating rapid exchange of information and coordinating multistate investigations. We collaborate with the Enteric Diseases Laboratory Branch, the Enteric Diseases Epidemiology Branch, and other groups in DFWED. We provide guidance and support to state, local, and territorial public and animal health agencies to improve outbreak surveillance, detection, and response and routinely collaborate with regulatory agencies such as FDA and USDA. ORPB is continually developing new tools to more rapidly detect, visualize, and analyze illness clusters. New challenges include incorporating the use of whole genome sequencing and antimicrobial resistance testing into outbreak
investigations and assessing the impact of culture independent diagnostic tests on molecular surveillance. EISOs will also conduct free-living ameba and botulism case consultations in collaboration with DFWED subject matter experts in other Branches to provide rapid drug and antitoxin release.

Proposed Initial Projects: 1) Investigate outbreaks of organisms/syndromes transmitted by food, animal contact, or other routes; 2) Contribute to a non-traditional pets compendia by analyzing Salmonella outbreaks linked to non-traditional pets; 3) Analyze 5 years of data on outbreaks linked to raw milk; 4) Analyze antimicrobial susceptibility test (AST) data for enteric zoonotic illnesses and outbreaks; 5) Develop educational materials on enteric zoonoses for consumers including health care providers, veterinarians, the industry and animal production operations.

Proposed Surveillance Projects: 1) Evaluate reporting of enteric zoonoses outbreaks to the National Outbreak Reporting System; 2) Evaluate the FDA Safety Reporting Portal for identification of pet food related events with potential impacts on human health

Range of Opportunities: EISOs will gain skills in study design, data analysis, outbreak investigations, surveillance systems, and scientific writing and presenting. EISOs will also collaborate with public health, agriculture, and regulatory officials at state and federal agencies. International opportunities are usually available to interested EISOs, but will typically not exceed 8 weeks of travel over 2 years.

Position Strengths: ORPB offers an exciting EIS experience, where EISOs can lead outbreak investigations from start to finish. These outbreaks frequently present new an unexpected challenges and often require shoe-leather epidemiology. EISOs will work in a strong team environment in a Branch that values work-life balance and where there is a long-standing commitment to mentoring EISOs. All Officers are offered formal training in enteric diseases, biostatistics, scientific writing, and media/communications.

Special Skills Useful for this Position: EISOs from all backgrounds including physicians, veterinarians, doctoral scientists, and nurses have made major public health impacts with ORPB. Your EIS experience can be tailored to your specific needs and goals. EISOs who are flexible, eager to learn, willing to work hard, and able to work in teams in a fast-paced environment will get the most out of an EIS assignment in ORPB. Other useful skills include the ability to be diplomatic, to work on multiple projects concurrently, to work both independently and as part of a team, and excellent communication skills.

Available Data: Datasets are available within DFWED and through intra/inter-agency collaborations with groups such as the National Outbreak Reporting System and PulseNet, the national molecular subtyping network for foodborne disease surveillance.


Domestic Travel: 10% International Travel: 10%

Available Support: ORPB has physicians, veterinarians, and doctoral level epidemiologists with experience in state, federal, and international public health settings. EISOs will work closely with ORPB staff and colleagues in other DFWED Branches and in FDA, USDA and US Fish and Wildlife

Officer Projects: Investigate outbreaks of enteric pathogens linked to animals (e.g. dairy bull calves, bearded dragons, backyard poultry, and turtles). Conduct analytic/prevention projects on emerging issues to prevent similar outbreaks. Learn a One Health approach for investigations. Work with state, federal and industry partners to prevent outbreaks of disease.

Officer Recent Publications:

Consultant: Ian Williams, PhD, MS, (EIS 1994), Branch Chief
Consultant: Laura Gieraltowski, PhD, MPH, (EIS 2009)
Consultant: Karen Neil, MD, MSPH, (EIS 2008)
Consultant: Colin Basler, DVM, MPH, (EIS 2013)
Consultant: Kevin Chatham-Stevens, MD, MPH, (EIS 2013)
Consultant: Jennifer Hunter, DrPH, MPH, (EIS 2013)
Consultant: Matthew Wise, PhD, MPH, (EIS 2008), Team Lead
Consultant: Robert Tauxe, MD, MPH, (EIS 1983), Division Director
Consultant: Michael Beach, PhD, (EIS 1995), Deputy Division Director
Consultant: Samuel Crowe, PhD, MPH, (EIS 2014), Team Lead
Consultant: Patricia Griffin, MD, (EIS 1985), Branch Chief

Division of Foodborne, Waterborne, and Environmental Diseases, Waterborne Disease Prevention Branch, Domestic Epidemiology Team

NCEZID-DFWED-WDPB-GA-2017-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Foodborne, Waterborne, and Environmental Diseases, Waterborne Disease Prevention Branch, Domestic Epidemiology Team
Physical Address: Atlanta, Georgia
Primary Supervisor: Jonathan Yoder, MPH, MSW, Deputy Branch Chief, jyoder@cdc.gov
Secondary Supervisor: Matt Karwowski, MD, MPH, (EIS 2014), Medical Epidemiologist, ydh4@cdc.gov
Secondary Supervisor: Jennifer Cope, MD, MPH, (EIS 2009), Medical Epidemiologist

Background: The Division of Foodborne, Waterborne, and Environmental Diseases (DFWED) strives to improve public health nationally and internationally through the prevention and control of disease caused by foodborne, waterborne, and environmentally transmitted pathogens. EISOs in DFWED enjoy several advantages resulting from the synergy between the various groups comprising the division. DFWED’s Biostatistics Office provides statistical support; the Enteric Disease Laboratory Branch and the Waterborne Diseases Laboratory Team provide laboratory expertise; EISOs may undertake select projects in branches other than their own in the division; the division conducts journal club and other didactic activities for EISOs, as well as a monthly seminar; resident liaisons from USDA and FDA facilitate interactions with these regulatory agencies, which are important partners in foodborne disease outbreak investigations. The Waterborne Disease Prevention Branch (WDPB; www.cdc.gov/ncezid/dfwed/waterborne/index.html) offers two positions with the Global Epidemiology Team and one position with the Domestic Epidemiology Team.
WDPB leads coordination and response for domestic and global water, sanitation, and hygiene (WASH)-related disease within the Center, and for specific diseases and outbreak investigations that include amebiasis, cryptosporidiosis, giardiasis, cholera, shigellosis, and infections caused by Cronobacter, enterotoxigenic E. coli, and the free-living amebae Acanthamoeba, Balamuthia, and Naegleria (recent outbreak investigations are listed at www.cdc.gov/ncezid/dfwed/waterborne/investigations.html). WDPB works globally on: evaluating and promoting WASH interventions, including CDC’s Safe Water System (www.cdc.gov/SAFEWATER/); documenting the health and developmental benefits of handwashing; integrating safe water and hygiene into school and healthcare settings, integrating WASH into neglected tropical disease programs; building capacity within Ministries of Health for epidemic cholera and typhoid response; and participating in a global initiative to implement WASH infrastructure into health facilities in developing countries. Domestically, WDPB focuses on public health issues related to drinking and recreational water; operates multiple national surveillance systems (cryptosporidiosis, giardiasis, shigellosis, CryptoNet, the One Health Harmful Algal Blooms System [OHHABS], the Network for Aquatic Facility Inspection Surveillance [NAFIS], and the National Outbreak Reporting System [NORS]); provides diagnostic services and clinical consultations; works on climate change; and works on health communications and policy development.

**Proposed Initial Projects:** 1) Analyze national outbreak reporting data to characterize the epidemiology of cryptosporidiosis outbreaks, 2) Analyze national outbreak reporting data on waterborne disease outbreaks in untreated water, 3) Characterize the epidemiology and clinical features of Acanthamoeba spp. infections, 4) Conduct a review of sexually transmitted enteric disease outbreaks, 5) Investigate waterborne disease outbreaks associated with drinking water and recreational water, 6) Develop a national estimate of the annual number of drinking water advisories

**Proposed Surveillance Projects:** 1) Network for Aquatic Facility Inspection Surveillance (NAFIS) evaluation, 2) One Health Harmful Algal Bloom System (OHHABS) evaluation, 3) Improving cryptosporidiosis outbreak reporting to the National Outbreak Reporting System (NORS), 4) Improving reporting of waterborne disease outbreaks in healthcare settings to the NORS.

**Range of Opportunities:** Opportunities include: investigating outbreaks of waterborne diseases; designing, conducting, analyzing, and interpreting studies of interventions to prevent diseases transmitted by unsafe water, sanitation and hygiene; analyzing and interpreting data on waterborne diseases; scientific writing and oral presentations. We often work closely with internal and external partners including many CDC Divisions/Centers (environmental health, respiratory diseases, healthcare quality and promotion, communications, STD prevention), state, local, territorial, and tribal reporting partners, other federal agencies (EPA, USGS, NOAA), and a variety of outside partner organizations (APHL, CSTE, AWWA).

**Position Strengths:** Solid grounding in the essentials of waterborne diseases, public health surveillance, and epidemiology while working with experienced, dedicated, and caring epidemiologists, microbiologists, environmental health practitioners, engineers, and statisticians. Emphasis on collaborative and collegial working environment.

**Special Skills Useful for this Position:** We welcome EISOs from diverse backgrounds who are interested in addressing fundamental issues in waterborne diseases and public health surveillance in the United States; learning analytic, presentation and scientific writing skills. EISOs who are flexible, eager to learn, willing to work hard, and enjoy working on collaborative teams in a fast-paced and busy environment will get the most out of the opportunities we provide. Our Branch values passionate and creative people!

**Available Data:** Multiple national datasets are currently available for analysis, including Nationwide Inpatient Sample, Nationwide Emergency Department Sample, National Notifiable Diseases Surveillance System, NORS, OHHABS, CryptoNet, NAFIS, MarketScan, and national data on free-living amebae infections. Projects might also lead to primary data collection.

**Recent Publications:** We value scientific writing, and have a reputation for publishing many excellent papers in peer-reviewed journals. From 2013 – 2016, WDPB published over 250 peer-reviewed journal articles, MMWR articles, and book chapters. WDPB publications have appeared in the New England Journal of Medicine, the Lancet, JAMA, JAMA Pediatrics, Vaccine, the Journal of Infectious Diseases, Clinical Infectious Diseases, Emerging Infectious Diseases, Epidemiology and Infection, Tropical Medicine and International Health, PLoS Medicine, PLoS One, the American Journal of Tropical Medicine and Hygiene, and Journal of Water and Health, among others. Recent Branch publications: www.cdc.gov/ncezid/dfwed/waterborne/publications

**Domestic Travel:** 15%  **International Travel:** 5%

**Available Support:** EISOs have access to 9 EIS alumni staff in WDPB, Division statisticians, laboratory scientists (WDPB Laboratory Team and in Enteric Diseases Laboratory Branch), and administrative and communications support (WDPB Health Promotion Team)

**Current/Recent EIS Officer:** William Davis, PhD, (EIS 2016), EISO

**Current/Recent EIS Officer:** Jarred McCateer, MD, (EIS 2016), EISO

**Current/Recent EIS Officer:** Paul McClung, MD, (EIS 2016), EISO

**Current/Recent EIS Officer:** Sae-Rom Chae, MD, MPH, (EIS 2015), EISO

**Current/Recent EIS Officer:** Lindsey McCrickard, DVM, (EIS 2015), EISO
Current/Recent EIS Officer: Katharine Benedict, DVM, PhD, (EIS 2015), EISO
Current/Recent EIS Officer: Karlyn Beer, PhD, (EIS 2014)
Current/Recent EIS Officer: Katie Curran, PhD, (EIS 2014)
Current/Recent EIS Officer: Rupa Narra, MD, (EIS 2014)

Officer Projects: Responses to outbreaks of Elizabethkingia spp in Wisconsin and shigellosis in Michigan; national giardiasis and cryptosporidiosis surveillance analysis, Naegleria fowleri case investigations; longitudinal study of giardiasis diagnosis, treatment, and sequelae; analysis of national surveillance data on outbreaks associated with drinking water.

Officer Recent Publications: Domestic: Association between Giardia and arthritis or joint pain in a large health insurance cohort: could it be reactive arthritis? (Epidemiol Infect. 2017); Evolving epidemiology of reported cryptosporidiosis cases in the United States, 1995-2012 (Epidemiol Infect. -2016); Giardiasis surveillance -- United States, 2011-2012 (MMWR 2015); Cryptosporidiosis surveillance -- United States, 2011-2012 (MMWR 2015); Outbreaks Associated With Environmental and Undetermined Water Exposures - United States, 2011-2012 (MMWR 2015); Surveillance for Waterborne Disease Outbreaks Associated with Drinking Water - United States, 2011-2012 (MMWR 2015); Investigation of diarrheal illness caused by Shigella flexneri — American Samoa, 2014 (MMWR, 2015); Acute gastrointestinal illness following a prolonged community-wide water emergency (Epidemiol Infect. 2015); Assessment of Ebola virus disease, health care infrastructure, and preparedness — Southeastern Liberia, 2014 (MMWR, 2014); Serologic survey for exposure following fatal Balamuthia mandrillaris infection (Parasitol Res, 2014); Primary amebic meningoencephalitis associated with ritual nasal rinsing — St. Thomas, U.S. Virgin Islands, 2012 (MMWR, 2013)

Consultant: Vincent Hill, PhD, Branch Chief
Consultant: Katie Fullerton, MPH, Team Lead
Consultant: Eric Mintz, MD, MPH, (EIS 1989), Global Team Lead
Consultant: Michele Hlavsa, RN, MPH, (EIS 2005), Epidemiologist
Consultant: Sarah Collier, MPH, Team Data Analysis
Consultant: Virginia Roberts, MPH, Epidemiologist
Consultant: Elizabeth Adam, MPH, Epidemiologist
Consultant: Rob Quick, MD, MPH, (EIS 1990), Medical Epidemiologist
Consultant: Ciara O’Reilly, PhD, (EIS 2004), Medical Epidemiologist
Consultant: Grace Appiah, MD, MS, (EIS 2014), Medical Epidemiologist
Consultant: Rupa Narra, MD, (EIS 2014), Medical Epidemiologist
Consultant: Joan Brunkard, PhD, (EIS 2007), Epidemiologist
Consultant: Anne Griggs, MPH, Epidemiologist
Consultant: Margaret Person, MPH, Epidemiologist
Consultant: Kirsten Fagerli, MPH, Epidemiologist
Consultant: Jacqui Hurd, MPH, Epidemiologist

Division of Foodborne, Waterborne, and Environmental Diseases /Waterborne Disease Prevention Branch/Global Epidemiology Team

NCEZID-DFWED-WDPB-GA-2017-02
Agency Name: CDC
Division/Branch/Team/Section: Division of Foodborne, Waterborne, and Environmental Diseases /Waterborne Disease Prevention Branch/Global Epidemiology Team
Physical Address: Atlanta, Georgia
Primary Supervisor: Joan Brunkard, PhD, (EIS 2007), Epidemiologist, feu4@cdc.gov
Secondary Supervisor: Eric Mintz, MD, MPH, (EIS 1989), Global Team Lead, edm1@cdc.gov
Secondary Supervisor: Rupa Narra, MD, (EIS 2014), Medical Epidemiologist, ydi5@cdc.gov

Background: The Division of Foodborne, Waterborne, and Environmental Diseases (DFWED) strives to improve
public health nationally and internationally through the prevention and control of disease caused by foodborne, waterborne, and environmentally transmitted pathogens. EISOs in DFWED enjoy several advantages resulting from the synergy between the various groups comprising the division. DFWED’s Biostatistics Office provides statistical support; the Enteric Disease Laboratory Branch and the Waterborne Diseases Laboratory Team provide laboratory expertise; EISOs may undertake select projects in branches other than their own in the division; the division conducts journal club and other didactic activities for EISOs, as well as a monthly seminar. The Waterborne Disease Prevention Branch (WDPB; www.cdc.gov/ncezid/dfwed/waterborne/index.html) offers two positions with the Global Epidemiology Team and one position with the Domestic Epidemiology Team.

WDPB leads coordination and response for domestic and global water, sanitation, and hygiene (WASH)-related disease within the Center, and for specific diseases and outbreak investigations that include amebiasis, cryptosporidiosis, giardiasis, cholera, shigellosis, and infections caused by Cronobacter, enterotoxigenic E. coli, and the free-living amebae Acanthamoeba, Balamuthia, and Naegleria (recent outbreak investigations are listed at www.cdc.gov/ncezid/dfwed/waterborne/investigations.html). WDPB works globally on: evaluating and promoting WASH interventions, including CDC’s Safe Water System (www.cdc.gov/SAFEWATER/); documenting the health and developmental benefits of handwashing; integrating safe water and hygiene into school and healthcare settings, integrating WASH into neglected tropical disease programs; building capacity within Ministries of Health for epidemic cholera and typhoid response; and participating in a global initiative to implement WASH infrastructure into health facilities in developing countries. Domestically, WDPB focuses on public health issues related to drinking and recreational water; operates multiple national surveillance systems (cryptosporidiosis, giardiasis, shigellosis, CryptoNet, the One Health Harmful Algal Blooms System [OHHABS], the Network for Aquatic Facility Inspection Surveillance [NAFIS], and the National Outbreak Reporting System [NORS]); provides diagnostic services and clinical consultations; works on climate change; and works on health communications and policy development.

**Proposed Initial Projects:** 1) Investigate and respond to waterborne disease outbreaks internationally and domestically; 2) Evaluate data from a Kenya case-control study of diarrhea in children; 3) Implement and evaluate impact of handwashing and drinking water stations or improved water supply and sanitation in health facilities in Uganda, Tanzania, and Mali; 5) Participate in a Global Health Security project to enhance cholera prevention, detection and response in Cameroon; 6) Examine the burden of acute febrile illness caused by typhoid fever and non-Typhi salmonellosis in Uganda; 6) Evaluate impact of water treatment, hygiene, and other public health interventions into antenatal care in Kenya; 7) Evaluate a case series of Cronobacter infections associated with contaminated infant formula; 8) Surveillance and evaluation of the health and economic impacts of waterborne diseases in communities in Lusaka, Zambia.

**Proposed Surveillance Projects:** 1) Network for Aquatic Facility Inspection Surveillance evaluation; 2) One Health Harmful Algal Bloom System evaluation; 3) Improving cryptosporidiosis outbreak reporting; 4) Improving reporting of waterborne disease outbreaks in healthcare settings.

**Range of Opportunities:** A broad range of opportunities are available: investigating foreign/domestic outbreaks of waterborne diseases; designing, conducting, analyzing, and interpreting studies of interventions to prevent diseases transmitted by unsafe water, sanitation and hygiene; analyzing and interpreting data on waterborne diseases from previous studies; and summarizing findings in scientific manuscripts and oral presentations. We often work closely with partners including Ministries of Health, UN agencies, NGOs, the private sector, and many CDC Divisions/Centers.

**Position Strengths:** Solid grounding in the essentials of waterborne diseases, applied global health, and epidemiology while working with experienced, dedicated, and caring epidemiologists, microbiologists, environmental health practitioners, engineers, and statisticians. Emphasis on collaborative and collegial working environment. Learning opportunities include weekly biostatistics and Division seminars, and trainings in SAS, EpInfo, scientific writing, etc.

**Special Skills Useful for this Position:** We welcome EISOs from diverse backgrounds who are interested in addressing fundamental issues in waterborne diseases and global health; learning analytic, presentation and scientific writing skills; and traveling. Overseas experience and foreign languages (Spanish, French, other) may be helpful, but are not required. EISOs who are flexible, eager to learn, willing to work hard, and enjoy working on collaborative teams in a fast-paced and busy environment will get the most out of the opportunities we provide. Our Branch values passionate and creative people!

**Available Data:** A dataset from >1,500 children with diarrhea and >2,000 controls from the Kenya site of the Global Enterics Multicenter Study, and other study specific datasets are available for analytic projects.

**Recent Publications:** WDPB values scientific writing, and has a distinguished reputation of publishing many excellent papers in peer-reviewed journals. From 2013–2015, WDPB published over 250 peer-reviewed journal articles, MMWRs, and book chapters. Recent WDPB publications have appeared in the New England Journal of Medicine, the Lancet, JAMA, JAMA Pediatrics, Vaccine, the Journal of Infectious Diseases, Clinical Infectious Diseases, Emerging Infectious Diseases, Epidemiology and Infection, Tropical Medicine and International Health, PLoS Medicine, PLoS One, the American Journal of Tropical Medicine and Hygiene, and Journal of Water and Health, among others. See recent publications: www.cdc.gov/ncezid/dfwed/waterborne/publications.
Domestic Travel: 5%  International Travel: 30%

Available Support: EISOs have access to 9 EIS alumni staff in WDPB, Division statisticians, laboratory scientists (WDPB Laboratory Team and in Enteric Diseases Laboratory Branch), and administrative and communications support (WDPB Health Promotion Team).

Current/Recent EIS Officer: William Davis, DrPH, (EIS 2016), EIS Officer, lyo0@cdc.gov
Current/Recent EIS Officer: Jarred Mccateer, MD, (EIS 2016), EIS Officer, lyo0@cdc.gov
Current/Recent EIS Officer: Paul McClung, MD, (EIS 2016), EIS Officer, lwx4@cdc.gov
Current/Recent EIS Officer: Sae-Rom Chae, MD, MPH, (EIS 2015), EIS Officer, yzv0@cdc.gov
Current/Recent EIS Officer: Lindsey McCrickard, DVM, (EIS 2015), EIS Officer, vjf4@cdc.gov
Current/Recent EIS Officer: Katherine Benedict, DVM, PhD, (EIS 2015), EIS Officer, wte7@cdc.gov
Current/Recent EIS Officer: Karlyn Beer, PhD, (EIS 2014), Epidemiologist, ydh7@cdc.gov
Current/Recent EIS Officer: Katie Curran, PhD, (EIS 2014), Epidemiologist, ydh9@cdc.gov
Current/Recent EIS Officer: Katarzyna Bartonek, MD, (EIS 2014), Epidemiologist, vdh7@cdc.gov

Consultant: Vincent Hill, PhD, Acting Branch Chief, veh2@cdc.gov
Consultant: Jonathan Yoder, MPH, MSW, Deputy Branch Chief, jey9@cdc.gov
Consultant: Rob Quick, MD, MPH, (EIS 1990), Medical Epidemiologist, rxq1@cdc.gov
Consultant: Ciara O’Reilly, PhD, (EIS 2004), Epidemiologist, bwf1@cdc.gov
Consultant: Grace Appiah, MD, MS, (EIS 2014), Medical Epidemiologist, ydg3@cdc.gov
Consultant: Anne Griggs, MSPH, MSN, Epidemiologist, bfy7@cdc.gov
Consultant: Margaret Person, MPH, Epidemiologist, lsf6@cdc.gov
Consultant: Kirsten Fagerli, MPH, Epidemiologist, lmxj8@cdc.gov
Consultant: Jacqui Hurd, MPH, Epidemiologist, xyf2@cdc.gov
Consultant: Katie Fullerton, MPH, Domestic Team Lead, kgf9@cdc.gov
Consultant: Jennifer Cope, MD, MPH, (EIS 2009), Medical Epidemiologist, bjt9@cdc.gov
Consultant: Matt Karwowski, MD, MPH, (EIS 2014), Medical Epidemiologist, ydh4@cdc.gov
Consultant: Michele Hlavsa, RN, MPH, (EIS 2005), Epidemiologist, acz3@cdc.gov
Consultant: Sarah Collier, MPH, Domestic Epidemiology Team Data Analyst, sau9@cdc.gov
Consultant: Virginia Roberts, MPH, Epidemiologist, evl1@cdc.gov
Consultant: Elizabeth Adam, MPH, Epidemiologist, wsi7@cdc.gov

Officer Projects: Responses to outbreaks of cholera in Ethiopia and Haiti, typhoid in Zimbabwe, Elizabethkingia spp in Wisconsin, and shigellosis in Michigan. Evaluations of handwashing and drinking water stations in healthcare facilities in Mali. National giardiasis and cryptosporidiosis surveillance analysis, Naegleria fowleri case investigations, longitudinal study of giardiasis diagnosis, treatment, and sequelae.

Officer Recent Publications: Select EISO first-author manuscripts published 2014-2017:
• Integrating Water Treatment into Antenatal Care: Impact on Use of Maternal Health Services and Household Water Treatment by Mothers — Rural Uganda, 2013 (Am J Trop Med Hyg 2016)
• A cluster randomized controlled evaluation of the health impact of a novel antimicrobial hand towel on the health of children under 2 years old in rural communities in Nyanza Province, Kenya (Am J Trop Med Hyg 2016)
• Acceptability and use of portable drinking water and hand washing stations in health care facilities and their impact on patient hygiene practices, Western Kenya (PLoS One 2015)
• Typhoid fever acquired in the United States, 1999-2010: Epidemiology, microbiology, and use of a space-time scan statistic for outbreak detection (Epidemiol Infect 2015)
• Cholera in the United States, 2001-2011: A reflection of patterns of global epidemiology and travel (Epidemiol Infect 2015)
• Household water treatment uptake during a public health response to a large typhoid fever outbreak in Harare, Zimbabwe (Am J Trop Med Hyg 2014)
• Cholera epidemic – Eastern Freetown, Sierra Leone, 2012 (Am J Trop Med Hyg 2014)
Background: The Division of Foodborne, Waterborne, and Environmental Diseases (DFWED) strives to improve public health nationally and internationally through the prevention and control of disease caused by foodborne, waterborne, and environmentally transmitted pathogens. EISOs in DFWED enjoy several advantages resulting from the synergy between the various groups comprising the division. DFWED’s Biostatistics Office provides statistical support; the Enteric Disease Laboratory Branch and the Waterborne Diseases Laboratory Team provide laboratory expertise; EISOs may undertake select projects in branches other than their own in the division; the division conducts journal club and other didactic activities for EISOs, as well as a monthly seminar. The Waterborne Disease Prevention Branch (WDPB; www.cdc.gov/ncezid/dfwed/waterborne/index.html) offers two positions with the Global Epidemiology Team and one position with the Domestic Epidemiology Team. WDPB leads coordination and response for domestic and global water, sanitation, and hygiene (WASH)-related disease within the Center, and for specific diseases and outbreak investigations that include amebiasis, cryptosporidiosis, giardiasis, cholera, shigellosis, and infections caused by Cronobacter, enterotoxigenic E. coli, and the free-living amebae Acanthamoeba, Balamuthia, and Naegleria (recent outbreak investigations are listed at www.cdc.gov/ncezid/dfwed/waterborne/investigations.html). WDPB works globally on: evaluating and promoting WASH interventions, including CDC’s Safe Water System (www.cdc.gov/SAFEWATER/); documenting the health and developmental benefits of handwashing; integrating safe water and hygiene into school and healthcare settings, integrating WASH into neglected tropical disease programs; building capacity within Ministries of Health for epidemic cholera and typhoid response; and participating in a global initiative to implement WASH infrastructure into health facilities in developing countries. Domestically, WDPB focuses on public health issues related to drinking and recreational water; operates multiple national surveillance systems (cryptosporidiosis, giardiasis, shigellosis, CryptoNet, the One Health Harmful Algal Blooms System [OHHABS], the Network for Aquatic Facility Inspection Surveillance [NAFIS], and the National Outbreak Reporting System [NORS]); provides diagnostic services and clinical consults; works on climate change; and works on health communications and policy development.

Proposed Initial Projects: 1) Investigate and respond to waterborne disease outbreaks internationally and domestically; 2) Evaluate data from a Kenya case-control study of diarrhea in children; 3) Implement and evaluate impact of handwashing and drinking water stations or improved water supply and sanitation in health facilities in Uganda, Tanzania, and Mali; 5) Participate in a Global Health Security project to enhance cholera prevention, detection and response in Cameroon; 6) Examine the burden of acute febrile illness caused by typhoid fever and non-Typhi salmonellosis in Uganda; 6) Evaluate impact of water treatment, hygiene, and other public health interventions into antenatal care in Kenya; 7) Evaluate a case series of Cronobacter infections associated with contaminated infant formula; 8) Surveillance and evaluation of the health and economic impacts of waterborne diseases in communities in Lusaka, Zambia.

Proposed Surveillance Projects: 1) Network for Aquatic Facility Inspection Surveillance evaluation; 2) One Health Harmful Algal Bloom System evaluation; 3) Improving cryptosporidiosis outbreak reporting; 4) Improving reporting of waterborne disease outbreaks in healthcare settings.

Range of Opportunities: A broad range of opportunities are available: investigating foreign/domestic outbreaks of waterborne diseases; designing, conducting, analyzing, and interpreting studies of interventions to prevent diseases transmitted by unsafe water, sanitation and hygiene; analyzing and interpreting data on waterborne diseases from previous studies; and summarizing findings in scientific manuscripts and oral presentations. We often work closely with partners including Ministries of Health, UN agencies, NGOs, the private sector, and many CDC Divisions/Centers.

Position Strengths: Solid grounding in the essentials of waterborne diseases, applied global health, and epidemiology while working with experienced, dedicated, and caring epidemiologists, microbiologists, environmental health practitioners, engineers, and statisticians. Emphasis on collaborative and collegial working environment. Learning opportunities include weekly biostatistics and Division seminars, and trainings in SAS, EpInfo, scientific writing, etc.

Special Skills Useful for this Position: We welcome EISOs from diverse backgrounds who are interested in addressing...
fundamental issues in waterborne diseases and global health; learning analytic, presentation and scientific writing skills; and traveling. Overseas experience and foreign languages (Spanish, French, other) may be helpful, but are not required. EISOs who are flexible, eager to learn, willing to work hard, and enjoy working on collaborative teams in a fast-paced and busy environment will get the most out of the opportunities we provide. Our Branch values passionate and creative people!

Available Data: A dataset from >1,500 children with diarrhea and >2,000 controls from the Kenya site of the Global Enterics Multicenter Study, and other study specific datasets are available for analytic projects.

Recent Publications: WDPB values scientific writing, and has a distinguished reputation of publishing many excellent papers in peer-reviewed journals. From 2013–2015, WDPB published over 250 peer-reviewed journal articles, MMWRs, and book chapters. Recent WDPB publications have appeared in the New England Journal of Medicine, the Lancet, JAMA, JAMA Pediatrics, Vaccine, the Journal of Infectious Diseases, Clinical Infectious Diseases, Emerging Infectious Diseases, Epidemiology and Infection, Tropical Medicine and International Health, PLoS Medicine, PLoS One, the American Journal of Tropical Medicine and Hygiene, and Journal of Water and Health, among others. See recent publications: www.cdc.gov/ncezid/dfwed/waterborne/publications.

Domestic Travel: 5% International Travel: 30%

Available Support: EISOs have access to 9 EIS alumni staff in WDPB, Division statisticians, laboratory scientists (WDPB Laboratory Team and in Enteric Diseases Laboratory Branch), and administrative and communications support (WDPB Health Promotion Team).

Current/Recent EIS Officer: William Davis, DrPH, (EIS 2016), EIS Officer, lyo0@cdc.gov

Current/Recent EIS Officer: Jarred McCateer, MD, (EIS 2016), EIS officer, lww8@cdc.gov

Current/Recent EIS Officer: Paul McClung, MD, (EIS 2016), EIS officer, lwx4@cdc.gov

Current/Recent EIS Officer: Sae-Rom Chae, MD, MPH, (EIS 2015), EIS officer, yzw0@cdc.gov

Current/Recent EIS Officer: Lindsey McCrickard, DVM, (EIS 2015), EIS officer, vjf4@cdc.gov

Current/Recent EIS Officer: Katharine Benedict, DVM, PhD, (EIS 2015), EIS officer, wte7@cdc.gov

Current/Recent EIS Officer: Karlyn Beer, PhD, (EIS 2014), Epidemiologist, ydh7@cdc.gov

Current/Recent EIS Officer: Katie Curran, PhD, (EIS 2014), Epidemiologist, ydh9@cdc.gov

Current/Recent EIS Officer: Rupa Narra, MD, (EIS 2014), Medical epidemiologist, ydi5@cdc.gov

Officer Projects: Responses to outbreaks of cholera in Ethiopia and Haiti, typhoid in Zimbabwe, Elizabethkingia spp in Wisconsin, and shigellosis in Michigan. Evaluations of handwashing and drinking water stations in healthcare facilities in Mali. National giardiasis and cryptosporidiosis surveillance analysis, Naegleria fowleri case investigations, longitudinal study of giardiasis diagnosis, treatment, and sequelae.

Officer Recent Publications: Select EISO first-author manuscripts published 2014-2017:

• Integrating Water Treatment into Antenatal Care: Impact on Use of Maternal Health Services and Household Water Treatment by Mothers — Rural Uganda, 2013 (Am J Trop Med Hyg 2016)
• A cluster randomized controlled evaluation of the health impact of a novel antimicrobial hand towel on the health of children under 2 years old in rural communities in Nyanza Province, Kenya (Am J Trop Med Hyg 2016)
• Acceptability and use of portable drinking water and hand washing stations in health care facilities and their impact on patient hygiene practices, Western Kenya (PLoS One 2015)
• Typhoid fever acquired in the United States, 1999-2010: Epidemiology, microbiology, and use of a space-time scan statistic for outbreak detection (Epidemiol Infect 2015)
• Cholera in the United States, 2001-2011: A reflection of patterns of global epidemiology and travel (Epidemiol Infect 2015)
• Household water treatment uptake during a public health response to a large typhoid fever outbreak in Harare, Zimbabwe (Am J Trop Med Hyg 2014)
• Cholera epidemic – Eastern Freetown, Sierra Leone, 2012 (Am J Trop Med Hyg 2014)

Consultant: Vincent Hill, PhD, Acting Branch Chief, veh2@cdc.gov

Consultant: Jonathan Yoder, MSW, MPH, Deputy Branch Chief, jey9@cdc.gov

Consultant: Rob Quick, MD, MPH, (EIS 1990), Medical Epidemiologist, rxq1@cdc.gov

Consultant: Joan Brunkard, PhD, (EIS 2007), Epidemiologist, feu4@cdc.gov

Consultant: Anne Griggs, MSN, MSPH, Epidemiologist, bfy7@cdc.gov

Consultant: Margaret Person, MPH, Epidemiologist, lsf6@cdc.gov

Consultant: Kirsten Fagerli, MPH, Epidemiologist, ljm8@cdc.gov

Consultant: Jacqui Hurd, MPH, Epidemiologist, xyf2@cdc.gov
Division of High-Consequence Pathogens and Pathology/Bacterial Special Pathogens Branch/Epidemiology Team

NCEZID-DHCPPP-BSPB-GA-2017-01

Agency Name: CDC

Division/Branch/Team/Section: Division of High-Consequence Pathogens and Pathology/Bacterial Special Pathogens Branch/Epidemiology Team

Physical Address: Atlanta, Georgia

Primary Supervisor: David Blaney, MD, MPH, (EIS 2006), Medical Officer, dblaney@cdc.gov

Secondary Supervisor: Ilana Schafer, DVM, MSPH, (EIS 2012), Veterinary Medical Officer, wii3@cdc.gov

Secondary Supervisor: Maria Negron, DVM, MS, PhD, Veterinary Medical Officer, yfp3@cdc.gov

Background: The Bacterial Special Pathogens Branch (BSPB) is composed of an epidemiology team and two laboratory teams. BSPB is responsible for a diverse group of non vector-borne bacterial infections and disease syndromes of domestic and international public health importance. We are organized into programs on 1) bacterial zoonoses (e.g., anthrax, brucellosis, leptospirosis); 2) novel, rare and unusual emerging bacterial infections (e.g., melioidosis, mycetoma, rat-bite fever, Capnocytophaga sp.); and 3) Non-tuberculous mycobacterial diseases leprosy and Buruli ulcer. BSPB personnel conduct domestic and international outbreak investigations, evaluate and help establish surveillance activities, perform risk factor studies, analyze policy strategies and conduct issues management, and implement and evaluate prevention programs for our diverse group of diseases.

Proposed Initial Projects: 1) Develop ecological niche models for West African countries to predict anthrax occurrence; 2) Cost effectiveness analysis for brucellosis testing algorithm in Kenya; 3) Develop a melioidosis surveillance system in Colombia and expand diagnostic capacity in ‘high risk’ areas; 4) Use medical health records to estimate cost of brucellosis in the US; 5) Develop anthrax One Health training material toolkit to include epidemiology, surveillance, and laboratory capacity building; 6) Analyze data on Norcardia drug resistance; 7) Investigate dog-bite associated cases of Capnocytophaga for species-related mortality; 8) Extract data from articles identified in a systematic literature review of anthrax cases and perform descriptive statistics on autopsy data; 8) Conduct focus groups on pet rodent messages among target audience; 9) Develop existing pet rodent messages into additional formats to reach target audience (video, voice, print, etc.); 10) Revise ACIP recommendations for anthrax vaccine for pre- and postexposure prophylaxis; 11) Develop recommendations for leptospirosis pre and post-exposure prophylaxis practices, and develop a protocol for evaluating prophylaxis regimen effectiveness during a leptospirosis outbreak; 12) Conduct descriptive and risk factor analysis on leptospirosis data obtained through an AFI study in India; 13) Review published incidences of leptospirosis zoonotic transmission from dogs to people; 14) Develop an electronic laboratory assessment for brucellosis.

Proposed Surveillance Projects: 1) Develop a plan for mycetoma surveillance and diagnostic capacity-building; 2) Compare brucellosis NNDS data to CDC brucellosis surveillance data for years 2016-2018; 3) Evaluate Hansen’s disease old surveillance system versus new electronic-based system; 4) Work with Ministries of Health to enhance anthrax surveillance and implement One Health approach prevention and control; 5) Evaluate the national leptospirosis surveillance program in Colombia.

Range of Opportunities: The opportunities available can be tailored to the EIS officer’s interest. Our position offers both field and laboratory investigations for a wide range of infectious disease pathogens with different clinical presentations and multiple routes of exposure and risk factors.

Position Strengths: The strength of this position lies in the variety of pathogens investigated in our branch. The EIS officer assigned to this position will have opportunities to choose from field, hospital, environmental, and laboratory based investigations. This position also offers ample opportunity for international work if desired.

Special Skills Useful for this Position: The majority of our pathogens are zoonoses, so an interest in a One Health
approach to public health is desirable. Veterinarians and physicians are both good fits for this position; however anyone with an infectious disease, epidemiology, or disease ecology background and interested in working with a wide range of infectious diseases will do well in our group. English is not the first language in many of the countries we work in, so French or Spanish is desirable, but not required. Much of our work is international, so flexibility to travel internationally for up to four weeks is also desirable.

Available Data: BSPB maintains the largest database of human anthrax cases ever compiled. Many of the diseases we work with are national notifiable diseases and we maintain these surveillance datasets. Our Division’s statistical group has access to large national morbidity and mortality datasets for research on our pathogens.

Recent Publications:

Available Support: Bacterial Special Pathogens Branch Epidemiology Team is composed of three physicians, four veterinarians, one ecologist, and four master level epidemiologists. The team has three former EISOs, David Blaney (EIS 2006), Ilana Schafer (EIS 2012), and Kate Hendricks (EIS 1987). The team can provide modeling and statistical expertise and has ready access to complex statistical analysis support at the division level.

Current/Recent EIS Officer: Tom Doker, DVM, (EIS 2012), Infectious Disease Analyst, thomas.doker@ncmi.detrick.army.mil

Current/Recent EIS Officer: Leisha Nolen, MD, PhD, (EIS 2013), Medical Officer, xdf8@cdc.gov

Officer Projects:
1) anthrax case-control and cross-sectional studies in the country of Georgia; 2) Melioidosis cluster investigations in Puerto Rico and Yap Micronesia; 3) Monkeypox outbreak investigation in DRC; 4) Evaluate medical interventions for anthrax exposure; 5) Design study in Indonesia to characterize the burden and distribution of leptospirosis.

Officer Recent Publications:

Consultant: William Bower, MD, Team Lead, wab4@cdc.gov

Consultant: Kate Hendricks, MD, MPHTM, (EIS 1987), Medical Officer, kah1@cdc.gov

Consultant: Antonio Vieira, DVM, MPH, PhD, Epidemiologist, vht8@cdc.gov

Consultant: Johanna Salzer, BA, DVM, PhD, Veterinary Medical Officer, hio7@cdc.gov

Consultant: Lindsey Campbell, PhD, ORISE Fellow, nka0@cdc.gov

Division of High-Consequence Pathogens and Pathology/Chronic Viral Diseases Branch

NCEZID-DHCPP-CVDB-GA-2017-01

Agency Name: CDC

Division/Branch/Team/Section: Division of High-Consequence Pathogens and Pathology/Chronic Viral Diseases Branch

Physical Address: Atlanta, Georgia

Primary Supervisor: Christine Robinette "Robin" Curtis, MD, MPH, (EIS 2001), Deputy Branch Chief, CVDB, rcurtis@cdc.gov
Secondary Supervisor: Jin-Mann Sally Lin, PhD, Lead, Epidemiology, Data Management, & Analysis (EDMA) Team /CVDB, dwe3@cdc.gov

Secondary Supervisor: Jennifer McQuiston, DVM, MS, (EIS 1998), Deputy Division Director, DHCPP, fzh7@cdc.gov

**Background:** The Chronic Viral Diseases Branch (CVDB) of the Division of High-Consequence Pathogens and Pathology (DHCPP) conducts activities to address clinical and public health challenges related to myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) and diseases associated with human papillomavirus (HPV):

A serious, long-term, debilitating illness, ME/CFS affects many body systems and sickens children, adolescents, and adults; anyone can get ME/CFS. At least one million Americans suffer from ME/CFS, though disease burden is likely greater. Surveys suggest 80% of patients remain undiagnosed. Patients with ME/CFS are unable to resume normal activity levels due to fatigue and varied symptoms including difficulty sleeping, problems thinking/concentrating, and pain. Even mild mental or physical activity can worsen illness, a characteristic feature known as post-exertional malaise. ME/CFS cause(s) remain unknown. More research is needed to define etiologies, prevention, and treatment.

CVDB’s ME/CFS studies include: 1) evaluating patient-reported outcomes to characterize endpoints for therapeutic trials; and 2) collecting data to identify biologically-based patient subgroups. Since 2011, CVDB has conducted a multi-site clinical study to capture ME/CFS patient heterogeneity and build a biorepository for investigations of hypotheses regarding ME/CFS etiologies and pathophysiology. Data are also collected on healthy control and ill comparison groups, pediatric ME/CFS, cognitive functioning, post-exertional malaise, and natural killer cell function. Ongoing health services research, education initiatives, and stakeholder engagement projects include: 1) evaluating healthcare quality among patients with ME/CFS to inform development of behavioral/educational interventions; and 2) conducting patient-centered outreach/communication activities with diverse stakeholders, including patients and other governmental agencies.

CVDB HPV laboratories provide data informing U.S. HPV vaccination policy decisions. In collaboration with the Divisions of Viral Diseases (NCIRD) and Cancer Control and Prevention (NCCDPHP), we conduct surveillance studies monitoring the type-specific impact of the national vaccination program. To improve and refine surveillance data, CVDB develops and validates novel laboratory methods for HPV serology and typing, including next generation sequencing. Evaluation of viral characteristics associated with disease progression (i.e. HPV variants, integration and methylation) is underway. CVDB also collaborates with WHO and international partners to standardize HPV assays.

CVDB is one of DHCPP’s five branches. Globally and domestically, DHCPP works to prevent illness and death caused by many viral, bacterial, and prion diseases of public health importance. Division activities are varied and offer rich opportunities to division EIS officers including surveillance, investigations, and “Epi-Aids.”

**Proposed Initial Projects:** The EIS Officer will be encouraged to work with supervisors to develop projects aligned with his/her interests. Initial projects might include the following: 1) conducting case-control analyses of ME/CFS risk factors; 2) analyzing phenotypic and biologic data to identify ME/CFS subgroups; 3) validating questionnaires for ME/CFS disease outcomes; 4) implementing/evaluating patient-centered health education/communication outreach initiatives; and 5) evaluating biological outcomes for monitoring HPV vaccination.

**Proposed Surveillance Projects:** Available projects include analysis of self-reported ME/CFS in Behavioral Risk Factor Surveillance System (BRFSS) data (2 states).

**Range of Opportunities:** Opportunities can be tailored to the EIS Officer’s interests and can include clinical, epidemiologic, and laboratory investigations of fatiguing illnesses and HPV-associated diseases. Required travel is only that for EIS requirements; additional travel-associated experiences could be considered.

**Position Strengths:** With DHCPP and CVDB’s breadth of expertise and strong stakeholder collaborations/engagement, this position offers well-supported, unique, challenging learning experiences regarding complex illnesses.

**Special Skills Useful for this Position:** Interest in complex illnesses.

**Available Data:** Data on characteristics of patients with ME/CFS are available from the multi-site clinical assessment study with rolling cohorts: cases, healthy controls, and patients with other illnesses. Additional data are available from past studies, including: 1) a longitudinal population-based case-control study in Georgia; 2) a provider-based registry pilot to study ME/CSF natural history and knowledge, attitudes, and beliefs about ME/CFS; and 3) a 3-day inpatient clinical study of ME/CFS pathophysiologic mechanisms (neuroimaging, neuroendocrinology and genomics). Data include medical and psychosocial stress histories, healthcare utilization/expenditures, laboratory data (e.g., time-series endocrine, genomic and immune response to a stressor). [http://www.cdc.gov/cfs/]

**Recent Publications:** Highlights from CVDB’s 28 publications, 2015–present (citations modified given space):

• Multi-site Clinical Assessment of Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (MCAM): Design and Implementation of a Prospective/Retrospective Rolling Cohort Study. Am J Epidemiol. [In Press]

Domestic Travel: 5%  International Travel: 0%

Available Support: The EIS Officer will be supported by DHCPP and CVDB. A multidisciplinary team, CVDB includes medical epidemiologists, statisticians, molecular biologists, immunologists, and pathologists.

Current/Recent EIS Officer: Julia Gargano, PhD, (EIS 2009), Epidemiologist, ige5@cdc.gov

Officer Projects: 1) Assessed age-group differences in HPV types and other risk factors for CIN 3 or worse versus CIN 0–2; 2) Evaluated HPV detection/typing commercial assays using formalin-fixed paraffin embedded cervical specimens; 3) Determined HPV type prevalences in invasive and in situ vulvar cancer cases (registry data)

Officer Recent Publications: CVDB’s 2009 EIS Officer, Julia Gargano, has published articles including the following:

Consultant: Gitika Panicker, PhD, Lead, Molecular Epidemiology Laboratory HPV Serology Team / CVDB, dhv1@cdc.gov

Consultant: Troy Querac, PhD, Lead, Molecular Epidemiology Laboratory HPV DNA Team / CVDB, hep0@cdc.gov

Consultant: Mangalathu "Raj" Rajeevan, PhD, Lead, Molecular Epidemiology Laboratory CFS Team / CVDB, mor4@cdc.gov

Consultant: Elizabeth Unger, PhD, MD, Branch Chief, CVDB, eru0@cdc.gov

Consultant: Monica Cornelius, PhD, Epidemiologist/EDMA Team/CVDB, yex8@cdc.gov

Consultant: Ermias Belay, MD, (EIS 1994), Associate Director for Epidemiologic Science, DHCPP, ebb8@cdc.gov

Division of High Consequence Pathogens and Pathology/Poxvirus and Rabies Branch/Clinical Epidemiology Unit

NCEZID-DHCPP-PRB-GA-2017-01

Agency Name: CDC

Division/Branch/Team/Section: Division of High Consequence Pathogens and Pathology/Poxvirus and Rabies Branch / Clinical Epidemiology Unit

Physical Address: Atlanta, Georgia

Primary Supervisor: Brett Petersen, MD, MPH, (EIS 2009), Epidemiology Team Lead, bpetersen@cdc.gov

Secondary Supervisor: Miriam Shiferaw, MD, MPH, (EIS 2012), Medical Officer, wji3@cdc.gov

Background: The Division of High Consequence Pathogens and Pathology (DHCPP) prevents illness and death caused by many viral, bacterial, and prion diseases of public health importance in the United States and throughout the world. Division activities include surveillance, investigations, and studies of viral and bacterial diseases; clinical, field, and laboratory research on viral, bacterial, and prion diseases; research on viral and bacterial transmission; laboratory, clinical, and epidemiologic studies of hazardous disease agents (biosafety levels 3 and 4); ecological studies; providing epidemic aid, epidemiologic consultation, reference and diagnostic services, and technical assistance to local, state, federal and international health organizations; providing scientific or other technical assistance to other areas of CDC
when needed; providing routine and specialized laboratory training for state, local, national, and international organizations; providing expert pathological support within CDC and with outside organizations; and serving as appropriately designated national and WHO Collaborating Centers for viral and bacterial diseases.

The Poxvirus and Rabies Branch Clinical Epidemiology Unit in DHCPP participates in clinically oriented public health activities, research projects, and program implementation related to both poxviruses and rabies. We are involved in developing strategic responses to possible smallpox outbreaks and serve as a key partner for outbreaks and case investigations involving poxviruses and rabies. We work with a diverse set of pathogens including smallpox, monkeypox, orf, vaccinia, cowpox, molluscum contagiosum, buffalopox, sealpox, rabies, and non-rabies lyssaviruses.

In recent years the program has worked with partners to identify several new Poxvirus pathogens. EIS officers in this position will have the opportunity to participate in a broad range of domestic and international public health activities and research projects.

**Proposed Initial Projects:** The EIS officer in this position will have the opportunity to provide significant input into the identification, development, design, and implementation of projects. Examples of potential projects include:

- Implementing and analyzing data from a smallpox vaccine study in healthcare workers at risk for monkeypox in the Democratic Republic of Congo
- Enhancing poxvirus surveillance and public health recommendations for zoonotic poxvirus disease in Colombia
- Using clinical and epidemiologic methods to evaluate sufficiency of current standard-of-care treatment protocols for monkeypox in the Democratic Republic of Congo
- Participating in revising the Advisory Committee on Immunization Practices recommendations for rabies vaccine
- Supporting ongoing smallpox emergency preparedness efforts including policy analysis and clinical guidance development
- Participating in ecologic and epidemiologic field studies to identify reservoirs for monkeypox virus in Central Africa
- Investigating international and domestic outbreaks and mass exposure events of rabies and poxvirus diseases
- Participating in international rabies prevention and control program implementation and evaluations
- Studying the human-animal interface for potential disease transmission between bats and humans
- Performing systematic reviews and evidence grading of medical countermeasures for smallpox and rabies biologics including smallpox antivirals, smallpox vaccines, vaccinia immune globulin, rabies vaccine, and rabies immune globulin

**Proposed Surveillance Projects:** Evaluation of surveillance for smallpox vaccine administration and adverse events in the United States; national surveillance for oral rabies vaccine human and animal contact; smallpox vaccine distribution and administration in the United States.

**Range of Opportunities:** Surveillance evaluation, laboratory diagnostic evaluation, communication & educational outreach development and evaluation, risk factor analysis, outbreaks, pathogen discovery, policy analysis, emergency preparedness, clinical guidance development, student mentoring, clinical and vaccine effectiveness studies, scientific writing and presentations.

**Position Strengths:** Close working relationships with laboratory colleagues, interdisciplinary team, branch and division level training activities and coordination, international work, participation in phone duty for the Poxvirus and Rabies teams.

**Special Skills Useful for this Position:** Foreign language skills (French, Spanish) helpful but not required, Microsoft Access, SAS.

**Available Data:** Multiple sources of data are accessible and readily available immediately including: database of human rabies clinical and diagnostic case information; human and animal exposure to oral rabies vaccine bait surveillance data; survey data investigating rabies knowledge, attitudes, and practices in Guatemala; and large administrative databases such as national mortality and hospitalization datasets.


**Domestic Travel:** 10% **International Travel:** 20%

**Available Support:** Statistical support (SAS, Epi-Info) at the Branch and Division level, GIS capabilities, database design and manipulation, diagnostic testing, animal surveillance, publication training, molecular epidemiology and phylogenetics.

**Current/Recent EIS Officer:** Ashley Styczynski, MD, MPH, (EIS 2015)

**Current/Recent EIS Officer:** Cuc Tran, PhD, (EIS 2015)

**Officer Projects:** Colombia zoonotic vaccinia virus*
• Mongoose-associated human rabies in Puerto Rico*  
• Zika virus Guillain-barré syndrome in Brazil and Colombia*  
• Smallpox vaccine study in the Democratic Republic of the Congo  
• Oral rabies vaccine surveillance system  
• Human rabies diagnostic testing evaluation  
• Integrated bite case management for rabies (Vietnam, Haiti)  
*Epi-Aid

Officer Recent Publications:  
• Vora NM, et al. Human infection with a zoonotic orthopoxvirus in the country of Georgia. NEJM, 2015.  
• Osadebe LU, et al. Novel poxvirus infection in 2 patients from the U.S. Clin Infect Dis. 2015  
• Vora NM, Wallace RM et al., Raccoon rabies virus variant transmission through solid organ transplantation. JAMA, 2013.  
• Wu H, Wallace RM, Vora NM et al. Notes from the field: Wildlife rabies on an island free from canine rabies for 52 years – Taiwan, 2013. MMWR. 2014.  
• Wallace RM, et al., Assessment of Risk for Exposure to Bats in Sleeping Quarters Before and During Remediation, Kentucky, 2012. MMWR.

Consultant: Andrea McCollum, PhD, (EIS 2009)  
Consultant: Jesse Blanton, MPH  
Consultant: Ryan Wallace, DVM, (EIS 2012)  
Consultant: Mary Reynolds, PhD, (EIS 2000)

Division of High Consequence Pathogens and Pathology/Poxvirus and Rabies Branch/Rabies Epidemiology Unit

NCEZID-DHCPP-PRB-GA-2017-02

Agency Name: CDC  
Division/Branch/Team/Section: Division of High Consequence Pathogens and Pathology/Poxvirus and Rabies Branch / Rabies Epidemiology Unit  
Physical Address: Atlanta, Georgia  
Primary Supervisor: Ryan Wallace, DVM, MPH, (EIS 2012), Rabies Epidemiology Unit Lead, euk5@cdc.gov  
Secondary Supervisor: Emily Pieracci, DVM, MPH, (EIS 2014), Veterinary Officer  
Secondary Supervisor: Jesse Blanton, DrPH, MPH, Epidemiologist

Background: The Division of High Consequence Pathogens and Pathology (DHCPP) prevents illness and death caused by many viral, bacterial, and prion diseases of public health importance in the United States and throughout the world. Division activities include surveillance, investigations, and studies of viral and bacterial diseases; clinical, field, and laboratory research on viral, bacterial, and prion diseases; research on viral and bacterial transmission; laboratory, clinical, and epidemiologic studies of hazardous disease agents (biosafety levels 3 and 4); ecological studies; providing epidemic aid, epidemiologic consultation, reference and diagnostic services, and technical assistance to local, state, federal and international health organizations; providing scientific or technical assistance to other areas of CDC when needed; providing routine and specialized laboratory training for state, local, national, and international organizations; providing expert pathological support within CDC and with outside organizations; and serving as appropriately designated national and WHO Collaborating Centers for viral and bacterial diseases.

The Rabies Epi Unit hosts an array of global animal surveillance & epidemiologic data. We work with WHO to improve global disease burden models. Domestically, we operate the national rabies surveillance system, investigate human rabies deaths, investigate incursions of new rabies viruses, and work with USDA to plan wildlife control efforts. We have projects in over 20 countries, focused on three primary subjects: canine rabies surveillance system development, evaluation of dog populations and mass vaccination programs, characterize lyssaviruses in wildlife populations.
Proposed Initial Projects: • Spatial, temporal, and host-genetic patterns in rabid skunk and raccoons
  • Cost-effectiveness evaluations of rabies surveillance and dog vaccination: India, Vietnam, Haiti, Guatemala
  • Probabilistic risk modeling of human adverse reactions to oral rabies vaccines: Haiti and Global
  • Development of an Integrated Bite Case Management program in Cambodia

Proposed Surveillance Projects: • Characterization of rabid bat species in the United States, and identification of under-represented species
  • Evaluation of animal rabies surveillance program: Vietnam
  • Evaluating surveillance requirements for declaration of freedom from rabies

Range of Opportunities: Rabies is present on all continents except Antarctica. We currently have activities in over 20 countries.

Position Strengths: This position offers unique domestic and international experiences that span the human-animal interface. Officers have opportunities to interface with state public health veterinarians, World Health Organization, and high-ranking officials in international governments. The rabies epi unit has a wide range of activities that allow an officer to tailor their experience to their specific analytic or capacity-building interests.

Special Skills Useful for this Position: Quantitatively minded persons with some background in data analysis, spatial analysis, and protocol development would be a good fit for this position. Persons with experience (or interest) in animal handling, particularly terrestrial carnivores and bats would be beneficial. Interested EISOs should be capable of working closely with the team, juggle multiple requests, and participate in collaborative process of project development.

Available Data: Multiple sources of data are accessible and readily available immediately including:
  • National rabies surveillance dataset: millions of electronic animal rabies records since 1958
  • KAP surveys
  • Epidemiologic surveys
  • Dog vaccination evaluation
  • Healthcare system evaluation
  • Large administrative databases including national mortality and hospitalization datasets


Domestic Travel: 10%  International Travel: 20%

Available Support: Drs. Wallace, Pieracci, Petersen and Blanton have over 30 combined years in the rabies field and will provide guidance on how to develop rabies control programs, surveillance systems, case investigations, and vaccination campaigns. Ben Monroe and Jesse Blanton have a wealth of spatial analysis experience. The ecology team provides support on animal capture, sample collection, and wildlife surveillance techniques. Statistical support is available within the Branch and Division. We work closely with the health economics modeling unit to conduct cost-effectiveness evaluations.

Current/Recent EIS Officer: Cuc Tran, PhD, (EIS 2015)
Current/Recent EIS Officer: Ashley Styczynski, MD, MPH, (EIS 2015)
Current/Recent EIS Officer: Sarah Guagliardo, PhD, (EIS 2016)

Officer Projects: • National workshops to characterize rabies control status, multi-country
  • Increase in bites from rabid dogs, Haiti 2016*
  • Pathogen discovery in Haiti and Vietnam, 2016
  • Imported rabid dog, Egypt, 2015
  • Human rabies death, Puerto Rico, 2015*
  • Re-emergence of rabies, Taiwan, 2013*
  • Rabies organ transplant investigation, 2013*
  (*Epi–Aid)

  • McNeil CS, Wallace RM, Vora NM, Blanton JD, et al. Community rabies knowledge and pet vaccination practices
after a skunk rabies outbreak in Eddy County, New Mexico. J Am Vet Med Assoc. 2015
• Vora NM, Wallace RM et al., Raccoon rabies virus variant transmission through solid organ transplantation. JAMA, 2013.
• Wu H, Wallace RM, Vora NM et al. Notes from the field: Wildlife rabies on an island free from canine rabies for 52 years – Taiwan, 2013. MMWR. 2014.
• Wallace RM, et al., Assessment of Risk for Exposure to Bats in Sleeping Quarters Before and During Remediation, Kentucky, 2012. MMWR.

Consultant: Brett Petersen, MD, MPH, (EIS 2009), Epidemiology Team Lead

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Division High Consequence Pathogens Pathology/Viral Special Pathogens Branch/Epidemiology

NCEZID-DHCPP-VSP-GA-2017-01

Agency Name: CDC
Division/Branch/Team/Section: Division High Consequence Pathogens Pathology/Viral Special Pathogens Branch/Epidemiology
Physical Address: Atlanta, Georgia
Primary Supervisor: Mary Choi, MD, MPH, (EIS 2012), Medical Epidemiologist, whz2@cdc.gov
Secondary Supervisor: Barbara Knust, DVM, MPH, (EIS 2009), Veterinary Epidemiologist, bknust@cdc.gov
Secondary Supervisor: Pierre Rollin, MD, Team Lead, pyr3@cdc.gov

Background: The Division of High Consequence Pathogens and Pathology (DHCPP) aims to prevent illness and death caused by many viral, bacterial, and prion diseases of high consequence (i.e. highly lethal, potential for epidemics, few treatments or vaccines) in the United States and throughout the world. Division activities include surveillance, investigations, and studies of viral and bacterial diseases; clinical, field, and laboratory research on viral, bacterial, and prion diseases; research on viral and bacterial transmission; laboratory, clinical, and epidemiologic studies of hazardous disease agents (biosafety levels 3 and 4); ecological studies; providing epidemic aid, epidemiologic consultation, reference and diagnostic services, and technical assistance to local, state, federal and international health organizations; providing scientific or other technical assistance to other areas of CDC when needed; providing routine and specialized laboratory training for state, local, national, and international organizations; providing expert pathological support within CDC and with outside organizations; and serving as appropriately designated national and WHO Collaborating Centers for viral and bacterial diseases.

VSPB is a national and international reference center for zoonotic viral hemorrhagic fevers (VHF), with emphasis on those caused by arenaviruses (Lassa fever, Lujo virus, Lymphocytic Choriomeningitis virus/LCMV, and the South American hemorrhagic fevers); bunyaviruses (Crimean-Congo hemorrhagic fever, Hantavirus pulmonary syndrome, Rift Valley fever); tick-borne flaviviruses (Central European and Far-Eastern tick-borne encephalitis, Kyasanur Forest disease, Alkhurma virus, and Omsk hemorrhagic fever); and filoviruses (Marburg and Ebola hemorrhagic fevers); and unknown agents responsible for VHF-like diseases. The EIS officer in this position will focus on high-hazard viral disease epidemiology and prevention, participating in epidemiologic field responses and studies, interfacing with colleagues in international and domestic settings, and across CDC.

Proposed Initial Projects:
1) Evaluation of a Navajo Nation rodent exclusion program for hantavirus prevention
2) Analysis of Sierra Leone Ebola Death Database (SLEDD) to examine risk factors for death
3) Indian Health Service hantavirus medical records abstraction
4) Liberia Ebola virus serosurvey to assess prevalence of Ebola virus antibodies

Proposed Surveillance Projects:
VHF surveillance development in non-outbreak setting; VHF database improvement

Range of Opportunities:
Develop expertise in high-consequence pathogens, interact with domestic and international public health groups, and respond to emerging public health situations. There will be opportunities for responding to clinical inquiries, which may lead to novel outbreak investigations. Involvement in a variety of projects including development of outbreak information management systems, vaccine trials, educational outreach, and field ecology studies.

Position Strengths:
EIS officers have been involved in high-profile investigations, including the West Africa Ebola epidemic, Hantavirus Pulmonary Syndrome (HPS) in Yosemite National Park, multistate LCMV outbreaks in the U.S., Nipah virus outbreaks in Malaysia and Bangladesh, Rift Valley fever outbreaks in Saudi Arabia, Uganda, and Kenya,
multi-state outbreak of Seoul Virus in the U.S., and Marburg and Ebola outbreaks in Angola, Uganda, and DRC. Such responses included EIS officers in case patient interviews, environmental investigations, and data analysis. VSPB provides subject matter expertise regarding imported suspected cases of viral hemorrhagic fever and bioterrorism response planning. Regular meetings with senior branch staff and others from collaborating branches are used to develop projects and critically review epidemiologic research.

**Special Skills Useful for this Position:** Interest in zoonotic viral infections

**Available Data:** SLEDD, datasets from previous viral hemorrhagic fever outbreaks, HPS cases in the US

**Recent Publications:** Several recent publications from VSPB describe the West African Ebola epidemic, outbreak investigations involving hantavirus at Yosemite National Park, a novel paramyxovirus in a person with exposure to bats in South Sudan and Uganda, virus sequences from three filovirus outbreaks in Uganda and Democratic Republic of Congo, and a multistate investigation of LCMV infections in mice from a commercial breeding enterprise. Check also our website (http://www.cdc.gov/ncezid/dhcpp/vspb/)

**Domestic Travel:** 10%  **International Travel:** 20%

**Available Support:** Statistical, data management, graphic design, and geographical information system support.

**Current/Recent EIS Officer:** Annabelle de St. Maurice, MD, MPH, (EIS 2015), EISO, yzv6@cdc.gov

**Current/Recent EIS Officer:** Lawrence Purpura, MD, MPHTM, (EIS 2015), EISO, yxp0@cdc.gov

**Current/Recent EIS Officer:** Ilana Schafer, DVM, MSPH, (EIS 2012), EISO, wii3@cdc.gov

**Officer Projects:** 1) Management & analysis of Ebola survivor semen testing program data in Liberia; design and implement sub-studies evaluating risk factors & mechanisms. 2) Design, implement, & analyze serosurvey of livestock and humans investigating Rift Valley fever in Uganda 3) Overhaul U.S. Hantavirus surveillance database; analysis of exposure risk factors


**Consultant:** Beth Ervin, MPH, Epidemiologist, wkc8@cdc.gov

**Consultant:** Stuart Nichol, PhD, Branch Chief, stn1@cdc.gov

**Consultant:** Trevor Shoemaker, MPH, Epidemiologist, tis3@cdc.gov

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**Division of Healthcare Quality Promotion/Epidemiology Research and Innovations Branch**

**NCEZID-DHQ-ERIB-GA-2017-01**

**Agency Name:** CDC

**Division/Branch/Team/Section:** Division of Healthcare Quality Promotion/Epidemiology Research and Innovations Branch

**Physical Address:** Atlanta, Georgia

**Primary Supervisor:** Lauren Epstein, MD, (EIS 2013), Medical Officer, Xdd0@cdc.gov

**Secondary Supervisor:** Prabasaj Paul, PhD, (EIS 2011), Epidemiologist

**Background:** The mission of the Division of Healthcare Quality Promotion (DHQP) is to promote patient safety across healthcare settings through 1) prevention, control, and investigation of healthcare-associated infections (HAI); 2) tracking and prevention of adverse events related to medications, medical products and devices, and immunizations; and 3) investigation and prevention of transplant and transfusion related infections. In addition, DHQP plays a critical role in public health emergencies (e.g. the Ebola virus outbreak in West Africa, Middle East Respiratory Syndrome (MERS) coronavirus). DHQP also manages the National Healthcare Safety Network (NHSN), the nation’s most comprehensive surveillance system for HAI data, and promotes antimicrobial stewardship across healthcare settings.

The Epidemiology Research and Innovations Branch (ERIB) within DHQP develops innovative projects and analytic...
strategies to address knowledge gaps critical to the prevention of HAIs and other adverse events. The Office of Prevention Research and Evaluation (OPRE) within ERIB leads the division’s analytic work in designing and conducting case-control, cohort, and mathematical modeling studies. ERIB’s Epidemiology Team leads population-based surveillance for Clostridium difficile infections (CDIs), MRSA, drug-resistant gram-negative bacterial infections, special studies to identify potentially modifiable risk factors and populations at risk, periodic prevalence surveys of HAIs and antimicrobial use, and projects to advance the science of HAI and antimicrobial use surveillance. ERIB staff’s work has informed national priorities and policies for measuring and reducing HAIs.

Officers will work closely with other groups within DHQP including: 1) the Clinical and Environmental Microbiology Branch (laboratory) for environmental sampling and advanced molecular diagnostics; 2) the Surveillance Branch to analyze NHSN data; and 3) the Office of Blood, Organ, and Other Tissue Safety to investigate transplant- and transfusion-related infections. Opportunities for international experiences will be made available to officers as they arise. Many of our officers have played critical roles in the response to Ebola virus disease, MERS, and Zika virus. DHQP officers collaborate with epidemiologists and statisticians in a supportive work environment. Most opportunities in the DHQP/PRB, DHQP/ERIB, and DHQP/IICP positions will be available to officers in all three branches. Officers are encouraged to also review position descriptions for PRB, and IICP.

Proposed Initial Projects: (1) Estimate the incidence, mortality and risk factors for unplanned readmissions following sepsis or patients re-admitted with sepsis using available large administrative databases using regression models; (2) Establish national estimates and examine trends in hospital antibiotic and antifungal use from 2014-2016 using regression modeling; (3) Use mathematical modeling to accurately estimate the impact of interventions on healthcare-associated infections.

Proposed Surveillance Projects: (1) Evaluate surveillance of CDIs among nursing home residents using a national surveillance system; (2) Evaluate a new sepsis definition for national surveillance; (3) Evaluate a national novel surveillance system assessing in-patient antimicrobial usage.

Range of Opportunities: ERIB Officers have opportunities to lead multiple outbreak investigations in healthcare settings, develop data analysis skills, and participate in the development of public health surveillance systems. There are abundant opportunities to publish outbreak and analytic work.

Position Strengths: This position offers strong, interdisciplinary training that includes collaborations with state and local public health and opportunities to work with DHQP’s clinical and environmental microbiology laboratory branch. This training expands career opportunities after EIS, and former officers have gone on to take positions in state and federal public health, academia, clinical medicine, and industry.

Special Skills Useful for this Position: Open to new experiences; willingness to learn and adapt to a variety of topics and settings; strong communication skills; team player who is also capable of independent work.


Domestic Travel: 15% International Travel: 5%

Available Support: ERIB officers work closely with epidemiologists and statisticians focusing on measuring and reporting healthcare-associated events and developing novel surveillance tools to address emerging issues involving infection control, healthcare epidemiology, antimicrobial use and resistance. DHQP orientation encompasses training in epidemiologic methods, data management, media relations, and laboratory techniques. Biweekly statistical seminars given by David Kleinbaum (Emory professor and DHQP consultant), and weekly work-in-progress seminars provide additional opportunities to discuss analytic approaches.

Current/Recent EIS Officer: Jason Lake, MD, (EIS 2015), EIS officer
Current/Recent EIS Officer: Kim Skrobarcek, MD, (EIS 2016), EIS officer
Officer Projects: Determining demographic and socioeconomic factors associated with community-associated Clostridium difficile infections; Pathogen and antimicrobial resistance for pediatric healthcare-associated infections using national surveillance data; Estimating attributable mortality of mediastinitis among coronary artery bypass graft surgery patients; Epidemiology and risk factors for recurrence of invasive methicillin-resistant Staphylococcus aureus infections
Officer Recent Publications: Epidemiology of sepsis: prevalence of health care factors and opportunities for prevention (Vital Signs, MMWR, 2016); Post-Ebola signs and symptoms in U.S. survivors (NEJM, 2016); Risk factors for
The mission of the Division of Healthcare Quality Promotion (DHQP) is to promote patient safety across healthcare settings through prevention, control, and investigation of healthcare-associated infections (HAI) and HAI outbreaks, adverse events related to drugs and immunizations; and transplant and transfusion-related infections. The International Infection Control Program (IICP), formed in 2014, has played central roles in major public health issues like the West Africa Ebola epidemic and the global response to antimicrobial resistance (AMR). IICP now works in over 15 countries, focusing on safe healthcare and control of AMR, some of the most pressing public health issues of today.

Our work addresses three main categories of healthcare-associated infections (HAI): 1) infections with outbreak potential (e.g., MERS, Ebola); 2) device-associated and surgical site infections; and 3) antimicrobial resistance (AMR). IICP collaborates with domestic and international partners to conduct outbreak investigations, implement and evaluate HAI and AMR surveillance, conduct research on healthcare epidemiology and AMR, monitor and evaluate the implementation of infection prevention and control programs, and develop and promote antimicrobial stewardship efforts. The IICP EIS officer will work on international programs, research projects, and outbreaks, and will also participate or lead domestic healthcare outbreaks under supervision from the domestic group. Officers are encouraged to also review position description for PRB and ERIB.

Proposed Initial Projects: Several analytical projects are available to an incoming EISO assigned to IICP. The first project is to compare IICP-developed HAI surveillance definitions for low resource settings to those used in the United States. Currently Egypt is utilizing both sets of surveillance definitions. An EISO would collect and analyze surveillance data in order to compare HAI rates obtained under two different sets of definitions. Additionally, they...
would identify hospital characteristics that are associated with HAI rates and develop methods (e.g. regression models) to allow for comparisons of hospitals within a country. A protocol for this project has already been developed. Another project would be to conduct analyses of data from an existing AMR surveillance system, such as the ones operating in Thailand or Vietnam. These analyses would include descriptive epidemiology, risk factor analysis, and/or building a regression model.

**Proposed Surveillance Projects:** The EISO assigned to IICP would have several options for surveillance projects. (1) Evaluate a recently implemented HAI surveillance system in Vietnam, currently operating in six hospitals across the country; (2) Evaluate a recently implemented central-line associated bloodstream surveillance in India, currently operating in 5 hospitals; (3) Evaluate existing AMR surveillance in Thailand. Each of these evaluations would require international travel to complete hands-on evaluation of surveillance practices and data at one or more participating sites.

**Range of Opportunities:** An EIS officer assigned to IICP would be immersed in a broad range of program implementation work around the globe to improve safe healthcare and control AMR. An EISO may expect to gain experience on a wide range of subject areas, including outbreak response, surveillance, program implementation, program evaluation, health policy, health system financing, quality improvement, laboratory capacity building, and water and sanitation during their two-year assignment. IICP EIS officers will also have the opportunity to participate and lead domestic outbreaks.

**Position Strengths:** IICP is a dynamic, interdisciplinary group working at the forefront of pressing public health issues. Because IICP works with Ministries of Health, the World Health Organization and non-governmental partners in over 15 countries, there are many opportunities for collaboration. Staff have strong analytic, writing, and presentation skills and promote the same in EISOs.

**Special Skills Useful for this Position:** IICP seeks intellectually curious, highly motivated, and flexible officers who are able to work both independently and closely within a team. Prior international experience in low and middle-income countries would be a plus, but is not required. Due to our international work, fluency in another language, especially Spanish or French would be useful, but not required.

**Available Data:** Datasets are readily available and accessible for EISOs within the first month of assignment, including data from Egypt’s HAI surveillance system.

**Recent Publications:** IICP staff have published on a wide range of topics in multiple journals including the Emerging Infectious Diseases, American Journal of Infection Control, BMC Medicine, and the Morbidity and Mortality Weekly Report at CDC among others.

**Domestic Travel:** 5%  **International Travel:** 25%

**Available Support:** An IICP EIS officer would benefit from the experienced, easily-accessible IICP staff, which include EIS-trained medical officers, nurses, and PhD-level scientists, microbiologists, staff epidemiologists, and health communicators. IICP benefits from close collaboration with subject matter experts throughout the division.

**Officer Projects:** EISOs from DHQP have worked on including establishing surveillance for healthcare-associated infections (HAI) and antimicrobial resistance in Vietnam, establishing and evaluating HAI surveillance systems in Kuwait, Egypt, Senegal and Georgia, and investigating international outbreaks (measles in Mongolia, gangrene in Peru, Middle East Respiratory Syndrome [MERS] in Saudi Arabia).


Transmission among Close Contacts of Patient with Case of Middle East Respiratory Syndrome Imported into the United States, 2014. Emerging Infectious Diseases

Background and considerations for Ebola virus disease preparedness in U.S. ambulatory care settings. American Journal of Infection Control

A Cluster of Group A Streptococcal Infections in a Skilled Nursing Facility-the Potential Role of Healthcare Worker Presenteeism. Journal of American Geriatric Society


[125]
Consultant: Benjamin Park, MD, (EIS 2002), Chief, IICP
Consultant: Daniel VanderEnde, MD, MPH, Country Implementation Team Lead
Consultant: Lauri Hicks, DO, (EIS 2003), Director, Office of Antimicrobial Stewardship
Consultant: Arjun Srinivasan, MD, Associate Director for Healthcare Associated Infection Prevention Programs
Consultant: Alex Kallen, MD, MPH, (EIS 2006), Team Lead, PRB
Consultant: Kathy Bridson, BSN, RN, Team Lead, Surveillance Branch
Consultant: Joseph Lutgring, MD, International AR laboratory activities lead
Consultant: Susan Bollinger, MPH, Microbiologist
Consultant: Nora Chea, MD, MSc, (EIS 2013), Medical officer
Consultant: Ulzii Luvsansharav, PhD, MD, (EIS 2013), Medical officer
Consultant: Aditya Sharma, MD, (EIS 2013), Medical Officer
Consultant: Matthew Westercamp, PhD, (EIS 2014), Epidemiologist
Consultant: Meghan Lyman, MD, (EIS 2014), Medical officer
Consultant: TJ McKinney, MPH, Data management specialist
Consultant: Danielle Carter, MPH, Communications and health education specialist

Division of Healthcare Quality Promotion, Prevention and Response Branch

NCEZID-DHQ-PRB-GA-2017-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Healthcare Quality Promotion, Prevention and Response Branch
Physical Address: Atlanta, Georgia
Primary Supervisor: Kiran Perkins, MD, MPH, (EIS 2013), Medical Officer, guu9@cdc.gov
Secondary Supervisor: Duc Nguyen, MD, (EIS 2011), Service Fellow, vif8@cdc.gov

Background: The mission of the Division of Healthcare Quality Promotion (DHQP) is to promote patient safety across healthcare settings through prevention, control, and investigation of 1) healthcare-associated infections (HAIs) including outbreaks; 2) adverse events related to medications, medical products & devices, and immunizations; 3) transplant- & transfusion-related infections. In addition, DHQP plays a critical role in public health emergencies (e.g., West Africa Ebola virus outbreak, Middle East Respiratory Syndrome (MERS)). DHQP manages the National Healthcare Safety Network (NHSN), the nation’s most comprehensive HAI surveillance data system, and promotes antimicrobial stewardship across healthcare settings.

DHQP’s Prevention and Response Branch (PRB) strives to improve the safety and quality of healthcare by investigating HAI outbreaks, emerging infections, and serious breaches in infection control practices; designing and implementing best-practices for preventing infections; measuring the impact of prevention efforts; developing and implementing evidence-based guidance; and promoting antimicrobial stewardship. Central to PRB’s success is its strong connections of public health science to public health partners, clinical medicine, laboratory science, and regulatory agencies.

PRB is offering 2 EIS positions. PRB EISOs will lead rapid responses to HAI outbreaks, implement and evaluate prevention strategies, and conduct epidemiological analyses that provide the scientific basis for policies that prevent HAIs and other adverse events. PRB EISOs will work closely with other groups within DHQP including: 1) the Clinical and Environmental Microbiology Branch (laboratory) for environmental sampling and advanced molecular diagnostics; 2) the Surveillance Branch to analyze NHSN data; and 3) the Office of Blood, Organ, and Other Tissue Safety to investigate transplant- and transfusion-related disease transmission. Opportunities for international experiences will be made available to officers as they arise. Many of our officers have played critical roles in the public health responses such as Ebola virus disease, MERS, and Zika virus. Most opportunities in the DHQP/PRB, DHQP/ERIB, and DHQP/IICP positions will be available to officers in all three branches. Officers are encouraged to also review position descriptions for ERIB and IICP.

Proposed Initial Projects: (1) Characterize outpatient prophylactic antibiotic prescriptions in claims data & medical visit-based data to identify stewardship targets for these medications; modeling methods can be applied to determine patient and provider characteristics associated with appropriate or inappropriate prophylactic antibiotics (2) Describe
types & risk factors for HAIs caused by common waterborne pathogens (e.g., Pseudomonas) using methods such as multivariable regression analysis (3) Examine outpatient antibiotic prescribing among Medicare beneficiaries using CMS data and compare to other estimates of antibiotic prescribing among adults using descriptive analysis; multivariable regression modeling may be used to identify patient and facility-level factors associated with prescribing practices (4) Describe variation and appropriateness of treatment for S. aureus bacteremia in patients across several U.S. states using modeling methods. Additional projects will be available as they develop.

Proposed Surveillance Projects: (1) Evaluate the HAI Outbreak and Response Database as a surveillance tool for the tracking of HAI outbreaks. (2) Evaluate surveillance of urinary tract infections among long term care residents.

(3) Evaluate a novel surveillance system assessing inpatient antimicrobial usage.

Range of Opportunities: Officers have opportunities to lead outbreak investigations in healthcare settings (domestic and international), develop data analysis skills, and participate in public health surveillance system(s) development. There are abundant opportunities to write and submit outbreak and analytic work for publication and presentation at national conferences.

Position Strengths: This position offers strong, interdisciplinary training while working at the forefront of pressing public health issues through collaborations with state and local public health, clinical medicine, and also DHQP’s expert laboratorians. This interdisciplinary training expands officers’ career opportunities. Former officers have accepted positions in state and federal public health, academia, clinical medicine, and industry.

Special Skills Useful for this Position: Open to new experiences; willingness to learn and adapt to a diversity of topics and settings; good communication skills; team player who is also capable of independent work. Past officers have included MDs, PhDs, and DVMs, and have had a wide variety of skills (e.g., infectious diseases, clinical care, data analysis, and other languages) and backgrounds but none are required for a successful experience.

Available Data: Immediately accessible datasets include but are not limited to 1) NHSN: HAIs associated with diverse healthcare settings and antimicrobial use and resistance, 2) Emerging Infections Program: multi-drug resistance organisms and HAI prevalence, and 3) Centers for Medicare & Medicaid Services and other administrative datasets.

Recent Publications: 1) Nontuberculous mycobacteria in healthcare settings. Clinical Infectious Diseases 2017
4) A Large Outbreak of HCV Infections in a Hemodialysis Clinic. Infection Control Hospital Epidemiology 2016

Domestic Travel: 20% International Travel: 5%

Available Support: PRB staff are comprised of EIS- and non-EIS-trained medical officers, nurses, and PhD-level scientists, microbiologists, epidemiologists, and health communicators. The DHQP orientation for incoming officers encompasses epidemiologic methods, data management, media training, and some hands-on training in laboratory techniques. Statistical expertise and support from DHQP staff is readily available.

Current/Recent EIS Officer: Shannon Novosad, MD, (EIS 2015), ydz1@cdc.gov
Current/Recent EIS Officer: Amber Vasquez, MD, (EIS 2015), yxi9@cdc.gov
Current/Recent EIS Officer: Matthew Stuckey, PhD, (EIS 2016), lx05@cdc.gov
Current/Recent EIS Officer: Mark Weng, MD, (EIS 2016), lyo4@cdc.gov

Officer Projects: Domestic investigations of healthcare-associated infections (HAIs), including investigation of E. coli harboring the mcr-1 resistance gene; outbreaks (E. anopheles bloodstream infections); and invasive community-associated MRSA. International HAIs investigations including C. auris infection (Colombia) & survey of blood collection centers to prevent transfusion-transmitted Zika virus infection (Puerto Rico).

Active tracing and monitoring of contacts associated with the first cluster of Ebola in the United States. Annals of Internal Medicine 2015


Transmission of Middle East Respiratory Syndrome Coronavirus infections in healthcare settings, Abu Dhabi. Emerging Infectious Disease 2016
Mucosal barrier injury laboratory-confirmed bloodstream infections: descriptive analysis of data reported to National Healthcare Safety Network (NHSN), 2013. Infection Control and Hospital Epidemiology


Improved phenotype-based definition for identifying carbapenemase producers among carbapenem-resistant Enterobacteriaceae. Emerging Infectious Disease 2015

Consultant: Sridhar Basavaraju, MD, (EIS 2007), etu7@cdc.gov
Consultant: Isaac Benowitz, MD, (EIS 2015), key6@cdc.gov
Consultant: Matthew Crist, MD, MPH, cwu0@cdc.gov
Consultant: Jonathan Edwards, MS, jde3@cdc.gov
Consultant: Ryan Fagan, MD, (EIS 2006), fev3@cdc.gov
Consultant: Katherine Fleming-Dutra, MD, (EIS 2010), ftu2@cdc.gov
Consultant: Lauri Hicks, MD, (EIS 2003), auq3@cdc.gov
Consultant: Alexander Kallen, MD, MPH, (EIS 2006), ffp0@cdc.gov
Consultant: David Kleinbaum, PhD, dgk0@cdc.gov
Consultant: David Kuhar, MD, jto7@cdc.gov
Consultant: Preeta Kutty, MD, (EIS 2005), chz6@cdc.gov
Consultant: Matthew Kuehnert, MD, (EIS 1996), mgk8@cdc.gov
Consultant: Clifford McDonald, MD, (EIS 1996), ljm3@cdc.gov
Consultant: Judith Noble-Wang, PhD, cux2@cdc.gov
Consultant: Benjamin Park, MD, (EIS 2002), bip5@cdc.gov
Consultant: Priï Patel, MD, MPH, (EIS 2002), pgp0@cdc.gov
Consultant: Joe Perz, DrPH, (EIS 1999), bzp4@cdc.gov
Consultant: Ronda Sinkowitz-Cochran, MS, rls7@cdc.gov
Consultant: Melissa Schaefer, MD, (EIS 2007), ggj3@cdc.gov
Consultant: Nimalie Stone, MD, eiy2@cdc.gov
Consultant: Maroya Walters, ScM, PhD, (EIS 2011), vii0@cdc.gov
Consultant: J. Todd Weber, MD, (EIS 1990), jtw5@cdc.gov

NCEZID-DHQ-P-PRB-GA-2017-02
Agency Name: CDC
Division/Branch/Team/Section: Division of Healthcare Quality Promotion, Prevention and Response Branch
Physical Address: Atlanta, Georgia
Primary Supervisor: Preeta Kutty, MD, MPH, (EIS 2005), Medical Epidemiologist, chz6@cdc.gov
Secondary Supervisor: Matthew Crist, MD, MPH, Medical Officer, cwu0@cdc.gov

Background: The mission of the Division of Healthcare Quality Promotion (DHQP) is to promote patient safety across healthcare settings through prevention, control, and investigation of 1) healthcare-associated infections (HAIs) including outbreaks; 2) adverse events related to medications, medical products and devices, and immunizations; and 3) transplant- and transfusion-related infections. In addition, DHQP plays a critical role in public health emergencies (e.g., West Africa Ebola virus outbreak, Middle East Respiratory Syndrome (MERS)). DHQP also manages the National Healthcare Safety Network (NHSN), the nation’s most comprehensive HAI surveillance data system, and promotes antimicrobial stewardship across healthcare settings.

DHQP’s Prevention and Response Branch (PRB) strives to improve the safety and quality of healthcare by investigating HAI outbreaks, emerging infections, and serious breaches in infection control practices; designing and
implementing best-practices for preventing infections; measuring the impact of prevention efforts; developing and implementing evidence-based guidance; and promoting antimicrobial stewardship. Central to PRB’s success is its strong connections of public health science to public health partners, clinical medicine, laboratory science, and regulatory agencies.

PRB is offering 2 EIS positions. PRB EISOs will lead rapid responses to HAI outbreaks, implement and evaluate prevention strategies, and conduct epidemiological analyses that provide the scientific basis for policies that prevent HAIs and other adverse events. PRB EISOs will work closely with other groups within DHQP including: 1) the Clinical and Environmental Microbiology Branch (laboratory) for environmental sampling and advanced molecular diagnostics; 2) the Surveillance Branch to analyze NHSN data; and 3) the Office of Blood, Organ, and Other Tissue Safety to investigate transplant- and transfusion-related disease transmission. Opportunities for international experiences will be made available to officers as they arise. Many of our officers have played critical roles in the public health responses such as Ebola virus disease, MERS, and Zika virus. Most opportunities in the DHQP/PRB, DHQP/ERIB, and DHQP/IICP positions will be available to officers in all three branches. Officers are encouraged to also review position descriptions for ERIB and IICP.

**Proposed Initial Projects:** 1) Characterize oral antibiotic prescribing by dermatologists utilizing IMS Health Xponent prescription dispensing data. The data can be analyzed and stratified by geographic areas, prescriber, patient age, patient gender, patient co-payment, and payment methods. Further modelling methods such as regression analysis can be applied. 2) Perform descriptive analysis in addition to assessing risk factors with methods such as multivariate regression modelling for healthcare-associated infections with carbapenem-resistant GNRs in pediatric patients using the NHSN device and procedure modules. 3) Update national estimates and perform trend analysis in hospital antibiotic and antifungal use from 2014-2016 including conditions for which these antimicrobials are used. Additional projects will likely be available as they develop during the next few months.

**Proposed Surveillance Projects:** 1) Evaluate blood borne pathogen Postexposure Prophylaxis Call Line (PEPLine) user demographics and the utility of PEPLine for providers assessing exposures. 2) Evaluate population-based surveillance of Clostridium difficile infections among long term care patients reported to NHSN. 3) Evaluate a new sepsis definition for national surveillance.

**Range of Opportunities:** Officers have opportunities to lead outbreak investigations in healthcare settings (domestic and international), develop data analysis skills, and participate in public health surveillance system(s) development. There are abundant opportunities to write and submit outbreak and analytic work for publication and presentation at national conferences.

**Position Strengths:** This position offers strong, interdisciplinary training while working at the forefront of pressing public health issues through collaborations with state and local public health, clinical medicine, and also DHQP’s expert laboratorians. This interdisciplinary training expands officers’ career opportunities. Former officers have accepted positions in state and federal public health, academia, clinical medicine, and industry.

**Special Skills Useful for this Position:** Open to new experiences; willingness to learn and adapt to a diversity of topics and settings; good communication skills; team player who is also capable of independent work. Past officers have included MDs, PhDs, and DVMs, and have had a wide variety of skills (e.g., infectious diseases, clinical care, data analysis, and other languages) and backgrounds but none are required for a successful experience.

**Available Data:** Immediately accessible datasets include but are not limited to 1) NHSN: HAIs associated with diverse healthcare settings and antimicrobial use and resistance. 2) Emerging Infections Program: multi-drug resistance organisms and HAI prevalence. 3) Centers for Medicare & Medicaid Services and other administrative datasets.

**Recent Publications:** 1) Nontuberculous mycobacteria in healthcare settings. Clinical Infectious Diseases 2017
4) A Large Outbreak of HCV Infections in a Hemodialysis Clinic. Infection Control Hospital Epidemiology 2016

**Domestic Travel:** 20%  
**International Travel:** 5%

**Available Support:** PRB staff are comprised of EIS- and non-EIS-trained medical officers, nurses, and PhD-level scientists, microbiologists, epidemiologists, and health communicators. The DHQP orientation for incoming officers encompasses epidemiologic methods, data management, media training, and some hands-on training in laboratory techniques. Statistical expertise and support from DHQP staff is readily available.

**Current/Recent EIS Officer:** Shannon Novosad, MD, (EIS 2015), ydz1@cdc.gov
**Current/Recent EIS Officer:** Amber Vasquez, MD, (EIS 2015), yxi9@cdc.gov
**Current/Recent EIS Officer:** Matthew Stuckey, PhD, (EIS 2016), lx05@cdc.gov
**Current/Recent EIS Officer:** Mark Weng, MD, (EIS 2016), lyo4@cdc.gov
Officer Projects: Domestic investigations of healthcare-associated infections (HAIs), including investigation of E. coli harboring the mcr-1 resistance gene; outbreaks (E. anopheles bloodstream infections); and invasive community-associated MRSA. International HAIs investigations including C. auris infection (Colombia) & survey of blood collection centers to prevent transfusion-transmitted Zika virus infection (Puerto Rico).


Active tracing and monitoring of contacts associated with the first cluster of Ebola in the United States. Annals of Internal Medicine 2015


Transmission of Middle East Respiratory Syndrome Coronavirus infections in healthcare settings, Abu Dhabi. Emerging Infectious Disease 2016

Mucosal barrier injury laboratory-confirmed bloodstream infections: descriptive analysis of data reported to National Healthcare Safety Network (NHSN), 2013. Infection Control and Hospital Epidemiology


Improved phenotype-based definition for identifying carbapenemase producers among carbapenem-resistant Enterobacteriaceae Emerging Infectious Disease 2015

Consultant: Sridhar Basavaraju, MD, (EIS 2007), etu7@cdc.gov
Consultant: Isaac Benowitz, MD, (EIS 2015), key6@cdc.gov
Consultant: Jonathan Edwards, MS, jde3@cdc.gov
Consultant: Ryan Fagan, MD, (EIS 2006), fev3@cdc.gov
Consultant: Katherine Fleming-Dutra, MD, (EIS 2010), ftu2@cdc.gov
Consultant: Lauri Hicks, MD, (EIS 2003), auq3@cdc.gov
Consultant: Alex Kallen, MD, MPH, (EIS 2006), ffp0@cdc.gov
Consultant: David Kleinbaum, PhD, Emory Professor, DHQP consultant, dgk0@cdc.gov
Consultant: David Kuhar, MD, jio7@cdc.gov
Consultant: Matthew Kuehnert, MD, (EIS 1996), mgk8@cdc.gov
Consultant: Clifford McDonald, MD, (EIS 1996), ljm3@cdc.gov
Consultant: Judith Noble-Wang, PhD, cux2@cdc.gov
Consultant: Duc Nguyen, MD, (EIS 2011), vif8@cdc.gov
Consultant: Benjamin Park, MD, (EIS 2002), bip5@cdc.gov
Consultant: Priti Patel, MD, MPH, (EIS 2002), ppg0@cdc.gov
Consultant: Kiran Perkins, MS, MPH, (EIS 2013), guu9@cdc.gov
Consultant: Joe Perz, DrPH, (EIS 1999), bzp4@cdc.gov
Consultant: Melissa Schaefer, MD, (EIS 2007), ggj3@cdc.gov
Consultant: Ronda Sinkowitz-Cochran, MS, rls7@cdc.gov
Consultant: Nimalie Stone, MD, eiy2@cdc.gov
Consultant: Maroya Walters, PhD, ScM, (EIS 2011), vi0@cdc.gov
Consultant: J. Todd Weber, MD, (EIS 1990), jtw5@cdc.gov
Division of Vector-Borne Diseases/Arboviral Diseases Branch

NCEZID-DVBD-ADB-CO-2017-01

Agency Name: CDC

Division/Branch/Team/Section: Division of Vector-Borne Diseases/Arboviral Diseases Branch

Physical Address: Fort Collins, Colorado

Primary Supervisor: Susan Hills, MBBS, MPH, Medical Epidemiologist, shills@cdc.gov

Secondary Supervisor: J. Erin Staples, MD, PhD, (EIS 2003), Medical Epidemiologist, estaples@cdc.gov

Secondary Supervisor: Carolyn Gould, MD, Medical Epidemiologist, gby3@cdc.gov

Background: Arboviral Diseases Branch is located in Fort Collins, Colorado and works on viruses that are transmitted to humans by infected mosquitoes, ticks, and other arthropod vectors. More than 100 arthropod-borne viruses (arboviruses) are known to cause human disease. Different vectors, animal hosts, and tissue tropisms contribute to variations in geographic distribution, disease incidence, clinical manifestations, and outcomes.

West Nile virus is the leading cause of arboviral disease in the United States. However, other arboviruses cause sporadic cases and seasonal outbreaks, including Colorado tick fever, Eastern equine encephalitis, Jamestown Canyon, La Crosse, Powassan, and St. Louis encephalitis viruses. Japanese encephalitis, Tickborne encephalitis, and Yellow fever viruses are important vaccine-preventable causes of disease internationally. In 2013, Chikungunya virus was first identified in the Americas with >1 million suspected cases reported that year. In 2015, Zika virus was identified for the first time in the Americas and was associated with previously unrecognized complications, such as microcephaly. Several other arboviruses are new or emerging causes of disease (e.g., Cache Valley, Heartland, and Bourbon viruses).

The primary responsibility for the EISO will be to participate in surveillance, research, and outbreak investigations of domestic, international, and travel-related arboviral diseases. During these investigations, the officer will serve as the epidemiologist on a multidisciplinary team that may include entomologists, vertebrate biologists, laboratory scientists, statisticians, and health education specialists.

Arboviral Diseases Branch is in the Division of Vector-Borne Diseases which is responsible for viral, bacterial, and rickettsial diseases transmitted by arthropod vectors. The EISO will have opportunities to collaborate with other branches in the Division, including Bacterial Diseases Branch in Fort Collins, Dengue Branch in Puerto Rico, and Rickettsial Diseases Branch in Atlanta. Although the branch is located in Colorado, the EIS position is a center-level position not a state-based or Field position.

Proposed Initial Projects:
1. Perform multivariable logistic regression for a case-control study of West Nile virus infection and chronic kidney disease. Study implementation complete and laboratory testing in progress.
2. Analyze enhanced arboviral surveillance data to evaluate the sensitivity of West Nile virus RT-PCR on acute sera.
3. Compare Zika virus disease case-patients who are hospitalized or have neurologic disease to age-matched non-hospitalized and non-neurologic disease cases. Data collection will be complete; EISO will perform analysis and draft manuscript.
4. Conduct a retrospective review to identify Bourbon and Heartland virus disease cases among patients with samples submitted for rickettsial disease testing. Project will involve protocol development, sampling strategy determination, data analysis, and writing a manuscript.
5. Evaluate cross-protective neutralizing antibodies against Powassan virus in people who received Tickborne encephalitis virus vaccine.
6. Analyze data on duration of seroprotection after yellow fever vaccination.

Proposed Surveillance Projects:
Evaluate surveillance for Zika virus viremic blood donors in US states, using data from ArboNET (the national arboviral disease reporting system) and the American Association of Blood Banks. Site visits to state health departments may be used to assess data collection and reporting.

Range of Opportunities: EISO will conduct field investigations of domestic or international arboviral disease outbreaks. Future investigations cannot be predicted but recent investigations included possible Zika outbreak in Chuuk, Zika with unknown transmission route in Utah, and a St Louis encephalitis virus outbreak in Arizona. EISO role includes technical assistance for surveillance, study design, implementation, and data analysis. Other opportunities include development and implementation of epidemiologic studies, data analysis, writing scientific papers, development of vaccine recommendations, and support of state health departments.

Position Strengths:
Diversity: Wide variety of pathogens and project types; Strong supervision: Maximum of two EISOs to six senior epidemiologists; Location: Center-level CDC-experience with the recreational and lifestyle advantages of Colorado.

Special Skills Useful for this Position: Enthusiasm to learn and adapt to a variety of topics and settings; willingness to accept challenges and opportunities; good communication skills; team player who is also capable of independent work.
We will work with you to develop skills you do not have while drawing upon your current skills. Our team has successfully worked with EISOs with differing backgrounds and expertise.

**Available Data:** 1) ArboNET – national arbovirus surveillance system that captures information on human disease cases, veterinary cases, and infections in sentinel animals, dead birds, and mosquitoes; and 2) ADBDiag - MSAccess database of arboviral diagnostic testing performed at CDC.

**Recent Publications:** Staff typically publishes 20-30 peer-reviewed articles, short reports, and book chapters on a variety arboviral diseases per year.

**Domestic Travel:** 25%  
**International Travel:** 15%

**Available Support:** CDC Fort Collins has >200 personnel, including epidemiologists, microbiologists, statisticians, and IT support. The Arboviral Diseases Branch epidemiology activity has six senior epidemiologists, one MPH-level epidemiologist, one surveillance officer, and two EISOs. We have video conferencing with Atlanta for Tuesday Morning Seminar, Grand Rounds, and training.

**Current/Recent EIS Officer:** William (Billy) Walker, DVM, PhD, (EIS 2016), Current EIS officer, lxq4@cdc.gov  
**Current/Recent EIS Officer:** Elisabeth Krow-Lucal, PhD, MPH, (EIS 2015), Current EIS officer, yxn9@cdc.gov  
**Current/Recent EIS Officer:** Morgan Hennessey, DVM, MPH, (EIS 2014), Recent EIS officer, Morgan.J.Hennessey@aphis.usda.gov  
**Current/Recent EIS Officer:** Daniel Pastula, MD, MHSc, (EIS 2013), Recent EIS officer, DPastula@cdc.gov  
**Current/Recent EIS Officer:** Stephanie Yendell, DVM, MPH, (EIS 2011), Recent EIS officer, Stephanie.Yendell@state.mn.us  
**Current/Recent EIS Officer:** Katherine Gibney, MBBS, MPH, (EIS 2009), Recent EIS officer, katheringibney@hotmail.com

**Officer Projects:**
1. Zika virus microcephaly case-control study, Brazil  
2. Suspected Zika outbreak, Chuuk, FSM  
3. Powassan virus epidemiology, US  
4. Chikungunya virus serosurvey, US Virgin Islands  
5. Concurrent outbreak of West Nile and St. Louis encephalitis viruses, Arizona  
6. Acute flaccid paralysis due to La Crosse virus, Ohio

**Officer Recent Publications:**

**Consultant:** Marc Fischer, MD, MPH, (EIS 1994), Surveillance and Epidemiology Activity Chief, mfischer@cdc.gov  
**Consultant:** Ingrid Rabe, MBChB, MMed, (EIS 2007), Medical Epidemiologist, irabe@cdc.gov  
**Consultant:** Stacey Martin, MSc, Senior Epidemiologist, zmt0@cdc.gov  
**Consultant:** Chris Gregory, MD, MPH, (EIS 2008), Chief, Arboviral Diseases Branch, hgk4@cdc.gov  
**Consultant:** Lyle Petersen, MD, MPH, (EIS 1985), Director, Division of Vector-borne Diseases, lxp2@cdc.gov

**Size of Community:** Fort Collins’ population is about 161,000 persons.

**University Affiliation:** The city is home to Colorado State University (CSU) and there are many shared scientific program activities.

**Living Environment:** Fort Collins has received several awards as an amazing place to live, including “best place to live in America” (Money, 2006). Located on the Colorado Front Range, it is approximately 60 miles north of Denver and 45 miles south of Cheyenne, Wyoming. Fort Collins residents enjoy about 300 days of sunshine annually!

**Cultural and Recreational Assets:** There are many opportunities for outdoor activities such as hiking, biking, and boating within and around Fort Collins, and Rocky Mountain National Park is only one hour away. Many people also
enjoy the thriving microbrewery culture and a variety of cultural activities offered by local arts groups.

**Opportunity for Partners’ Employment:** There are a mix of service-related and manufacturing businesses; large employers include CSU and Hewlett Packard.

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**Division of Vector-Borne Diseases/Bacterial Diseases Branch/Epidemiology and Surveillance Activity**

**NCEZID-DVBD-BDB-CO-2017-01**

**Agency Name:** CDC

**Division/Branch/Team/Section:** Division of Vector-Borne Diseases/Bacterial Diseases Branch/Epidemiology and Surveillance Activity

**Physical Address:** Fort Collins, Colorado

**Primary Supervisor:** Christina Nelson, MD, MPH, Medical Epidemiologist, wje1@cdc.gov

**Secondary Supervisor:** Paul Mead, MD, MPH, (EIS 1994), Acting Branch Chief, pmead@cdc.gov

**Secondary Supervisor:** Alison Hinckley, PhD, Epidemiologist, cue0@cdc.gov

**Background:** The Bacterial Diseases Branch (BDB) is one of four branches within the Division of Vector-Borne Diseases (DVBD). BDB is responsible for surveillance, control, and prevention of plague (Yersinia), tularemia (Francisella), Lyme disease and relapsing fever (Borrelia), cat-scratch and Carrion’s disease (Bartonella). These diseases constitute an unusually diverse set of vector-borne and zoonotic infections that pose unique public health challenges. With an estimated 300,000 cases annually, Lyme disease is by far the most common vector-borne disease in the United States and the 5th most common nationally notifiable condition. In contrast, plague and tularemia are rare but life-threatening diseases caused by Tier 1 biological threat agents. Our EIS Officers work both domestically and internationally to gain a broad understanding of vector-borne diseases and public health practice, and they interact daily with an enthusiastic team of physicians, epidemiologists, microbiologists, entomologists, and ecologists. Although located in Fort Collins, Colorado, the BDB position is considered in-house, i.e., an "Atlanta" position and not a Field position.

**Proposed Initial Projects:**
1. Assist with ongoing projects in Uganda to establish surveillance and laboratory capacity for causes of acute febrile illness and develop a practical plague surveillance and control program.
2. Analyze existing data from a prospective cohort of 1,000 Lyme disease patients to determine the frequency and identify risk factors for post-treatment Lyme disease syndrome (PTLDS).
3. Summarize and publish a small but curious series of fatal coinfections with Yersinia pestis and Streptococcus.
4. Evaluate hits to CDC’s tick removal website to track in real time annual emergence of questing ticks nationwide; link to syndicated prevention messages.
5. Summarize and publish national surveillance data on tularemia.

**Proposed Surveillance Projects:** Describe and evaluate the utility of insurance claims data as an alternative means of nationwide surveillance for Lyme disease. The project will entail analysis of data representing ~350 million person-years of medical claims. Additional projects evaluating other diseases (e.g., tularemia, bartonellosis) can also be undertaken. Although meeting with surveillance "stakeholders" is an option, it is not required as part of the project.

**Range of Opportunities:** Officers will have a wide range of opportunities including overseas work, outbreak investigations, analysis of large datasets, consultation on vector-borne diseases, design and implementation of prospective studies, collaboration with state health departments, and opportunities to shape national public health policy.

**Position Strengths:** Close collaboration with a diverse team of epidemiologists, microbiologists, entomologists, and ecologists. A Center-level position located in Colorado in one of America’s "best cities," with opportunities to work at state, national, and international levels.

**Special Skills Useful for this Position:** A strong work ethic and a good sense of humor.

**Available Data:** Datasets available for immediate analysis include:
2. National surveillance data for plague, tularemia, and Lyme disease encompassing ~300,000 records.
3. “MarketScan” medical billing records for ~38 million Americans per year, 2005-2015, searchable by ICD9 diagnostic code
4. Tularemia case report form data with detailed clinical and exposure information.
5. Detailed clinical and epidemiological data on all human plague cases in the United States, 1900-2015.

**Recent Publications:**
**Domestic Travel:** 10%  
**International Travel:** 15%

**Available Support:** Epidemiology staff with extensive skills in SAS, ArcGIS, Epi Info; and JMP; statistical support from 2 doctorate-level statisticians; expert consultants on microbiology, entomology and diagnostic testing; secretarial/administrative support for travel; computer/IT support staff on site.

**Current/Recent EIS Officer:** Natalie Kwit, DVM, MPH, (EIS 2015), EISO, yxx4@cdc.gov
**Current/Recent EIS Officer:** Joe Forrester, MD, MSc, (EIS 2013), Stanford University, jdforrester84@gmail.com
**Current/Recent EIS Officer:** Meghan Brett, MD, (EIS 2010), University of New Mexico, mbrett@salud.unm.edu
**Current/Recent EIS Officer:** Jeff Miller, MD, (EIS 2009), Pennsylvania Department of Health
**Current/Recent EIS Officer:** Ingrid Rabe, MBChB, (EIS 2007), Arboviral Diseases Branch, CDC, Fort Collins

**Current/Recent EIS Officer:** Hannah Gould, PhD, (EIS 2005), New York City Department of Health and Mental Hygiene

**Officer Projects:** (1) Rat fall surveillance as an early warning system for human plague in Uganda; (2) Assessment of Zika virus and microcephaly in Brazil; (3) Changing geographic distribution of tularemia in United States; (4) Risk factors for disseminated Lyme disease; (5) Tularemia exposure among National Park Service employees


**Consultant:** Kiersten Kugeler, PhD, Epidemiologist, bio1@cdc.gov
**Consultant:** Sarah Hook, MPH, Epidemiologist
**Consultant:** Anna Perea, MPH, Communications Specialist

**Size of Community:** Fort Collins’ population is about 161,000 persons.

**University Affiliation:** The city is home to Colorado State University (CSU) and there are many shared scientific program activities.

**Living Environment:** Fort Collins has received several awards as an amazing place to live, including “best place to live in America” (Money, 2006). Located on the Colorado Front Range, it is approximately 60 miles north of Denver and 45 miles south of Cheyenne, Wyoming. Fort Collins residents enjoy about 300 days of sunshine annually!

**Cultural and Recreational Assets:** There are many opportunities for outdoor activities such as hiking, biking, and boating within and around Fort Collins, and Rocky Mountain National Park is only one hour away. Many people also enjoy the thriving microbrewery culture and a variety of cultural activities offered by local arts groups.

**Opportunity for Partners’ Employment:** There are a mix of service-related and manufacturing businesses; large employers include CSU and Hewlett Packard.

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**Division of Vector-Borne Diseases/Dengue Branch**

**NCEZID-DVBD-DB-PR-2017-01**

**Agency Name:** CDC

**Division/Branch/Team/Section:** Division of Vector-Borne Diseases/Dengue Branch

**Physical Address:** San Juan, Puerto Rico

**Primary Supervisor:** Tyler Sharp, PhD, (EIS 2010), Acting Epidemiology Team Lead, tsharp@cdc.gov

**Secondary Supervisor:** Matthew Lozier, PhD, (EIS 2012), Epidemiologist, wfu2@cdc.gov
**Background:** The mission of CDC Dengue Branch, located in San Juan, Puerto Rico, is to develop, implement, and evaluate strategies to reduce dengue morbidity and mortality. However, Zika virus and the accompanying emergency response in Puerto Rico dominated the Dengue Branch’s activities in 2016. For the foreseeable future, Zika, chikungunya, and dengue viruses will be Dengue Branch priorities.

Dengue is the world's most common and important arboviral illness. It is endemic throughout the tropics and subtropics where an estimated 100 million cases and 400 million dengue virus infections occur annually. Dengue Branch has ~90 employees and is composed of four Teams: Epidemiology, Laboratory, Entomology, and Communications. The EISO will be assigned to the Epidemiology Team; however, cross-training with all Teams will occur. Prominent activities of the Epidemiology Team include: 1) The Sentinel Enhanced Dengue Surveillance System (SEDDS) that conducts acute febrile illness surveillance in two sites in PR and tests for 23 different pathogens; 2) Outbreak investigations to improve clinical awareness of and surveillance for dengue in the U.S. and abroad; and 3) Travel-associated dengue outbreak investigations to better inform U.S. travelers of dengue. EpiTeam conducts dengue clinical trainings to improve the capacity of clinicians in the U.S. and abroad to appropriately identify and manage dengue patients.

The EISO will participate in an exciting time in dengue and Zika virus science and disease control, with imminent availability of dengue and Zika vaccines and new technologies for mosquito control. Dengue Branch includes 4 EIS alumni and highly experienced epidemiologists that make up a collaborative team with the knowledge and tenacity to tackle the challenges of dengue and Zika viruses, and other emerging arboviral pathogens. Dengue Branch works very closely with PR Dept of Health on many projects, and the EISOs will gain both “Center” and “State/Territorial” based experiences in public health.

**Proposed Initial Projects:** Support a cohort study of children and adults for evaluation of dengue and Zika vaccine studies (to be initiated in July 2017). Collaborate with the SEDSS site to establish a cohort of Zika-exposed fetuses, infants, and toddlers to assess cognitive and neurological development (to be initiated in April 2017). Conduct community-based survey to assess interest in creating a cohort to evaluate interest in dengue and Zika vaccines and innovative vector-control interventions (to be initiated in July 2017). Evaluation of immunologic and other risk factors for Zika clinical disease and mortality (pre-existing dataset). Analysis of SEDSS data to determine if Zika diagnostic testing should utilize urine or saliva instead of blood (pre-existing dataset). Conduct a prospective evaluation of the dengue rapid diagnostic tests in the SEDSS site (to be initiated during the next dengue epidemic).

**Proposed Surveillance Projects:** Evaluation of Puerto Rico Guillain-Barre syndrome surveillance system (with an eye to arboviral associations), Zika-associated Pregnancy Surveillance System, or Sentinel Enhanced Dengue Surveillance System. All 3 evaluations would necessitate interviews with stakeholders at CDC and PR Dept of Health, as well as with hospital partners.

**Range of Opportunities:** EISOs can become experts in dengue virus, Zika virus, and other tropical medicine pathogens. All Dengue Branch EISOs take a “Dengue 101” course covering clinical, laboratory, surveillance, and outbreak response aspects of dengue. EISOs are encouraged to generate research questions, write protocols, collect and analyze data, present findings (conferences/manuscripts). EISOs will have opportunities to participate in/lead multidisciplinary teams during domestic or international outbreak responses, which typically include epidemiology, laboratory diagnostics, clinical care, community engagement, and vector assessment and control.

**Position Strengths:** A combination of exciting outbreak investigations, short/long-term research studies, high-profile investigations of high-impact illnesses, and access to a robust arboviral surveillance system, with work in Puerto Rico and abroad. Work closely with PR Dept of Health, and gain strong mentoring from recognized international experts in dengue. Reap the benefits of working on the cutting edge of Zika and dengue investigations, while enjoying a Caribbean lifestyle, beautiful beaches, and Latin joie de vivre.

**Special Skills Useful for this Position:** Experience in vector-borne disease epidemiology/ecology and international health. Background in immunology, virology. Spanish language competency is strongly recommended.

**Available Data:** Passive Dengue Surveillance System (>40 years of data); Sentinel Enhanced Dengue Surveillance System (5 years); ArboNET (10 years); outbreak, serosurvey databases.

**Recent Publications:**
Domestic Travel: 10%  International Travel: 10%

Available Support: Molecular, molecular epidemiology, and immuno-diagnostic laboratories; mosquito surveillance and control expertise; biostatistics; modeling; database management; data entry; administrative/logistical.

Current/Recent EIS Officer: Esther Ellis, (EIS 2012), whz9@cdc.gov
Current/Recent EIS Officer: Dana Thomas, (EIS 2012), wii6@cdc.gov
Current/Recent EIS Officer: Tyler Sharp, (EIS 2010), tsharp@cdc.gov
Current/Recent EIS Officer: Christopher Gregory, (EIS 2008), hkg4@cdc.gov
Current/Recent EIS Officer: Mary Ramos, (EIS 2005)
Current/Recent EIS Officer: Hamish Mohammed, (EIS 2005)
Current/Recent EIS Officer: Emilio Dirlikov, PhD, (EIS 2015), EIS officer, klt9@cdc.gov

Officer Projects: Zika and Guillain-Barre syndrome; Zika virus persistence in body fluids; Establishing dengue surveillance (Burkina Faso); dengue outbreak investigations (Fiji/Kenya/Tanzania/Haiti/Florida/Texas/Arizona); fatal dengue, chikungunya and leptospirosis in Puerto Rico; surveillance systems evaluation during Puerto Rico Zika epidemic; chikungunya serosurvey in regions with ongoing mosquito interventions.


Consultant: Janice Perez Padilla, jqp9@cdc.gov
Consultant: Aida Rivera, erj2@cdc.gov
Consultant: Carmen Perez, cnp8@cdc.gov
Consultant: Brenda Torres-Velazquez, dzq9@cdc.gov
Consultant: Stephen Waterman, MD, (EIS 1981), Branch Chief, shw2@cdc.gov
Consultant: Carmen Deseda, MD, (EIS 1989), Puerto Rico Territorial Epidemiologist, carmen.deseda@salud.pr.gov

Size of Community: San Juan is a metropolitan city with ~2.3 million residents located on the north coast of Puerto Rico.

University Affiliation: Dengue Branch has close working ties with Ponce Health Sciences University, University of Puerto Rico, and San Juan Bautista School of Medicine. The EISO will have opportunities to interact with these institutions.

Living Environment: Puerto Rico offers the best of a tropical island lifestyle: beautiful beaches, rainforests, and coral reefs, while maintaining the comforts of a U.S. lifestyle.

Cultural and Recreational Assets: Opportunities abound for swimming, hiking, biking, surfing, paddle-boarding, snorkeling, and scuba diving. Year-round warm weather, sunny skies, and ocean breezes facilitate an active outdoor lifestyle, and a rich history and culture unique from the continental experience offer ample opportunities for cultural enrichment.

Opportunity for Partners’ Employment: San Juan offers opportunities for employment in a variety of fields. Spanish-language skills are beneficial for identifying employment.
NCEH/ATSDR protects people’s health from environmental hazards. Explore the exceptional opportunities at NCEH and ATSDR and help promote healthy homes and communities, prevent asthma and lead poisoning in children, improve capabilities for preparing and responding to natural and man-made disasters, respond to foodborne or waterborne outbreaks, build state and national public health capacity. Be part of a cruise ship inspection / outbreak investigation, global cook stoves initiative, public meetings associated with hazardous waste site investigations, learn how to use GIS in investigations, and track diseases and exposures using the environmental public health tracking system. Want to be at the frontline of public health, find more at youtube.com: National Center for Environmental Health (NCEH); and youtube.com: The Health Assessment Process and your community.


Division of Emergency and Environmental Health Services/Office of the Director

NCEH-ATSDR-DEEHS-OD-GA-2017-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Emergency and Environmental Health Services/Office of the Director
Physical Address: Chamblee, Georgia
Primary Supervisor: Helen Rogers, PhD, Associate Director for Science, hhs0@cdc.gov
Secondary Supervisor: Sharunda Buchanan, PhD, MPH, (EIS 1993), Division Director, sdb4@cdc.gov

Background: The Division of Emergency and Environmental Health Services (DEEHS) provides national leadership in the development of environmental and emergency public health policy and prevention programs to improve public health practice nationwide. We are looking for a highly motivated individual with an interest in studying the relationship between environment and health. This EIS position is stationed in the Office of the Director of the Division of Emergency and Environmental Health Services. As such there is a wide breadth of potential study areas in environmental health correlating with the specialized work in our programs:

- Environmental Health Services: Provides surveillance, practice-based research, evidence-based practice, training, and technical assistance for state, tribal, local, and territorial environmental health practitioners in food safety, recreational and drinking water quality assurance, on-site wastewater management, indoor air quality (ex. mold, carbon monoxide), rodent/vector control, environmental health investigation of Legionnaires Disease, and community environmental health service delivery.
- Environmental Public Health Readiness: Protects public health and safety by reviewing, advising, and making recommendations on the safe disposal and transportation of stockpile and non-stockpile chemical warfare agents and providing technical guidance for issues involving highly hazardous chemicals.
- Lead Poisoning and Prevention:Tracks and prevents childhood lead poisoning and other adverse health conditions related to the home environment using surveillance and by providing technical assistance for determining lead exposure.
- Vessel Sanitation: Assists the cruise ship industry to prevent and control the introduction, transmission, and spread of gastrointestinal illnesses on cruise ships by conducting inspections, monitoring for gastrointestinal illness and trains cruise ship employees on public health practices.

Proposed Initial Projects: Conduct record review and a case series analysis of blood lead levels (BLL) >70ug/dL in children. Many times the exact exposure lending itself to these elevated values cannot be ascertained. The analysis would seek to find shared demographic variables among children with these elevated BLLs. Analyze data collected by the National Environmental Assessment Reporting System (NEARS). This system captures environmental assessment data from foodborne illness outbreak investigations to identify environmental causes of outbreaks, provide fact-based actions to reduce or prevent future foodborne illness outbreaks, and evaluate food safety programs.

Proposed Surveillance Projects: We are currently working to expand the Childhood Blood Lead Surveillance System (CBLSS). This system collects data to target limited resources to the highest risk children and to track incidence and risk factors. An evaluation of CBLSS and the components that make up this system will help guide the future of blood lead surveillance.
**Range of Opportunities:** Because this position is located in the office of the director, it is possible for the officer to be involved in many different aspects of environmental health. As such, the EIS officer may have responsibility for the epidemiologic component of environmental system evaluations during outbreaks and public health emergencies. Recent EIS officers in the division have worked on projects including:

- rural water system disruption response;
- an investigation of hybrid vehicle related fatalities;
- a lead exposure investigation in Nigeria;
- a heat-related death investigation in Phoenix, Arizona;
- Deployment to Sierra Leone for Ebola response;
- Modelling the health impacts of ITHIM in Nashville, TN;
- Surveillance of bicycle related fatalities; and
- Examined active transportation using 5 surveillance systems in the US.

Further details about the division’s activities are available at [http://www.cdc.gov/nceh/eehs/](http://www.cdc.gov/nceh/eehs/).

**Position Strengths:** This position is located in the Office of the Director of the Division of Emergency and Environmental Health Services. By locating in the OD, we can offer many different opportunities and aspects of environmental health.

**Special Skills Useful for this Position:** Interest in environmental health services.

**Available Data:** Childhood Blood Lead Surveillance data (CBLS); National Environmental Assessment Reporting System (NEARS).

**Recent Publications:**


**Domestic Travel:** 25%  **International Travel:** 0%

**Available Support:** We have statistical support for EIS officers in the form of a division statistician: Shailen Banerjee, Ph.D.

**Current/Recent EIS Officer:** Ussery Emily, PhD, (EIS 2015)

**Current/Recent EIS Officer:** Geoffrey Whitfield, PhD, (EIS 2013)

**Current/Recent EIS Officer:** Amy Freeland, PhD, (EIS 2009)

**Current/Recent EIS Officer:** Carrie Dooyema, MSN, MPH, RN, (EIS 2009)

**Officer Projects:** Recent projects include:

- rural water system disruption response;
- an investigation of hybrid vehicle related fatalities;
- a lead exposure investigation in Nigeria;
- Deployment to Sierra Leone for Ebola response;

**Officer Recent Publications:**


Division of Environmental Hazards and Health Effects/Air Pollution and Respiratory Health Branch/Air Pollution, Asthma and Epidemiology Team

NCEH-ATSDR-DEHHE-APRHB-GA-2017-01

Agency Name: CDC
Division/Branch/Team/Section: Division of Environmental Hazards and Health Effects/Air Pollution and Respiratory Health Branch/Air Pollution, Asthma Epidemiology Team
Physical Address: Chamblee, Georgia
Primary Supervisor: Kanta Sircar, PhD, MPH, (EIS 2007), Team Lead, ddq0@cdc.gov
Secondary Supervisor: Joy Hsu, MD, (EIS 2013), Medical Officer, xdd6@cdc.gov

Background: The mission of the Air Pollution and Respiratory Health Branch (APRHB) is to reduce the burden of asthma and adverse health effects associated with exposure to indoor and outdoor air pollutants through surveillance, partnerships, and investigations. Areas of expertise within APRHB include epidemiology, program implementation and evaluation, environmental exposure assessment, biostatistics, media communications, and health economics and policy.

APRHB activities include:
* Asthma-related activities, e.g., analyses of national surveillance data, Epi-Aids, media opportunities, and partnerships to address health disparities or policy
* Activities related to air pollution (outdoor or indoor) and its impact on respiratory health (e.g., particulate matter, mold), and partnerships to monitor and prevent carbon monoxide poisoning
* Emergency response, e.g., wildfires, hurricanes, and asthma-related Epi-Aids

Because of the organizational co-location of National Center for Environmental Health (NCEH) and the Agency for Toxic Substances and Disease Registry (ATSDR), EIS officers assigned to APRHB have the unique opportunity to participate in activities across both agencies. Within NCEH, EIS officers have access to datasets or field investigations through collaboration with the Health Studies Branch, the Environmental Public Health Tracking Program, and the Healthy Homes and Lead Poisoning Prevention Program. To learn more about these NCEH programs, please see their respective position descriptions. EIS officers may also participate in other opportunities led by the Vessel Sanitation Program, the Office of Environmental Health Emergencies, as well as other programs at NCEH. Examples of previous collaborations with these programs include investigating the Flint, MI water crisis and assisting states impacted by Hurricane Matthew. ATSDR also offers collaborative opportunities with their Assessment of Chemical Exposures (ACE) Program and the Geospatial Research Analysis and Services Program (GRASP). Field opportunities for EIS officers outside of NCEH/ATSDR (e.g., Ebola, Zika) are also supported.

Relevant websites:
www.cdc.gov/asthma
www.cdc.gov/sixeighteen/asthma
www.cdc.gov/air
www.cdc.gov/co
www.cdc.gov/mold

Proposed Initial Projects:
1) conduct multivariate analysis of BRFSS Asthma Call-Back Survey data to investigate how racial or income disparities in asthma morbidity might relate to the availability of preventive asthma control
interventions (e.g., self-management education, home or school practices); 2) use time-series modeling to analyze real-time particulate matter and carbon monoxide exposure data from an international cookstove study and compare with WHO guidelines; 3) analyze nationally representative data to identify high-impact communication channels for air quality alerts, and how these might differ by demographics or health conditions; 4) choose among datasets related to traffic-related air pollution, post-disaster temporary housing, or eco-friendly public housing to analyze relationships between air quality, biomarkers, and other health indicators. Developed protocols exist for EISO to use for all these projects. Analytic epidemiology opportunities abound and can be tailored to officer interests and background.

**Proposed Surveillance Projects:** Evaluate the use of state insurance data for asthma surveillance of morbidity, disparities, or public health interventions. A site visit/field evaluation could accompany desk-based work.

**Range of Opportunities:** This position has a good mix of dataset analysis and field investigations involving APRHB or other groups within and outside of NCEH. The officer will enjoy a variety of opportunities such as designing and leading epidemiologic investigations, analyzing large national datasets, responding to requests to (and outside of) NCEH for emergency assistance (Epi-Aids) from state or international governments, and communicating with lay audiences.

**Position Strengths:** 1) Important public health problems: indoor and outdoor air pollution and asthma, 2) broad range of subject areas (e.g., health care /public health partnership, exposure modelling, intervention evaluation) and datasets, 3) emphasis on projects tailored to officer’s interest and background; 4) strong support for improving analytic skills; 5) opportunities to collaborate with other groups within and outside of NCEH, including field investigations; 6) extensive branch experience supervising officers.

**Special Skills Useful for this Position:** We have had success working with officers with different backgrounds (e.g., PhD, MD, etc.). The officer should be excited to learn about the role of the environment on population health and should enjoy working with public health practitioners based in a variety of settings. The officer should also be able to function well as a team member.

**Available Data:** BRFSS Asthma Call-Back Survey, NHANES, National Health Interview Survey (NHIS), National Ambulatory Medical Care Survey, National Vital Statistics, National Poison Data System, MarketScan (health cost and utilization data), ConsumerStyles Survey, American Hospital Association Survey, and air quality data.

**Recent Publications:**

**Domestic Travel:** 5%  **International Travel:** 0%

**Available Support:** Epidemiologists, environmental health scientists, statisticians, physicians, and communications and program evaluation experts. Also, the EIS officer can consult with Emory University faculty.

**Current/Recent EIS Officer:** Matthew Karwowski, MD, MPH, (EIS 2014), ydh4@cdc.gov

**Current/Recent EIS Officer:** Lillian Lewis, MD, MPH, (EIS 2015), iph4@cdc.gov

**Officer Projects:** *Desk-based analyses: asthma-related school absenteeism (BRFSS Asthma Call-back Survey); asthma and influenza vaccination (National Health Interview Survey); air pollution associated with cookstoves in Kenya
*Field investigations regarding: asthma (Puerto Rico, Utah), air pollution (California geothermal emissions), Zika, Ebola, walkability (U.S. Virgin Islands)


Background: The mission of the National Environmental Public Health Tracking Program (Tracking Program) is to provide information from a nationwide network of integrated health and environmental data that drives actions to improve the health of communities. In collaboration with federal, state, and local partners, the Tracking Program identifies priority environmental health issues, determines key surveillance questions, and evaluates the utility of existing data for answering the question and informing the issue. The branch staff have expertise in epidemiology, surveillance, informatics, program management, and health communication. Learn more about the Tracking Program at www.ephtracking.cdc.gov

Because of the organizational co-location of National Center for Environmental Health (NCEH) and the Agency for Toxic Substances and Disease Registry (ATSDR), EIS officers assigned to Tracking have the unique opportunity to participate in activities across both agencies. Within NCEH, EIS officers have access to datasets or field investigations through collaboration with the Health Studies Branch, the Air Pollution and Respiratory Health Branch, and the Healthy Homes and Lead Poisoning Prevention Program. To learn more about these NCEH programs, please see their respective position descriptions. EIS officers may also participate in opportunities led by the Vessel Sanitation Program, the Office of Environmental Health Emergencies, as well as other programs at NCEH. Examples of previous collaborations with these programs include investigating the Flint, MI water crisis and assisting states impacted by Hurricane Matthew. ATSDR also offers collaborative opportunities with their Assessment of Chemical Exposures (ACE) Program and the Geospatial Research Analysis and Services Program (GRASP). Field opportunities for EIS officers outside of NCEH/ATSDR (e.g., Ebola, Zika) are also supported. Relevant websites: www.cdc.gov/nceh/eis/overview.html

Proposed Initial Projects: 1) Design and conduct epidemiological studies to examine the association between adverse health outcomes (e.g., asthma, heart attacks, pre-term births) and environmental exposures using Tracking Network data, 2) Identify appropriate data and develop measures for evaluating community resiliency for the Tracking Network’s All-Hazards Disaster Module, 3) Analyze information on how the Tracking program and its data has been used to drive public health actions at the state and local levels, 4) Evaluate the impact of uncertainty and data limitations on measures generated at the sub-county level, 5) Develop a protocol for routine analysis of Tracking data (e.g., hospitalization, emergency department, birth defects) to assess spatial temporal trends and identify vulnerable populations. Analytic epidemiology opportunities are available and can be tailored to officer interests and background.

Proposed Surveillance Projects: 1) Evaluation of well water data (US Geological Survey) and its appropriateness for inclusion into the Tracking Network, 2) Evaluation of current radon data on the Tracking Network to assess if there has been improvement in data quality and use, 3) Assist a state/local Tracking Program with an on-site evaluation of a component of their Tracking Network.

Range of Opportunities: The officer will enjoy a variety of opportunities such as analyzing large datasets, responding to requests to (and outside of) NCEH for Epi-Aids from state or international governments, collaborating with federal, state, and local experts in developing data standards and protocols for analyses of health and environmental data, and communicating with lay audiences.

Position Strengths: We provide an opportunity to 1) learn about the state of science for key environmental health issues; 2) access large datasets to learn more about the associations between the environment and health; 3) use informatics and technology to collect, manage, visualize, analyze, and disseminate data; 4) develop a deeper understanding of conducting environmental health surveillance; 5) tailor projects to officer’s interest and background; 6) collaborate with other groups within and outside of NCEH, including field investigations.

Special Skills Useful for this Position: The officer should be excited to learn about the role of the environment on
population health and the use of data and informatics to inform public health decision-making. The officer should
enjoy working with public health practitioners based in a variety of settings and be able to function well as a team
member in cross-disciplinary teams.

**Available Data:** Data from the Tracking Network include hospitalization and emergency department data for health
outcomes (e.g., asthma, cardiovascular disease, heat stress illness); environmental data (e.g., monitored and modeled
air quality data); and other data for land use, highways, drought, and ultra-violet radiation, at the national and state
levels.

**Recent Publications:**
- Heat Stress Illness Emergency Department Visits in National Environmental Public Health
- A Statistical Framework to Evaluate Extreme Weather Definitions from a Health Perspective: A Demonstration
  Based on Extreme Heat Events. BAMS 2016.
- Data to Action: Using environmental public health tracking to inform decision making. J Pub Hlth Manage
  Pract 2015.
- Maternal exposure to ozone and PM2.5 and the prevalence of orofacial clefts in four U.S. states. Env Res 2017

**Domestic Travel:** 5%  **International Travel:** 0%

**Available Support:** Epidemiologists, environmental health scientists, communications, and informatics experts. Also,
the EIS officer can consult with Emory University faculty.

**Current/Recent EIS Officer:** Ethan Fechter-Leggett, DVM, (EIS 2013)

**Officer Projects:** Evaluated Environmental Public Health Tracking Network surveillance system’s use of hospital
discharge data
Temporal and geographic trends in heat stress illness ED visits: 14 states
Led Epi-Aid of Community Assessment for Public Health Emergency Response on recovery needs of communities
affected by the WV Elk River chemical spill

**Officer Recent Publications:**
- Fechter-Leggett ED, Vaidyanathan A, Choudhary E. Heat Stress Illness Emergency Department Visits in National
- Stehling-Ariza T, Fisher E, Vagi S, Fechter-Leggett E, Prudent N, Dott M, Daley R, Avchen RN. Monitoring of
  Persons with Risk for Exposure to Ebola Virus Disease — United States, November 3, 2014–March 8, 2015. MMWR

**Division of Environmental Hazards and Health Effects/Health Studies Branch/Environmental Toxicology Team**

**NCEH-ATSDR-DEHHE-HSB-GA-2017-01**

**Agency Name:** CDC

**Division/Branch/Team/Section:** Division of Environmental Hazards and Health Effects/Health Studies Branch/Environmental
Toxicology Team

**Physical Address:** Atlanta, Georgia

**Primary Supervisor:** Ekta Choudhary, PhD, MPAS, MS, (EIS 2009), Senior Service Fellow, echoudhary@cdc.gov

**Secondary Supervisor:** Johnni Daniel, DHSc, Epidemiologist, bez2@cdc.gov

**Background:** When hazards such as toxic chemicals or natural or man-made disasters threaten a community, public
health decision makers look for answers based in sound science. The Health Studies Branch (HSB) of the National
Center for Environmental Health provides information based on applied epidemiology to public health professionals
across the country and around the world to help them find these answers. HSB responds to emergencies and
researches/investigates health effects from environmental hazards (non-infectious agents). The branch’s major
activities include responding to outbreaks of toxic etiology; preparing for and responding to disasters; investigating
exposures and health effects associated with the environment; conducting surveillance for emerging environmental
health threats; and assisting partners to identify and prepare for emerging threats. Because of the organizational co-location of National Center for Environmental Health (NCEH) and the Agency for Toxic Substances and Disease Registry (ATSDR), EIS officers assigned to Health Studies Branch have the unique opportunity to participate in activities across both agencies. Within NCEH, EIS officers have access to datasets or field investigations through collaboration with the Air Pollution and Respiratory Health Branch, the Health Studies Branch, the Environmental Health Tracking branch, and the Climate and Health Program. To learn more about these NCEH programs, please see their respective position descriptions. EIS officers may also participate in other opportunities led by the Vessel Sanitation Program, the Office of Environmental Health Emergencies, as well as other programs at NCEH. Examples of previous collaborations with these programs include investigating the Flint, MI water crisis and assisting states impacted by Hurricane Matthews. ATSDR also offers collaborative opportunities with their Assessment of Chemical Exposures [ACE] Program and the Geospatial Research Analysis and Services Program (GRASP). Field opportunities for EIS officers outside of NCEH/ATSDR (e.g., Ebola, Zika) are also supported.

**Proposed Initial Projects:**
- Evaluate the new Community Reception Center Epi Info tool designed for population monitoring after a radiological incident
- Collaborate with the National Tribal Water Center to describe priority issues associated with drinking water on tribal lands
- Analyze additional available datasets to explore associations between environmental exposure and health outcomes (Desk based)
  - National Poison Data System
  - National Health and Nutritional Examination Survey
  - National Environmental Public Health Tracking Network
- While the specific project cannot be identified ahead of time, HSB regularly responds to requests for assistance to investigate outbreaks presumed to be associated with chemical exposures. HSB has a protocol in place to rapidly assist EISOs in responding to these unpredictable, but always interesting, public health events. (Potential project, field based)

**Proposed Surveillance Projects:**
- Evaluated NPDS data for the surveillance of pesticides in drinking water
- Evaluate NPDS data for the surveillance of emerging consumer products associated with adverse health effects
- Evaluate the use of state/local private well water data for the Environmental Public Health Tracking Network. (Desk based)

**Range of Opportunities:** HSB has several datasets from studies of exposures to environmental chemicals and health outcomes or measures (e.g., cancer, developmental markers, and pregnancy outcomes) available for analysis. As opportunities arise, officers can lead or participate in outbreak investigations or public health disaster response activities. Officer-initiated projects consistent with branch priorities are encouraged.

**Position Strengths:** Officer(s) will have the opportunity to work on a wide range of environmental health problems, including non-infectious contaminants in drinking water or food, disaster surveillance and epidemiology, and emerging environmental health issues. Former HSB EIS officers have been recognized for their epidemiology, leadership, and analytic skills with nominations for the Shepard and Peavey awards, CDC/NCEH Honor awards and the Mackel and Langmuir awards.

**Special Skills Useful for this Position:** Interest in applied epidemiology, interest in exploring associations between the environment and health, flexibility, interest in disaster response, creative problem solving, personal initiative, desire to work in a wide range of topic areas.

**Available Data:** National Poison Data System data, Avon Longitudinal Study of Parents and Children study data, National Health and Nutrition Examination Survey, Environmental Public Health Tracking Network

**Recent Publications:**
- Outbreak of Acute Hypoglycemic Encephalopathy Associated with Litchi Consumption, Muzaffarpur, India, 2014. (Lancet)
- Synthetic marijuana use is associated with a greater prevalence of health risk behaviors compared to marijuana only use among U.S. high school students – 2015. (Society for Behavioral Medicine.)
- Prenatal concentrations of perfluoroalkyl substances and early communication development in British girls. (Environmental Health Perspectives.)
- In utero exposure to atrazine analytes and early menarche in the Avon Longitudinal Study of Parents and Children Cohort. (Environmental Health Perspectives.)
- Bongkrekic Acid – A Review of a Lesser-known Mitochondrial Toxin. (Journal of Medical Toxicology)

**Domestic Travel:** 10%  
**International Travel:** 5%

**Available Support:** Officer(s) will have the opportunity to work with EIS-trained staff across the branch. Statisticians and health communications specialists within the branch and division are available to provide expertise and guidance to EIS officers. Officers will also be able to consult with HSB experts in disaster epidemiology, environmental epidemiology, and medical toxicology.

**Current/Recent EIS Officer:** Alice Wang, PhD, (EIS 2015), EIS Officer, idp4@cdc.gov
**Current/Recent EIS Officer:** Gamola Fortenberry, PhD, (EIS 2015), EIS Officer, xmc5@cdc.gov
**Current/Recent EIS Officer:** Anindita Issa, MD, (EIS 2016), EIS Officer, lxo4@cdc.gov
Current/Recent EIS Officer: Kevin Chatham-Stephens, MD, (EIS 2013), EIS Officer
Current/Recent EIS Officer: Olaniyi Olayinka, MD, (EIS 2013), EIS Officer

Officer Projects:
- Evaluated Tornado-Related Mortality Tracking Using the Electronic Death Registration
- Assisted in Hurricane Mathew response
- Assisted in Flint water crisis response
- Conducted community needs assessment after West Virginia floods
- Assisted in Zika response domestically and internationally
- Assisted in Ebola response internationally
- Assessed associations between prenatal PCB exposure and cognitive development

Officer Recent Publications:
- Mortality Associated with Hurricane Matthew — United States, October 2016. (MMWR)
- Assessment of Impact and Recovery Needs in Communities Affected by the Elk River Chemical Spill — West Virginia, April 2014. (Public Health Reports)
- Acute Health Effects Associated with the Elk River Chemical Spill — West Virginia, January 2014. (Society for Behavioral Medicine)
- Evaluation of Real-Time Mortality Surveillance Based on Media Reports. (Disaster Medicine and Public Health Preparedness)
- Blood Lead Levels Among Children Aged <6 Years — Flint, Michigan, 2013–2016. (MMWR)
- Exposure calls to U.S. poison centers involving electronic cigarettes and conventional cigarettes—September 2010–December 2014. (Journal of Medical Toxicology)
- Impact of the 2012 extreme drought conditions on private well owners in the United States, a qualitative analysis. (BMC Public Health)

Consultant: Josh Schier, MD, Medical Officer, are8@cdc.gov
Consultant: Stephanie Kieszak, MS, Statistician, sek7@cdc.gov
Consultant: Tesfaye Bayleyegn, MD, (EIS 2004), Senior Service Fellow, bvy7@cdc.gov
Consultant: Ethel Taylor, DVM, (EIS 2009), Epidemiologist, idp4@cdc.gov
Consultant: Judy Qualters, PhD, Division Director/Acting Branch Chief, jxq1@cdc.gov
Consultant: Lorrie Backer, PhD, (EIS 1994), Senior Epidemiologist, ifb9@cdc.gov
Consultant: Terry Hartman, PhD, Associate Professor

Agency for Toxic Substances and Disease Registry/Division of Toxicology and Human Health Sciences/Geospatial Research, Analysis and Services Program

NCEH-ATSDR-DTHHS-GRASP-GA-2017-01
Agency Name: CDC
Division/Branch/Team/Section: Agency for Toxic Substances and Disease Registry/Division of Toxicology and Human Health Sciences/Geospatial Research, Analysis and Services Program
Physical Address: Atlanta, Georgia
Primary Supervisor: Andrew Dent, MA, MBA, Program Director, ADent@cdc.gov
Secondary Supervisor: Renee Funk, DVM, (EIS 2002), Associate Director, RFunk@cdc.gov

Background: Multidisciplinary Geospatial Research, Analysis, and Services Program (GRASP) study patterns associated with environmental health, public health emergencies, infectious and chronic disease, and injury. Geospatial science and technology, or “GIS”, has become an essential ingredient in the examination of public health problems, the surveillance of disease, the exploration of risk factors, and the planning and evaluation of public health interventions. Office of Environmental Health Emergency Management (OEHEM) coordinates and manages NCEH & ATSDR resources and expertise to protect the public’s health from environmental threats. OEHEM offers a variety of field deployment opportunities to EIS Officers across the center.
Proposed Initial Projects: Atlanta Beltline Community Walkability Study: The GRASP/Georgia State University Atlanta Beltline Study examines the impact of the Beltline on surrounding communities. The study has three components: (1) a walkability study assessing the walkability of streets/sidewalks surrounding the Beltline, (2) a use assessment evaluating local residents’ use of the Beltline, and (3) an environmental assessment to collect and analyze air quality data surrounding the Beltline. The Study is underway, but the EIS Officer will have the opportunity to (1) engage in fieldwork to gather walkability data using a paper assessment instrument, (2) engage in fieldwork to interview local residents on Beltline use, and (3) characterize, analyze, and visualize study data. Additionally, GRASP is interested in utilizing new GPS-enabled geonarrative technology to collect environmental and Beltline usage data. The EIS Officer will have the opportunity to propose a method to integrate geonarrative technology into existing efforts and/or expand the study to evaluate additional hypotheses supported by extended field data acquisition.

Healthy People 2020 Environmental Health Goal 23 Assessment: GRASP is responsible for monitoring the progress of the Healthy People 2020 goal for reducing the number of public schools located within 150 meters of major highways in the United States (EH-23). GRASP conducted the baseline analysis for this measure. The EIS Officer will have the opportunity to develop a research project to evaluate the progress toward this goal. Additionally, the EIS Officer may design, develop, and conduct an analysis exploring changes in pertinent health outcomes as a result of changes in school siting related to EH-23.

Population Across Borders (PopCAB) Nigeria Study: GRASP has partnered with NCEZID to provide geospatial science and technology guidance, assistance, training and fieldwork to enhance the examination of population movement across borders in Nigeria. This effort is primarily in support of the Global Polio Eradication Initiative (GPEI). The EIS Officer will have the opportunity to contribute to multiple facets of this project including (1) GIS training for international partners, (2) study protocol review and design, and (3) fieldwork to assess land border conditions and population movement across borders.

Proposed Surveillance Projects: GRASP Environmental Burden Index (EBI): contains various environmental metrics such as air pollution, toxic releases, transportation, and parks.

NHANES: National Health and Nutrition Examination Survey.

PAD-US: Protected Areas Database for the United States, can be used to understanding the interaction between health and access to parks/greenspace.

Range of Opportunities: GRASP engages with virtually all CDC/ATSDR CIOs including ATSDR, NCCDPHP, NCEH, NCIRD, CGH, NCIPC, NCEZID, and OPHPR. GRASP academic partnerships currently include the University of Georgia and Georgia State University. Additionally, GRASP collaborates and shares information with WHO, the National Geospatial–Intelligence Agency (NGA), US HHS, US Department of Homeland Security, and EPA.

Position Strengths: With expertise spanning the breadth of geospatial science and technology, GRASP will provide the EIS Officer guidance in areas including geography, GIS, computer science, epidemiology, geospatial statistics, cartography, emergency preparedness & response, and environmental health.

Special Skills Useful for this Position: We have had success working with EIS officers with different backgrounds (e.g., PhD, MD, etc.). The officer should be excited to acquire and hone geospatial epidemiologic skills in understanding on population health. The officer should also be able to function well as a team member.

Available Data: The EIS Officer will have immediate access to the GRASP Geospatial Data Warehouse, a data warehouse of national and international GIS data layers spanning physical, cultural, administrative, environmental, demographic, and health care access. The Warehouse includes the GRASP Social Vulnerability Index (SVI), GRASP Environmental Burden Index (EBI) (BETA), GRASP Hazardous Waste Site Boundary Database, and US Census decennial and American Community Survey data. The Officer will be also instructed on the use of CDC WONDER and the NCEH Environmental Public Health Tracking System.

Recent Publications: Over the last few years numerous peer-reviewed journal and MMWR articles have published this work. Topics including a exploring Guillain-Barré syndrome during ongoing Zika virus transmission in Puerto Rico, a geospatial analysis of household spread of Ebola, mortality from a tornado outbreak, injuries and post-traumatic stress following a historic tornado event, evaluating national county-level measures of park proximity, predictors of hospital admissions for heat illness, mortality associated with Hurricane Matthew, and adherence to malaria treatment guidelines in Malawi just scratch the surface of the types of analyses and publication opportunities available.

Domestic Travel: 15%  International Travel: 0%

Available Support: GRASP is a highly-integrated and collaborative team comprised of geospatial staff broadly spanning disciplines and expertise areas associated with geography, GIS, geospatial science, geospatial statistics, and epidemiology.

Officer Projects: Guillain-Barré syndrome during ongoing Zika virus transmission in Puerto Rico; a geospatial analysis of household spread of Ebola; mortality after tornadoes and hurricanes; evaluating national county-level measures of park proximity, predictors of hospital admissions for heat illness; adherence to malaria treatment guidelines in Malawi; etc.
Officer Recent Publications: Because of the organizational co-location of National Center for Environmental Health (NCEH) and the Agency for Toxic Substances and Disease Registry (ATSDR), EIS officers assigned to GRASP have the unique opportunity to participate in activities across both agencies. Within NCEH, EIS officers have access to datasets or field investigations through collaboration with the Health Studies Branch, the Environmental Public Health Tracking Program, and the Healthy Homes and Lead Poisoning Prevention Program. Within NCEH, EIS officers have access to datasets or field investigations through collaboration with the Health Studies Branch, the Environmental Public Health Tracking Program, and the Healthy Homes and Lead Poisoning Prevention Program. To learn more about these NCEH programs, please see their respective position descriptions. EIS officers may also participate in other opportunities led by the Vessel Sanitation Program, the Office of Environmental Health Emergencies, as well as other programs at NCEH. Examples of previous collaborations with these programs include investigating the Flint, MI water crisis and assisting states impacted by Hurricane Matthew. ATSDR also offers collaborative opportunities with their Assessment of Chemical Exposures (ACE) Program. In addition, NCEH/ATSDR EIS officers were part of the field response to Ebola, Zika, and other.

Consultant: Arthur Wendel, MD, (EIS 2006), medical officer, dvq6@cdc.gov
Consultant: Yulia Carroll, MD, PhD, (EIS 2007), medical officer, eya3@cdc.gov

National Center for Health Statistics

Division of Health and Nutrition Examination Surveys/Analysis Branch

NCHS-DHNES-AB-MD-2017-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Health and Nutrition Examination Surveys/Analysis Branch
Physical Address: Hyattsville, Maryland
Primary Supervisor: Tala Fakhouri, PhD, MPH, (EIS 2011), Epidemiologist, TFakhouri@cdc.gov
Secondary Supervisor: Cynthia Ogden, PhD, (EIS 1994)

Background: The National Health and Nutrition Examination Survey (NHANES) is the only nationally representative survey that combines demographic, socioeconomic and dietary interview data with physical examination data such as biochemistries and body measurements. NHANES data drive many national health and nutrition policy decisions. For example, the growth charts used by pediatricians are based on NHANES data and low blood folate levels seen in NHANES led to mandatory food fortification. This position will focus on nutrition (anthropometry, diet, laboratory measures or other nutrition related topics).

Proposed Initial Projects: Many projects are possible and selection will be based on officer interest. Examples include: 1) What are the health consequences of extreme obesity in children; 2) What is the association between consumer behaviors such as use of nutrition information in fast food restaurants or participation in food assistance programs and nutritional status (data available winter 2017-2018); 3) Are there differences in dietary intake or nutritional status between US born and foreign born individuals; and 4) How does dietary intake impact adolescent health and the prevalence of risk factors for future health conditions (e.g. iron deficiency anemia, cholesterol, obesity).

Proposed Surveillance Projects: Surveillance of a nutrition related behavior or condition such as food security, added sugar intake, fruit and vegetable intake, calories from fast food, iron status or obesity. Surveillance of dietary behaviors discussed in the Dietary Guidelines for Americans could be done (e.g. added sugars intake). In most cases the project will focus on surveillance using NHANES, but there are opportunities to use other data sources to evaluate a nutrition-related surveillance system (e.g. food security). Other topics are also available.

Range of Opportunities: The focus of this assignment will be the analysis of NHANES nutrition data and involvement in federal nutrition activities in the Washington DC area. The assignment can involve monitoring different aspects of nutritional status or nutrition disparities. The officer will have the opportunity to see NHANES in the field. Collaboration with others in the Division, at NIH, or in other CDC Centers will be possible for some projects. The officer will be able to participate in federal meetings and activities related to nutrition such as the NIH Nutrition Coordinating Committee and attend Congressional hearings. Although this assignment is primarily analytic,
supervisors are supportive of EISO deployments. In fact, in 2016 one Officer was deployed 3 times to work on Zika surveillance.

**Position Strengths:** The position will provide a strong foundation in analyzing complex survey data. NCHS is located within a short walking distance from the Metro, which facilitates living in the Washington, DC metropolitan area. Being in the DC area also offers the opportunity to be exposed to other agencies working in similar areas of research and policy.

**Special Skills Useful for this Position:** Knowledge of SAS, STATA, or R helpful, but not required.

**Available Data:** NHANES data immediately available.


**Domestic Travel:** 0%  
**International Travel:** 0%

**Available Support:** The branch is composed of epidemiologists, statisticians, nutritionists, programmers, dentists, pediatricians and 2 EIS Officers - all available for consultation.

**Current/Recent EIS Officer:** Marissa Zwald, PhD, (EIS 2016)  
**Current/Recent EIS Officer:** Amy Seitz, PhD, (EIS 2016)  
**Current/Recent EIS Officer:** Asher Rosinger, PhD, (EIS 2015)  
**Current/Recent EIS Officer:** Duong Nguyen, DO, (EIS 2014)

**Officer Projects:** Association between active transportation and cardiovascular disease risk factors; Prevalence and patterns of marijuana use among NHANES participants with select health conditions; Disparities in tap and bottled water consumption among U.S. adults; and Prevalence of daily flossing among US adults.


**Consultant:** Eleanor Fleming, DDS, PhD, (EIS 2011)

**Consultant:** Susan Lukacs, DO, (EIS 2001)

**Consultant:** Mark Eberhardt, PhD, (EIS 1983)

**Consultant:** Lara Akinbami, MD, (EIS 1998)

**Consultant:** Kirsten Herrick, PhD

**Size of Community:** With over 6 million people, metro DC is 6th largest U.S. metro area.

**University Affiliation:** Strong relationships exist with Johns Hopkins, the University of Maryland, and GWU.

**Living Environment:** Housing opportunities range from a vibrant urban living to affordable suburban areas; local school achieve some of the highest scores in the nation. The area has extensive subway, bike, and train systems.
Cultural and Recreational Assets: Cultural diversity abounds in the DC metro area (Kennedy Center, Ford’s Theater, Wolf Trap, Smithsonian museums and other venues). Outdoor activities range from jogging in the city, watersports at the Chesapeake Bay, relaxing at the Atlantic beaches, or hiking in Shenandoah National Park. The 3 major airports and Amtrak make traveling to other destinations quick and affordable.

Opportunity for Partners’ Employment: High median household incomes and <4% unemployment. Government, private, and NGOs all have offices in the metro area.

Division of Health and Nutrition Examination Surveys/Office of the Director

NCHS-DHNES-OD-MD-2017-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Health and Nutrition Examination Surveys/Office of the Director
Physical Address: Hyattsville, Maryland
Primary Supervisor: Mark Eberhardt, PhD, (EIS 1983), Epidemiologist, MEberhardt@cdc.gov
Secondary Supervisor: Susan Lukacs, DO, MSPH, (EIS 2001), Medical Officer, SLukacs@cdc.gov
Secondary Supervisor: Jody McLean, MPH, Geneticist, JMclean@cdc.gov

Background: The National Health and Nutrition Examination Survey (NHANES) is the premier source of health examination information in the United States and has been for over 50 years. It collects physical examination, laboratory, and questionnaire information from ~5,000 persons annually who comprise a nationally representative community–based sample of the US population. It collects data on 1) risk factors including environmental exposures, physical activity, nutrition, and other health behaviors; 2) dental, sensory, reproductive and other measures of health status, as well as 3) infectious and chronic disease health outcomes. NHANES is unique in that it combines personal interviews with standardized physical examinations and includes a blood draw and urine collection for analysis in laboratories. NHANES has a biorepository which includes DNA samples which are made available for future research. NHANES has the only nationally representative DNA specimen repository and genetic data repository. Recently, NHANES released n = 800,000+ SNPs (single nucleotide polymorphisms) for non-Hispanic blacks and non-Hispanic whites from the NHANES 1999-2002 genetic subset. Officers will have the opportunity to assess the relationship between genetics and chronic conditions, health status and environmental exposures; impute additional SNP data; and potential to assess oral microbiome data. This position will focus on genetics, bioinformatics, and NHANES data. NHANES has sponsors from CDC, NIH, USDA, and the private and academic sectors and the Officer may have the ability to collaborate with scientists from these sectors.


Proposed Surveillance Projects: The Officer would evaluate NHANES to monitor “hidden” illnesses, such as undiagnosed diabetes, undiagnosed hypertension, or undiagnosed infectious diseases (for example HPV). During the assessment the officer could conduct interviews with stakeholders, or visit the NHANES mobile exam center as feasible.

Range of Opportunities: This assignment focus is analysis of NHANES genetic data. The Officer will have the opportunity to see NHANES in action in the field and be a part of the NHANES Biospecimen Working Group. Collaboration with other scientists in the Division or in other centers within CDC will be possible for some projects. Field epi investigations are not inherent within a position at NCHS but NCHS supervisors are supportive of EISO deployments. NCHS EIS Officers have been involved in CDC investigations ranging from Ebola and Zika responses to assisting in investigations of hospital-acquired infections.

Position Strengths: The position will provide a strong foundation in analyzing NHANES genetic data combined with NHANES phenotypic data. NCHS is located within a short walking distance from the Metro, which facilitates living in the Washington, DC metropolitan area. Being in the DC area also offers the opportunity to be exposed to other agencies working in similar areas of research and policy.
**Special Skills Useful for this Position:** Proficient in SAS, R, and Plink and knowledge of other genetic statistical software packages

**Available Data:** National Health and Nutrition Examination Survey (NHANES)

**Recent Publications:**


**Domestic Travel:** 0%

**International Travel:** 0%

**Available Support:** The Division has a full staff of epidemiologic researchers and statisticians with clinical, epidemiologic, and computer science expertise and 2 EIS officers - all are available for consultation.

**Current/Recent EIS Officer:** Amy Seitz, PhD, (EIS 2016), ASEitz@cdc.gov

**Current/Recent EIS Officer:** Marissa Zwald, PhD, (EIS 2016), MZwald@cdc.gov

**Current/Recent EIS Officer:** Asher Rosinger, PhD, (EIS 2015), ARosinger@cdc.gov

**Current/Recent EIS Officer:** Duong Nguyen, DO, (EIS 2014), DTNguyen@cdc.gov

**Current/Recent EIS Officer:** Joseph Woodring, DO, (EIS 2012)

**Officer Projects:** Examine marijuana use among adults with select health conditions; Assist in evaluating pseudomonas infections at a neonatal intensive care unit; Examine association between hydration status and weight status; Examine cholesterol levels in US children; Examine trends in cotinine levels among children with asthma; Estimate current U.S. HIV prevalence


**Consultant:** Tala Fakhouri, PhD, (EIS 2010)

**Size of Community:** With over 6 million people, metro DC is 6th largest U.S. metro area.

**University Affiliation:** Strong relationships exist with Johns Hopkins, the University of Maryland, and GWU.

**Living Environment:** Housing opportunities range from a vibrant urban living to affordable suburban areas; local school achieve some of the highest scores in the nation. The area has extensive subway, bike, and train systems.

**Cultural and Recreational Assets:** Cultural diversity abounds in the DC metro area (Kennedy Center, Ford’s Theater, Wolf Trap, Smithsonian museums and other venues). Outdoor activities range from jogging in the city, watersports at the Chesapeake Bay, relaxing at the Atlantic beaches, or hiking in Shenandoah National Park. The 3 major airports and Amtrak make traveling to other destinations quick and affordable.

**Opportunity for Partners’ Employment:** High median household incomes and <4% unemployment. Government, private, and NGOs all have offices in the metro area.
Division of Adolescent and School Health/School-Based Surveillance Branch

NCHHSTP-DASH-SBSB-GA-2017-01

Agency Name: CDC
Division/Branch/Team/Section: Division of Adolescent and School Health/School-Based Surveillance Branch
Physical Address: Atlanta, Georgia
Primary Supervisor: Richard Lowry, (EIS 1990), Medical Officer, RLowry@cdc.gov
Secondary Supervisor: Zewditi Demissie, PhD, MPH, (EIS 2010), Research Scientist, ZDemissie@cdc.gov
Secondary Supervisor: Heather Clayton, PhD, MPH, (EIS 2010), Health Scientist, HClayton@cdc.gov

Background: The mission of the Division of Adolescent and School Health (DASH) is to promote environments where teens can gain fundamental health knowledge and skills, establish healthy behaviors for a lifetime, connect to health services, and avoid becoming pregnant or infected with HIV or STDs. Surveillance of priority health risk behaviors is one strategy used to achieve that mission. Priority surveillance areas include sexual health behaviors, alcohol and other drug use, violence and unintentional injury, tobacco use, nutrition, and physical activity. Risk behaviors in these areas are interrelated, often initiated during adolescence, and may lead to HIV infection and other sexually transmitted disease (STD), unplanned pregnancies, and serious injuries, in the short-term; and to cardiovascular diseases, cancer, diabetes, and other chronic diseases in the long-term. DASH provides financial and technical assistance to approximately 9 national organizations and 36 state and local departments of education that offer school- and community-based educational programs to reduce the prevalence and incidence of behaviors related to HIV and STDs. In addition, DASH provides financial and technical assistance to all 50 states plus DC, 21 large urban school districts, and 6 territories to conduct school-based surveillance through the Youth Risk Behavior Survey (YRBS) and the School Health Profiles (Profiles). For further information see https://www.cdc.gov/healthyyouth/.

Proposed Initial Projects: 1) Analyze how sexual behaviors that increase risk for HIV and other STDs are associated with other types of health risk behavior (e.g., alcohol, drug, and tobacco use; violence-related behaviors; or physical activity and dietary behaviors) among sexual minority U.S. high school students, using the 2015 national Youth Risk Behavior Survey (YRBS); 2) Conduct analyses of school health policies and practices that address HIV, other STDs, and teen pregnancy prevention using the 2016 School Health Profiles (Profiles) or 2016 School Health Policies and Practices Study (SHPPS); 3) Examine the correlation between sexual risk behaviors among high school students in large urban school districts (using 2015 YRBS school district data) and community-based Chlamydia infection rates among youth ages 15-19 years (using local STD clinic data).

Proposed Surveillance Projects: Monitoring health risk behaviors among sexual minority youth; conduct an evaluation of the sexual identity and same-sex behavior components of the national, state, or local Youth Risk Behavior Surveillance System (YRBSS).

Range of Opportunities: Opportunities include: 1) data analysis, presentation, and publication of epidemiologic studies involving health risk behaviors of adolescents and school health policies and practices that address those behaviors; 2) consultation with federal, state, local, and private health and education agencies regarding surveillance of health risk behaviors; 3) EIS officers are encouraged to pursue opportunities for field experience outside the branch.

Position Strengths: Large dataset analysis, behavioral epidemiology, and analysis of secular trends in health risk behaviors.

Special Skills Useful for this Position: Interest in school health, behavioral epidemiology, and the adolescent and young adult population, as well as strong data analysis interest and skills, are important for this position. EIS Officers who have prior experience with, or an interest in learning, SAS and SUDAAN will do well in this position.

Available Data: Available datasets include: 1) biennial, national, state, and local school-based YRBS datasets during 1991-2015; 2) a sexual minority dataset that combines YRBS data from 19 large urban school districts and 25 states that included questions about sexual orientation during 1995-2015; 3) biennial, state and local Profiles datasets during 2006-2016, which assess school health policies and practices in states, large urban school districts, territories, and tribal governments; 4) SHPPS datasets during 1994-2016, which assess school health policies and practices at the state, district, school, and classroom levels.

Recent Publications: Demissie Z, Everett Jones S, Clayton HB, King BA. Adolescent risk behaviors and use of

**Domestic Travel:** 5%  **International Travel:** 0%

**Available Support:** Supervision is provided through close interaction with career staff and consultants with expertise in the areas of epidemiology, preventive medicine, school health education, research psychology, community health, survey research, public health law, statistics, and data processing.

**Current/Recent EIS Officer:** Zewditu Demissie, (EIS 2010), Research Scientist

**Officer Projects:**
- Analytic projects included: media use and its association with beverage intake among U.S. high school students; missing meals among U.S. high school students; and trends in weight management goals and behaviors. Field investigation included data collected for an assessment of pertussis vaccine effectiveness in California.
- Analytic projects included: media use and its association with beverage intake among U.S. high school students; missing meals among U.S. high school students; and trends in weight management goals and behaviors. Field investigation included data collected for an assessment of pertussis vaccine effectiveness in California.

**Officer Recent Publications:**

**Consultant:** Nancy Brener, (EIS 1995), Lead Health Scientist

**Consultant:** Laura Kann, Branch Chief

**Consultant:** Sherry Everett Jones, Health Scientist

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**Division of HIV/AIDS Prevention/HIV Incidence and Case Surveillance Branch/Incidence and Molecular Epidemiology Team**

**NCHHSTP-DHPSE-HICSB-GA-2017-01**

**Agency Name:** CDC

**Division/Branch/Team/Section:** Division of HIV/AIDS Prevention/HIV Incidence and Case Surveillance Branch/Incidence and Molecular Epidemiology Team

**Physical Address:** Atlanta, Georgia

**Primary Supervisor:** Anne Marie France, PhD, (EIS 2008), Epidemiologist, AFrance@cdc.gov

**Secondary Supervisor:** Alexa Oster, MD, (EIS 2007), Medical Epidemiologist, aoster@cdc.gov

**Background:** The HIV Incidence and Case Surveillance Branch (HICSB) conducts a national program of surveillance and research to monitor and characterize trends in HIV, including its determinants as well as epidemiological dynamics such as prevalence, incidence, and antiretroviral resistance, to guide public health action at the federal, state, and local levels. HICSB is expanding the use of cutting-edge molecular epidemiology methods to analyze HIV genetic sequence data, understand HIV transmission patterns, and identify growing HIV transmission clusters. The EIS officer will have ample opportunities to work on projects covering the full range of HIV surveillance, including using molecular epidemiology to identify and investigate clusters of active HIV transmission. The National HIV Surveillance System is critical for monitoring objectives established by Healthy People 2020 and the U.S. National HIV/AIDS Strategy.
related to reducing new HIV infections, improving utilization of HIV care, and reducing health disparities. The National HIV Surveillance System offers a wide range of opportunities for EIS officers, including surveillance evaluation, conceptualization and design of analytic studies and presentation/publication of findings, and evaluation of field operations. Additionally, there are opportunities for field investigation of growing HIV transmission clusters.

**Proposed Initial Projects:** Initial projects will be selected based on the officer’s interests, but options include:

Potential epidemiologic analyses: Data and standard analytic approaches are immediately available for the following analyses, with the requirement that the EISO develop a brief (2-3 page) analysis proposal (development and approval of proposals takes approximately one month). All analyses include descriptive and analytic components. 1) Analysis of characteristics of the U.S. HIV transmission network generated by analysis of molecular HIV surveillance data; 2) Analysis of HIV diagnosis, prevalence, or engagement in HIV care among the general population or a specific HIV risk group (e.g., men who have sex with men or persons who inject drugs); 3) Analysis of HIV drug resistance patterns among persons with diagnosed HIV infection and related clinical outcomes (e.g., time to viral suppression); 4) Analysis of racial/ethnic disparities in HIV diagnosis, incidence, prevalence, or engagement in HIV care; 5) Characterization of temporal trends in HIV-related outcomes.

Potential field investigations and other travel: 1) Epi-Aid investigation of a growing HIV transmission cluster/possible HIV outbreak, including possible multistate clusters; 2) Investigation of cases of HIV transmission involving unusual risk factors for HIV infection or unusual viral types, such as HIV-2; 3) Site visit(s) to assess implementation of HIV surveillance data collection; 4) Travel to provide direct assistance to a state or territory; 5) Collecting data regarding potential cases of functional cure of HIV; 6) Investigation of perinatal HIV transmissions.

**Proposed Surveillance Projects:** Evaluation of the ability of Molecular HIV Surveillance to detect possible HIV outbreaks. May include review of existing data and field work or site visits.

**Range of Opportunities:** The officer will lead and participate in important national analyses that make significant contributions to public health and present findings at national/international conferences. HICSB’s portfolio includes identifying clusters and outbreaks, and the officer will have opportunities to participate in field/outbreak investigations within and outside of the branch. Interested officers may participate in international projects through collaborations with other branches/divisions.

**Position Strengths:** HICSB offers outstanding epidemiology training. Mentoring by senior and mid-level scientists and statisticians produces a supportive environment for building skills and experience. There is an expectation for strong scientific work leading to abstract presentations and scientific publications. Collaboration with other branches (e.g., Epidemiology, Laboratory) is encouraged.

**Special Skills Useful for this Position:** EISOs with enthusiasm and a variety of skills will be successful in the branch. Although not required, a basic familiarity with or willingness to learn data analysis and SAS would be beneficial. Excellent written and oral communication skills and the ability to work well in a large, diverse branch would be advantageous.

**Available Data:** Clinical, molecular, and risk data are immediately accessible from all U.S. jurisdictions for 1 million persons living with diagnosed HIV infection. Analyses could focus on particular risk populations (men who have sex with men, persons who inject drugs, or heterosexuals), racial/ethnic groups, ages, or geographic areas and examine transmission, diagnosis, incidence, prevalence, or engagement in care.


**Domestic Travel:** 10%  
**International Travel:** 5%

**Available Support:** HICSB contains a wealth of expertise in surveillance, epidemiology, medicine, statistics, and modeling. SAS programming, statistical, and clerical support are readily available, as is a seminar series for new EIS officers.

**Current/Recent EIS Officer:** Sharoda Dasgupta, PhD, (EIS 2015), EIS Officer, SDasgupta@cdc.gov  
**Current/Recent EIS Officer:** Laura Cooley, MD, MPHTM, (EIS 2012), Medical Epidemiologist, LCooley@cdc.gov  
**Current/Recent EIS Officer:** Matt Karwowski, MD, (EIS 2014), Medical Epidemiologist, MKarwowski@cdc.gov

**Officer Projects:** Investigation of a growing HIV transmission cluster in San Antonio; Investigation of factors associated with rapid HIV transmission in southeastern Indiana; Investigation to determine the source of an Elizabethkingia anophelis outbreak in Wisconsin; Investigation of repeat syphilis infection and HIV co-infection among Baltimore men who have sex with men

Dasgupta S, Oster AM, Li J, Hall HI. Disparities in Consistent Retention in HIV Care — 11 States and the District of Columbia. MMWR 2016 Feb 5;65(4).


Consultant: Sharoda Dasgupta, PhD, (EIS 2015), EIS Officer, SDasgupta@cdc.gov

Consultant: Cheryl Ocfemia, MPH, Epidemiologist, COcfemia@cdc.gov

Consultant: Angela Hernandez, MD, Epidemiologist, Acting Branch Chief, AHernandez@cdc.gov

Division of STD Prevention/Surveillance and Data Management Branch/Surveillance and Special Studies Team

NCHHSTP-DSTDP-SDMB-GA-2017-01

Agency Name: CDC

Division/Branch/Team/Section: Division of STD Prevention/Surveillance and Data Management Branch/Surveillance and Special Studies Team

Physical Address: Atlanta, Georgia

Primary Supervisor: Eloisa Llata, MD, MPH, (EIS 2007), Medical Officer, gge3@cdc.gov

Secondary Supervisor: Elizabeth (Lizzi) Torrone, PhD, (EIS 2009), Epidemiologist

Background: Nearly 85% of all reportable infections are sexually transmitted diseases (STDs). The Division of STD Prevention Surveillance and Special Studies Team is responsible for monitoring and interpreting surveillance data on STDs in the United States; evaluating local, state, and national STD surveillance systems; performing special studies of STD prevalence in high risk populations; and conducting special investigations of epidemic changes in STDs (often as Epi-Aids) and other emerging STD problems in the US and internationally. STD surveillance can be challenging because most STDs are asymptomatic and case finding is heavily influenced by screening practices. Additionally, some STDs are curable and persons can be infected multiple times in their lifetime, with each diagnosis indicating a new infection. For viral STDs with no cure, serologic markers can monitor lifetime exposure, but may not represent incident disease. Thus, a number of approaches are used to monitor STDs, including case reporting, sentinel surveillance, population-based surveys, and analyses of administrative databases.

Proposed Initial Projects: (1) Analyze data from the STD Surveillance Network (SSuN) to examine adherence to clinical guidelines among patients diagnosed with STDs and among patients accessing care in STD clinics, (2) Examine STD diagnoses among HIV-positive persons who attend STD clinics; (3) Analyze congenital syphilis case report data to better describe morbidity/mortality in reported cases and assess whether clinical outcome varies with maternal stage of syphilis, maternal treatment regimen, or timing of treatment during pregnancy; (4) Analyze large administrative databases to evaluate trends in non-reportable STDs (for example, neonatal herpes) and STI sequelae; (5) Conduct field investigations of outbreaks of congenital syphilis, chlamydia, gonorrhea, syphilis, or other STDs in U.S. states or territories; (6) Interested EIS Officers will have the opportunity to participate in at least one international project. Potential projects include leading an interim analysis on global progress on congenital syphilis elimination using WHO data reported by countries, participating on a WHO technical team validating elimination of mother-to-child transmission of HIV and syphilis by a candidate country in Latin America or Asia, evaluating cost- and cost-effectiveness of implementing dual HIV/Syphilis rapid tests vs current approaches in antenatal women in Malawi or Nigeria, an evaluation of a new STI screening program in a U.S. Pacific Island Jurisdiction, or a similar operational research study.

Proposed Surveillance Projects: (1) Evaluate a state or city STD surveillance program to assess its utility to guide STD prevention interventions. Evaluation of key STD surveillance program attributes, such as completeness of collected
demographic and clinical variables and timeliness of reporting, can identify opportunities to improve the quality of case-based data. Findings will be used to strengthen local STD surveillance capacity and ultimately enhance national STD surveillance.

(2) Evaluate the national disease and therapeutic index (NDTI), a nationally representative audit database from office-based physicians, used to estimate the proportion of visits in which pelvic inflammatory disease (PID) was diagnosed. Findings from this evaluation will improve our understanding and interpretation of recent trends in PID.

**Range of Opportunities:** Analyses of surveillance systems and large datasets, including the National Health and Nutrition Examination Survey (NHANES), and National Survey of Family Growth (NSFG); investigations (case-control studies, cohort studies, surveys) of STD outbreaks, increasing STD rates, and antimicrobial-resistant gonorrhea; evaluations of the impact of clinical informatics interventions, including electronic health records, clinical decision support, and electronic lab reporting; opportunities to work internationally.

**Position Strengths:** Great team with many former EISO who enthusiastically support and mentor EIS Officers. STD Prevention involves many aspects of public health, including ongoing surveillance, shifting epidemiology, interface with clinical and public health information technology, behavioral and policy interventions, and emerging antimicrobial resistance. This position is flexible, and the EISO will be able to pursue a variety of projects based on his/her interests and needs.

**Special Skills Useful for this Position:** DSTDP has successfully worked with EIS Officers from a diversity of backgrounds, including Ph.D. (trained Epidemiologists and Social Scientists) or M.D.-trained Internists, Obstetricians/Gynecologists, Infectious Disease physicians and Pediatricians. The breadth of Branch activities is diverse enough to provide opportunities that will capitalize on a range of skill sets. An interest in infectious disease or sexual health and a willingness to learn SAS data programming and analysis would be useful.

**Available Data:** National case report data, data from the STD Surveillance Network, Gonococcal Isolate Surveillance Project, NHANES, NSFG, and other administrative databases.

**Recent Publications:**

**Domestic Travel:** 10%  
**International Travel:** 10%

**Available Support:** The Division of STD Prevention (DSTDP) has many former EISOs, as well as other epidemiologists, medical officers, public health informatics specialists, behavioral scientists, policy scientists, program evaluators, and statisticians who enjoy collaborating with EISOs. There is also a multi-session seminar series to orient new fellows to the work of the Division.

**Current/Recent EIS Officer:** Susan Cha, PhD, (EIS 2016), Epidemiologist
**Current/Recent EIS Officer:** Alex de Voux, MSc, PhD, (EIS 2015), Epidemiologist
**Current/Recent EIS Officer:** Ginny Bowen, PhD, (EIS 2013), Epidemiologist
**Current/Recent EIS Officer:** Charnetta Smith, MD, (EIS 2014), Medical Epidemiologist
**Current/Recent EIS Officer:** Monica Patton, MD, (EIS 2012), Medical Officer
**Current/Recent EIS Officer:** Heather Bradley, MHS, PhD, (EIS 2010), Epidemiologist
**Current/Recent EIS Officer:** Robert (Bob) Kirkcaldy, MD, MPH, (EIS 2008), Medical Officer
**Current/Recent EIS Officer:** Emiko Petrosky, MD, (EIS 2013), Medical Officer
**Current/Recent EIS Officer:** Christine Ross, MD, (EIS 2012), Medical Officer

**Officer Projects:**
- Developed and implemented enhanced ocular syphilis surveillance project
- Field investigation to evaluate sexual behavior data in STD clinics
- Investigation of lymphogranuloma venereum outbreak
- Assessed frequency of STDs in pregnancy and their impact on maternal and fetal outcomes using national survey data
- Identified unreported and undiagnosed cases of congenital syphilis —NYC


Proposed Initial Projects: FSB is committed to ensuring well-rounded training for our EIS officers. Officers will be involved in a balance of field epidemiology, analytic, and evaluation projects. Officers will be involved in all aspects of research, from study design to data collection and analysis to dissemination of results. In addition, the EIS Officer will have the opportunity to participate at the point of actual TB control at the local, by engaging in high quality field epidemiology and programmatic experiences. All officers will be given the opportunity to participate in a TB outbreak investigation.
- Analyze data from the national database for TB medical consultations (over 15,000 consultations performed in the last four years) to characterize clinical presentations and diagnostic and treatment complexities of unusual TB syndromes (e.g. BCGosis, tuberculomas, drug resistant TB, etc)

- Application of recent transmission algorithms to help evaluate the effectiveness of various programmatic activities in local high-burden jurisdictions (e.g. was implementation of infection control measures at local homeless shelters associated with decreased TB transmission?)

**Proposed Surveillance Projects:** - Collaborate with Laboratory Branch, Data Management, Statistics, and Evaluation Branch (DMSEB), Surveillance, Epidemiology, and Outbreak Investigations Branch (SEOIB), and National TB Centers of Excellence to evaluate capture by DTBE’s national TB surveillance system of drug-resistant TB cases and identify opportunities for real-time interventions

- Evaluate reporting of second-line drugs use in treatment for all U.S. multidrug-resistant TB cases as part of updated national TB surveillance activities

**Range of Opportunities:** This position is a unique opportunity for an EIS officer to develop a firm grounding in epidemiologic principles, programmatic and policy making experiences, and the practicalities of conducting complex investigations in often challenging environments. Our EIS officer will have ample opportunities to grow professionally and complete his/her EIS Core Activities for Learning. Presenting at a national or international conference, as well as authoring publications, are strongly encouraged and supported.

**Position Strengths:** Work directly with local and state TB programs and see how TB control is applied in the field, strong clinical and programmatic knowledge, supervision and a breadth of opportunities.

**Special Skills Useful for this Position:** We are looking for enthusiastic, self-starting EIS officers!

**Available Data:** National TB surveillance system, TB Genotyping Information Management System (TB GIMS), Laboratory data, TB Centers of Excellence Medical Consultation Database


**Domestic Travel:** 15%  
International Travel: 5%

**Available Support:** DTBE hosts an orientation the first 2 weeks and sponsors travel for officers to attend courses regarding up to date TB control. Data and statistics support are available; mentorship by many former EIS officers across the entire Division.

**Current/Recent EIS Officer:** Kristine Schmit, MD, (EIS 2017), EIS Officer, yxn0@cdc.gov

**Officer Projects:** • Conducted tuberculosis surveillance evaluation, Hawaii; provided recommendations for improvement
  • Led outbreak investigation of multi-drug resistant TB, Arizona, collaborating with Indian Health Service, etc.
  • Led investigation into TB transmission among homeless in Alaska; provided key recommendations
  • Provided medical guidance Ebola vaccine trial, Sierra Leone
  • Served on Zika Epidemiology Task Force


Consultant: Terence Chorba, MD, MPH, (EIS 1983), Branch Chief, tlc2@cdc.gov
Consultant: Jonathan Wortham, MD, (EIS 2013), Team Lead -Outbreaks, vij5@cdc.gov
Consultant: Benjamin Silk, PhD, MPH, (EIS 2010), Team Lead - Surveillance, ekj8@cdc.gov
Consultant: Richard Brostrom, MD, MSPH, Medical Officer, hld4@cdc.gov
Consultant: Neha Shah, MD, MPH, (EIS 2007), Medical Officer
Consultant: David Yost, MD, Medical Officer, wgx4@cdc.gov
Consultant: Margaret Oxtoby, MD, Medical Officer, mjo2@cdc.gov
Consultant: Farah Parvez, MD, Medical Officer, fbp7@cdc.gov
Consultant: Andy Heetderks, MPH, Team Lead, ajh1@cdc.gov
Consultant: Sapna Bamrah Morris, MD, MBA, (EIS 2006), Medical Officer, feu3@cdc.gov

Division of Viral Hepatitis/Epidemiology Surveillance Branch/Epidemiology Research Team

NCHHSTP-DVH-ESB-GA-2017-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Viral Hepatitis/Epidemiology Surveillance Branch/Epidemiology Research Team
Physical Address: Brookhaven, Georgia
Primary Supervisor: Eysu Teshale, MD, (EIS 2001), Medical Officer, eht4@cdc.gov
Secondary Supervisor: Monique Foster, MD, MPH, (EIS 2014)
Secondary Supervisor: Philip Spradling, MD, (EIS 1999)

Background: In the United States, an estimated 3.5-5.3 million Americans are infected with hepatitis B virus (HBV) or hepatitis C virus (HCV); HCV alone accounts for more deaths than 60 other infectious conditions reportable to CDC. In addition, hepatitis A virus (HAV) infections continue to affect thousands of US residents every year; and hepatitis E virus (HEV) infections are a major cause of illness and death in developing countries. The Division of Viral Hepatitis is responsible for a wide range of activities including national disease surveillance; outbreak investigations; conducting studies to define modes of infection transmission and to understand the epidemiology, natural history, and treatment of viral hepatitis; developing policies to prevent perinatal hepatitis B and hepatitis C transmission; and developing policies to prevent hepatitis C and hepatitis B associated with injection drug use behavior. All activities are reinforced by the DVH Laboratory Branch which does cutting edge molecular analyses.

Analysis of epidemiologic data collected from young persons who inject drugs in rural setting in the Hepatitis Treatment and Integrated Prevention Services (H-TIPS) project
Analysis of the causes of morbidity among HCV patients after achieving sustained virologic response
Analysis of prevalence and predictors of rare but serious secondary manifestations of HCV infection e.g., cryoglobulinemia in patients with chronic HCV infection
Systematic literature review regarding perinatal HCV transmission
Evaluation of the impact of Hepatitis B vaccination in the Pacific Islands

Proposed Surveillance Projects: Evaluation of enhanced surveillance for viral hepatitis

Range of Opportunities: Large databases allow EISOs to analyze a range of topics related to viral hepatitis; outbreak investigations; and global projects
Ongoing collaborations with Pacific Islands provides opportunity to study impact of hepatitis B vaccination

Position Strengths: Potential to make a big difference. EISOs are able to obtain a well-rounded applied epidemiology experience by participating in outbreak investigation, data analysis, and program evaluation. Many new therapies to treat HCV infection, in particular, have emerged and will likely have a substantial impact on morbidity and mortality.

Special Skills Useful for this Position: Prior clinical, analytic, or epidemiologic experience.
Available Data: Chronic Hepatitis Cohort Study (CHeCS): Observational cohort study of HBV- and HCV-infected
patients in care from 4 major U.S. health care systems
National HIV Behavioral Surveys: Surveys of gay men, injection drug users, and high risk heterosexuals in U.S. cities
National Health and Nutrition Examination Survey (NHANES): Ongoing surveys and examinations of representative samples of U.S. residents (includes testing for viral hepatitis)
Data from a long-standing national viral hepatitis surveillance system for hepatitis A, B, and C. Various, smaller focused studies, EPI-AIDs, and data from outbreak investigations.

Recent Publications: The Branch publishes over 20 articles in mainly high-impact peer-review medical journals every year; such ‘academic’ productivity is encouraged in all EIS Officers.

Domestic Travel: 20% International Travel: 10%

Available Support: Several experienced supervisors, most are former EISOs; statistical and informatics support within DVH; travel and training support from DVH and through the CDC Foundation

Current/Recent EIS Officer: Winston Abara, MBBS, PhD, MPH, (EIS 2015)

Current/Recent EIS Officer: Megan Hofmeister, MPH, MD, MS, (EIS 2016)

Officer Projects: -Investigation of multistate hepatitis A outbreak in Hawaii
-Investigation of HBV/HCV in health care setting
-Analysis of morbidity and mortality among HCV patients in care
-Analysis of Pacific islands HBV surveillance
-Investigation of HCV among persons who use drugs
-Analysis of national HCV surveys in the Republic of Georgia

Hofmeister M. Health outcomes among patients with hepatitis C in the Chronic Hepatitis Cohort Study (in preparation)

Consultant: Jian Xing, PhD, MSc
Consultant: Yuna Zhong, MD, MSPH

Division of Viral Hepatitis/Office of the Director

NCHHSTP-DVH-OD-GA-2017-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Viral Hepatitis/Office of the Director
Physical Address: Atlanta, Georgia

Primary Supervisor: Muazzam Nasrullah, MD, PhD, MPH, (EIS 2008), Medical Officer, hij9@cdc.gov
Secondary Supervisor: William (Bill) Thompson, PhD, Senior Scientist, wct2@cdc.gov
Secondary Supervisor: Francisco Averhoff, MD, MPH, (EIS 1992), Associate Director for Global Health, fma0@cdc.gov

Background: In the United States, an estimated 3.5-5.3 million persons are infected with hepatitis B virus (HBV) or hepatitis C virus (HCV). Infections with HBV or HCV are an even greater problem globally, affecting more than 400 million persons worldwide. The Division of Viral Hepatitis, Office of the Associate Director for Global Health and Prevention Branch offers a position for one EIS officer. The Office of the Associate Director for Global Health provides technical and programmatic leadership to assist the international community with efforts to implement and evaluate programs to prevent viral hepatitis (hepatitis A virus [HAV], HBV, HCV, and hepatitis E virus [HEV])
infections, respond to international outbreaks, and provides technical support to the World Health Organization (WHO), Hepatitis Program in Geneva and Regional Offices in Manila, New Delhi, and Cairo. Countries with ongoing engagement include Georgia, Pakistan, Tanzania and Vietnam, with proposed activities in Uzbekistan, Ukraine, India, Uganda, and Mongolia. The Prevention Branch conducts national testing and linkage to care projects in an effort to evaluate best practices for implementing CDC/U.S. Preventive Services Task Force (USPSTF) HBV and HCV screening and testing recommendations. The Branch works with the Advisory Committee on Immunization Practices (ACIP) to develop national Hepatitis A and B vaccine policy and provides technical support to the Perinatal Hepatitis B Prevention Program.

**Proposed Initial Projects:**
- Support the WHO Regional Office for the Western Pacific in assessing implementation of viral hepatitis surveillance in key countries, including Mongolia, Vietnam, and China
- Support the country of Georgia in implementing the world’s first HCV Elimination Program, priority activities includes but not limited to assessing the baseline HCV-related mortality, and effectiveness of the treatment program
- Support conducting of a population serosurvey in Vietnam
- Evaluate the effectiveness of perinatal hepatitis B prevention strategies in China
- Perform a root cause analysis to identify systems issues leading to perinatal hepatitis B transmission in the United States
- Develop and implement a study to assess the impact of treatment as prevention of hepatitis C infection among high risk populations in Georgia (country)
- Assess the effectiveness of strategies for screening, care, and treatment in a lower and middle income country with an established hepatitis C treatment program (e.g., Pakistan, Egypt, Georgia, or India)
- Monitor and evaluate domestic hepatitis C management programs using electronic health records
- Analyze data from U.S. Perinatal Hepatitis B Prevention Programs to assess failure to administer infant postexposure prophylaxis
- Evaluate domestic viral hepatitis testing and linkage to care programs

**Proposed Surveillance Projects:** Evaluation of Georgia’s (country) viral hepatitis surveillance system

**Range of Opportunities:** Public health practice experience by interacting with state/local health departments and community-based organizations, developing prevention strategies, and evaluating prevention programs; potential to contribute to national vaccine policy; ready-to-go databases for analytic skill development; and global experience

**Position Strengths:** New, highly effective drug therapies have emerged to combat viral hepatitis in recent years, which has created an opportunity to achieve significant public health impacts. The position offers the officer a broad range of opportunities for development of epidemiologic, program evaluation, and analytical skills, and the opportunity to gain invaluable experience by working in both domestic and international settings.

**Special Skills Useful for this Position:** Prior clinical experience, understanding of epidemiology, and basic statistical skills beneficial (but not required) for the position

**Available Data:**
- Georgia, Punjab, India serosurveys for HAV, HBV, and HEV infection
- Georgia HCV-infected treatment database
- Annual Reports from U.S. Perinatal Hepatitis B Prevention Programs for infants not receiving recommended post-exposure prophylaxis
- Wisconsin injection drug use/behavioral data and serosurvey for HCV infection
- Marketscan (commercial claims database) to monitor care cascade for persons with HBV and HCV infection
- Commercial laboratory data to augment surveillance activities

**Recent Publications:** DVH had approximately 70 publications; over half in mainly high-impact peer-review medical journals during 2015-16; such ‘academic’ productivity is encouraged in all EIS Officers

**Domestic Travel:** 10%  
**International Travel:** 20%

**Available Support:** Experienced supervisors, two of whom are former EISOs; statistical support within DVH; travel and training support from DVH and through the CDC Foundation

**Current/Recent EIS Officer:** Ruth Link-Gelles, PhD, MPH, (EIS 2016), hzt7@cdc.gov

**Current/Recent EIS Officer:** Monique Foster, MD, MPH, (EIS 2014), Medical Epidemiologist, ydg9@cdc.gov

**Current/Recent EIS Officer:** Gemechu Gerbi, PhD, MSc, (EIS 2012), Assistant Prof.

**Current/Recent EIS Officer:** Stephen Ko, MD, MPH, MA, MDiv, (EIS 2012), Professor

**Officer Projects:**
- Surveillance Evaluation of Hepatitis C Screening Among People Who Inject Drugs—Country of Georgia
- Field Assessment of Hepatitis C Screening Among Hospitalized Patients—Country of Georgia
- Analysis of Adherence to Hepatitis B Treatment Guidelines—United States
- Use of a Single Dose of Hepatitis A Vaccine in Children—A Literature Review

**Officer Recent Publications:**

Consultant: Geoff Beckett, MPH, Senior Epidemiologist, gxb7@cdc.gov
Consultant: Alexander Millman, MD, (EIS 2013), Medical Officer, irm6@cdc.gov
Consultant: Aaron Harris, MD, MPH, (EIS 2012), Medical Epidemiologist, ieo9@cdc.gov
Consultant: Melissa Collier, MD, MPH, (EIS 2010), Medical Officer, FCV1@cdc.gov
Consultant: Sarah Schillie, MD, MPH, MBA, (EIS 2007), Medical Officer, ggi1@cdc.gov
Consultant: Noele Nelson, MD, PhD, MPH, Team Lead, xdg9@cdc.gov
Consultant: Claudia Vellozzi, MD, MPH, Branch Chief, bno1 @cdc.gov

National Center for Immunization and Respiratory Diseases

Division of Bacterial Diseases/Meningitis and Vaccine Preventable Diseases Branch

NCIRD-DBD-MVPDB-GA-2017-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Bacterial Diseases/Meningitis and Vaccine Preventable Diseases Branch
Physical Address: Atlanta, Georgia
Primary Supervisor: Sarah Meyer, MD, MPH, (EIS 2011), Medical Officer, vif6@cdc.gov
Secondary Supervisor: Lucy McNamara, PhD, MS, (EIS 2013), Epidemiologist, xdf4@cdc.gov

Background: MVPDB is dedicated to the prevention and control of meningitis, pertussis, and other bacterial vaccine-preventable diseases. We work domestically and globally on meningococcal disease, Haemophilus influenzae disease, pertussis, tetanus, and diphtheria. Epidemiologic activities encompass investigating outbreaks, assessing burden of disease and understanding risk factors, and implementing and evaluating prevention strategies including developing and evaluating vaccine policy. MVPDB is lead of MenAfriNet, a consortium of international partners supporting meningitis surveillance in sub-Saharan Africa with the goal to evaluate progress towards elimination of serogroup A meningitis epidemics through the implementation of a novel meningococcal A conjugate vaccine (MACV, MenAfriVac™). MVPDB also plays an integral scientific role in broader programs including Active Bacterial Core surveillance (ABCs), the Emerging Infections Program (EIP), the Advisory Committee on Immunization Practices (ACIP), Global Disease Detection, and Global Health Security. Our 3 laboratory sections provide EISOs with an unparalleled opportunity to learn about vaccine evaluation, molecular epidemiology, and the development of diagnostic tests. MVPDB values and encourages collaboration among epidemiologists, laboratorians, and statisticians.

Proposed Initial Projects:
1) Design and implement a study to characterize long-term sequelae of meningococcal disease; 2) Design and implement a knowledge, attitude, and behavior survey on the use of quadrivalent conjugate meningococcal vaccine among HIV-infected persons; 3) Assist with development and programmatic implementation of meningitis surveillance in the meningitis belt of sub-Saharan Africa; 4) Estimate the long-term effectiveness of meningococcal A conjugate vaccine (MenAfriVac) in various early implementing countries; 5) Evaluate trends in
molecular epidemiology of non-b H. influenzae disease; 6) Evaluate the effectiveness of maternal antibodies in
preventing infant pertussis and the correlates of passive humoral immunity using infant dried blood spots; 7) Evaluate
the changing molecular epidemiology of pertussis by analyzing clinical and epidemiologic data combined with
molecular typing data; 8) Analyze surveillance data collected through Enhanced Pertussis Surveillance and NNDSS.

Protocols have not yet been developed for projects 1—5. For project 6, data collection is complete, but laboratory
testing is pending. For projects 7 and 8, data are ready for immediate analysis. Projects that involve multivariate
modeling and assessment of confounding and effect modification may include but are not limited to projects 1, 6, 7,
and 8.

**Proposed Surveillance Projects:** 1) Evaluate recently-expanded enhanced meningitis surveillance in the United States;
2) Evaluate and compare enhanced meningitis surveillance and case-based meningitis surveillance in the
African meningitis belt.

Project 1 will involve consultations with stakeholders by phone and email. Project 2 will involve a site visit to Burkina Faso.

**Range of Opportunities:** EIS Officer will gain a strong foundation in field epidemiology; study design; data analysis;
and development, implementation and evaluation of public health program and policy. All these opportunities come
together in a supportive and friendly work environment with a record of strong mentorship and supervision.

**Position Strengths:** EIS Officer will pursue a balanced mix of international and domestic projects, gaining experience
in cutting edge science and evolving public health policy. Officers also have the opportunity to join other domestic and
international field projects and larger public health response activities. Officers have made important contributions to
investigating outbreaks of numerous emerging infectious diseases, recently Yellow Fever, Ebola, and MERS-CoV.

**Special Skills Useful for this Position:** MVPDB has successfully worked with EIS Officers with diverse backgrounds and
expertise. The breadth of Branch activities is diverse enough to provide opportunities that will capitalize on a
range of skill sets. A basic understanding of French would be useful in French-speaking Africa.

**Available Data:** Enhanced Pertussis Surveillance, Active Bacterial Core surveillance for meningococcal disease and
Haemophilus influenzae, Enhanced Meningococcal Disease Surveillance, and NNDSS. Additionally, there are
opportunities to evaluate and analyze case-based surveillance from MenAfriNet, a Gates Foundation-funded project to
conduct regional surveillance for meningococcal disease in the Meningitis Belt of Africa.

**Recent Publications:** In 2015-2016 the Branch published over 50 articles including vaccine effectiveness evaluations,
novel molecular characterization and epidemiologic findings, decision analyses, diagnostic evaluations, outbreak
investigations, clinical trial results, assessments of vaccine strategies, meningococcal carriage study findings,
surveillance evaluations, policy recommendations, and invited editorials.

**Domestic Travel:** 15%  **International Travel:** 10%

**Available Support:** EIS Officer will be supported by epidemiologists, medical epidemiologists, surveillance officers,
biostatisticians and modelers. EIS Officer will also benefit from working closely with branch laboratorians.

**Current/Recent EIS Officer:** Catherine Bozio, PhD, MPH, (EIS 2016), EIS Officer, ise7@cdc.gov

**Current/Recent EIS Officer:** Jaymin Patel, PhD, MPH, (EIS 2016), EIS Officer, isr0@cdc.gov

**Current/Recent EIS Officer:** John Otshudiema, MD, (EIS 2015), EIS officer, yvw6@cdc.gov

**Officer Projects:** Investigating serogroup B meningococcal disease outbreaks; assessing meningococcal disease risk
among MSM, HIV+, and homeless populations; conducting systematic review of pertussis (Latin America); evaluating
meningitis surveillance and MenA/PCV13/Measles vaccine coverage and impact (Africa); Analyze epidemiology of
pertussis among infants; supporting Ebola and Yellow Fever responses in Africa.

**Officer Recent Publications:** • Soeters HM et al. Serogroup B meningococcal disease outbreak and carriage evaluation
• Folaranmi T et al. Use of serogroup B meningococcal vaccines in persons aged ≥10 years at increased risk for
MMWR. 2015;64(22):608–12.
• Breakwell et al. Understanding factors affecting University A students’ decision to receive an unlicensed serogroup B
• Breakwell L et al. Lack of transmission among close contacts of patient with case of Middle East respiratory
• Breakwell et al. Early identification and prevention of the spread of Ebola in high-risk African countries. MMWR Suppl.
• McNamara L et al. First Use of a Serogroup B Meningococcal Vaccine in the US in Response to a University
Background: The Respiratory Diseases Branch (RDB) focuses on prevention and control of leading community-acquired bacterial respiratory and neonatal infections. Our work is both domestic and international. Primary pathogens include Streptococcus pneumoniae (with emphasis on disease caused by drug-resistant and vaccine-preventable strains), Streptococcus pyogenes (group A Streptococcus), group B Streptococcus, and respiratory Chlamydia, Legionella, and Mycoplasma species. Recent uptake of pneumococcal conjugate vaccines in developing countries and global interest in pneumonia and respiratory pandemics have created unique opportunities for high-profile work on priority issues. Additionally, a recent increased emphasis on Legionnaires’ disease prevention has created new opportunities for collaboration with federal, state, local, and private sector partners. RDB conducts investigations of acute outbreaks, designs and coordinates national and international surveillance systems, identifies risk factors for disease, and develops and evaluates disease prevention and control strategies. RDB assists global efforts to accelerate introduction of new vaccines to the poorest of the poor. We also evaluate non-vaccine interventions against pneumonia such as cleaner burning stoves and produce guidelines for the prevention of perinatal group B streptococcal disease. Collaboration with the Branch’s laboratory teams provides strong support for epidemiologic activities and has led to numerous analytic and field opportunities; with the advent of whole genome sequencing novel epidemiologic analyses are now available. The Branch also has substantial interaction with the World Health Organization (WHO) in Geneva, the Global Disease Detection program in Asia and Africa, and collaborations with Global Health Security work in several countries. Excellent collaborative relationships also exist with medical professional societies, academic institutions, and the units at CDC that focus on global health, immunizations, antimicrobial resistance, healthcare-associated infections, chronic diseases, viral respiratory diseases, and reproductive tract infections. EIS officers assigned to RDB can expect to lead several planned domestic projects with publication products and to play a major role in at least one international project in addition to participating in a variety of outbreak investigations that involve environmental and person-to-person transmission.

Proposed Initial Projects:

1. Evaluate impact of pneumococcal vaccine on community-acquired pneumonia among adults enrolled in Medicare Part A/B. Existing protocol and data source. Analysis: Time-series
2. Describe physician antibiotic prescribing practices for neonatal cases of possible serious infection using data from the Aetiology of Neonatal Infections in South Asia (ANISA) study. Existing data source. Analysis: Descriptive and multivariate modeling.
4. Assist with protocol development and conduct of a carriage study in healthy and sick children in Kenya
5. Assist with planning and development of a protocol to evaluate risk factors for sporadic Legionnaires’ disease in the Active Bacterial Core surveillance sites
**Proposed Surveillance Projects:** Evaluate surveillance of waterborne outbreaks of Legionnaires’ disease in the United States using data collection by the National Outbreak Reporting System (NORS). Potential Travel: Site visit to reporting states. Evaluate multistate surveillance for long term care facility-associated invasive group A streptococcal disease clusters. Potential Travel: Site visit to reporting states.

**Range of Opportunities:** Officers work on planned, long-term studies and acute investigations and are encouraged to conduct one international, field-based project along with domestic projects. The branch houses a rich, multi-state database (Active Bacterial Core surveillance) that provides officers with ample analytic opportunities and the chance to influence domestic disease prevention policy. We offer global programmatic and field experiences through CDC, WHO, and academic collaborations.

**Position Strengths:** Tradition of providing balanced, rigorous training, including a mix of pathogens that impact all age groups, domestic and global activities, outbreaks that involve both environmental and person-to-person transmission, well-established surveillance systems, prevention activities (e.g. vaccines, environmental remediation), other interventions (e.g. antibiotics) and health communications with support from EIS-trained epidemiologists and statisticians. Besides having immediate impact through recommendations provided during outbreak investigations, officers have also had the opportunity to impact policies through involvement with the Advisory Committee of Immunization Practices (ACIP). We have several “ready to go” activities allowing for completion within 2 years.

**Special Skills Useful for this Position:** Interest, motivation, and a willingness to ask questions as needed are the most important skills. Prior experience in infectious disease, research, scientific writing, and data analysis can be helpful, but are not necessary. Foreign language skills (Spanish, French, and Portuguese, in particular) can also be helpful. Flexibility regarding travel is important. Willingness to assist with outbreaks as needed over the course of the 2 years.

**Available Data:** Active Bacterial Core surveillance; Nationally Notifiable Disease Surveillance; Supplemental Legionnaires’ Disease Surveillance System


**Domestic Travel:** 10%  **International Travel:** 10%

**Available Support:** 30-member Epidemiology Team, including 10 senior epidemiologists. Statisticians dedicated to the team. Weekly team meetings, RDB EIS orientation lectures.

**Current/Recent EIS Officer:**
- Tolulope Adebanjo, MD, MPH, (EIS 2016)
- Elizabeth Soda, MD, (EIS 2016)
- Srinivas Nanduri, MD, MPH, (EIS 2015)
- Sana Ahmed, MD, (EIS 2015)
- Matthew Westercamp, BSN, MS, PhD, (EIS 2014)
- Miwako Kobayashi, MD, MPH, (EIS 2014)
- Sara Tomczyk, MSc, (EIS 2013)
- Louise Francois Watkins, MD, MPH, (EIS 2013)
- Aaron Harris, MD, MPH, (EIS 2012)
- Alicia Demirjian, MD, MMS, (EIS 2012)
- Jonathan Wortham, MD, (EIS 2011)
- Kathleen Dooling, MD, MPH, (EIS 2011)

**Officer Projects:** Analysis of pneumococcal carriage and serotype distribution among children in Mozambique Analysis of healthcare-associated Legionnaires’ Disease in the United States Analysis of recent trends in newborn group B streptococcal disease using multistate surveillance data Provide technical assistance to Guatemala on acute response capacity for respiratory outbreaks

**Officer Recent Publications:**


Consultant: Laura Cooley, MD, MPH, (EIS 2012), whz3@cdc.gov
Consultant: Tamara Pilishvili, MPH, tdp4@cdc.gov
Consultant: Cynthia Whitney, MD, MPH, (EIS 1993), cgw3@cdc.gov
Consultant: Fernanda Leesa, MD, MPH, (EIS 2006), Medical Officer
Consultant: Melissa Arvay, MPH, Epidemiologist

NCIRD-DBD-RDB-GA-2017-02
Agency Name: CDC
Division/Branch/Team/Section: Division of Bacterial Diseases/Respiratory Diseases Branch
Physical Address: Atlanta, Georgia
Primary Supervisor: Fernanda Leesa, MD, MPH, (EIS 2006), Medical Officer, dta3@cdc.gov
Secondary Supervisor: Melissa Arvay, MPH, Epidemiologist, cza4@cdc.gov
Secondary Supervisor: Miwako Kobayashi, MD, MPH, (EIS 2014), Medical Officer, ydk3@cdc.gov

Background: The Respiratory Diseases Branch (RDB) focuses on prevention and control of leading community-acquired bacterial respiratory and neonatal infections. Our work is both domestic and international. Primary pathogens include Streptococcus pneumoniae (with emphasis on disease caused by drug-resistant and vaccine-preventable strains), Streptococcus pyogenes (group A Streptococcus), group B Streptococcus, and respiratory Chlamydia, Legionella, and Mycoplasma species. Recent uptake of pneumococcal conjugate vaccines in developing countries and global interest in pneumonia and respiratory pandemics have created unique opportunities for high-profile work on priority issues. Additionally, a recent increased emphasis on Legionnaires’ disease prevention has created new opportunities for collaboration with federal, state, local, and private sector partners. RDB conducts investigations of acute outbreaks, designs and coordinates national and international surveillance systems, identifies risk factors for disease, and develops and evaluates disease prevention and control strategies. RDB assists global efforts to accelerate introduction of new vaccines to the poorest of the poor. We also evaluate non-vaccine interventions against pneumonia such as cleaner burning stoves and produce guidelines for the prevention of perinatal group B streptococcal disease. Collaboration with the Branch’s laboratory teams provides strong support for epidemiologic activities and has led to numerous analytic and field opportunities; with the advent of whole genome sequencing novel epidemiologic analyses are now available. The Branch also has substantial interaction with the World Health Organization (WHO) in Geneva, the Global Disease Detection program in Asia and Africa, and collaborations with Global Health Security work in several countries. Excellent collaborative relationships also exist with medical professional societies, academic institutions, and the units at CDC that focus on global health, immunizations, antimicrobial resistance, healthcare-associated infections, chronic diseases, viral respiratory diseases, and reproductive tract infections. EIS officers assigned to RDB can expect to lead several planned domestic projects with publication products and to play a major role in at least one international project in addition to participating in a variety of outbreak investigations that involve environmental and person-to-person transmission.


Proposed Surveillance Projects: Evaluate Active Bacterial Core surveillance (ABCs) methods used for determining the incidence of noninvasive pneumococcal pneumonia which will inform Advisory Committee on Immunization Practices decisions about pneumococcal vaccine recommendations in adults. Potential travel: Visit to one of 10
reporting sites.
Evaluate enhancements to acute encephalitis syndrome surveillance system in India. Potential travel: In-country site visit.

**Range of Opportunities:** Officers work on planned, long-term studies and acute investigations and are encouraged to conduct one international, field-based project along with domestic projects. The branch houses a rich, multi-state database (Active Bacterial Core surveillance) that provides officers with ample analytic opportunities and the chance to influence domestic disease prevention policy. We offer global programmatic and field experiences through CDC, WHO, and academic collaborations.

**Position Strengths:** Tradition of providing balanced, rigorous training, including a mix of pathogens that impact all age groups, domestic and global activities, outbreaks that involve both environmental and person-to-person transmission, well-established surveillance systems, prevention activities (e.g., vaccines, environmental remediation), other interventions (e.g., antibiotics) and health communications with support from EIS-trained epidemiologists and statisticians. Besides having immediate impact through recommendations provided during outbreak investigations, officers have also had the opportunity to impact policies through involvement with the Advisory Committee of Immunization Practices (ACIP). We have several “ready to go” activities allowing for completion within 2 years.

**Special Skills Useful for this Position:** Interest, motivation, and a willingness to ask questions as needed are the most important skills. Prior experience in infectious disease, research, scientific writing, and data analysis can be helpful, but are not necessary. Foreign language skills (Spanish, French, and Portuguese, in particular) can also be helpful. Flexibility regarding travel is important. Willingness to assist with outbreaks as needed over the course of the 2 years.

**Available Data:** Active Bacterial Core surveillance; Nationally Notifiable Disease Surveillance; Supplemental Legionnaires’ Disease Surveillance System


**Domestic Travel:** 10%  
**International Travel:** 10%

**Available Support:** 30-member Epidemiology Team, including 10 senior epidemiologists. Statisticians dedicated to the team. Weekly team meetings, RDB EIS orientation lectures.

**Current/Recent EIS Officer:** Tolulope Adebanjo, (EIS 2016)
**Current/Recent EIS Officer:** Elizabeth Soda, (EIS 2016)
**Current/Recent EIS Officer:** Srinivas Nanduri, (EIS 2015)
**Current/Recent EIS Officer:** Sana Ahmed, (EIS 2015)
**Current/Recent EIS Officer:** Matthew Westercamp, (EIS 2014)
**Current/Recent EIS Officer:** Miwako Kobayashi, (EIS 2014)
**Current/Recent EIS Officer:** Sara Tomczyk, (EIS 2013)
**Current/Recent EIS Officer:** Louise Francois Watkins, (EIS 2013)
**Current/Recent EIS Officer:** Aaron Harris, (EIS 2012)
**Current/Recent EIS Officer:** Alicia Demirjian, (EIS 2012)
**Current/Recent EIS Officer:** Jonathan Wortham, (EIS 2011)
**Current/Recent EIS Officer:** Kathleen Dooling, (EIS 2011)

**Officer Projects:** Analysis of pneumococcal carriage and serotype distribution among children in Mozambique
Analysis of healthcare-associated Legionnaires’ Disease in the United States
Analysis of recent trends in newborn group B streptococcal disease using multistate surveillance data
Provide technical assistance to Guatemala on acute respiratory outbreaks for respiratory outbreaks


**Consultant:** Laura Cooley, (EIS 2012), whz3@cdc.gov

**Consultant:** Tamara Pilishvili, tdp4@cdc.gov

**Consultant:** Cynthia Whitney, (EIS 1993), cgw3@cdc.gov

**Consultant:** Stephanie Schrag, DPhil, (EIS 1998)

**Consultant:** Chris Van Beneden, MD, MPH, (EIS 1995)

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**Division of Viral Diseases/Respiratory Viral Branch/Respiratory Syncytial Virus and Surveillance and Outbreak Support Team**

**NCIRD-DVD-RVB-GA-2017-01**

**Agency Name:** CDC

**Division/Branch/Team/Section:** Division of Viral Diseases/Respiratory Viral Branch/Respiratory Syncytial Virus and Surveillance and Outbreak Support Team

**Physical Address:** Atlanta, Georgia

**Primary Supervisor:** Gayle Langley, MD, MPH, (EIS 2006), Acting Team Lead, fez7@cdc.gov

**Secondary Supervisor:** Holly Biggs, MD, MPH, (EIS 2013), Medical Epidemiologist, xdc6@cdc.gov

**Background:** This Branch is responsible for the epidemiology, surveillance, research and program activities for prevention and control of respiratory viruses and picornaviruses, including respiratory syncytial virus (RSV), non-polio enteroviruses (EV), human metapneumoviruses (hMPV), adenoviruses, parainfluenza viruses (PIV), and coronaviruses such as the Middle Eastern Respiratory Syndrome Coronavirus (MERS-CoV).

RSV is the most common etiology of viral pneumonia in infants and children, and the second most commonly identified cause of pneumonia in elderly persons, estimated to cause more than 3 million hospitalizations each year worldwide. Parainfluenza infections are the second most common medically attended viral illness, after RSV, in infants. Nonpolio enteroviruses are responsible for 10-20 million symptomatic infections per year. Recent attention to these common viruses has led to a strengthening of priorities for prevention and control, including a renewed focus on better characterizing their epidemiology in light of vaccines and other therapeutics under development. Recent outbreaks of MERS-CoV and enterovirus D68 have focused efforts on better understanding the epidemiology and prevention of these emerging infections.

Activities are focused on further describing the burden of disease, seasonality, severe illnesses and mortality, but the EIS Officer will be given considerable latitude and support in developing investigations tailored to his/her areas of interest. Officers will have the opportunity to conduct epidemiologic evaluations in the United States and internationally with partners.

**Proposed Initial Projects:** 1) Participate in international investigations of MERS-CoV infections with partner countries; 2) Conduct analyses with existing data to evaluate the disease burden, seasonality, and mortality of RSV in partner countries of Latin America, the Middle East, and Asia; 3) Conduct multivariable epidemiologic analyses to identify the disease burden, risk factors and appropriate population targets for RSV immunizations under development; 4) Conduct multivariable analyses of national databases and existing domestic and international surveillance platforms to help better characterize the economic burden of RSV; 5) Conduct sentinel surveillance studies on the epidemiology of severe picornavirus infections in infants and children with sepsis.

**Proposed Surveillance Projects:** Evaluate national and state data from the National Respiratory and Enteric Virus Surveillance System (NREVSS) and the New Vaccine Surveillance Network (NVSN) on their main objective to measure the disease burden of RSV infections which is needed to inform decisions about immunization products that are under development. This may involve field work at a domestic NVSN site, but will primarily involve analysis of existing data at CDC.

**Range of Opportunities:** The position offers a breadth of experiences. The Teams investigate respiratory virus and picornavirus outbreaks, coordinate national and international surveillance platforms, identify risk factors for disease, and develop and evaluate prevention and control strategies and policies for these infections. Opportunities also exist to
work with other Division teams responsible for prevention and control of diseases caused by herpes viruses (varicella, herpes zoster, cytomegalovirus), measles, mumps and rubella, and poliovirus. The Team is also supportive of EISOs being involved in CDC-wide initiatives, such as the Zika response.

**Position Strengths:** The EISO will be able to work on a broad range of potential projects in a well-supported and collegial environment. The team is small and responsible for a wide variety of viral pathogens, allowing the EISO to manage and lead critical work in support of completion of CALs.

**Special Skills Useful for this Position:** Ability to successfully complete projects involving diverse partners in sometimes challenging environments; flexibility; humility; enthusiasm.

**Available Data:** The National Respiratory and Enteric Virus Surveillance System (NREVSS), the National Enterovirus Surveillance System (NESS) and the New Vaccine Surveillance Network (NVSN is coordinated through the Branch). These are national surveillance systems which generate data to guide team activities.

**Recent Publications:**


**Domestic Travel:** 10%  
**International Travel:** 15%

**Available Support:** Close collaborations with the Branch’s laboratory teams provide strong support for epidemiologic activities, with excellent statistical and database management support available within the Division.

**Current/Recent EIS Officer:** Marie Killerby, VMD, MPH, (EIS 2016), EISO  
**Current/Recent EIS Officer:** Claire Midgley, PhD, MSc, (EIS 2014)

**Officer Projects:**
1. RSV seasonality using molecular diagnostics, US
2. HAd Type 8 Keratoconjunctivitis Outbreak, US Virgin Islands
3. MERS-CoV Seroepidemiologic Study of Camel Workers, UAE
4. Viral shedding among MERS-CoV patients, Saudi Arabia
5. Infant Human Parechovirus-3 outbreak, Missouri.
6. Severe respiratory illnesses associated with EV D-68

**Officer Recent Publications:**


Consultant: Mark Pallansch, PhD, Division Director  
Consultant: John Watson, MD, MVSc, (EIS 2002), Acting Team Lead  
Consultant: Lindsay Kim, MD, MPH, (EIS 2010)  
Consultant: Sue Gerber, MD, Acting Branch Chief  
Consultant: Brian Rha, MD, (EIS 2012), Medical Epidemiologist  
Consultant: Claire Midgley, PhD, (EIS 2014), Epidemiologist
Background: The Branch is responsible for epidemiology, surveillance, research, and program activities for prevention and control of gastroenteritis associated with rotavirus and norovirus, as well as other enteric viruses. Rotavirus is the leading cause of severe childhood gastroenteritis worldwide, estimated to cause more than 215,000 deaths each year. New rotavirus vaccines have recently been introduced for routine immunization of young children in many countries, including the United States. The Branch is actively engaged with domestic and international partners in the first evaluations of the post-licensure effectiveness and safety of these vaccines in routine programmatic use and to generate data to accelerate the introduction and use of these vaccines globally. Noroviruses are the most common cause of epidemic gastroenteritis and foodborne disease worldwide, and a major contributor to endemic gastroenteritis across the age spectrum. Norovirus vaccines are currently in the development pipeline, providing an opportunity to develop formative disease burden estimates to guide potential targeting of these candidate vaccines. The Branch assists with norovirus outbreak investigations, coordinates national and international surveillance platforms, identifies risk factors for disease, and develops and evaluates prevention and control strategies for these infections. Close collaborations with the laboratory teams in the Branch provide strong support for epidemiologic activities and excellent statistical support is available within the Branch and Division. Opportunities exist to work with other branches in the Division responsible for prevention and control of disease caused by herpes viruses (varicella, herpes, zoster, cytomegalovirus), measles, mumps, rubella, human papillomavirus, non-influenza respiratory viruses (MERS coronavirus, respiratory syncytial virus, parainfluenza, human metapneumovirus), and picornaviruses, including poliovirus.

Proposed Initial Projects: 1) Analyze national and state data on diarrhea and rotavirus-associated hospitalizations and outpatient visits to monitor impact of rotavirus vaccine introduction in the United States; 2) Utilize existing protocols to conduct studies to evaluate the field effectiveness and safety of rotavirus vaccines in “early introduction” countries of East Europe, Asia, and Africa; 3) Analyze national norovirus outbreak data and conduct epidemiologic attribution analyses to identify appropriate targets for intervention; 4) Analyze national databases and existing domestic and international surveillance platforms to help better characterize the disease and economic burden of norovirus; 5) Conduct descriptive and analytic studies on epidemiology of gastroenteritis outbreaks, with a focus on those caused by norovirus; 6) Develop and conduct analytic studies to determine the risk factors for severe outcomes (including hospitalization and death) from norovirus in vulnerable populations.

Proposed Surveillance Projects: Compare surveillance of norovirus using administrative databases versus active and passive surveillance at sentinel healthcare facilities in various networks (New Vaccine Surveillance Network [NVSN], Veterans Affairs medical centers, Kaiser Permanente) to better understand optimal norovirus surveillance approaches for endemic disease burden. This project will involve secondary analysis of data from these systems and potentially visits to participating sites.

Range of Opportunities: Officers will have the opportunity to conduct epidemiologic evaluations in the United States and in early introducing countries in Asia and Africa to document the health benefits of rotavirus vaccination. For norovirus, the officer will lead and participate in norovirus surveillance and epidemiologic studies both domestically and internationally to assess the burden of both epidemic and endemic disease. Management within the branch of the National Outbreak Reporting System (NORS) and CaliciNet, will afford the officer opportunities to evaluate and analyze data collected on norovirus outbreaks, including identification of predominant transmission mechanisms and affected populations, as well as the impacts of emergent strains.

Position Strengths: 1) Broad opportunities within multiple teams in the Branch and Division; 2) Excellent and extensive supervisory support; 3) Considerable latitude in developing opportunities tailored to EIS officer interest.

Special Skills Useful for this Position: 1) Energy and Enthusiasm; 2) Team player; 3) Eagerness to learn and contribute to public health; Language skills (French) an asset.

Available Data: NCHS data, MarketScan data, NVSN data, NORS and CaliciNet data.


**Domestic Travel:** 10%  **International Travel:** 20%

**Available Support:** In addition to the primary supervisor, the position has 2 secondary supervisors and 4 consultants across two teams who each have doctoral level training, including 5 former EIS officers. Thus, considerable mentoring support is readily available. In addition, the Division has a data analytic support team that provides high quality statistical support.

**Current/Recent EIS Officer:** Minesh Shah, MD, MPH, (EIS 2016)
**Current/Recent EIS Officer:** Rachel Burke, PhD, (EIS 2017)

**Officer Projects:**
1. Assessing impact and effectiveness of rotavirus vaccines in the United States and in early introducer countries in Africa, Asia, and Europe.
2. Assessing safety of rotavirus vaccines with respect to intussusception worldwide.
3. Assessing burden of norovirus disease and potential value of vaccines.

**Officer Recent Publications:**

**Consultant:** Margaret Cortese, MD, (EIS 1999)
**Consultant:** Dan Payne, PhD
**Consultant:** Cristina Cardemil, MD, MPH, (EIS 2010)
**Consultant:** Negar Aliabadi, MD, (EIS 2014)

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**Division of Viral Diseases/Viral Vaccine Preventable Diseases Branch/HPV Team**

**NCIRD-DVD-VVPDB-GA-2017-01**

**Agency Name:** CDC

**Division/Branch/Team/Section:** Division of Viral Diseases/Viral Vaccine Preventable Diseases Branch/HPV Team

**Physical Address:** Atlanta, Georgia

**Primary Supervisor:** Julia Gargano, PhD, MS, (EIS 2009), Epidemiologist, jgargano@cdc.gov

**Secondary Supervisor:** Lauri Markowitz, MD, (EIS 1983), Team Lead, Associate Director for Science for HPV, lem2@cdc.gov

**Background:** Human papillomavirus (HPV) can cause cervical cancer in women, and anal, oropharyngeal, and other cancers in both women and men, genital warts, and juvenile-onset recurrent respiratory papillomatosis. There are three highly effective vaccines against HPV; routine vaccination has been recommended in the United States since 2006 for girls and since 2011 for boys, but HPV vaccine uptake in the US has been lower than target levels. The Advisory Committee on Immunization Practices (ACIP) recommended a 3-dose vaccination schedule until October 2016, when a 2-dose schedule was recommended for adolescents who initiate the series before age 15. The HPV team, located in the Division of Viral Diseases, is responsible for working on national vaccine policy with ACIP, evaluating vaccine impact and effectiveness, investigating the epidemiology of HPV and associated outcomes and collaborating with other
groups across the agency working on HPV. The team provides subject matter expertise and conducts clinical and epidemiologic research and surveillance on HPV infections, cervical precancers, and other outcomes. Team members have a wide range of expertise in epidemiologic methods, vaccine evaluation, public health policy issues, other sexually transmitted infections, infectious disease outbreaks and public health emergency responses.

Recent or ongoing Team activities include (1) estimating national prevalence of HPV infections; (2) assessing population-level impact of HPV vaccine on cervical cancer precursor lesions, genital warts, and HPV infections; (3) studying HPV prevalence and vaccine impact among high-risk groups including men who have sex with men; (4) estimating vaccine effectiveness to help guide the U.S. HPV vaccine program; and (5) evaluating incidence of juvenile-onset respiratory papillomatosis. The HPV team works closely with the HPV Laboratory on multiple projects. HPV is a cross-cutting issue, and our EISO is likely to be involved in collaboration across the agency with, for example, the Immunization Services Division, Division of HIV/AIDS Prevention, Global Immunization Division, or Division of Cancer Prevention and Control. In addition, the team provides consultation and expertise for partners including ACIP, U.S. state and local health departments, and other professional organizations.

**Proposed Initial Projects:** Choice of projects is flexible and depends on the interests of the EISO in discussion with supervisors. Potential initial projects include: (1) Analyze nationally representative data on HPV prevalence; (2) Evaluate HPV vaccine effectiveness using indirect cohort method in HPV-IMPACT surveillance data; (3) Analyze data on HPV vaccine uptake from national surveys; (4) Investigate associations between HPV prevalence and other factors using data from National Health and Nutrition Evaluation System (NHANES); (5) Participate in investigations of other viral diseases housed in the Division, including measles, mumps, MERS, etc. as opportunities arise; (6) Evaluate HPV vaccine impact in a low-income country (funding recently obtained from Gates foundation to explore this work; partner engagement underway).

**Proposed Surveillance Projects:** (1) Evaluate the HPV Vaccine Impact Monitoring Project (HPV-IMPACT), a 5-site surveillance system for monitoring impact of HPV vaccine on cervical precancer incidence (may involve site visit); or (2) Assess the ability of NHANES to monitor HPV prevalence in men and women.

**Range of Opportunities:** Conduct analyses of U.S. national survey data, laboratory-based surveillance data on HPV prevalence and precancers, claims data, and data from other observational studies. Summarize data to inform vaccine policy for ACIP. Engage in collaborations across the CDC. International opportunities include evaluating HPV vaccine introduction and impact monitoring in low income countries. Additional activities including teaching and emergency response activities will be supported according to EISO interest and availability.

**Position Strengths:** Many opportunities for EISOs to complete CAL requirements, including publication and presentation opportunities. This position is flexible, and the EISO will be able to pursue a range of projects based on interests and needs. Officer can learn about other viral diseases through branch and division-level seminars and possible investigations. Center offers ongoing training in epidemiology and biostatistics through weekly seminar series.

**Special Skills Useful for this Position:** Team player with ability to collaborate with multidisciplinary groups, and solicit and synthesize high-level input from a variety of sources. Interest in infectious diseases, vaccine-preventable diseases, adolescent or women’s health, sexual health. An EISO with clinical experience and/or data analysis experience can use current skills and develop new ones in this position. Ample opportunity to publish, so strong writing skills are a plus.

**Available Data:** NHANES, National Immunization Survey, other large administrative databases, HPV Vaccine Impact Monitoring Project (HPV-IMPACT), and other original research study data.

**Recent Publications:**
- Markowitz et al. Two vs Three Doses of Vaccine. JAMA 2016.

**Domestic Travel:** 5%  **International Travel:** 5%

**Available Support:** Team includes former EISOs and other epidemiologists who enjoy collaborating with and supporting EISOs. Additional support available from other epidemiologists in Epidemiology Branch and the Data Management and Statistics Activity within division. EISO can also interact with HPV and vaccine experts outside division.

**Current/Recent EIS Officer:** Sara Oliver, (EIS 2015), EISO, yxo4@cdc.gov

**Current/Recent EIS Officer:** Emiko Petrosky, (EIS 2013), Medical Officer, xfq7@cdc.gov

**Current/Recent EIS Officer:** Camille Introcaso, (EIS 2011)

**Officer Projects:** EISOs conducted evidence-based evaluation of 9-valent HPV vaccine nationally, evaluated HPV
vaccine coverage among U.S. men who have sex with men, assessed national survey data on HPV DNA prevalence and HPV seroprevalence, participated in Ebola and Zika responses, investigated an outbreak of ocular syphilis in North Carolina.


**Consultant:** Elissa Meites, (EIS 2008), Medical Epidemiologist, dri9@cdc.gov

**Consultant:** Elizabeth Unger, Chief, Chronic Viral Diseases Branch, eru0@cdc.gov

**Consultant:** Terri Hyde, (EIS 1999), Medical Officer, tkh4@cdc.gov

**Consultant:** Rayleen Lewis, MPH, ORISE fellow, lry9@cdc.gov

**Consultant:** Rebecca Dahl, MPH, Data Manager, itm6@cdc.gov

**Consultant:** Angela Cleveland, MPH, Epidemiologist, ara0@cdc.gov

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**Division of Viral Diseases/Epi Branch/Measles, Mumps, Rubella, Herpesviruses, Polio Team**

**NCIRD-DVD-VVPDB-GA-2017-02**

**Agency Name:** CDC

**Division/Branch/Team/Section:** Division of Viral Diseases/Epi Branch/Measles, Mumps, Rubella, Herpesviruses, Polio Team

**Physical Address:** Atlanta, Georgia

**Primary Supervisor:** Janell Routh, MD, MHS, (EIS 2010), Medical Officer, iyp1@cdc.gov

**Secondary Supervisor:** Kathleen Dooling, MD, MPH, (EIS 2011), Medical Officer, vic9@cdc.gov

**Secondary Supervisor:** Paul Gastanaduy, MD, MPH, (EIS 2011), Medical Officer, vid7@cdc.gov

**Background:** We are a team within the Division of Viral Diseases, National Center for Immunizations and Respiratory Disease. Our team is responsible for epidemiology, surveillance and research programs for measles, mumps, rubella, domestic polio, varicella, herpes zoster and cytomegalovirus and disease causing viruses within the Herpesvirus family. The diverse pathogen mix includes vaccine preventable and non-vaccine preventable diseases and spans congenital, childhood and elderly populations. Some of our pathogens have “eliminated” endemic transmission in the US but have a huge global burden. We are frequently involved in outbreak response and have numerous ongoing epidemiologic studies. Recently, we led responses to mumps outbreaks in Iowa and Arkansas, and measles outbreaks linked to Disneyland, an Amish community and in a detention facility in Arizona. We collaborate with our laboratory teams for outbreak investigations and research studies. We are leading two Advisory Committee on Immunization Practices (ACIP) workgroups this year for herpes zoster vaccine and a 3rd dose of MMR for mumps control; this is an opportunity to understand evaluations, data and policy that inform national decisions on vaccination. There is a global health security team in our division that may provide opportunities for participation on international projects. Our team has communications resources with whom we work on health messaging via web presence and outbreak communications.
Proposed Initial Projects: (i) Evaluate clinical characteristics of measles virus infection in previously unvaccinated and vaccinated individuals (ii) Modeling studies to include (a) the effect of vaccination and age in transmissibility of measles in the US (b) estimating measles susceptibility from waning of vaccine-induced immunity during the post-elimination era (iii) Design and conduct chart reviews and analysis of clinical characteristics of Acute Flaccid Myelitis cases (iv) Use administrative databases to monitor impact of second vaccine dose policy on varicella hospitalizations (v/vi) Use large longitudinal administrative data (>100 M participants) to analyze the mortality rate of patients hospitalized for herpes zoster and describe the duration of post herpetic neuralgia. (vii) Calculate the CMV IgM seroprevalence in the US and association of CMV IgM with IgG titer and urinary shedding (vii) Analyze the genotype distribution of CMV collected from NHANES samples. (viii) Lead data collection and analysis for an evaluation of mumps virus asymptomatic shedding and infection during an outbreak (ix) Participate on the Advisory Committee on Immunization Practices (ACIP) working groups for Herpes Zoster and Mumps and contribute to national vaccine policy (x) Provide SME support for outbreak investigations and emergency response, including risk communication.

Proposed Surveillance Projects: (i) Compare mumps ICD codes in MarketScan, a medical database, with state mumps reporting into the National Notifiable Diseases Surveillance System (NNDSS). Interviews with state surveillance officers will be conducted to assess quality of reporting (ii) Analyze local health department mumps data to compare syndromic case-capture to enhanced outbreak data at the state. Data will be collected through interviews with surveillance officers at the state and local level (iii) Evaluate Varicella surveillance in NNDSS and compare sensitivity to other large surveys and health care administrative data.

Range of Opportunities: Officer will have a broad range of opportunities from assisting local and state Health Departments investigate cases of measles/mumps, to in-depth epidemiologic analysis to responding to national and international emerging infections (measles, mumps, AFM, Zika) to policy issues of national importance such as herpes zoster vaccination recommendations, Measles Elimination and use of MMR vaccination for outbreak control. Although this EIS position is domestically-focused, we are committed to pursuing international experience to meet EIS Officer interests.

Position Strengths: 1) Diversity of expertise among supervisors and mentors 2) Variety of pathogens 3) Flexibility for involvement in activities outside the team.

Special Skills Useful for this Position: 1) Ability to work independently as well as within a team 2) Analytic experience (useful but not necessary)

Available Data: MarketScan, NHANES, HCUP, Lab data, unpublished national surveillance data, outbreak data, cohort data.

Recent Publications: Selected Recent Publications:
- Hearing loss in children with asymptomatic congenital CMV infection aged =18 years. Pediatrics 2017 (Lanzieri)
- A Measles Outbreak in an Underimmunized Amish community in Ohio, NEJM, 2016 (Gustanaduy)
- Modeling the Potential Impact of Vaccination on the Epidemiology of Congenital Cytomegalovirus Infection Vaccine, Vaccine, 2014, (Lanzieri)
- Prevalence of Immunosupression Among US Adults, JAMA, 2013 (Harpaz)

Domestic Travel: 5%  International Travel: 10%

Available Support: The primary and secondary supervisors and team members are EIS alumni. Computer, statistical, and clerical support are readily available. Data analytics support team within the Branch.

Current/Recent EIS Officer: Tracy Ayers, PhD, MS, (EIS 2016), EIS Officer, eyk6@cdc.gov

Officer Projects: Vaccine effectiveness evaluation of 3rd dose MMR for mumps outbreak control; Comparison of Acute Flaccid Myelitis (AFM) cases, 2014-2016; Surveillance system evaluation of national AFM reporting; Evaluate multiplex diagnostics for respiratory viruses, Cameroon; Modeling mumps outbreak data with/without vaccine intervention; Epi-Aids: Mumps (Arkansas), Zika (Micronesia), AFM (Arizona)

3. E. Lebo, T. Lanzieri, , S. Bialek, G. Demmler. The National Congenital Cytomegalovirus Disease Registry; 20- year evaluation. (Draft)
Influenza Division/Epidemiology and Prevention Branch

NCIRD-ID-EPB-GA-2017-01
Agency Name: CDC
Division/Branch/Team/Section: Influenza Division/Epidemiology and Prevention Branch
Physical Address: Atlanta, Georgia
Primary Supervisor: Angela Campbell, MD, MPH, (EIS 2002), Medical Officer, app4@cdc.gov
Secondary Supervisor: Fatimah Dawood, MD, MPH, (EIS 2008), Medical Officer, hgl0@cdc.gov
Secondary Supervisor: Melissa Rolfes, PhD, (EIS 2014), Epidemiologist, ydi8@cdc.gov

Background: The two positions in the Epidemiology and Prevention Branch (EPB), Influenza Division will offer both EIS Officers many opportunities to learn about public health practice in domestic and international settings (15 staff are based overseas in field positions). The two project descriptions have been separated to provide background on different aspects of work conducted by the Influenza Division in which both EIS Officers will become an integral part. EISOs work in a collegial atmosphere with support from clinicians, epidemiologists and laboratory scientists working on innovative influenza research. EISOs will participate in outbreak investigations of influenza, including outbreaks of antiviral-resistant strains and outbreaks of novel influenza A viruses with pandemic potential, such as avian influenza H5 and H7 viruses and variant (swine-origin) influenza viruses.

EISO in both positions will have the opportunity to participate in analytic, surveillance and modeling activities. EISOs will also have opportunities to gain experience in health communications through media interviews and educational outreach programs. EPB has a large international focus, with active collaborations

Proposed Initial Projects: Proposed Initial Projects: 1) Does influenza vaccine attenuate the severity of influenza-related hospitalization? EIS Officer would use previously collected data from Hospitalized Adult Influenza Vaccine Effectiveness Network to assess whether vaccination influences severity of influenza illness among people who are hospitalized with influenza-related illness, and identify markers of illness severity; 2) Thailand is evaluating the relative health and economic benefits of campaign-style vs. annual vaccination of pregnant women, and the cost-effectiveness of vaccines in elderly persons, children and health care personnel. An EIS Officer could undertake field and analytic work to support these studies as well as implement an evaluation of the effectiveness of communication strategies focused on increasing vaccine uptake in pregnant women; 3) Enhanced data collection and analysis to characterize sepsis outcomes among patients hospitalized with influenza. EISO will use data from Influenza Surveillance Network (FluSurv-Net), a national hospital surveillance system, and will have the opportunity to collaborate with sepsis group outside the Influenza Division; 4) Pilot the use of previously collected FluSurv-Net hospital surveillance data for laboratory-confirmed influenza to estimate influenza vaccine effectiveness for pregnant women. EISO will lead already funded research project to completion; 5) Describe influenza antiviral use and relationship to influenza testing and diagnosis in children hospitalized with acute respiratory illness using previously collected data from the New Vaccine Surveillance Network. All networks and surveillance systems for these proposed projects have IRB-approved protocols and data collection is already ongoing; each project will involve both descriptive statistics and multivariable modeling.

Proposed Surveillance Projects: 1) International. Assess the occurrence and severity of adverse events following immunization with seasonal influenza vaccine in pregnant women in South Africa and utility of a phone-based adverse events reporting system. Data collected by South Africa’s National Institute for Communicable Diseases on occurrence
and severity of adverse events following immunization with seasonal influenza vaccine in pregnant women would be analyzed and prepared for publication; 2) International. Participate in a surveillance evaluation in Jamaica.

**Range of Opportunities:** Officers will participate in outbreak investigations; design and conduct research projects; collect and analyze data; present findings in peer-reviewed literature and/or at national meetings; and communicate public health issues to media and lay audiences.

**Position Strengths:** Supervisors have a strong commitment to mentoring EISOs. Influenza is a high-profile disease with broad public health impact, so Officers will gain experience in many different areas of public health, including surveillance, outbreak investigations, preparedness, prevention, and policy.

**Special Skills Useful for this Position:** Our positions offer flexibility based on individual preference, while ensuring that EISOs gain experience in fundamental public health practice. No special skills are required, other than an enthusiasm for public health and interest in learning. We have worked happily and successfully with clinicians, veterinarians, and doctoral-level scientists and epidemiologists in the past.

**Available Data:** We own or have direct access to large datasets from many sources, including: FluSurv-NET (national, hospitalized patients), ILINet (national, outpatient visits), Pediatric Mortality and National Center for Health Statistics Mortality Surveillance System (national), WHO/NREVSS laboratories, US VE Network (multi-site vaccine effectiveness study), Etiology of Pneumonia in the Community (multi-center, laboratory and epidemiology, multiple pathogen), HAIVEN and NVSN (multi-site, hospitalized patients, adult and pediatric, respectively), MarketScan (patient level data from commercial insurance claims), and an RCT of antiviral treatment in Bangladesh.

**Recent Publications:** Community-Acquired Pneumonia Requiring Hospitalization among U.S. Adults. NEJM–2016.


Seasonal Effectiveness of Live Attenuated and Inactivated Influenza Vaccine. Pediatrics–2016

Effectiveness of oseltamivir to reduce secondary household illness in an urban area in Bangladesh. LancetInfDis–2015


**Domestic Travel:** 10% **International Travel:** 10%

**Available Support:** EPB has >60 staff of physicians, veterinarians, epidemiologists and statisticians with experience in state, federal, and international public health, including ~25 EIS alumni. The Influenza Division also has a large laboratory group and strong communications team that support EISO activities.

**Current/Recent EIS Officer:** Ikwo Oboho, MD, MPH, (EIS 2013), Medical Officer, iao9@cdc.gov

**Current/Recent EIS Officer:** Alex Millman, MD, MPH, (EIS 2013), Medical Officer, irm6@cdc.gov

**Current/Recent EIS Officer:** Sofia Arriola, PhD, (EIS 2013), Epidemiologist, wus3@cdc.gov

**Current/Recent EIS Officer:** Grace Appiah, MD, MS, (EIS 2014), Medical Officer, ydg3@cdc.gov

**Current/Recent EIS Officer:** Melissa Rolfes, PhD, (EIS 2014), Epidemiologist, ydi8@cdc.gov

**Current/Recent EIS Officer:** Kate Russell, MD, MPH, (EIS 2015), Medical Officer, vnt0@cdc.gov

**Current/Recent EIS Officer:** Rebecca Stewart-Schicker, MSN, MPH, RN, (EIS 2015), Epidemiologist, yxp5@cdc.gov

**Current/Recent EIS Officer:** Mei Shang, MBBS, MSc, MPH, (EIS 2015), Epidemiologist, keq6@cdc.gov

**Officer Projects:** Influenza antiviral use among high-risk outpatients, estimating the burden of severe respiratory illnesses in Cambodia, evaluating demand for H5N1 vaccine in laboratory workers, co-infections in patients hospitalized with SARI, estimating disease burden after increase in reported severe influenza in Arizona, outbreak of influenza A(H3N2) variant virus infections.

**Officer Recent Publications:** Appiah. Increased Antiviral Treatment Among Hospitalized Children and Adults With Laboratory-Confirmed Influenza, 2010–2015. Clin Infect Dis 2017

Schicker. Outbreak of Influenza A(H3N2) Variant Virus Infections Among Persons Attending Agricultural Fairs Housing Infected Swine-Michigan and Ohio, July–August 2016. MMWR 2016


Millman AJ. Influenza outbreaks among passengers and crew on two cruise ships: A recent account of preparedness and response to an ever-present challenge. J Travel Med 2015.

Consultant: Eduardo Azziz-Baumgartner, MD, MPH, (EIS 2003), Team Lead, eha9@cdc.gov
Consultant: Carrie Reed, PhD, (EIS 2007), Team Lead, eha9@cdc.gov
Consultant: Jill Ferdinands, PhD, (EIS 2000), Epidemiologist, zdn5@cdc.gov
Consultant: Joe Bresee, MD, MPH, (EIS 1993), Medical Officer, jsb6@cdc.gov
Consultant: Lynnette Brammer, MPH, Team Lead, lsb1@cdc.gov
Consultant: Lisa Grohskopf, MD, MPH, (EIS 1999), Medical Officer, lkg6@cdc.gov
Consultant: Dan Jernigan, MD, MPH, (EIS 1994), Division Director, dbj0@cdc.gov
Consultant: Jerry Tokars, MD, MPH, (EIS 1989), Associate Director for Science, jit1@cdc.gov
Consultant: Tim Uyeki, MD, MPH, (EIS 1998), Chief Medical Officer, tmu0@cdc.gov
Consultant: Alicia Fry, MD, MPH, (EIS 1999), Branch Chief, agf1@cdc.gov
Consultant: Sonja Olsen, PhD, (EIS 1998), Deputy Branch Chief, sco2@cdc.gov
Consultant: Fiona Havers, MD, MPH, (EIS 2012), Medical Officer, wja7@cdc.gov
Consultant: Brendan Flannery, PhD, (EIS 2002), Epidemiologist, bif4@cdc.gov
Consultant: Danielli Iuliano, PhD, (EIS 2008), Epidemiologist, aoi0@cdc.gov
Consultant: Shikha Garg, MD, MPH, (EIS 2010), Medical Officer, izj7@cdc.gov
Consultant: Josh Mott, PhD, (EIS 1998), zud9@cdc.gov

NCIRD-ID-EPB-GA-2017-02

Agency Name: CDC
Division/Branch/Team/Section: Infectious Division/Epidemiology and Prevention Branch
Physical Address: Atlanta, Georgia
Primary Supervisor: Brendan Flannery, PhD, (EIS 2002), Epidemiologist, bif4@cdc.gov
Secondary Supervisor: Danielle Iuliano, PhD, (EIS 2008), Epidemiologist, aoi0@cdc.gov
Secondary Supervisor: Fiona Havers, MD, MPH, (EIS 2012), Medical Officer, wja7@cdc.gov

Background: This is the second position description for positions in the Epidemiology and Prevention Branch (EPB) in the Influenza Division (15 staff are based overseas in field positions). EIS Officers in both positions will participate in outbreak investigations and emergency responses as the opportunities arise and depending upon EIS Officer availability and interests. Both EISOs will have the opportunity to participate in analytic, surveillance, and modeling activities.

In addition to avian and pandemic influenza, EPB maintains a focus on establishing the disease burden associated with annual seasonal influenza epidemics. EIS Officers will have the opportunity to work on projects to estimate the cost and burden of influenza, including the number of influenza-associated hospitalizations and deaths, occurring each year in the United States and other countries. EPB also estimates influenza vaccine effectiveness periodically and has several ongoing studies related to antiviral use and effectiveness with which EISOs may assist. Both EISOs will have opportunities to gain experience in health communications through media interviews and educational outreach programs. EPB has a large international focus, with active collaborations in >40 countries; EISOs will have opportunities for international work, if desired.

Proposed Initial Projects: (1) Is the high dose influenza vaccine better than standard dose vaccines for persons aged 65
years and older? EIS Officer will develop analytic plan to analyze data from the Hospitalized Adult Influenza Vaccine Effectiveness Network to determine relative effectiveness of high dose vaccine compared to standard dose vaccine; (2) Retrospective (data already collected): Association between neighborhood poverty and flu-associated community-acquired influenza hospitalization rates using data from 2012-2017. EIS Officer will apply analytic techniques with geocoded data as well as link FluSurv-NET data with America Community Survey data. EISO may also have the opportunity to collaborate with health disparity experts, analyze data and publish results; 3) Estimate influenza-associated disease burden and vaccine impact for 2016-17 influenza season (existing protocol); 4) (International) Estimate influenza disease and economic burden in pregnant women cohort in Western Kenya (develop analytic approach). All networks and surveillance systems for these proposed projects have IRB-approved protocols and data collection is already ongoing; each project will involve both descriptive statistics and multivariable modeling.

**Proposed Surveillance Projects:** 1) Domestic (secondary analysis). Comparison of Influenza Surveillance Network (FluSurv-NET) surveillance for influenza-associated hospitalizations with available administrative data sources using International Classification of Diseases diagnostic codes to evaluate estimated rates of influenza-associated hospitalizations in the United States; 2) International (field). Participate in a surveillance evaluation in Brazil.

**Range of Opportunities:** Officers will participate in outbreak investigations; design and conduct research projects; collect and analyze data; present findings in peer-reviewed literature and/or at national meetings; and communicate public health issues to media and lay audiences.

**Position Strengths:** Supervisors have a strong commitment to mentoring EISOs. Influenza is a high-profile disease with broad public health impact, so Officers will gain experience in many different areas of public health, including surveillance, outbreak investigations, preparedness, prevention, and policy matters.

**Special Skills Useful for this Position:** Our positions offer flexibility based on individual preference, while ensuring that EISOs gain experience in fundamental public health practice. No special skills are required, other than an enthusiasm for public health and interest in learning. We have worked happily and successfully with clinicians, veterinarians, and doctoral-level scientists and epidemiologists in the past.

**Available Data:** We own/have direct access to large datasets from many sources including: FluSurv-NET (national, hospitalized patients), ILINet (national, outpatient visits), Pediatric Mortality and National Center for Health Statistics Mortality Surveillance System (national), WHO/NREVSS laboratories, US VE Network (multi-site vaccine effectiveness study), Etiology of Pneumonia in the Community (multi-center, laboratory and epidemiology, multiple pathogen), HAIVEN and NVSN (multi-site, hospitalized patients, adult and pediatric, respectively), MarketScan (patient level data from commercial insurance claims), and an RCT of antiviral treatment in Bangladesh.

**Recent Publications:**


**Domestic Travel:** 10%  
**International Travel:** 10%

**Available Support:** EPB has >60 staff of physicians, veterinarians, epidemiologists and statisticians with experience in state, federal, and international public health, including ~25 EIS alumni. The Influenza Division also has a large laboratory group and strong communications team that support EISO activities.

**Current/Recent EIS Officer:**
- Ikwo Oboho, MD, MPH, (EIS 2013), Medical Officer, iao9@cdc.gov
- Alex Millman, MD, MPH, (EIS 2013), Medical Officer, irm6@cdc.gov
- Sofia Arriola, PhD, (EIS 2013), Epidemiologist, wus3@cdc.gov
- Grace Appiah, MD, MS, (EIS 2014), Medical Officer, vnt0@cdc.gov
- Melissa Rolfes, PhD, (EIS 2014), Epidemiologist, ydi8@cdc.gov
- Kate Russell, MD, MPH, (EIS 2015), Medical Officer, vnt0@cdc.gov
- Rebekah Stewart-Schicker, RN, MSN, MPH, (EIS 2015), Epidemiologist, yxp5@cdc.gov
- Mei Shang, MBBS, MSc, MPH, (EIS 2015), Epidemiologist, keq6@cdc.gov
**Officer Projects:** Do underlying medical conditions modify influenza vaccine effectiveness, influenza vaccine effectiveness among persons aged 65 years and older, risk factors for influenza hospitalization after outpatient care, outbreaks of influenza-associated parotitis and rash, describing pediatric influenza mortality.

**Officer Recent Publications:** Rolfes. Respiratory virus testing and influenza antiviral prescriptions during hospitalization for acute respiratory illnesses. Open Forum Infectious Diseases. 2016

Arriola. Does Influenza Vaccination Modify Influenza Severity? Data on Older Adults Hospitalized With Influenza During the 2012-2013 Season in the United States. J Infect Dis 2015

Arriola. Factors associated with a successful expansion of influenza vaccination among pregnant women in Nicaragua. Vaccine 2016

Millman. Hospitalizations within 14 days of vaccination among pediatric recipients of the live attenuated influenza vaccine, United States 2010-2012. Vaccine 2017


**Consultant:** Eduardo Azziz-Baumgartner, MD, MPH, (EIS 2003), Team Lead, eha9@cdc.gov

**Consultant:** Carrie Reed, PhD, (EIS 2007), Team Lead, ggj2@cdc.gov

**Consultant:** Jill Ferdinands, PhD, (EIS 2000), Epidemiologist, zdn5@cdc.gov

**Consultant:** Joe Bresee, MD, MPH, (EIS 1993), Medical Officer, jsb6@cdc.gov

**Consultant:** Lynnette Brammer, MPH, Team Lead, lsb1@cdc.gov

**Consultant:** Lisa Grohskopf, MD, MPH, (EIS 1999), Medical Officer, lkg6@cdc.gov

**Consultant:** Dan Jernigan, MD, MPH, (EIS 1994), Division Director, dbj0@cdc.gov

**Consultant:** Jerry Tokars, MD, MPH, (EIS 1989), Associate Director of Science, jjt1@cdc.gov

**Consultant:** Tim Uyeki, MD, MPH, (EIS 1998), Chief Medical Officer, tmu0@cdc.gov

**Consultant:** Alicia Fry, MD, MPH, (EIS 1999), Branch Chief, agf1@cdc.gov

**Consultant:** Sonja Olsen, PhD, (EIS 1998), Depute Branch Chief, sco2@cdc.gov

**Consultant:** Fatimah Dawood, MD, MPH, (EIS 2008), Medical Officer, hgf0@cdc.gov

**Consultant:** Melissa Rolfes, PhD, (EIS 2014), Epidemiologist, ydi8@cdc.gov

**Consultant:** Angie Campbell, MD, MPH, (EIS 2002), Medical Officer, app4@cdc.gov

**Consultant:** Shikha Garg, MD, MPH, (EIS 2010), Medical Officer, izj7@cdc.gov

**Consultant:** Josh Mott, PhD, (EIS 1998)

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**National Center for Injury Prevention and Control**

Injuries kill about 200,000 people each year—1 death every 2 ½ minutes. Millions of Americans are injured each year and survive. For 25 years, CDC’s Injury Center has helped protect Americans from violence and injury threats. We study violence and injuries and research the best ways to prevent them, applying science for real-world solutions to keep people safe, healthy, and productive. The Injury Center consists of three divisions. Unintentional Injury Prevention focuses on the major contributors to injury mortality, morbidity, and disability including motor vehicle crashes, prescription drug overdose, falls, and traumatic brain injury. Violence Prevention applies science to prevent child maltreatment, youth violence, sexual violence, intimate partner violence and suicide. Analysis, Research and Practice Integration focuses on cross-cutting areas including statistics, surveillance, economic and program evaluation and assistance to state programs.
Background: Unintentional injuries are the fifth leading cause of death in the U.S. and the leading cause for those aged 1-34 years. The National Center for Injury Prevention and Control’s (NCIPC) Division of Unintentional Injury (DUIP) applies the public health approach to prevent unintentional injury.

DUIP focuses on the following:
- Transportation Safety: Motor vehicle injuries are a leading cause of injury death, and many of these deaths are preventable. This Team conducts epidemiological investigations and evaluates interventions for preventing motor vehicle injuries in these areas: improving proper use of car seats, booster seats, and seat belts; reducing impaired driving; preventing crashes among high risk groups (e.g., teens; American Indians and Alaska Natives); safe transportation for older adults; and data linkage.
- Falls: Falls are the leading cause of fatal and non-fatal injuries among older adults. This Team works with health systems, electronic health record systems and public health researchers to integrate fall prevention throughout the U.S.
- Traumatic Brain Injury (TBI): is a major cause of death and disability in the U.S. contributing to about 30% of all injury deaths. This team is increasing surveillance, identifying effective strategies for primary prevention, and fostering secondary prevention through better identification and management of TBI.
- Prescription Drug Overdose: Recently, drug overdoses have overtaken motor vehicle injuries as the leading cause of injury death. This team is focusing on “upstream” interventions that prevent people from abusing prescription opioid pain relievers.

DUIP partners with NCIPC’s Division of Analysis, Research, and Practice Integration (DARPI), which aims to bridge science and practice to prevent all types of injury and violence. DARPI collaborates with other NCIPC programs, including DUIP, by providing statistical, programming, evaluation, informatics, and economics technical expertise, in addition to overseeing the center’s state and academic injury prevention programs.

Proposed Initial Projects: Supervisors will work with the officer to develop projects based on the officer’s interests. Options include, but are not limited to: 1) Multivariate modeling using Centers for Medicare and Medicaid Services Current Medicare Beneficiary Survey questions on older adult mobility; 2) Examining population level change in traffic injuries using national and international data; 3) Multivariate modeling using high school sports surveillance systems to understand Traumatic Brain Injuries; 4) Analyzing multiple health economic and injury data sources to understand direct medical costs of older adult falls, including emergency department visits, hospitalizations, outpatient visits, and fatalities; 5) Analyzing data from the National Concussion Surveillance System for surveillance of Traumatic Brain Injuries; 6) Analyze vital statistics to understand Native American injury. All projects are based on available data.

Proposed Surveillance Projects: There are two possibilities depending on the officer’s interests. Both projects include secondary analysis and field collection site visit to evaluate survey procedures. 1) Evaluate the Centers for Medicare and Medicaid Services Current Medicare Beneficiary Survey as a source for establishing mobility-related trends (driving, falls) in older adults.  2) Evaluate the National Concussion Surveillance System as a source for establishing traumatic brain injury trends in the population.

Range of Opportunities: Field project opportunities include supporting opioid prescribing and tracking in state health departments and/or large hospitals. Partner engagement has taken place. The EIS Officer will develop expertise in designing epidemiologic studies, analyzing data, giving oral presentations, writing scientific papers, communications, and field investigations. Officers will work with collegial, multi-disciplinary teams and could collaborate with state health departments, academic partners, and health systems.

Position Strengths: The EIS Officer will have opportunities to participate in high profile research, evaluation and partnership development that will result in measurable impact in two years. The cross-division position will be housed in DUIP and DARPI, and will provide a broad and flexible learning experience tailored to the officer’s interests.
Special Skills Useful for this Position: Interest in and eagerness to learn about multiple unintentional injury topics, experience conducting quantitative analysis and scientific writing, and ability to work independently and as part of a team. Officers should also be flexible and able to multi-task.

Available Data: Numerous datasets are accessible and readily available within the first month including: 1) Centers for Medicare and Medicaid Services Claims data/Medicare Current Beneficiary Survey; 2) Behavioral Risk Factor Survey data; 3) NCHS Vital Statistics mortality data; 4) MarketScan claims data; 5) NHTSA Fatality Analysis Reporting System data.

Recent Publications: Who’s not driving among U.S. high school seniors: a closer look at race/ethnicity, socioeconomic factors and driving status.


Falls and Fall Injuries Among Adults Aged ≥65 Years – United States, 2014

Hospitalized Traumatic Brain Injury: Low Trauma Center Utilization and High Interfacility Transfers among Older Adults


Predictors of rear seat belt use among US adults, 2012

State-level lifetime medical and work-loss cost of fatal injuries – United States, 2014

Domestic Travel: 10%
International Travel: 0%

Available Support: The DARPI and DUIP include doctoral and medically trained epidemiologists, statisticians, evaluation experts, economists, behavioral scientists, pharmacists, former and current EISOs, and communications and policy staff with strong publication records.

Current/Recent EIS Officer: Lawrence Scholl, PhD, MPH, (EIS 2016)

Current/Recent EIS Officer: Alexis Peterson, PhD, (EIS 2015)

Current/Recent EIS Officer: Melissa Mercado-Crespo, PhD, (EIS 2013)

Current/Recent EIS Officer: Ben Levy, MD, (EIS 2013)

Officer Projects: Analyses include college drug and alcohol use, prescribing patterns/behaviors, and prescription use/misuse trends. Field investigations include prescription drug overdose deaths, substance use during pregnancy, and Zika virus response (Puerto Rico). Evaluations of Prescription Behavior Surveillance System, road traffic injury surveillance (Phuket, Thailand), and marijuana-impaired driving surveillance (Colorado).


Consultant: Grant Baldwin, PhD
Consultant: Ann Dellinger, PhD, (EIS 1993)
Consultant: Julie Gilchrist, MD, (EIS 1997)
Division of Violence Prevention, Research and Evaluation Branch

NCIPC-DVP-REB-GA-2017-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Violence Prevention, Research and Evaluation Branch
Physical Address: Atlanta, Georgia
Primary Supervisor: Joanne Klevens, MD, MPH, PhD, Epidemiologist, jklevens@cdc.gov
Secondary Supervisor: Melissa Mercado-Crespo, MS, MA, PhD, (EIS 2013), Behavioral Scientist, cju8@cdc.gov

Background: The Division of Violence Prevention (DVP) is the largest organization in the world addressing violence as a public health problem. It has been at the forefront of establishing the public health approach to violence prevention both within the US and abroad. DVP addresses the prevention of youth violence, suicidal behavior, child abuse/neglect, sexual violence, intimate partner violence, and elder abuse. Previous EISOs were actively involved in responses to a range of violence-related topics, including the 2002 sniper attacks in Washington, DC; gender-based violence in Belize; suicide among American Indian/Alaskan Native youth and several communities around the country; and firearm violence in Delaware.

Proposed Initial Projects: This position is located in the Research and Evaluation Branch and focuses on violence experienced by children and youth and can be tailored to EISO interests. Options for initial projects include, but are not limited to: (1) Evaluate the impact of screening for partner violence on the number of emergency department injury visits, via a multi-level analysis of available RCT data; (2) Identify risk and protective factors for youth self-harm using the National Electronic Injury Surveillance System (NEISS); (3) Examine Hispanic parents’ knowledge, attitudes and beliefs regarding bullying using Porter Novelli Styles/Estilos Surveys; (4) Conduct a systematic review of child abuse/neglect policies that prevent youth violence or risk factors for youth violence; (5) Identify via a systematic literature review or meta-analysis the documented long-term impact of bullying victimization in youth and adulthood; and (6) Evaluate differences in time and date, location and mechanism of violence-related injuries among youth or in high-density youth areas within Atlanta GA, utilizing the Cardiff Project and Atlanta Beltline databases.

Proposed Surveillance Projects: The EISO can conduct a surveillance evaluation and additional projects using one or more of available surveillance systems: National Violent Death Reporting System (NVDRS; a system for recording details of all violent deaths in participating states); the National Intimate Partner and Sexual Violence Survey (NISVS; a national telephone survey on physical and sexual violence, psychological aggression, coercive control, and stalking); the School Associated Violent Deaths Study (SAVD; which captures and presents the most recent data available on school-associated homicides, suicides, and legal intervention related deaths, common features of these events, and potential risk factors for perpetration and victimization); the Behavioral Risk Factor Surveillance System (BRFSS; a national telephone survey on health conditions and risk behaviors); or the National Electronic Injury Surveillance System-All Injury Program (NEISS-AIP; injury-related emergency department data).

Range of Opportunities: Officers have access to multiple datasets to describe the public health burden, risk/protective factors, and economic impact and trends for different forms of violence. Officers can participate in other NCIPC projects. Short-term assignments and Epi-Aids are available. Deployments for international assignments or work in CDC’s Emergency Operations Center have occurred for recent EISO’s and are possible.

Position Strengths: This position offers the potential for applying epidemiologic techniques in creative ways to an emerging area of public health and the opportunity to work with a broad variety of people and agencies. Officer would be part of a team with vast experience in epidemiology and behavioral science and the application of these skills.
around the world.

**Special Skills Useful for this Position:** The successful EISO will have an interest in quantitative data, strong statistical skills, and experience working with SAS or SPSS. Interest in qualitative data would be a plus. In addition, candidate should exhibit a strong willingness to do work in the field of violence prevention, flexibility in working with people from diverse personal and professional backgrounds, and strong writing skills.

**Available Data:** National Violent Death Reporting System; National Intimate Partner and Sexual Violence Survey; School Associated Violent Deaths Study; Behavioral Risk Factor Surveillance System; and National Electronic Injury Surveillance System; Violence Against Children Surveys (national household surveys in multiple low- and middle-income countries). All data are accessible and readily available.


**Domestic Travel:** 10%  
**International Travel:** 0%

**Available Support:** Large staff of doctoral-level epidemiologists and behavioral scientists, including over 10 EIS alumni. Computer, statistical, and clerical support are also available.

**Current/Recent EIS Officer:** Francis Annor, PhD, MPH, (EIS 2016)

**Current/Recent EIS Officer:** Amanda Garcia-Williams, PhD, MPH, (EIS 2015)

**Current/Recent EIS Officer:** Erica Spies, PhD, (EIS 2014)

**Current/Recent EIS Officer:** Kristin Vanderende, PhD, (EIS 2014)

**Current/Recent EIS Officer:** Steven Sumner, MD, (EIS 2013)

**Current/Recent EIS Officer:** Leah Gilbert, MD, MSPH, (EIS 2012)

**Current/Recent EIS Officer:** Katie Fowler, PhD, (EIS 2011)

**Current/Recent EIS Officer:** Asha Ivey-Stephenson, PhD, (EIS 2010)

**Current/Recent EIS Officer:** Dawn McDaniel, PhD, (EIS 2010)

**Current/Recent EIS Officer:** Kevin Vagi, PhD, (EIS 2008)

**Current/Recent EIS Officer:** Matt Gladden, PhD, (EIS 2008)

**Current/Recent EIS Officer:** Sharyn Parks-Brown, PhD, (EIS 2008)

**Current/Recent EIS Officer:** Joseph (J) Logan, PhD, (EIS 2006)

**Current/Recent EIS Officer:** Matthew Breiding, PhD, (EIS 2005)

**Officer Projects:** Firearm violence, DE; Youth suicide, UT, VA, DE, CA; Fentanyl-related overdose deaths, OH, RI; Bhutanese refugee suicide, GA, TX, AZ, NY; Domestic violence, IN; Firearm injuries, AK; Sexual, physical, and emotional abuse against children and young adults, Tanzania, Kenya; Metrorail crash injuries, DC; CDC Zika and Ebola Responses.


**Consultant:** Katherine (Katie) Fowler, PhD, (EIS 2011), Behavioral Scientist, vid5@cdc.gov
Division of Violence Prevention/Special Surveys and Prevention Initiatives Branch

NCIPC-DVP-REB-GA-2017-02
Agency Name: CDC
Division/Branch/Team/Section: Division of Violence Prevention/Special Surveys and Prevention Initiatives Branch
Physical Address: Atlanta, Georgia
Primary Supervisor: Steven Sumner, MD, MSc, (EIS 2013), Team Lead, hvo5@cdc.gov
Secondary Supervisor: Greta Massetti, PhD, Branch Chief, ghz6@cdc.gov
Secondary Supervisor: Susan Hillis, PhD, (EIS 1991), Senior Advisor, seh0@cdc.gov

Background: The Division of Violence Prevention (DVP) is the largest organization in the world addressing violence as a public health problem. This position is with DVP’s Special Surveys and Prevention Initiatives Branch, which focuses on global violence. DVP has been at the forefront of establishing the public health approach to violence prevention both within the United States and globally. DVP addresses the prevention of youth violence, suicidal behavior, child abuse and neglect, sexual violence, intimate partner violence, and elder abuse. Previous EIS officers were actively involved in responses to a range of violence-related topics, including the 2002 sniper attacks in Washington, DC; physical and sexual violence against children in multiple nations of the world; suicide clusters among American Indian/Alaskan Native youth and in several communities around the country; and firearm violence in Delaware.

Proposed Initial Projects: This position is a globally focused position that can be tailored based on EISO interests. Global projects will focus on international violence against children. Opportunities also exist in social media analytics (natural language processing, network analysis) relevant to the international and domestic setting. Options for initial projects include, but are not limited to: (a) Examining health consequences of sexual violence in multiple African nations (Nigeria, Zambia, Malawi, Kenya, Tanzania) using Violence Against Children Survey (VACS) data; (b) Conducting a cross-national comparison of violence perpetrated by teachers in multiple African nations using VACS data; (c) Determining cellular phone technology access and use for electronic violence reporting and prevention programming using Zambia VACS; (d) Examining the contribution of youth migration to violence exposure and sexual exploitation in Laos VACS; (e) Identifying lexical features of gang violence related messages in social media in Central America using machine learning; (f) Examining the link between childhood violence exposure and HIV acquisition in VACS using multivariate modeling. Other opportunities exist to analyze numerous large datasets maintained by DVP.

Proposed Surveillance Projects: The EISO can conduct a surveillance evaluation and conduct additional projects using one or more of the global or domestic surveillance systems available including: National Violent Death Reporting System (NVDRS; a system for recording details of all violent deaths in participating states); the National Intimate Partner and Sexual Violence Survey (NISVS; a national telephone survey on sexual violence and stalking by any perpetrator and physical violence by an intimate partner, including health consequences of victimization); the Behavioral Risk Factor Surveillance System (BRFSS; a national telephone survey on health conditions and risk behaviors); or the National Electronic Injury Surveillance System (NEISS; injury-related emergency department data). Additionally, the EISO could assess surveillance of HIV and violence with the existing national Violence Against
Children Surveys (VACS) or new VACS that are being developed to examine gang violence and migration of youth in Central and South America. Multiple innovative opportunities exist within our social media work and could potentially include Twitter, news media, online advertising related to human trafficking, among others.

**Range of Opportunities:** Officers have access to multiple datasets to describe the public health burden, risk/protective factors, and the economic impact and trends for different forms of violence. Officers can participate in other NCIPC or CDC projects. Short-term international assignments and rapid field activities (Epi Aids) are available.

**Position Strengths:** This position offers diverse opportunities for applying epidemiologic techniques to both global and domestic work and can be tailored to EISO interests. Recent events in the U.S. and internationally have highlighted the high-profile and urgent need for violence prevention work. Project opportunities, such as large-scale social media work and machine learning, are unique to this position. Opportunities range from high level, multi-country work to participation in local programs in Atlanta.

**Special Skills Useful for this Position:** Ideal EISO is creative, hardworking, strong communicator, and interested in quantitative analysis. Experience with SAS, R, Python or other statistical language is a strength. Candidates should have a willingness to work in the field of violence prevention and skills to work with people from diverse personal and professional backgrounds.

**Available Data:** Violence Against Children Surveys (national surveys in multiple low-income countries); Cardiff Violence Prevention Program Data; National Violent Death Reporting System; National Intimate Partner and Sexual Violence Survey; and many other datasets. All data are accessible and readily available.


**Domestic Travel:** 10%  **International Travel:** 20%

**Available Support:** Large staff of doctoral level epidemiologists and behavioral scientists, including over 10 EIS alumni. Computer, statistical, and clerical support are available. The position’s EISO supervisors are experienced and productive scientists.

**Current/Recent EIS Officer:**
- Francis Annor, PhD, (EIS 2016)
- Amanda Garcia-Williams, PhD, (EIS 2015)
- Erica Spies, PhD, (EIS 2014)
- Kristin Vanderende, PhD, (EIS 2014)
- Steven Sumner, MD, (EIS 2013)
- Leah Gilbert, MD, (EIS 2012)
- Katie Fowler, PhD, (EIS 2011)
- Asha Ivey-Stephenson, PhD, (EIS 2010)
- Dawn McDaniel, PhD, (EIS 2010)
- Kevin Vagi, PhD, (EIS 2008)
- Matt Gladden, PhD, (EIS 2008)
- Sharyn Parks-Brown, PhD, (EIS 2008)
- Joseph Logan, PhD, (EIS 2006)
- Matthew Breiding, PhD, (EIS 2005)

**Officer Projects:** Firearm violence, DE; Youth suicide, VA, DE, CA, UT; Fentanyl-related overdose deaths, OH, RI; Bhutanese refugee suicide, GA, TX, AZ, NY; Domestic violence, IN; Firearm injuries, AK; Sexual, physical, and emotional abuse against children and young adults, Tanzania, Kenya; Metrorail crash injuries.


Consultant: Howard Kress, PhD
Consultant: Leah Gilbert, MD, (EIS 2010), Medical Epidemiologist
Consultant: James Mercy, PhD, (EIS 1982), Division Director
Consultant: Thomas Simon, PhD, Associate Director for Science
Consultant: Corrine Ferdon, PhD, Deputy Associate Director for Science
Consultant: Katherine Fowler, PhD, (EIS 2012), Behavioral Scientist

**Division of Violence Prevention/Surveillance Branch/Mortality Surveillance Team**

NCIPC-DVP-SB-GA-2017-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Violence Prevention/ Surveillance Branch/Mortality Surveillance Team
Physical Address: Atlanta, Georgia
Primary Supervisor: Asha Ivey-Stephenson, (EIS 2010), Behavioral Scientist, iym9@cdc.gov
Secondary Supervisor: Alex Crosby, (EIS 1991)

**Background:** The Division of Violence Prevention (DVP) is the largest organization in the world addressing violence as a public health problem. It has been at the forefront of establishing the public health approach to violence prevention both within the United States and abroad. DVP addresses the prevention of youth violence, suicidal behavior, child abuse and neglect, sexual violence, intimate partner violence, and elder abuse. This position will be in the Surveillance Branch on the Mortality Team. Previous EIS officers were actively involved in responses to a range of violence-related topics, including the 2002 sniper attacks in Washington, DC; investigations of physical and sexual violence against children in Tanzania, Swaziland, and Haiti; Gender-based violence in Belize; youth suicide in Virginia, Delaware, and American Indian/Alaskan Native communities; and firearm violence in Delaware.

**Proposed Initial Projects:** Options for initial projects include, but are not limited to: 1) Examine the patterns/trends of violence-related injuries captured in emergency departments using the National Electronic Injury Surveillance System-All Injury program (NEISS-AIP); 2) Examine the patterns of intimate partner and sexual violence using the National Intimate Partner and Sexual Violence Survey (NISVS); (3) Examine the characteristics of homicide, suicide, legal intervention, unintentional firearm deaths and deaths of undetermined intent using data collected from death certificates, coroner/medical examiner and law enforcement through the National Violent Death Reporting System (NVDRS); (4) Examine the factors associated with elder abuse utilizing data from Adult Protective Services data in four states and NVDRS; (5) Examine the factors associated with child abuse and neglect utilizing data from Child Protective Services in seven states and NVDRS; and (6) Examine risk and protective factors associated with violence against children in low- and middle-income countries using the Violence Against Children Surveys (VACS). Analytic projects will go beyond descriptive epidemiology and into analytic epidemiology, employing methods such as, but not limited to, multivariate or time-series modeling. Protocols have been developed.

**Proposed Surveillance Projects:** The officer will have the opportunity to conduct a surveillance evaluation for one of the following systems: National Violent Death Reporting System (NVDRS; a system for recording details of all violent deaths in participating states); the National Intimate Partner and Sexual Violence Survey (NISVS; a national telephone survey on physical and sexual violence, psychological aggression, coercive control, and stalking); the Behavioral Risk Factor Surveillance System (BRFSS; a national telephone survey on health conditions and risk behaviors); or the National Electronic Injury Surveillance System-All Injury Program (NEISS-AIP; injury-related emergency department data). Use of NVDRS will involve both secondary (desk-based) and site visits/field evaluation.

**Range of Opportunities:** Access to multiple datasets to describe the public health burden, risk/protective factors, and trends for different forms of violence. Short-term assignments and Epi-Aids are available. Partner engagement will
have taken place. Officers will apply practical epidemiologic study design and implementation in the field setting.

**Position Strengths:** Applying epidemiologic techniques in creative ways to an emerging area of public health, working with a broad variety of people and agencies around the world, and part of a team with vast experience in epidemiology and behavioral science.

**Special Skills Useful for this Position:** Useful skills include an interest in and orientation to quantitative data analysis, willingness to do work in the field, flexibility in working with people with diverse professional backgrounds, and strong writing skills.

**Available Data:** National Violent Death Reporting System (system for recording details of violent deaths in participating states); National Intimate Partner and Sexual Violence Survey (national survey on physical and sexual violence, psychological aggression, coercive control, and stalking); Behavioral Risk Factor Surveillance System (national survey on health conditions and risk behaviors); Add Health (longitudinal study of health risk behaviors among adolescents); National Electronic Injury Surveillance System (injury-related emergency department data); and Violence Against Children Surveys (national surveys in low- and middle-income countries). All data are accessible and readily available within the first month of assignment.


**Domestic Travel:** 10%  
**International Travel:** 10%

**Available Support:** Large staff of doctoral level epidemiologists, behavioral scientists, and over 10 EIS alumni. Computer, statistical, and clerical support available.

**Current/Recent EIS Officer:** Leah Gilbert, (EIS 2012)  
**Current/Recent EIS Officer:** Steven Sumner, (EIS 2013)  
**Current/Recent EIS Officer:** Erica Spies, (EIS 2014)  
**Current/Recent EIS Officer:** Kristin Vanderende, (EIS 2014)  
**Current/Recent EIS Officer:** Francis Annor, (EIS 2016)  
**Current/Recent EIS Officer:** Amanda Garcia-Williams, (EIS 2015)

**Officer Projects:** Youth suicide investigations, UT, CA, VA, DE; Firearm violence, DE; Fentanyl-related overdose deaths, OH, RI; Tornado response, AL; Bhutanese refugee suicide investigation, GA, TX, AZ, NY; Domestic violence, IN; Firearm injuries, AK; Sexual, physical, and emotional abuse against children and young adults, Tanzania, Kenya; Metrorail crash injuries, Washington, DC.


**Consultant:** Katherine (Katie) Fowler, (EIS 2011)  
**Consultant:** Kevin Vagi, (EIS 2008)  
**Consultant:** Shane Davis, (EIS 2007)  
**Consultant:** Joseph (J) Logan, (EIS 2006)  
**Consultant:** Janet Blair, (EIS 1998)  
**Consultant:** Susan Hillis, (EIS 1991)  
**Consultant:** James Mercy, (EIS 1982)
The National Center on Birth Defects and Developmental Disabilities (NCBDDD) has a host of great opportunities available for incoming EIS Officers. Currently, NCBDDD includes three divisions - the Division of Congenital and Developmental Disorders, the Division of Human Development and Disability, and the Division of Blood Disorders. Our Center aims to identify the causes of birth defects and developmental disabilities; help children to develop and reach their full potential; and promote health and well-being among people of all ages with disabilities, including blood disorders.

Division of Congenital and Developmental Disorders/Birth Defects Branch

NCBDDD-DBDDD-DDB-GA-2017-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Congenital and Developmental Disorders/Birth Defects Branch
Physical Address: Atlanta, Georgia
Primary Supervisor: Matthew Maenner, (EIS 2013), Epidemiologist, xde8@cdc.gov
Secondary Supervisor: Schieve Laura, (EIS 1996), Team Lead, Epidemiologist, ljs9@cdc.gov
Secondary Supervisor: Nicole Dowling, Acting Branch Chief, ncd5@cdc.gov

Background: Developmental disabilities (DD) are common among children in the United States: approximately 1-2% of children have autism, over 1% children have intellectual disability, and 4-5% of children have been diagnosed with other developmental delays. Many children with DDs have lifelong impairments, leading to activity limitations and restricted participation in society. Additionally, persons with DDs are at increased risk for other chronic health conditions including asthma, obesity, and gastrointestinal disorders, suggesting that DDs represent a complex cascade of both health and developmental effects. Epidemiologic research on the causes and consequences of many DDs is sparse, and population-based research is urgently needed to better understand the situations of persons with developmental disabilities.

The Developmental Disabilities Branch (DDB) is at the forefront of the national and international epidemiologic research efforts to better understand the prevalence and risk factors for autism, cerebral palsy, and intellectual disability and to understand the full range of health consequences associated with DDs. Among its cornerstone activities, the Epidemiology Team in DDB supports and participates as a site in the Study to Explore Early Development (SEED), a multi-site case control study to assess prenatal and early postnatal risk factors for autism and related disorders and to better characterize the spectrum of autism among US children. SEED is currently the largest epidemiologic study of autism, with over 6000 children enrolled to date. The ready-to-analyze SEED data include detailed diagnostic and behavioral information, an extensive maternal health interview, genetic samples (GWAS), medical record information, and additional questionnaires.

The officer in this position will have opportunities to undertake studies of risk factors for autism and other DDs and studies of the health consequences and health care needs associated with DDs using SEED and other readily available large population-based datasets. These datasets include the Autism and Developmental Disabilities Monitoring (ADDM) Network, a major source of US autism prevalence data, which is maintained by the Branch’s Surveillance Team. In addition, Epi Team scientists frequently collaborate with the National Center for Health Statistics on analyses of national survey data (National Health Interview Survey, National Survey of Children’s Health) pertaining to developmental disabilities.
Proposed Initial Projects: flexible based on the officer’s interest but can include: 1) use SEED data to perform multivariable analyses of associations between maternal pre-conceptional, prenatal, and perinatal risk factors for autism 2) evaluate the utility of various machine learning algorithms to classify children’s records for autism surveillance. 3) Use nationally-representative survey data (with inverse probability weighting) to see if the characteristics & health conditions of children with autism have changed over time. 4) use data visualization techniques to compare prevalence of autism & developmental disabilities obtained from large-scale administrative databases (e.g., CMS, Marketscan) to ADDM, national surveys, or special education data.

Proposed Surveillance Projects: Evaluate the strengths and weaknesses of the Autism and Developmental Disabilities Monitoring Network surveillance system for either autism, intellectual disability, or cerebral palsy case-finding. Interview stakeholders in the community about how they use (or would ideally use) these data.

Range of Opportunities: Activities will depend on EISO’s interests, but there are ample in-depth opportunities to: develop analytic and data visualization skills in SAS or R; conduct large, population-based epidemiologic studies; collaborate with our grantees/academic partners on SEED; publish peer-reviewed articles; and give presentations to a variety of audiences. Supervisors are supportive of the EISO seeking out and participating in Epi-Aids both within and outside of NCBDDD.

Position Strengths: Access to cutting-edge datasets, including SEED, the largest epidemiologic study of autism and ADDM, the key source of US prevalence data on autism. Work with SEED team on intramural and extramural research activities. Mentorship from senior scientists and leadership in DDB/NCBDDD. Flexibility; we will help you develop the right balance of analytic activities and field work.

Special Skills Useful for this Position: A passion for using data to better understand the situations of persons with developmental disabilities. Proficiency in statistical programming tools (R, SAS) is helpful but not necessary.

Available Data: Readily-available branch-collected data: SEED, ADDM; annotated medical record data for machine learning; completed project on fetal growth and child development; several ongoing national child health surveys; large health-care databases (e.g., Marketscan)


Domestic Travel: 5% International Travel: 5%

Available Support: DDB epidemiologists, statisticians, behavioral scientists; computer/clerical support are readily available. Our Division has an epidemiology-focused journal club and we are involved with other scientific interest groups, such as the CDC R user group.

Current/Recent EIS Officer: Norbert Soke, (EIS 2015), EIS Officer

Current/Recent EIS Officer: Matthew Maenner, (EIS 2013), Epidemiologist

Officer Projects: Machine learning for autism surveillance case-finding; characteristics of children with autism at ages 4 and 8 years; national prevalence estimates of autism, cerebral palsy, and intellectual disability.

Field Epi Investigations: Zika (Brazil); Yellow Fever (DRC); Ebola (Sierra Leone & Guinea); Firearm violence (Wilmington); Vitamin K deficient bleeding & MERS-CoV (Atlanta)


**Consultant:** Coleen Boyle, Director, NCBDDD

**Consultant:** Stuart Shapira, Associate Director for Science, NCBDDD

**Consultant:** Cynthia Moore, Director, DCDD

**Consultant:** Deborah Christensen, (EIS 2008), Surveillance Team Lead

**Consultant:** Lin Tian, Statistician

**Consultant:** Norbert Soke, MD, PhD, (EIS 2015), Epidemiologist, yxo2@cdc.gov

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**Division of Blood Disorders/Epidemiology and Surveillance Branch**

**NCBDDD-DBD-ESB-GA-2017-01**

**Agency Name:** CDC

**Division/Branch/Team/Section:** Division of Blood Disorders/Epidemiology and Surveillance Branch

**Physical Address:** Atlanta, Georgia

**Primary Supervisor:** Mary Hulihan, DrPH, Health Scientist, ibx5@cdc.gov

**Secondary Supervisor:** Karon Abe, PhD, (EIS 2003), Branch Chief

**Background:** The mission of CDC’s Division of Blood Disorders (DBD) is to reduce morbidity and mortality from blood disorders through comprehensive public health practice. SCD is a group of inherited red blood cell disorders that affects approximately 100,000 Americans. The Epidemiology and Surveillance Branch (ESB) conducts surveillance, health communication, and education efforts on SCD. One of the current aims of ESB is to develop and implement state-wide surveillance systems to identify individuals living with SCD and better understand their healthcare utilization patterns, disease-associated complications, and outcomes. For the last several years, we have partnered with California and Georgia on designing these surveillance efforts, and our Sickle Cell Data Collection (SCDC) program (https://www.cdc.gov/ncbddd/hemoglobinopathies/scdc.html) was launched in 2015. The program will inform policy and healthcare standards that improve and extend the lives of individuals living with SCD.

Opportunities for EIS Officers in this position will include working with California and Georgia to analyze the datasets that they are compiling for the SCDC program. Data will be readily accessible once the officer identifies a project and fulfills the data training requirements specified by each state, which will take ~4-6 weeks. These datasets contain 12 years of longitudinal data on ~12,000 patients, more than 10% of the entire US population with SCD. The data are not publicly available, and so this position represents one of the few opportunities to access the information.

Field investigation opportunities are available in response to requests from state and governmental agencies in investigating SCD or other topics related to the Center’s and CDC’s missions. Past EIS Officers have had the opportunity to assist other Centers in field studies.

**Proposed Initial Projects:** The choice of analytic and surveillance projects is flexible and depends on the interests of the officer in collaboration with the EIS supervisors. Potential initial projects include analysis of the SCDC datasets from California and Georgia to:

1. Determine the incidence and prevalence of SCD at the county level and create interactive maps that include information about the location of care and community based organizations
2. Develop a clinical decision tool for 30-day hospital readmissions for SCD
3. Compare differences in SCD healthcare outcomes that are associated with the states’ choice to expand (CA) or not expand (GA) Medicaid coverage under the Affordable Care Act
4. Understand the non SCD-related healthcare utilization patterns and health outcomes of aging adults
5. Understand how transition of care from pediatric to adult providers is associated with healthcare utilization patterns and health outcomes for young adults

**Proposed Surveillance Projects:** The surveillance evaluation projects will require on-site activities and off-campus site visits to both California (Public Health Institute) and Georgia (Georgia Health Policy Center).

1. Evaluate the method of patient identification utilized in the SCDC program and compare this with previously published case definitions
2. Evaluate the accuracy of various datasets (death files, state Medicaid, etc) for correctly identifying individuals of all ages with SCD
Range of Opportunities: Thematic areas related to blood disorders are open for exploration by an EISO; Field investigation opportunities will either be in response to requests from state and governmental agencies, investigations relating to blood disorders, or other topics related to the center’s mission.

Position Strengths: The officer will be able to strengthen analytic skills and gain expertise in SCD; partner with the creators and developers of a surveillance system and will also have access to the leading epidemiologists and policy researchers in the field and interact with the top SCD expert across HHS agencies.

Special Skills Useful for this Position: Interest in sickle cell disease and health disparities, along with strong communication skills, ability to think creatively, and willingness to work within a team environment are also important. Although data analysis experience will enable the EISO to begin analytic projects earlier, supervisors will ensure that any EISO without this experience receives substantial support and training in statistical programming, epidemiologic methods, and statistics. EISO will be encouraged to attend additional training as needed and/or desired for professional development, including trainings offered to Center EIS officers (usually epidemiology-focused).

Available Data: SCDC is the only population-based surveillance system for SCD in the United States that includes 10+ years of individual-level, longitudinal data on 10,000+ patients. SCDC is unique in that the system contains information from multiple datasets: newborn screening, hospital and emergency department discharge, state Medicaid claims files, death records, and clinic reports.


Domestic Travel: 15%  International Travel: 0%

Available Support: Supervisors will work closely with the officer to strategically plan the 2-year fellowship, and are supportive of the officer pursuing additional opportunities that arise. Statistical, informatics, and analytic support are readily available. EISOs are encouraged to collaborate with any of the consultants listed in this position description; supervisors will help facilitate such collaborations.

Current/Recent EIS Officer: Charlotte Baker, DrPH, (EIS 2011)

Current/Recent EIS Officer: Nafisa Ishaku, MD, MPH, (EIS 2011)

Current/Recent EIS Officer: Ekwutosi Okoroh, MD, MPH, (EIS 2010)

Officer Projects: Determined prevalence of venous thromboembolism and risk of co-morbidities in pregnant women; assessed OB/GYNs’ knowledge of sickle cell disease (SCD) and trait and management practices; estimated prevalence of stroke among patients with SCD; analyzed the Universal Data Collection system to determine trends in hepatitis among individuals with hemophilia


Background: Birth defects are common, costly, and critical. CDC has a unique and critical role in national efforts to address birth defects through state-based tracking and public health research. The work of CDC’s Birth Defects Branch begins before a child is conceived and continues throughout life. The officer assigned to this position uses surveillance and research to understand how to prevent birth defects and improve the lives of those affected.

The Birth Defects Branch has played a critical role in CDC’s public health response to Zika virus by examining the link between Zika virus infection during pregnancy and birth defects, including microcephaly. Branch staff have led the response through the Emergency Operations Center and many staff have traveled domestically and internationally to assist other countries and U.S. territories with implementation of emergency response measures and longer-term investigations. It is likely that Zika virus-related activities will be ongoing for several years and the Birth Defects Branch EISO will be offered the opportunity to be involved.

Other analytic opportunities include projects in our Branch’s priority research areas, including examination of modifiable prenatal risk factors (medication use during pregnancy; www.cdc.gov/treatingfortwo) and birth defects that are common (e.g., congenital heart defects) or on the rise (e.g., gastroschisis). Analytic projects are readily accessible; field investigation opportunities are also available in response to requests from state and governmental agencies in investigating birth defects or other topics related to the Center’s and CDC’s missions. EISOs have also assisted other Centers in field studies.

Proposed Initial Projects: Choice of analytic, surveillance, and field projects is flexible and depends on the interests of the officer. Potential initial projects with protocols in place and data available include:
1) Describe prevalence of and factors associated with medication use among women of childbearing age, using available “big data” from healthcare and pharmacy systems
2) Using multivariate modeling, analyze the risk of birth defects associated with use of selected medications during pregnancy using data from the National Birth Defects Prevention Study (NBDPS)
3) Examine health outcomes and quality of life among individuals with congenital heart defects (CHD) across the lifespan using multi-site surveillance data from administrative and medical records or surveys.
5) Model the potential public health impact of shifting prescribing practices for medications used to treat a specific maternal condition from higher to lower risk medications in terms of fetal risk (e.g., antidepressants, antibiotics)

Proposed Surveillance Projects: Through a combination of site visits and secondary data analysis, evaluate a pregnancy drug registry, evaluate the integration of the Bronx into the New York State birth defects surveillance program, or evaluate a state or territorial birth defects or stillbirth surveillance system.

Range of Opportunities: EISO’s activities will depend on his/her interests, but opportunities include analysis of case-control, surveillance, insurance claim, or cohort study data; evaluation of birth defects or stillbirth surveillance systems; collaboration with state, territory or international government agencies; involvement in emergency response to Zika virus; manuscript preparation; and oral/poster presentations at national conferences. Supervisors are also supportive of the EISO participating in Epi-Aids both within and outside of NCBDDD.

Position Strengths: Strong support for epidemiology training with award-winning scientists and mentors; unique
opportunity to network and collaborate with colleagues across CDC, various partner federal agencies (e.g., FDA, NICHD), and clinical and public health organizations (e.g., March of Dimes, National Birth Defects Prevention Network, AAP, ACOG).

**Special Skills Useful for this Position:** Interest in maternal and child health, and strong communication skills are important. Clinical (OBGYN, pediatrics, family practice, nursing, etc.), pharmaceutical, or pharmacological experience is helpful, but not necessary. Although data analysis experience will enable the EISO to begin analytic projects earlier, supervisors will ensure that any EISO without this experience receives substantial support and training in statistical programming, epidemiologic methods, and statistics.

EISO will be encouraged to attend additional training as needed and/or desired for professional development, including trainings offered to Center EIS officers (usually epidemiology-focused).

**Available Data:** Data sources include, case-control data from the National Birth Defects Prevention Study (www.nbdps.org); surveillance data from the Metropolitan Atlanta Congenital Defects Program and the network of state-based surveillance programs; and national databases (e.g., NHANES, large private and public insurance claims databases, and hospital discharge data).

**Recent Publications:**

**Domestic Travel:** 10%  
**International Travel:** 10%

**Available Support:** Supervisors will work closely with the officer. Statistical and analytic support are readily available. EISOs are encouraged to collaborate with the consultants listed in this PD (e.g., clinicians, pharmacists, economists).

**Current/Recent EIS Officer:** Kayla Anderson, PhD, (EIS 2016), Health Scientist

**Current/Recent EIS Officer:** Elizabeth Ailes, PhD, MPH, (EIS 2011), Epidemiologist

**Current/Recent EIS Officer:** Jill Glidewell, MSN, RN, MPH, (EIS 2010), Health Scientist

**Officer Projects:**
- Field: Colombian Zika cohort study; Washington neural tube defects cluster; critical congenital heart defects screening in GA and NJ
- Analytic: Attention Deficit Hyperactivity Disorder medications and birth defects; Antibiotics and birth defects
- Surveillance evaluations: Zika surveillance systems; CDC’s Pregnancy Flu Line; Iowa Early Hearing Detection and Intervention Data System

**Officer Recent Publications:**
- Ailes EC, et al. Estimated number of infants detected and missed by screening for critical congenital heart defects through pulse oximetry. Pediatrics 2015
- Peterson C, Ailes E, et al. Late detected critical congenital heart disease among US newborns: estimating the potential impact of proposed universal screening. JAMA Pediatr 2014
- CDC. Rapid implementation of pulse oximetry newborn screening to detect critical congenital heart defects - New Jersey, 2011. MMWR 2013

**Consultant:** Margaret Honein, PhD, MPH, (EIS 1997), Epidemiologist, Branch Chief

**Consultant:** Jennita Reefhuis, PhD, (EIS 2001), Epidemiologist, Team Lead

**Consultant:** Janet Cragan, MD, MPH, (EIS 1991), Medical Officer

**Consultant:** Kathryn Arnold, MD, (EIS 1992), Medical Officer

**Consultant:** Sherry Farr, PhD, MSPH, (EIS 2004), Epidemiologist

**Consultant:** Jill Glidewell, RN, MSN, MPH, (EIS 2010)
The National Institute for Occupational Safety and Health (NIOSH) is the CDC center responsible for conducting epidemiologic investigations occurring in workplaces. EISOs can provide significant service working with often overlooked and vulnerable populations. NIOSH EISOs have evaluated: lung disease among surface coal miners; HIV transmission in the adult film industry; pesticide exposures to migrant farmworkers; musculoskeletal disorders in chicken eviscerations; pulmonary toxins including asbestos and microwave popcorn flavorings; intentional violence targeted at nurses and taxi drivers; fatalities from aircraft crashes and commercial fishing; TB in firefighters, miscarriages among flight attendants; natural disasters and intentional release of chemical and biologic agents affecting workers in the postal, firefighter, and police services, and emergency responders to the Gulf Coast oil spill. EISOs can work on emerging health issues in nanotechnology and hydraulic fracturing.

**Division of Surveillance Hazard Evaluations & Field Studies/Health Evaluations & Technical Assistance Branch**

**NIOSH-DSHEFS-HETAB-OH-2017-01**

**Agency Name:** CDC  
**Division/Branch/Team/Section:** Division of Surveillance Hazard Evaluations & Field Studies/Health Evaluations & Technical Assistance  
**Physical Address:** Cincinnati, Ohio  
**Primary Supervisor:** Marie de Perio, MD, (EIS 2008), Medical Officer, mdeperio@cdc.gov  
**Secondary Supervisor:** Bruce Bernard, MD, MPH, (EIS 1989)

**Background:** NIOSH’s Health Hazard Evaluation (HHE) Program is a Congressionally mandated program established in 1971. Through the HHE program, NIOSH responds to requests for assistance from employers, employees and their representatives, and government agencies to identify chemical, biological, or physical hazards in workplaces throughout the United States. EIS officers will have a broad-based occupational epidemiology experience and can be involved in evaluations involving workplace exposures, medical testing and biological monitoring of workers.

As an EIS officer in HETAB, which houses the HHE program, you will work with an experienced team of NIOSH physicians, epidemiologists, industrial hygienists, and statisticians. We are looking for an officer with exceptional interpersonal skills to interact with workers and union and management representatives in multiple types of worksites. For more information about the HHE program, visit http://www.cdc.gov/niosh/hhe.

Our EIS officers have the opportunity to: 1) conduct HHEs in a variety of workplaces. HHE’s are equivalent to Epi-Aids in terms of completion of EIS CALS, 2) develop public health prevention strategies in a variety of workplaces,
and 3) deal with emerging occupational illnesses and injuries, including responding to emergencies.

HHEs can involve a wide range of health outcomes and workplace hazards including chemical/biological exposures, heat, noise, radiation, musculoskeletal strain, and workplace stress. Our EIS officer will develop skills including questionnaire design and administration, data analysis and interpretation, and formulation of recommendations. Your work in HETAB will have direct impact upon the health and safety of workers nationwide, and results of your investigations will be broadly disseminated through government, scientific, and trade publications and national professional and scientific conferences.

**Proposed Initial Projects:** Each EIS officer will conduct approximately 4–6 HHEs during each year of assignment. Several HHE requests come in every week, and the EIS officer will work with supervisors for the best epi projects. Our most common evaluated industry sectors include the services, healthcare and social assistance, manufacturing, trade, and public safety sectors. There are ample opportunities for projects examining a wealth of occupational exposures and health outcomes because the HHE program responds to requests nationwide. Potential projects include 1) an evaluation of visual symptoms and styrene exposures at a windblade manufacturer, 2) an evaluation of lead exposures in the manufacturing industry, and 3) an evaluation of Coccidioides exposures among outdoor workers in hyperendemic areas. Our investigations in larger workplaces lend themselves to complex analyses when comparing workers in exposures groups and outcomes groups. EIS officers will help develop protocols, but our HHE program has blanket OMB approval.

**Proposed Surveillance Projects:** EIS officers can work with our NIOSH Surveillance Branch to evaluate NIOSH-funded state health department’s occupational disease surveillance systems, which cover pesticide poisonings, silicosis, and lead. There are also opportunities to examine other large surveillance systems including Bureau of Workers Compensation and Bureau of Labor Statistics. EIS officers may also examine large infectious disease and cancer surveillance systems and focus on the collection of occupation and industry information. These options involve a site visit/field evaluation of the surveillance system.

**Range of Opportunities:** We offer a wide range of projects in all hazards such as chemical, biological/infectious diseases, radiological, ergonomic, noise, heat, and stress nationwide. For Spanish-speaking EISOs, we have potential opportunities with Hispanic/Latino workers. We support participation in Epi-Aids.

**Position Strengths:** We have an unmatched opportunity to delve into many types of exposures and illnesses in various workplaces. Our work is challenging and interesting. We have a great mission and impact workers. Our Congressional mandate gives us access to workplaces under federal law. We have a family-friendly work climate with helpful co-workers. We offer autonomy combined with experienced supervision. Our EIS officers have private offices, not cubicles!

**Special Skills Useful for this Position:** A clinical background and excellent judgment to be able to discern the work-relatedness of symptoms are helpful. An ability to lead public meetings with workers, employers, and attorneys, sometimes in challenging situations. Excellent communication and writing skills. Ability to work in teams. Spanish fluency can be helpful, but it is not necessary.

**Available Data:** We have >30 years of data collected from HHEs in a variety of exposures. Our Division also has data from large industry-wide cohort studies and surveillance systems, to which EIS officers have full access.

**Recent Publications:**

**Domestic Travel:** 20%  **International Travel:** 0%

**Available Support:** The HETAB medical section is staffed by 7 physicians, a veterinarian, and a behavioral scientist; most are former EIS officers. The industrial hygiene section has 14 masters or doctoral level industrial hygienists. Other staff include a statistician, a writer-editor, and secretaries. NIOSH Cincinnati has >450 staff including chemists, engineers, biologists, and social scientists.

**Current/Recent EIS Officer:**
- G. Reed Grimes, MD, MPH, (EIS 2016)
- Sophia Chiu, MD, MPH, (EIS 2015)
- Kerton Victory, PhD, (EIS 2014)

**Officer Projects:**
- Silica exposure and musculoskeletal disorders in a national park, AZ
- Exposures to brucellosis and other zoonotic diseases in feral swine processing facility, TX
- Carbon disulfide and viscose exposures in a meat casing facility, IL

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Chemical exposures in a vape shop, TX
Chemical and ergonomics concerns among nail salon workers, NY

**Officer Recent Publications:**

**Consultant:** Allison Tepper, PhD

**Consultant:** Judith Eisenberg, MD, MS, (EIS 2004)

**Consultant:** Douglas Wiegand, PhD

**Consultant:** Sophia Chiu, MD, MPH, (EIS 2015)

**Consultant:** Kristin Musolin, DO, MS, (EIS 2011)

**Consultant:** Charles Mueller, MS

**Consultant:** Sally Brown, RN, MPH, (EIS 1997)

**Size of Community:** The Cincinnati metropolitan area has a population of over 2.2 million.

**University Affiliation:** Opportunities exist for attending conferences at and developing relationships with the University of Cincinnati Department of Environmental Health, School for Public Health, and Division of Infectious Diseases.

**Living Environment:** Cincinnati is a vibrant city. Recently it has been ranked in the top 10 for most affordable home prices, among best cities for raising a family, and among great cities for young people. The public school systems are excellent, and we have great neighborhoods.

**Cultural and Recreational Assets:** Cincinnati has two major professional sports teams and offers many cultural events and outdoor activities.

**Opportunity for Partners’ Employment:** Cincinnati is home to six Fortune 500 companies including Kroger Company, Procter & Gamble Corporation, and GE Aviation. Other top employers are the University of Cincinnati, Cincinnati Children’s Hospital Medical Center, and TriHealth Inc.

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**Division of Surveillance Hazard Evaluations & Field Studies/Industrywide Studies Branch/EPI**

**NIOSH-DSHEFS-ISB-OH-2017-01**

**Agency Name:** CDC

**Division/Branch/Team/Section:** Division of Surveillance Hazard Evaluations & Field Studies/Industrywide Studies Branch/EPI

**Physical Address:** Cincinnati, Ohio

**Primary Supervisor:** Christina Lawson, PhD, Team Lead, cj19@cdc.gov

**Secondary Supervisor:** Elizabeth Whelan, PhD, (EIS 1991), Branch Chief, eaw0@cdc.gov

**Secondary Supervisor:** Sally Brown, MPH, BSN, (EIS 1997), Nurse Epidemiologist, stb9@cdc.gov

**Background:** This premier research program conducts large-scale, in-depth studies examining the health effects of workplace exposures, characteristics, or experiences. Findings impact occupational health regulations, policies that protect workers, and recommendations for controlling hazards. Major research initiatives in cancer, chronic disease, reproductive health, musculoskeletal disorders, and epidemiologic methods with international impact are a focus of the
Branch. Recent studies include: cancer incidence among flight attendants and firefighters; cancer mortality among nuclear workers (in collaboration with the International Agency for Research on Cancer); guidelines for lifting during pregnancy; parental occupational exposures and birth defects in the National Birth Defects Prevention Study (NBDPS); shift work, heavy lifting, chemical exposures and reproductive health in the Nurses’ Health Studies (NHS); and studies of occupation and cardiovascular disease in the Multi-Ethnic Study of Atherosclerosis (MESA) and Reasons for Geographic and Racial Differences in Stroke (REGARDS). The Branch has over 25 researchers (including current and former EISOs, epidemiologists, medical officers, industrial hygienists, and statisticians) as well as computer programmers and research assistants to support EIS officers. Fully equipped private offices are provided. The wide variety of research in the Branch will allow the EISO to work with their supervisor to choose the projects of most interest to them. EISOs also design, conduct, and complete new research studies that fall within the NIOSH mission. EISOs are encouraged to participate in a variety of NIOSH health hazard evaluations and domestic and international Epi-Aids to gain field experience. Participation in large-scale CDC or NIOSH responses, such as to Ebola or Zika, is also supported.

Proposed Initial Projects: Supervisors will work with the EISO to identify the most suitable projects. Examples of projects already planned by IWSB epidemiologists and ready for the EISO to begin include: (a) Investigating associations between maternal and paternal occupational exposures and birth outcomes. (b) Examining the role of occupation in immigrant health in the MESA study. (c) Using national death data to investigate cause of death among veterinary personnel or other occupational groups. (d) Exploring effect modification by race or gender of relationships between ionizing radiation and cancer mortality among U.S. nuclear workers. (e) Evaluating temporal and smoking-related effect modification of associations between radon exposure and lung cancer risk in the Colorado Plateau cohort. (f) Exploring the influence of long working hours on cardiovascular health in the REGARDS study. (g) Examining secondhand smoke exposure at work among women and the implications for reproductive health.

Proposed Surveillance Projects: (a) Evaluate a proposed registry of nanomaterial-exposed workers for surveillance of occupational illnesses. (b) Evaluate use of workers’ compensation data for occupational injury and illness surveillance. (c) Use the National Health Interview Survey (NHIS), National Occupational Mortality Surveillance (NOMS), or other public use datasets to design an evaluation project to suit EISO’s specific research interests. The EISO will work directly with state and local stakeholders through a combination of site visits and review of system documents from Cincinnati.

Range of Opportunities: We offer a wide array of projects including studies of cancer, reproductive health, cardiovascular disease, musculoskeletal disorders, and epidemiologic methods. Officers have the flexibility to initiate projects that most interest them and to collaborate with other NIOSH divisions, other CDC CIOs, and the Ohio Department of Health.

Position Strengths: IWSB has numerous datasets available in the branch which are ready to use by the incoming EISO, including:
- Outstanding opportunities for conducting and analyzing large epidemiologic studies
- Wide variety of projects, study designs, and methods with potential for highly influential findings
- Collaborative, multi-disciplinary team approach
- Excellent work-life balance
- Private offices, onsite fitness center, onsite personal trainer, sit-stand or walking workstation (treadmill desk)
- Colleagues are passionate about improving workers’ safety and health
- Cincinnati is fun!

Special Skills Useful for this Position: Strong data analysis skills, experience using SAS, strong oral and written communication skills.

Available Data: • Large datasets from external collaborators (MESA, NBDPS, NHS, REGARDS).
• Public use datasets such as NHANES, NHIS, and NOMS
• Over 50 occupational cohorts covering a wide variety of occupations, exposures, and disease endpoints
• Ohio Bureau of Workers’ Compensation data


Domestic Travel: 10% International Travel: 0%

Available Support: Computer programmers; statisticians; industrial hygienists; administrative support. Support to attend conferences and seek additional training.

Current/Recent EIS Officer: John Beard, PhD, (EIS 2015), Epidemiologist, yls0@cdc.gov
Current/Recent EIS Officer: Candice Johnson, PhD, (EIS 2012), Epidemiologist, cyjohnson@cdc.gov

Current/Recent EIS Officer: Alysha Meyers, PhD, (EIS 2010), Epidemiologist, itm4@cdc.gov

Officer Projects: • Cross-sectional study of biomarkers in workers exposed to carbon nanotubes and nanofibers
  • Occupational neurodegenerative disease mortality in a nationally representative surveillance system
  • Workers’ compensation claims for musculoskeletal disorders in the wholesale and retail trade industry sector
  • Endometriosis in flight attendants
  • Workplace secondhand smoke exposure among pregnant workers

  • Ruder AM, Meyers AR, Bertke SJ. Mortality among styrene-exposed workers in the reinforced plastic boatbuilding industry. OEM. 2016;73(2):97-102
  • Meyers AR, Pinkerton LE, Hein MJ. Cohort mortality study of garment industry workers exposed to formaldehyde: update and internal comparisons. AJIM 2013; 56(9):1027-1038.

Consultant: Alysha Meyers, PhD, (EIS 2010), Epidemiologist, itm4@cdc.gov

Consultant: Teresa Schnorr, PhD, (EIS 1982), Division Director, ths1@cdc.gov

Size of Community: The Cincinnati tri-state (Ohio-Kentucky-Indiana) has a population of over 2 million.

University Affiliation: Many NIOSH researchers have close ties to the University of Cincinnati’s College of Medicine, Department of Environmental Health and Division of Epidemiology.

Living Environment: Cincinnati has been recently ranked in the top 10 for: best cities in which to live, best cities for raising a family, most affordable home prices, great cities for young people, best city parks, busiest public libraries, and best cities for foodies.

Cultural and Recreational Assets: Opera, symphony, ballet, professional sports (baseball, football), museums, theatre — Cincinnati has it all.

Opportunity for Partners’ Employment: The greater Cincinnati area is home to 10 Fortune 500 companies including Kroger, Procter & Gamble, and Macy’s. Other top employers are the University of Cincinnati, Cincinnati Children’s Hospital Medical Center, and TriHealth.

Respiratory Health Division/Field Studies Branch

NIOSH-RHD-FSB-WV-2017-01

Agency Name: CDC

Division/Branch/Team/Section: Respiratory Health Division/Field Studies Branch

Physical Address: Morgantown, West Virginia

Primary Supervisor: R. Reid Harvey, (EIS 2013), Epidemiologist, iez1@cdc.gov

Secondary Supervisor: Rachel Bailey, (EIS 2006), Medical Officer, feu2@cdc.gov

Secondary Supervisor: Sally Brown, (EIS 1997), Nurse Epidemiologist, stb9@cdc.gov

Secondary Supervisor: Ethan Fechter-Leggett, (EIS 2013), Epidemiologist, iun8@cdc.gov

Background: The Respiratory Health Division at NIOSH conducts research and public health investigations of occupational lung diseases through its two branches: Field Studies Branch and Surveillance Branch. This position is primarily based in the Field Studies Branch; however, an EIS officer matched to this position could also pursue
projects in the Surveillance Branch, depending on the officer’s interests. The Field Studies Branch does workplace health hazard evaluations (similar to Epi-Aids) requested by workers, unions, or managers and has research initiatives in metal-related lung disease, flavoring-related lung disease, dampness-related respiratory diseases, work-related asthma, and nanomaterial-related health outcomes. Occupational lung disease is the most common of the illnesses associated with work conditions, and occupational health is a relatively under-resourced area of public health, considering that most adults spend one-third of their time at work. Opportunities abound to describe new occupational diseases and old diseases in new industries.

**Proposed Initial Projects:** Health hazard evaluations (similar to Epi-Aids) offer the EISO the opportunity to lead a public health investigation with the support of a multidisciplinary team. Evaluations encompass respiratory health assessments using tools such as structured questionnaires, a variety of pulmonary function tests, radiographic imaging, and allergy testing; and exposure assessments that can include job history, observation, air sampling for dust, metals, volatiles, and bioaerosols, and measurement of exposure biomarkers in blood and urine. Standard protocols are available to facilitate timely response. The EISO will use the data collected to model the exposure-response relationship with support from the branch’s experienced data managers, programmers, statisticians, and epidemiologists.

**Proposed Surveillance Projects:** The Field Studies Branch has a number of surveillance opportunities that the EISO can pick from. The EISO has the opportunity to evaluate novel surveillance programs being established in workplaces as a result of ongoing health hazard evaluations, which often serve as sentinel surveillance events. This includes site visits with stakeholders at these workplaces, such as coffee processing facilities, a metal working operation, and a car rubber manufacturing facility. The EISO can also partner with the Surveillance Branch depending on interest to assess a number of surveillance systems in place, for example, various sources of morbidity, mortality, and workers’ compensation data for coal workers’ pneumoconiosis (including site visits with stakeholders).

**Range of Opportunities:** All work-related lung diseases including dust diseases, asthma, hypersensitivity diseases, chronic obstructive lung diseases, and rare diseases such as constrictive bronchiolitis; all industries across the U.S. with inhalation hazards; and supervisory support for international details apart from NIOSH work.

**Position Strengths:** The Field Studies Branch provides a Center position outside Atlanta, home to a large university with adjunct faculty opportunities; in-depth expertise of mentors; international recognition of world-class science and potential impact at individual workplaces and nationally; travel typically planned weeks in advance. Participation in other CDC assignments during EIS, such as Epi-Aids, disaster response, and international deployments, is fully supported.

**Special Skills Useful for this Position:** Field work benefits from personal skills in communication with workers from a wide variety of educational levels and racial/ethnic groups. Research benefits from quantitative and logical thinking. Depending on skills, EISOs pick among projects playing to their skills, interests, and need for experience.

**Available Data:** We have data readily available from prior and current health hazard evaluations, longitudinal research studies in beryllium and indium tin-oxide workers, National Health and Nutrition Examination Survey 2007-2012 spirometry and respiratory disease and symptom data, exhaled NO data, respiratory symptoms and doctor diagnoses that can be linked with occupation and industry.


**Domestic Travel:** 10%  **International Travel:** 0%

**Available Support:** 90-person multidisciplinary division; clerical and statistical programming support; field teams to collect medical testing and exposure data; laboratory collaboration to supplement epidemiologic work with genetics, animal toxicology, and exposure characterization.

**Current/Recent EIS Officer:** Suzanne Tomasi, (EIS 2016), EIS Officer, yxc4@cdc.gov

**Current/Recent EIS Officer:** Megan Casey, (EIS 2014), Nurse Epidemiologist, ydg7@cdc.gov

**Current/Recent EIS Officer:** Anna-Binney McCague, (EIS 2012)

**Officer Projects:** Field investigations of lung disease in workplaces manufacturing pet food, snack food, coffee, chemicals, windblades, and rubber; sentinel surveillance for occupational lung disease; veterinary mortality study; styrene-associated work-related asthma.


Consultant: Randall Nett, (EIS 2007), Medical Officer, gge5@cdc.gov
Consultant: Jean Cox-Ganser, Epidemiologist, jje8@cdc.gov
Consultant: Kristin Cummings, (EIS 2005), Field Studies Branch Chief, cvx5@cdc.gov

Size of Community: Morgantown has approximately 30,000 residents, a number that is roughly doubled when university students are included.

University Affiliation: NIOSH has close ties with West Virginia University (WVU) with adjunct faculty opportunities. WVU is a public, research-intensive university with Schools of Public Health, Medicine, Dentistry, Nursing, and Pharmacy adjacent to the NIOSH campus.

Living Environment: On the banks of the Monongahela River with scenic mountain views, Morgantown provides a Center position outside Atlanta. You can choose to live within walking distance of shops and restaurants downtown or reside in rural Appalachia, a short drive from town.

Cultural and Recreational Assets: Vast possibilities for four seasons of outdoor recreational activities in neighboring Coopers Rock State Forest and throughout Wild & Wonderful WV, including kayaking, fly fishing, hiking, cross country and downhill skiing and more. Easy daytrips to Pittsburgh, PA and Washington, DC.


Respiratory Health Division/Surveillance Branch

NIOSH-RHD-SB-WV-2017-01
 Agency Name: CDC
 Division/Branch/Team/Section: Respiratory Health Division/Surveillance Branch
 Physical Address: Morgantown, West Virginia
 Primary Supervisor: A. Scott Laney, (EIS 2006), Epidemiologist, aol4@cdc.gov
 Secondary Supervisor: David Blackley, (EIS 2013), Epidemiologist, xdc2@cdc.gov
 Secondary Supervisor: Sally Brown, (EIS 1997), Nurse Epidemiologist, stb9@cdc.gov

Background: The Respiratory Health Division at NIOSH conducts research and public health investigations of occupational lung diseases through its two branches: Surveillance Branch and Field Studies Branch. This position is primarily based in the Surveillance Branch; however, an EIS officer matched to this position could also pursue projects in the Field Studies Branch, depending on the officer’s interests. The Surveillance Branch examines ongoing surveillance data, e.g. from death certificates, national and state surveys, state-based surveillance activities, and a surveillance program that it conducts for coal miners in the U.S. It is also the locus for developing better means of medical surveillance of workers, such as digital radiography and serial spirometry tests, and efforts to include and use occupational information in electronic medical records. The Surveillance Branch collects medical test data on coal miners across the nation with a medical van; certifies physicians as expert in reading chest radiographs for pneumoconiosis; and certifies courses as having appropriate instruction in quality spirometry. Occupational lung disease is the most common of the illnesses associated with work conditions, and occupational health is a relatively under-resourced area of public health, considering that most adults spend one-third of their time at work. Opportunities abound to describe new occupational diseases and old diseases in new industries.

Proposed Initial Projects: Recent reports have demonstrated an increase in prevalence of severe pneumoconiosis
including progressive massive fibrosis (PMF) in US coal miners. This has garnered widespread attention including a Pulitzer Prize-winning investigative journalism series, Congressional hearings, federal rulemaking, and most recently the report of a previously unidentified outbreak of PMF in eastern Kentucky coal miners. The EISO will investigate to characterize the ongoing outbreak (including analysis of national medical surveillance data and field-based data analysis in clinics) in terms of disease burden, clinical characteristics, and health outcomes.

**Proposed Surveillance Projects:** The Surveillance Branch has numerous surveillance opportunities that the EISO can pick from, including: coal worker surveillance data query system utility, mortality surveillance of pneumoconiosis and co-morbidity from other diseases, assessment of various sources of morbidity, mortality, and workers’ compensation data for coal workers’ pneumoconiosis (including site visits with stakeholders), utility of industry and occupation in medical record surveillance, utility of occupational health indicators for state-based surveillance, utility of MarketScan data for occupational lung disease surveillance.

**Range of Opportunities:** All work-related lung diseases including dust diseases, asthma, hypersensitivity diseases, chronic obstructive lung diseases, and rare diseases such as constrictive bronchiolitis; all industries across the U.S. with inhalation hazards; and supervisory support for international details apart from NIOSH work.

**Position Strengths:** The Surveillance Branch provides a Center position outside Atlanta, home to a large university with adjunct faculty opportunities; in-depth expertise of mentors; international recognition of world-class science and potential impact at individual workplaces and nationally; travel typically planned weeks in advance. Participation in other CDC assignments during EIS, such as Epi-Aids, disaster response, and international deployments, is fully supported.

**Special Skills Useful for this Position:** Research benefits from quantitative and logical thinking. Field work benefits from personal skills in communication with workers from a wide variety of educational levels and racial/ethnic groups. Depending on skills, EISOs pick among projects playing to their skills, interests, and need for experience.

**Available Data:** Through our Coal Workers’ Health Surveillance Program, we have readily available data from longitudinal research studies in coal workers beginning in 1970; prospectively collected and readily available data from ongoing occupational respiratory disease outbreak investigations; readily available administrative databases from the Department of Labor and the Mine Safety and Health Administration.

**Recent Publications:**

**Domestic Travel:** 5%  **International Travel:** 0%

**Available Support:** 90-person multidisciplinary division; clerical and statistical programming support; field teams to collect medical testing and exposure data; laboratory collaboration to supplement epidemiologic work with genetics, animal toxicology, and exposure characterization.

**Current/Recent EIS Officer:** Laura Reynolds, (EIS 2016), EIS Officer, lwy3@cdc.gov
**Current/Recent EIS Officer:** Megan Casey, (EIS 2014), Nurse Epidemiologist, ydg7@cdc.gov
**Current/Recent EIS Officer:** David Blackley, (EIS 2013), Epidemiologist, xdc2@cdc.gov

**Officer Projects:** Analysis of respiratory disease Workers’ Compensation claims; analysis of NHANES 2007-2010 data; case-series of surface coal miners with lung disease; longitudinal evaluation of respiratory health of fire fighters; cardiovascular health evaluation of coal workers; estimating disease burden estimates using health insurance claims.


Consultant: Megan Casey, (EIS 2014), Nurse Epidemiologist, ydg7@cdc.gov
Consultant: Jacek Mazurek, (EIS 2002), Epidemiologist, acq8@cdc.gov

Size of Community: Morgantown has approximately 30,000 residents, a number that is roughly doubled when university students are included.

University Affiliation: NIOSH has close ties with West Virginia University (WVU) with adjunct faculty opportunities. WVU is a public, research-intensive university with Schools of Public Health, Medicine, Dentistry, Nursing, and Pharmacy adjacent to the NIOSH campus.

Living Environment: On the banks of the Monongahela River with scenic mountain views, Morgantown provides a Center position outside Atlanta. You can choose to live within walking distance of shops and restaurants downtown or reside in rural Appalachia, a short drive from town.

Cultural and Recreational Assets: Vast possibilities for four seasons of outdoor recreational activities in neighboring Coopers Rock State Forest and throughout Wild & Wonderful WV, including kayaking, fly fishing, hiking, cross country and downhill skiing and more. Easy daytrips to Pittsburgh, PA and Washington, DC.