Final EIS Assignments

EIS Class of 2018

April 2018
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National Center for Health Statistics

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National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

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The Epidemiology Workforce Branch (EWB) serves as “home CIO” for officers assigned to non-CDC based positions in state and local health departments or nonfederal partners. “Field” assignments provide an opportunity to work on front-line investigations and projects in many topic areas, providing broad training. EISOs gain valuable experience working on current public health issues, are vital members of the public health team, and have direct interaction with the community. Each position is unique: EWB supports all field officers and provides access to CDC’s epidemiologic, statistical, and laboratory expertise. Field EIS alumni have served as State Epidemiologists; CDC Branch, Division, Center Directors, former CDC Director; public health professionals in local, state, federal, and international health agencies; clinicians, teachers, and researchers. Field EIS assignments provide an invaluable frontline experience whether you’re interested in a career inside or outside CDC.

Arizona

**DSEPD/EWB-AZ-2018-01**

**Agency Name:** Arizona

**Division/Branch/Team/Section:** Arizona Department of Health Services/Maricopa County Department of Public Health

**Physical Address:** Phoenix, Arizona

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

**Secondary Supervisor:** Heather Venkat, DVM, MPH, (EIS 2015), CEFO/State Public Health Veterinarian, heather.venkat@azdhs.gov

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

**Secondary Supervisor:** Rebecca Sunenshine, MD, (EIS 2004), Co-Primary Supervisor, CEFO/Medical Director of Maricopa County Department of Public Health, rebeccasunenshine@mail.maricopa.gov

**Secondary Supervisor:** Kate Goodin, MS, MPH, Maricopa County Department of Public Health, kategoodin@mail.maricopa.gov

**Background:** The EISO reports to two co-primary supervisors – the State Epidemiologist and the Medical Director 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 > 100 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) Quality improvement study of the county Medical Countermeasures Distribution/Dispensing System to decrease time for dispensing;
10) Determine trends in patient population served by Maricopa County Immunization Clinics and evaluate reimbursement from private insurance over time as federal vaccine requirements for health plans change; 11) Assess presence of chronic diseases among the Maricopa County homeless population; 12) Evaluate partnerships with private community providers to expedite treatment and partner services of syphilis cases in Maricopa County; 13) Evaluate the association between Emergency Department (ED) visits for influenza-like illness and ED diversion status to determine triggers for medical surge capacity; 14) Evaluate policy strategies to reduce obesity in Maricopa County; 15) Evaluate impacts of the Million Hearts program; 16) Perform an environmental scan of the current conditions and opportunities to integrate chronic disease and access to care work with pharmacists; 17) Evaluate effectiveness of public health messages being picked up by print and social media.

**Proposed Surveillance Projects:** There are several surveillance system evaluations to choose from:

1) Compare 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) Evaluate statewide microcephaly and fetal death surveillance systems; 4) Validate National Healthcare Safety Network surveillance in a health care facility; 5) Evaluate reporting to the state immunization registry.

**Range of Opportunities:** Projects ranging from outbreak investigations in the field to large dataset analysis. 2017 B. cepacia complex in a hospital, hantavirus prevention with tribes, MDR-TB in a detention center; 2016 community-wide increase in shigellosis associated with childcare centers, statewide outbreak of cryptosporidiosis; canine leptospirosis outbreak, seafood restaurant-associated salmonellosis outbreak, measles outbreak in a detention center; 2015 transfusion associated St. Louis encephalitis virus, SLE/WNV outbreak; 2014 tick-borne relapsing fever outbreak and mumps in hockey players; 2013 human psittacosis associated with lovebirds, and Rocky Mountain spotted fever on six reservations. EISOs will have the opportunity to participate in assignments at CDC in Atlanta, national, and international outbreak investigations.

**Position Strengths:** This shared State/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. An international deployment will be supported if the opportunity arises.

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

**Recent Publications:** Two Cases of Legionnaires’ Disease in Newborns After Water Births—Arizona, 2016. MMWR

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

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

**Current/Recent EIS Officer:** Carla Bezold, ScD, (EIS 2017), carla.bezold@azdhs.gov

**Current/Recent EIS Officer:** Sally Ann Iverson, DVM, MPH, (EIS 2016), sally.iverson@azdhs.gov

**Current/Recent EIS Officer:** Heather Venkat, DVM, MPH, (EIS 2015), AZ Career Epidemiology Field Officer, heather.venkat@azdhs.gov

**Current/Recent EIS Officer:** Jefferson Jones, MD, MPH, (EIS 2014), NCEZID/DHQ, ioe@cdc.gov

**Current/Recent EIS Officer:** Candice Robinson, MD, MPH, (EIS 2013), Medical Officer, NCIRD/ISD Services, xf@cdc.gov
**Current/Recent EIS Officer:** Laura Adams, DVM, MPH, (EIS 2012), Medical Epidemiologist, Dengue Branch, 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, steven.a.baty.mil@mail.mil

**Current/Recent EIS Officer:** Sanny Chen Northbrook, PhD, MPH, (EIS 2007), GAP Regional Lead, 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

**Officer Recent Publications:** Sally Ann Iverson, DVM, MPH

Notes from the Field: Cluster of Acute Flaccid Myelitis in Five Pediatric Patients — Maricopa County, Arizona, 2016. MMWR

Using Molecular Characterization to Support Investigations of Aquatic Facility – Associated Outbreaks of Cryptosporidiosis – Alabama, Arizona, and Ohio, 2016. MMWR

Heather Venkat, DVM, MPH


Notes from the Field: Measles Outbreak at a United States Immigration and Customs Enforcement Facility – Arizona, May–June 2016. MMWR

Notes from the Field: Concurrent Outbreaks of St. Louis Encephalitis Virus and West Nile Virus Disease—Arizona. MMWR 2015

Jefferson Jones, MD, MPH


Binational Dengue Outbreak Along the United States–Mexico Border - Yuma County, Arizona, and Sonora, Mexico, 2014. MMWR

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. MMWR

Notes from the Field: Strongyloidiasis at a Long-Term–Care Facility for the Developmentally Disabled — Arizona, 2015. MMWR

**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 is 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

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**California**

**DSEPD/EWB-CA-2018-01**

**Agency Name:** Los Angeles County Public Health Department

**Division/Branch/Team/Section:** Acute Communicable Disease Control

**Physical Address:** 313 N. Figueroa St Rm 212 Los Angeles, California 90230

**Primary Supervisor:** Sharon Balter, MD, MFA, (EIS 1997), Director Acute Communicable Disease Control (ACDC), sbalter@ph.lacounty.gov

**Secondary Supervisor:** Dawn Terashtia, MD, MPH, Medical Director Hospital Outreach Unit, Dterashita@ph.lacounty.gov
Background: The Los Angeles County Department of Public Health (LAC DPH) is the largest local health agency in the United States, larger than all but seven states with >10 million residents. Over one-third of residents were born outside the US, and with a major international port and airport, as well as proximity to Mexico, LAC is at risk for travel related and emerging diseases. A wide disparity of socioeconomic status among residents along with a varied landscape including urban, suburban and rural areas makes the variety of infectious diseases in LA County particularly unique. The EISO will be based in the Acute Communicable Disease Control Program (ACDC) focusing on infectious disease surveillance, control and prevention. A strength of the program is relationships with and outreach to over 100 hospitals, 350 skilled nursing facilities, and 400 ambulatory surgery centers as well as strong collaboration with local vector control agencies and other community partners. The officer will participate in the duty call rotation providing the opportunity to engage with community providers and learn about how a busy communicable disease unit triages calls. There are ample opportunities to lead investigations.

Proposed Initial Projects:
1. Using multivariable analysis to assess risk factors associated with hospital antibiograms showing high levels of antimicrobial resistance
2. Develop predictive models for non-infectious diseases such as heat related illness and flu/respiratory illness using syndromic surveillance from emergency departments and Emergency Medical Service data to inform public health response
3. Use GIS to conduct spatial analysis of socioeconomic and racial disparities in disease incidence to inform program response to health disparities
4. An initial protocol with Columbia University is being developed to use various social media metadata to identify foodborne outbreaks. The EIS officer can work on development and evaluation of this system. Once the system is validated, the EISO can work with Environmental Health to build a model using this and previous inspection data to forecast most at risk restaurants.
5. Use time series analysis to evaluate the effect of the use of Culture Independent Diagnostic Tests (CIDT) on the incidence of enteric pathogens in LAC.
6. Using multivariate analysis assess risk factors for Listeria over a twenty year period in LA County
7. The opportunities at the LAC DPH are endless, both within ACDC and with other units including TB, Vaccine Preventable Diseases, Veterinary Public Health, Environmental Health and Chronic Diseases. The officer will have the opportunity to meet with staff both inside and outside of ACDC to identify projects of interest or develop specific areas of interest.

Proposed Surveillance Projects: LAC DPH is establishing a Hepatitis C registry to further efforts at reducing or eradicating HCV in the County. On January 1, 2018, perinatal Hepatitis C became reportable. Officer could evaluate current system and help develop plans for improvement going forward to identify infants born with Hepatitis C. Evaluation will involve site visits to hospitals and clinics to understand how data is collected and how data could be better captured and used to inform both prevention and treatment efforts.

Range of Opportunities: ACDC leads surveillance, prevention and control for >80 diseases. Collaborations with other infectious disease programs are encouraged: e.g., with the Division of HIV and STD Programs, Vaccine Preventable Disease Control and Veterinary Medicine. The Officer will have numerous opportunities to investigate outbreaks in schools and healthcare facilities and to work with the Quarantine Station at LAX. Other opportunities include field work with Vector Control Board to understand community attitudes toward standing water and West Nile. If opportunities for an Epi-aid or travel arise we will support the officer in traveling abroad.

Position Strengths: Large diverse population; geographic/demographic risks for emerging infections access to all healthcare-associated, foodborne and community outbreaks (>200/year); an excellent Public Health Laboratory. Given the diversity of the population and the landscape, the opportunities are endless!

Special Skills Useful for this Position: Position and opportunities can be tailored based on the background, experience and interests of the EISO. Infectious disease expertise, data analysis, written and oral presentation skills all are important and will be developed and enhanced through the EIS experience. Spanish fluency helpful but not required. Ability to multitask and work with different teams, programs, and partners is highly valued as is curiosity and enthusiasm.

Available Data: Disease and syndromic surveillance; NHSN healthcare associated infection data; LA Survey with population-based health and behavior data; vital records; hospital discharge and emergency department databases; and more. All data is accessible and readily available on day one!

Recent Publications: Effectiveness of varicella vaccine in preventing community transmission (Perella, Pediatrics 2016).
Echovirus 30 aseptic meningitis outbreak among high school football players (Croker, MMWR 2015).

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

**Available Support:** ACDC includes 8 physicians, 10 epidemiologists, statistical, data management and GIS support. Additional support is available from the Office of Health Assessment and Epidemiology.

**Current/Recent EIS Officer:** Claire Dillavou Jarashow, PhD, (EIS 2016), EIS Officer, CJarashow@ph.lacounty.org, FOK7@cdc.gov

**Current/Recent EIS Officer:** Amanda Kamali, MD, (EIS 2014), Medical Epidemiologist, amanda.kamali@gmail.com

**Current/Recent EIS Officer:** Christina Mikosz, MD, (EIS 2011), christina.mikosz@gmail.com

**Current/Recent EIS Officer:** Kanta Sircar, MD, (EIS 2007), Physician Specialist, ksircar@cdc.gov

**Officer Projects:** Outbreak investigations (Mycobacterium chimaera among heart surgery patients, Multi-drug resistant Shigella flexneri in HIV and MSM populations, Neisseria meningitidis predominantly among MSM, Hepatitis A, carbapenem resistant Enterobacteriaceae and endoscopy); antimicrobial resistance/stewardship; survey of restaurant worker practices working while ill and sick leave policies; analysis of childhood obesity trends

**Officer Recent Publications:**

**Consultant:** Laurene Mascoloa, MD, MPH, (EIS 1982), Former Director ACDC, LMascola@ph.lacounty.gov

**Consultant:** Paul Simon, MD, (EIS 1990), Chief Science Officer, psimon@ph.lacounty.gov

**Consultant:** Prabhu Gounder, MD, MPH, (EIS 2010), Physician Specialist, pgounder@ph.lacounty.gov

**Size of Community:** Over 10 million residents with substantial socio-demographic and cultural diversity.

**University Affiliation:** University of California, Los Angeles (UCLA), and University of Southern California

**Living Environment:** We have something for everyone! Southern California is renowned for cultural and ethnic richness as well as access to beaches and mountains. There are a variety of interesting neighborhoods to live in for single people and families (great school systems). Public transport a feasible option from many parts of the city. Great climate year-round!

**Cultural and Recreational Assets:** World class music, theater, opera, and museums (the Disney Hall is blocks from the DPH). Numerous running, hiking and mountain biking trails. Amazing geographic diversity – from deserts, to mountains, to beaches. Ski and surf on the same day; swim outside year-round.

**Opportunity for Employment:** Extensive!
DSEPD/EWB-CA-2018-02
Agency Name: California Health and Human Services
Division/Branch/Team/Section: Division of Environmental and Occupational Disease Control
Physical Address: CA Dept of Public Health, 850 Marina Bay Parkway, Bldg P-3 Richmond, California 94804
Primary Supervisor: Gayle Windham, PhD, MScPH, (EIS 1983), Chief, Epidemiological Investigations Unit, EHIB, gayle.windham@cdph.ca.gov
Secondary Supervisor: Barbara Materna, Chief, Occupational Health Branch, barbara.materna@cdph.ca.gov
Secondary Supervisor: Jason Wilken, PhD, MPH, (EIS 2012), CDC Career Epidemiology Field Officer, jason.wilken@cdph.ca.gov

Background: The Division of Environmental and Occupational Disease Control (DEODC), the largest state environmental/occupational health division, houses the Environmental Health Investigations Branch (EHIB, www.cdph.ca.gov/ehib), the Occupational Health Branch (OHB, www.cdph.ca.gov/OHB), the Childhood Lead Poisoning Prevention Branch (CLPPB), and the Environmental Health Laboratory Branch (EHLB), as well as the Emergency Preparedness Team (EPT). DEODC has 300 staff representing expertise in chemical, occupational, and environmental hazards, biomonitoring, epi/analytic methods, industrial hygiene, emergency preparedness, health education, and community outreach. Key programs (many with CDC funding/partnerships) within EHIB include: CA Biomonitoring (laboratory measurement of blood or urine specimens for toxic substances), Environmental Health Tracking (adaptation and linkage of multiple health/exposure datasets), California Center for Autism and Developmental Disabilities Research and Epidemiology (CADDRE) (monitoring and etiologic studies), California Breathing (asthma monitoring and outreach), and the Site Assessment Section (health assessments related to hazardous waste sites and industrial facilities). OHB has authority to access CA workplaces for investigations and works closely with Cal/OSHA and CA’s Division of Workers’ Compensation. Key programs include: Occupational Health Surveillance & Evaluation Program, surveillance/prevention of work-related asthma, pesticide illness, and injuries; Hazard Evaluation System & Information Service, evaluates literature on hazards and provides practical information for workers/employers; Occupational Lead Poisoning Prevention Program, surveillance, case investigation, education, and technical assistance; and the Safe Cosmetics Program, collects information on products containing carcinogens or reproductive hazards. The EPT conducts surveillance of chemical spills/releases, facilitates 24/7 emergency technical assistance, investigates selected chemical releases, and performs community assessments following natural disasters. EHLB and other CDPH laboratories provide analytic capacity to support investigations. DEODC participates in a multi-agency climate change group that conducts vulnerability assessments and plans adaptive capacity. DEODC work results in changes to state policy and often leads the way in national policy. Numerous opportunities to collaborate with other CDPH divisions, federal, state, and local agencies, and academic researchers.

Proposed Initial Projects: Evaluate effects of 2017 California wildfires on respiratory, cardiovascular, or behavioral/mental health outcomes using linked or newly obtained data. Analyze National Poison Center data to characterize cleaning product reports; most frequent products, routes of exposure, and outcomes by age, in occupational and non-occupational groups (protocol and data in-hand). Staff the Workplace Hazard Helpline to gain immediate experience researching and responding to exposures of concern, which may lead to conducting worksite investigations. Participate in CA Biomonitoring projects to analyze results, report individual levels, and recruit new cohorts. Identify occ/env health disparities. Projects flexible to match EISO interests.

Proposed Surveillance Projects: Evaluate EPT statewide chemical spill/release passive surveillance system to assess completeness, timeliness, and accuracy (data in-house, possible site visits to responders). OR, depending on EISO interest, evaluate other existing systems including: childhood lead poisoning, autism, pesticide poisoning, workplace fatalities, and biomonitoring. Opportunities to design new surveillance systems that address health effects related to climate change or other environmental exposures using available population-based data, or occupational infectious diseases or musculoskeletal disorders utilizing workers’ compensation data.

Range of Opportunities: Wide. Field investigations of chemical poisonings or exposures from spills/releases, worksite hazards or outbreaks, disease clusters, natural disasters. Assess specific occ/env illness/injury endpoints or hazards, including climate change effects; participate in hazardous waste site assessment; present results to impacted diverse communities; analyze large datasets from complex research studies, surveys, or surveillance systems; develop outreach materials. Assist with 24/7 chemical incident technical assistance. Other opportunities within CDPH (infectious or chronic disease, injury, laboratories) or assisting local agencies. Participate in CDC-sponsored national/international assignments.

Position Strengths: Obtain wide breadth of epidemiological experience, from applied to research-oriented investigations and emergency response, in largest state EOH division with experienced EISO supervisors. Lead investigations on diverse populations and important, emerging EOH issues, excellent publication record. Established
relationships with numerous government agencies, research institutions, community/labor organizations. Collegial, supportive work environment. Numerous EISO alums at DEODC/CDPH.

**Special Skills Useful for this Position:** None are necessary, but some prior analysis experience and quantitative skills can be very helpful. Spanish-speaking ability (or other languages) is a plus. Prior knowledge or experience with chemicals, toxicology, environmental, or workplace issues can be helpful but is not necessary. Previous EISOs have had diverse backgrounds (both PhDs [lab, EH, Epi] and MDs).

**Available Data:** PH Tracking links exposure and health databases; hospital discharge; workers’ compensation; Poison Control Center; Medi-Cal; CA health surveys; EOH surveillance systems; biomonitoring; variety of etiologic epidemiology studies with multi-year data (autism, puberty, pregnancy outcomes), all in-house.

**Recent Publications:** Summary of Topics: Chemical body burdens (in young girls, pregnant women, workers, etc.); Emergency responses — Wildfires, Drought, Napa Earthquake; Autism — environmental risk factors, etiology, genetics; Asthma — service use, exposures, work-related; Pesticides — health effects, exposure; Lead/heavy metal poisoning and sources; Climate change, heat waves/illness; Air pollution — monitoring, modelling, and health effects; Occupational injury and illness — pulmonary function impacts from chemical exposures (e.g., diacetyl), respiratory protection use in hospitals, and workplace infectious disease investigations; Endocrine-disrupting chemicals; Children’s Development; Population vulnerabilities/EJ; Nanomaterials; Pregnancy outcomes in relation to exposures; International responses (Zika, Ebola).

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

**Available Support:** $50 million annual DEODC budget, 300+ multi-disciplinary staff. Graphics, library, sophisticated statistics/mapping programs, laboratory

**Current/Recent EIS Officer:** Kathleen Attfield, ScD, (EIS 2014), Research Scientist, kathleen.attfield@cdph.ca.gov

**Current/Recent EIS Officer:** Jason Wilken, PhD, MPH, (EIS 2012), CDC Career Epidemiology Field Officer, Jason.wilken@cdph.ca.gov

**Current/Recent EIS Officer:** Jennifer Zipprich, PhD, (EIS 2008), Research Scientist, Jennifer.zipprich@cdph.ca.gov

**Current/Recent EIS Officer:** Thomas Kim, MD, MPH, (EIS 2006), Thomas.Kim@CRIHB.net

**Current/Recent EIS Officer:** Rebecca Laws, PhD, MPH, (EIS 2016), CDC EISO, rebecca.laws@cdph.ca.gov

**Officer Projects:** Arsenic poisoning, heat-related illness, work-associated infectious diseases (coccidioidomycosis, hepatitis A, hantavirus), neurologic illness cluster (ALS, Parkinson’s), climate change (impact of drought), earthquake response, vape shop exposures, environmental predictors of pubertal onset, biomonitoring, work-related asthma surveillance, Epi-Aids (Zika, American Samoa; Ebola, Liberia; train derailment chemical release).

**Officer Recent Publications:**  
(selection, most EISOs have additional publications)

**Consultant:** Richard Kreutzer, Chief, DEODC, Rick.Kreutzer@cdph.ca.gov

**Consultant:** John Talarico, DO, Chief, Environmental Health Investigations Branch, john.talarico@cdph.ca.gov

**Size of Community:** 7.7 million in greater San Francisco Bay Area, 39 million statewide

**University Affiliation:** University of CA Berkeley School of Public Health, UC San Francisco Medical School, UC Davis (Medical and Veterinary Schools, School of Public Health), Stanford University, UCLA, UC Irvine.

**Living Environment:** Varied living situations from world-renowned city to semi-rural. Mild coastal climate; scenic
setting; multi-ethnic, diverse population.

**Cultural and Recreational Assets:** Plentiful, including international to local cultural events in theater, dance, music, art, and championship professional sports teams. Excellent, diverse restaurants. Abundant outdoor activities: hiking, bicycling, boating, wind-surfing, whale-watching; easy access to scenic places for climbing, camping, skiing, wine-tasting, beach-combing, and exploring national and state parks.

**Opportunity for Employment:** Excellent job and educational opportunities in many fields, center of high-tech industry, biotechnology, education/universities, and more.

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**DSEPD/EWB-CA-2018-03**

**Agency Name:** California Health and Human Services

**Division/Branch/Team/Section:** Division of Communicable Disease Control

**Physical Address:** 850 Marina Bay Pkwy Bldg P, 2nd floor Richmond, California 94804

**Primary Supervisor:** Seema Jain, MD, (EIS 2004), Chief, Disease Investigations Section, Seema.Jain@cdph.ca.gov

**Secondary Supervisor:** Akiko Kimura, MD, (EIS 1996), Senior Medical Epidemiologist, akiko.kimura@cdph.ca.gov

**Secondary Supervisor:** James Watt, MD, MPH, (EIS 1999), Chief, Division of Communicable Disease Control, james.watt@cdph.ca.gov

**Background:** This EISO position will be based within the Disease Investigations Section (DIS), Infectious Diseases Branch (IDB) in the Division of Communicable Disease Control (DCDC) at the California Department of Public Health (CDPH). The DIS is responsible for the epidemiologic analysis of surveillance data and response to non-vaccine preventable communicable pathogens, including enteric pathogens such as Shiga toxin-producing Escherichia coli (STEC); pathogens of bioterrorism potential such as Bacillus anthracis; fungi such as Coccidioides; and waterborne pathogens such as Legionella. The DIS investigates between 80-100 outbreaks every year involving a wide variety of pathogens and transmission modes leading to ample opportunities to learn applied epidemiology. The DIS meets on a weekly basis with environmental health and laboratory partners to share information on ongoing investigations. Although this position is based in DIS, the EISO will be able to work on projects with other groups within the DCDC, including those responsible for vector-borne, vaccine preventable, zoonotic and sexually transmitted diseases, and tuberculosis. CDPH works closely with 61 local health jurisdictions, along with other state and federal partners and thus provides an excellent setting in which to learn how to develop and maintain collaborations essential for public health practice. The DCDC has approximately 400 professional staff with extensive and diverse scientific and public health experience, including many former EISOs, who are available to be consultants.

**Proposed Initial Projects:**

- Lead a foodborne or waterborne outbreak investigation (Opportunities abound including for cocci and legionellosis!).
- Analyze arbovirus surveillance data in California to identify risk factors for disease.
- Conduct analyses to determine risks factors for Campylobacter (most common reportable enteric pathogen in California) using surveillance data; including stratification by age and demographics, and assessing for confounding, interactions, and effect modification, and may include hotspot analysis through GIS.
- Assess impact of recent regulations requiring laboratories to submit isolates for several pathogens (Listeria, Shigella, STEC, Salmonella) and to obtain isolates when non-culture tests are positive; and the impact of culture-independent testing (including for multiple pathogens) on surveillance in California.
- Examine data on antimicrobial resistance for enteric pathogens including Salmonella, Shigella, and STEC to determine outcomes and risk factors for infection or severe disease; requires harnessing electronic lab report data and partnering with local and federal partners.
- Develop and implement a survey of local health departments and public health laboratories to determine if and how enteric antimicrobial resistance data is being collected and to determine capacity for monitoring.
- Analyze data, including surveillance and administrative data, to determine if certain groups are at higher risk for coccidioidomycosis infection or severe outcomes; use this data to determine improvements in health education outreach.
- Additional projects are available for EISOs with specific interests; basic protocols and analytic plans have been developed by supervisors and SMEs.
Proposed Surveillance Projects: Evaluate California legionellosis surveillance data to determine gaps and potential improvements to surveillance; requires analyzing data for completeness and utility, understanding how electronic laboratory reporting and case reports (including paper-based systems in some counties) are used in the state, and how fits into national surveillance systems.

Range of Opportunities: This EIS 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 staff experience, and opportunity to work directly with SMEs on a variety of projects.

Special Skills Useful for this Position: EIS officers in the 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 extensive laboratory collections, immunization delivery data, program performance data from 61 local health jurisdictions, outbreak data, hospital discharge/cost data, and others are available and accessible within the first month.


Domestic Travel: 5% International Travel: 0%

Available Support: Ample administrative support, including for travel and IT needs, and analytic 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: Yasser Bakhsh, MBBS, MPH, (EIS 2017), EISO, yasser.bakhsh@cdph.ca.gov
Current/Recent EIS Officer: Rebecca Laws, PhD, (EIS 2016), EISO, rebecca.laws@cdph.ca.gov
Current/Recent EIS Officer: Patrick Ayscue, DVM, (EIS 2013), payscue@metabiota.com

Officer Projects: Coccidioidomycosis outbreak among solar farm employees; Coccidioidomycosis outbreak among inmate wildland firefighters; Evaluating occupational risks for Hepatitis A; Evaluating electronic laboratory reporting of interferon gamma release assay results for latent tuberculosis infection; Outbreak of viral meningitis in a rural community; Analysis of factors associated with failure to prevent congenital syphilis

Consultant: Pennan Barry, MD, MPH, (EIS 2005), Chief, Surveillance and Epidemiology Section, Tuberculosis Control Branch, pennan.barry@cdph.ca.gov

Consultant: Shua Chai, MD, MPH, (EIS 2006), Career Epidemiology Field Officer, Division of Communicable Disease Control, shua.chai@cdph.ca.gov

Consultant: Erin Epson, MD, MPH, (EIS 2012), Medical Director, Healthcare-Associated Infections Program, erin.epson@cdph.ca.gov

Consultant: Curtis Fritz, DVM, PhD, (EIS 1994), State Public Health Veterinarian, curtis.fritz@cdph.ca.gov

Consultant: Gwendolyn Hammer, PhD, MSN, (EIS 1999), Nurse Consultant Specialist, Communicable Disease Emergency Response Program, gwendolyn.hammer@cdph.ca.gov

Consultant: Amanda Kamali, MD, (EIS 2015), Medical Epidemiologist, Infectious Diseases Branch, amanda.kamali@cdph.ca.gov

Consultant: Erin Murray, PhD, (EIS 2009), Supervisory Epidemiologist, Immunization Branch, erin.murray@cdph.ca.gov

Consultant: Neha Shah, MD, MPH, (EIS 2007), Medical Epidemiologist, Tuberculosis Control Branch, neha.shah@cdph.ca.gov

Consultant: Duc Vugia, MD, MPH, (EIS 1990), Chief, Infectious Diseases Branch, duc.vugia@cdph.ca.gov

Consultant: Jennifer Zipprich, PhD, (EIS 2008), Supervisory Epidemiologist, Immunization Branch, jennifer.zipprich@cdph.ca.gov

Size of Community: California is an extremely diverse population of over 39 million persons with a vast range of demographic, cultural, geographic, climate, and environmental factors which effect the epidemiology of infectious diseases in this state.

University Affiliation: University of California (UC), Berkeley; UCSF, UC Davis, Stanford

Living Environment: The Richmond CDPH campus is about a 15 minute drive from Berkeley/Oakland and 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 an incredibly culturally and ethically rich diverse metropolitan center with the added perk of being in a beautiful accessible and natural environment.

Opportunity for Employment: Good.

Colorado

DSEPD/EWB-CO-2018-01
Agency Name: Colorado Department of Public Health and Environment
Division/Branch/Team/Section: Disease Control and Environmental Epidemiology Division/Communicable Disease Branch
Physical Address: 4300 Cherry Creek Drive South Denver, Colorado 80246
Primary Supervisor: Wendy Bamberg, MD, (EIS 2005), Medical Epidemiologist/Healthcare-Associated Infections Program Manager, wendy.bamberg@state.co.us
Secondary Supervisor: Rachel Herlihy, MD, MPH, Communicable Disease Branch Chief, State Epidemiologist, rachel.herlihy@state.co.us
Secondary Supervisor: Jennifer House, DVM, MPH, State Veterinarian, jennifer.house@state.co.us

Background: This assignment is located in the Communicable Disease Branch (CDB), which is part of the Disease Control and Environmental Epidemiology Division (DCEED) at the Colorado Department of Public Health and Environment (CDPHE). CDB conducts disease surveillance, investigation, control, and community outreach activities for a wide range of conditions in the following areas: foodborne, zoonotic, vaccine preventable, invasive bacterial diseases, influenza, and healthcare-associated infections (HAIs). Other programs in the division focus on tuberculosis, STIs/HIV/hepatitis, and environmental epidemiology, including surveillance for health effects of legalized marijuana. CDPHE is unique in that environmental and public health programs are on the same campus, facilitating relationships with environmental health partners, particularly in food safety and water quality.
CDB has approximately 25 experienced epidemiologists, including one former EIS officer (primary supervisor), all of whom provide support to the EIS Officer based on project. Colorado is one of ten states that participate in the Emerging Infections Program, including foodborne disease, invasive bacterial pathogens, influenza and HAIs. Colorado is one of five Integrated Food Safety Centers of Excellence, designed to identify and evaluate best practices for foodborne disease surveillance and outbreak investigation.

This assignment has a solid history of training EIS Officers (8 officers since 2001); CDB does not have other CDC trainees. In part because of our excellent, rapid surveillance and response, Colorado has a history of finding itself in the middle of large, high-profile investigations; our EIS Officers have had opportunities to participate in and sometimes lead those investigations such as Salmonella in guinea pigs, typhoid associated with a restaurant, plague associated with an infected dog, mucormycosis in a bone marrow transplant unit, cryptosporidiosis in an animal research laboratory, and listeriosis associated with cantaloupes.

The CDPHE laboratory conducts state-of-the-art testing to support epidemiologic investigations and has been nationally recognized for its excellent work. Statistical consultation may be obtained within the Division and from the Colorado School of Public Health. SAS programming support is available within CDB.

**Proposed Initial Projects:** Our EIS Officers very often conduct outbreak investigations as one of their initial projects. Additional initial projects: Determine distribution of Trypanosoma cruzi (causative agent of Chagas Disease) in pack rat population; analyze trends of plague/tularemia in animal submissions; evaluate discordance of hospitalized flu cases and influenza-like illness network; describe the burden of RSV; evaluate surveillance for real-time detection of outbreaks of invasive Group A Strep infections among people experiencing homelessness and people who inject drugs, including the role of whole genome sequencing; analyze data from surveillance for reportable diseases (Legionellosis, varicella, E. coli O157, C. difficile); examine changing rates of hospitalization among enteric pathogens; analyze antibiotic resistance or international travel in enteric pathogens.

**Proposed Surveillance Projects:** Evaluate surveillance for hospitalized influenza and/or influenza-like illness, carbapenem-resistant Pseudomonas aeruginosa or Enterobacteriaceae, organisms pan-resistant to antibiotics, or vaccine hesitancy. Assess the impact of culture-independent diagnostic testing for enteric pathogens.  

**Range of Opportunities:** The EISO is encouraged to work on a wide range of communicable disease projects, including numerous outbreak opportunities, and case investigation of rare diseases (e.g., plague, relapsing fever, hantavirus, botulism, Candida auris). Opportunities exist to design and conduct formal epidemiologic studies using cohort, case- control, or cross-sectional designs. The EISO will become very experienced in applied epidemiology through involvement in day-to-day routines and urgent situations. Epidemiologic projects involving non-communicable disease topics can be arranged. We support participation in a CDC-sponsored international assignment.

**Position Strengths:** Close-knit, highly functioning, fun work unit; breadth of diseases and topics handled by the branch; frequent opportunities for field investigations; very friendly colleagues and mentors; supervisors who promote EIS officer involvement in the most interesting projects with a high likelihood of publication.

**Special Skills Useful for this Position:** A healthy curiosity about how public health works in the field. Flexibility to adjust plans as investigations evolve. EISOs with a variety of backgrounds (medical, veterinary, nursing, PhD epidemiologists) would thrive in this position.

**Available Data:** Data from Colorado’s web-based surveillance system available from 2000 to present for Colorado reportable conditions. Zoonotic database. Enhanced surveillance data from EIP, including: FoodNet, invasive bacteria, Clostridium difficile, multidrug resistant organisms, pertussis, and influenza. HAI data from healthcare facilities statewide.


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

**Available Support:** Statistical consultation within the division and the Colorado School of Public Health; SAS programming support within the branch.

**Current/Recent EIS Officer:** Alexis Burakoff, MD, MPH, (EIS 2016), EIS Officer, alexis.burakoff@state.co.us  
**Current/Recent EIS Officer:** Jessica Hancock-Allen, RN, MSN, MPH, (EIS 2014), jessicahancock@gmail.com  
**Current/Recent EIS Officer:** Erin Epson, MD, (EIS 2012), erin.epson@cdph.ca.gov
Current/Recent EIS Officer: Jeff McCollum, DVM, MPH, (EIS 2010), jeffrey.mccollum@ihs.gov
Current/Recent EIS Officer: Christa Hale, DVM, MPH, (EIS 2008), christa.hale@cdc.gov
Current/Recent EIS Officer: Wendy Bamberg, MD, (EIS 2005), wendy.bamberg@state.co.us

Officer Projects: Outbreak investigations: mumps in Marshallese, hepatitis A in MSM, campylobacter and Q fever associated with raw milk, MRSA in a neonatal intensive care unit, group A Streptococcus in a hospital, salmonella in guinea pigs, roundworm at an organic farm. Project to assess county vulnerability to HIV/HCV.

Officer Recent Publications: Alexis Burakoff, MD, MPH
• West Nile Virus and Other Nationally Notifiable Arboviral Diseases — United States, 2016. MMWR 2018.

Jessica Hancock-Allen, RN, MSN-FNP, MPH
• Notes from the Field: Increase in Human Cases of Tularemia — Colorado, Nebraska, South Dakota, and Wyoming, January–September 2015. MMWR 2015.

Erin Epson, MD

Jeff McCollum, DVM, MPH
• Multistate Outbreak of Listeriosis Associated with Cantaloupe, 2013. NEJM 2013.

Consultant: Dan Shodell, MD, MPH, Deputy Director, Disease Control and Environmental Epidemiology Division, daniel.shodell@state.co.us

Size of Community: Metropolitan Denver has ~ 2.6 million people.
University Affiliation: Primary and two secondary supervisors (WB and RH) have adjunct faculty appointments in the School of Public Health and the School of Medicine, respectively.
Living Environment: Colorado/Denver offers 300 annual days of sunshine; bicycle commuting paths nearby; and numerous and unparalleled beautiful places to hike, ski, mountain climb, bike, camp, and fish. What more can we say? Denver is home to transplants from across the country and is a friendly place to live. Denver is very kid- and family-friendly.

Cultural and Recreational Assets: Denver has many cultural and entertainment assets including professional sports teams, large performing arts center, art and science museums, zoo, botanic garden, plus many independent breweries.

Opportunity for Employment: Very good! The metro area has several major universities/colleges, schools of medicine/public health, ~20 hospitals, and a several large high-tech corporations and other major employers.
Background: This EISO position with the Connecticut Department of Public Health (DPH) provides a broad-based, infectious disease epidemiologic experience that is both practical and research-oriented. The learning environment is dynamic and supportive; the supervisors are readily available. The listed primary and secondary supervisors actually function as co-primary supervisors. Matt Cartter (EIS 1983) has 33 years of experience supervising EISOs and is a Past President of the Council of State and Territorial Epidemiologists (CSTE). Lynn Sosa (EIS 2005, Connecticut) has co-supervised EISOs for the last eight years. Public health in the state is administered through 68 local health departments at the town and district level. DPH usually takes the lead role in outbreak investigations and has a long history of collaborating with CDC on a wide variety of projects. The EISO is based in the Epidemiology and Emerging Infections Program, which is responsible for general infectious diseases, emerging infections, bioterrorism surveillance, outbreak investigations, healthcare-associated infections and the Connecticut Emerging Infections Program (EIP) (one of 11 EIP sites). The Epidemiology Program is located within the Infectious Diseases Section, which also includes immunizations, STD, HIV, TB and hepatitis. For our most recent outbreak investigation and surveillance reports, many of which have been written by our EIS Officers, please see the Connecticut Epidemiologist newsletter (http://www.portal.ct.gov/DPH/Infectious-Diseases/ID-Home/The-Connecticut-Epidemiologist-Newsletter).

Proposed Initial Projects: Using ACS income and poverty data to explore social determinants of HIV care: this project would use completed HIV surveillance data to assess associations between census-tract-level measures of poverty and viral load suppression; these results would contribute to the program’s “data to care” activities that are aimed at using data to develop strategies to engage persons with HIV to ensure they are in care and stop transmission of HIV in the state.

Exploring the utility of SaTScan Software for detection of space-time clusters in surveillance data: We currently use SaTScan for Legionella and Campylobacter cluster detection. This project would focus on expanding the use of SaTScan to other foodborne diseases and determining appropriate definitions and thresholds. The goal is to determine if this method can be used for more sensitive and timely outbreak detection.

Proposed Surveillance Projects: Evaluation of a new emergency department (ED) syndromic surveillance system (CT has recently adopted and implemented a new system for collecting and analyzing ED visit data). This evaluation would involve discussions with stakeholders within Connecticut, and out-of-state partners over the phone. Analysis of data in the previous and current systems can be included.

Range of Opportunities: General infectious diseases, emerging infections, bioterrorism surveillance, outbreak investigations, healthcare associated infections and the Connecticut EIP (one of 11 EIP sites in nation). Noninfectious disease projects can be arranged. Opportunities to teach and work with MPH students and give presentations to professional groups and the public. We support participation in an international deployment, should one become available.

Position Strengths: Small but geographically and socioeconomically diverse state; excellent supervision; strong publication record; Emerging Infections Program; strong laboratory support; surge capacity to support labor-intensive investigations; close and active working relationships with nearby medical and public health schools.

Special Skills Useful for this Position: Comfortable working as a member of a team among knowledgeable staff; Clinical experience or familiarity helpful but not required. We are supportive of participation in CDC-sponsored international opportunities.

Available Data: Wide variety of surveillance databases for reportable diseases are immediately available including special projects within the Emerging Infections Program and syndromic surveillance data; cancer registry, immunization registry and HIV surveillance data.


Domestic Travel: 10% International Travel: 0%

Available Support: One other EIS alumna works in the Section. DPH has a strong collaborative relationship with the public health and medical schools at Yale University and the University of Connecticut. Yale University School of Public Health is a partner in the Connecticut Emerging Infections Program (EIP) and FoodCORE. Routine statistical consultation and GIS capabilities are available within DPH. The State laboratory provides support for epidemiologic investigation and onsite whole genome sequencing for selected pathogens.
Current/Recent EIS Officer: Jocelyn Mullins, (EIS 2013), jocelyn.mullins@ct.gov

Current/Recent EIS Officer: Tim Styles, (EIS 2011)

Current/Recent EIS Officer: Jessica Kattan, (EIS 2009)

Current/Recent EIS Officer: Alice Guh, (EIS 2007)

Current/Recent EIS Officer: Vivian Leung, MD, (EIS 2016), vivian.leung@ct.gov

Officer Projects: Investigation of Nontuberculous Mycobacteria Infections Associated with Medical Tourism; Investigation of Salmonella harboring the mcr-1 gene; Analysis of poverty/household income associations with risk factors for Shiga toxin-producing E. coli.; Evaluation of High Grade Cervical Lesion Surveillance for HPV Vaccine Impact Monitoring; Responding to C. auris in Connecticut.

Officer Recent Publications:


Size of Community: Connecticut is the 48th smallest state with approximately 100 miles of shoreline and rolling, forested rural-suburban living areas interspersed with major interstate highways connecting small urban centers. Connecticut is ranked 29th in terms of population size with 3,574,097 residents. Hartford (population 124,775) is the capital and Connecticut's fourth-largest city.

University Affiliation: Yale University, University of Connecticut

Living Environment: Pleasant suburban or rural living environment in nearby communities

Cultural and Recreational Assets: Hartford and New Haven support major regional theater and attract national and international concert groups. Local countryside offers excellent hiking, canoeing, and cross-country skiing. Boston, New York City, Long Island Sound, Rhode Island ocean beaches, and mountains in Massachusetts, Vermont and New Hampshire are within a 1- to 2-hour drive.

Opportunity for Employment: Good. Hartford and New Haven areas include 5 major hospitals, 9 universities and wide range of other professional opportunities.

Illinois

DSEPD/EWB-IL-2018-01

Agency Name: Chicago Department of Public Health

Division/Branch/Team/Section: Communicable Disease Program

Physical Address: 2160 W Ogden Ave   Chicago, Illinois 60612

Primary Supervisor: Sarah Kemble, MD, (EIS 2010), Medical Director, Communicable Disease Program, sarah.kemble@cityofchicago.org

Secondary Supervisor: Stephanie Black, MD, MSc, Medical Director, Communicable Disease Program, stephanie.black@cityofchicago.org

Secondary Supervisor: Allison Arwady, MD, MPH, (EIS 2013), Chief Medical Officer, CDPH, allison.arwady@cityofchicago.org

Secondary Supervisor: Peter Ruestow, PhD, Senior Epidemiologist, Peter.Ruestow@cityofchicago.org
Background: This position is located within the Communicable Diseases Program (CDP), which is responsible for surveillance of communicable diseases in Chicago (excluding tuberculosis, some vaccine-preventable diseases, and STI/HIV). The Chicago Department of Public Health’s (CDPH) mission is to promote and improve health by engaging residents, communities and partners in establishing and implementing policies and services that prioritize residents and communities with the greatest need. CDPH serves a population of 2.7 million, including diverse racial and ethnic communities. O'Hare International Airport is the 3rd busiest airport in the U.S. and is the first point of entry for many international travelers from Africa and the Middle East, leading to involvement of CDPH in evaluation of travelers with suspected emerging infections. CDPH works with a wide range of governmental and non-governmental partners, including health care providers, hospitals, long-term care facilities, the public school system, the county jail, academic institutions, and community-based advocacy groups.

Proposed Initial Projects:
- Foodborne and/or healthcare-associated infection outbreak investigations
- Use SATscan to search for geographic clusters of Legionella cases and investigate clusters for potential common exposures
- Work with IT developers of Foodborne Chicago (Twitter data-mining application for detection of potential food poisoning events) to incorporate social media-based alerts into foodborne outbreak investigation protocols
- Evaluate effectiveness of social media outreach to promote health messages
- Map historical human cases, positive vector pools and insecticide spray boundaries to guide future vector control activities for West Nile virus or Zika virus
- Evaluate potential sources of opioid overdose surveillance data
- Explore associations between hepatitis C virus (HCV) infection and opioid use
- Work with Chicago Emergency Departments and Chicago and Cook County Animal Care and Control (ACC) to implement interventions to improve reporting of potential rabies exposures in humans

Proposed Surveillance Projects: There are several surveillance system evaluations to choose from:
- Evaluation of hepatitis C virus (HCV) reporting in Chicago
- Validation of reporting of carbapenem-resistant enterobacteriaceae (CRE) into the Illinois extensively drug-resistant organism (XDRO) registry
- Evaluation of syphilis surveillance before and after introduction of Maven, an electronic disease surveillance outbreak management software newly acquired by CDPH

Range of Opportunities:
- Develop new surveillance systems; improve existing surveillance systems
- Lead investigations of enteric disease and other high-profile outbreaks
- Participate in on-call schedule for the department
- Case-control and cohort studies, geographic analysis, social network analysis
- Academic partnerships
- Community-based initiatives and health equity-related projects
- Supervisors are supportive of international deployment opportunities

Position Strengths:
- Large city with diverse population. Hub for international travel. No shortage of outbreaks. Diverse staff with wide range of experience. Opportunity to participate in cross-cutting projects, flexibility for EISO to choose areas of interest. Close relationships with academic institutions. Dedicated and enthusiastic supervisors.

Special Skills Useful for this Position:
- Enthusiasm for public health, open and friendly attitude, experience and/or interest in community outreach would be an asset.

Available Data:
- Communicable disease surveillance data reported into Illinois National Electronic Diseases Surveillance System (as well as access to datasets from other health department programs), outbreak data, statewide Immunization Information System, XDRO registry, Illinois Hepatitis C registry (Chicago residents), state vital statistics, Food Service Establishment Inspections dataset, vector pool testing for WNV and Zika, other datasets from city and academic partners might be available upon request.

Recent Publications:

Domestic Travel: 0%  International Travel: 0%

Available Support:
- 6 medical epidemiologists (4 EISO alumnae, 2 ID physicians); doctoral and master's trained epidemiologists with experience in geocoding and SAS; public health nurses; public health school; 4 medical schools. IDPH public health laboratory within walking distance.

Current/Recent EIS Officer: Janna Kerins, VMD, MPH, (EIS 2016), Janna.Kerins@cityofchicago.org

Officer Projects: 1) Evaluation of CRE surveillance using XDRO registry; 2) Analysis of disparities in rabies post-
exposure prophylaxis; 3) Investigations: Candida auris transmission in healthcare facilities; Seoul virus outbreak among pet rats/owners; foodborne outbreak of suspected bacterial toxin-mediated illness at a 311 call center; mucormycosis cluster at a hospital

**Officer Recent Publications:**


**Consultant:** Julie Morita, MD, (EIS 1997), Commissioner of Health, julie.mortia@cityofchicago.org

**Consultant:** Robert Weinstein, MD, (EIS 1974), Professor of Medicine, Robert.Weinstein@rush.edu

**Consultant:** Kathleen Ritger, MD, (EIS 2004), Medical Director, Tuberculosis Control Program, kathleen.ritger@cityofchicago.org

**Size of Community:** 2.7 million

**University Affiliation:** Primary and secondary supervisors attend weekly ID Grand Rounds for Rush University Medical Center and Cook County Hospital clinical providers; collaborative projects with RUMC, CCH, University of Chicago; proximity to UIC School of Public Health

**Living Environment:** As the third largest city in the US (first in the Midwest!), Chicago is a great place to live. Whether you prefer a neighborhood vibe, or bustling city life, there are affordable options to choose from. Public transport is easily accessible throughout this very walkable city.

**Cultural and Recreational Assets:** Chicago has over 500 parks, 31 beaches and plenty of biking/walking trails. It’s home to Second City Improv, the Art Institute of Chicago, Shedd Aquarium and six major league sports teams, not to mention endless options for foodies. The city also hosts numerous festivals, concerts and events throughout the year.

**Opportunity for Employment:** Numerous
The working environment at MDH is relaxed and fun, but the training is top-notch. Three MDH EISOs have won the Langmuir Prize for Best Manuscript (1991, 1996, 2009). Six of our last 11 EISOs have been Mackel Award finalists, with one winner in 2013. Our EISO won the Best Poster Award in 2007. These awards reflect the diverse and meaningful opportunities given to our EISOs, and the high-quality mentoring and training provided.

**Proposed Initial Projects:** The EISO can select from numerous projects, including (but not limited to): conduct enhanced surveillance for Powassan and Jamestown Canyon viruses; evaluate potential association between antibiotic treatment for non-O157 STEC infections and subsequent development of hemolytic uremic syndrome; evaluate physician prescribing practices for patients who subsequently experience community-associated Clostridium difficile infection; analyze 18 years of Neisseria meningitidis molecular subtype data; examine recurrent multiple infections including Streptococcus pneumoniae and Group A streptococcus; investigate the molecular epidemiology of carbapenem-resistant Enterobacteriaceae; summarize infectious disease findings in cases of sudden unexpected infant deaths, encephalitis, or pneumonia reported to the Unexplained Death and Critical Illness program; evaluate interactions between infectious diseases and opioid use; investigate clusters of invasive Group A streptococcal infections as identified by whole genome sequencing; compare hepatitis B/C surveillance registries with cancer registries and/or death certificate data; conduct cost-benefit analyses for efforts to prevent congenital syphilis; and, evaluate efficacy of moxifloxacin for preventing active MDR TB disease in a large cohort of contacts. A variety of acute investigation opportunities and longer-term study topics invariably arise early in the EISO’s tenure.

**Proposed Surveillance Projects:** When an EISO arrives in Minnesota, their initial days are spent talking to key staff in the different disease areas in IDEPC, and becoming familiar (through reading and discussions with staff) with current surveillance issues of interest. Through this process, EISOs identify which diseases/surveillance issues are of most interest to them, and the Primary Supervisor helps the EISO select a surveillance evaluation topic that is appropriate and of value to MDH. Surveillance evaluations in the past have included design of entirely new surveillance systems as well as traditional evaluations of existing systems.

**Range of Opportunities:** The EISO is encouraged to work on a wide range of projects predominantly involving infectious disease epidemiology (see EISOs’ publications). Opportunities to investigate outbreaks frequently arise. MDH is one of 10 CDC-supported Emerging Infection Program sites. The combined MDH epidemiologic and laboratory expertise available provides for an outstanding EIS experience. If a CDC-sponsored opportunity arises, a multi-week international assignment will be supported.

**Position Strengths:** A dynamic work environment and academic atmosphere; supervisors and staff with extensive experience in epidemiologic investigations; state-of-the art laboratory support; a strong publication history; and, a wide variety of investigative opportunities.

**Special Skills Useful for this Position:** We don’t have any required skills; we mainly would like somebody who is passionate about infectious disease epidemiology, works well as part of a team, and is a willing learner. Clinical experience is useful, but not mandatory. Good scientific writing skills coming in are nice, but if the EISO does not possess them coming in, he/she will possess them coming out!

**Available Data:** Please see “Proposed Initial Projects;” data exist for most of these.


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

**Available Support:** MDH has a strong supervisory core as well as several other EIS alumni available to mentor the EISO on a daily basis. IDEPC has numerous additional epidemiologists who can and gladly do work with the EISO and help them with day-to-day administrative or other questions, with navigating through investigations, and with data management and analysis issues. A clerical support staff person is assigned to assist the EISO. The MDH Public Health Laboratory applies state-of-the art testing technology and readily supports epidemiologic investigations.

**Current/Recent EIS Officer:** Victoria Hall, DVM, MS, (EIS 2016), EIS Officer, victoria.hall@state.mn.us
**Officer Projects:** Campylobacter/Salmonella outbreak among contractors at a poultry plant, multidrug-resistant tuberculosis outbreak in Hmong community, large measles outbreak in Somali community, Zika response at CDC-Fort Collins, hantavirus Seoul strain outbreak associated with domestic rats, antibiotic prescribing practices for community-acquired gastroenteritis, interaction between opioid use and infectious disease.

**Officer Recent Publications:** Hall (EIS 2016) et al. Zika Virus Disease Cases — 50 States and the District of Columbia, January 1-December 31, 2016. MMWR 2018:in press.


**Consultant:** Stacy Holzbauer, DVM, MPH, (EIS 2006), Career Epidemiology Field Officer, stacy.holzbauer@state.mn.us

**Consultant:** Raj Mody, MD, MPH, (EIS 2007), Division Medical Director, raj.mody@state.mn.us

**Consultant:** Malini DeSilva, MD, MPH, (EIS 2012), Assistant Division Medical Director, malini.desilva@state.mn.us

**Size of Community:** Minneapolis-St. Paul metropolitan area, 2.7 million; State, 5.4 million

**University Affiliation:** Extensive collaborations with the University of Minnesota Medical School, School of Public Health, and College of Veterinary Medicine.

**Living Environment:** The Twin Cities offers high quality urban and suburban living environments, and consistently ranks among the most livable metropolitan areas in the U.S.

**Cultural and Recreational Assets:** The Twin Cities area offers many cultural and recreational opportunities including: excellent theater, orchestra, and other art venues; all four major professional sports; the largest shopping-entertainment complex in the U.S.; and, numerous parks and trails for biking and walking. Outside the Twin Cities, Minnesota offers its “10,000 Lakes” and forests for fishing, boating, hiking, camping, biking, skiing, and other outdoor activities.

**Opportunity for Employment:** There are 22 hospitals in the Twin Cities area, more than 20 colleges/universities, several medical corporate headquarters, and numerous other professional opportunities.

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**North Carolina**

**DSEPD/EWB-NC-2018-01**

**Agency Name:** NC Department of Health and Human Services

**Division/Branch/Team/Section:** Division of Public Health/Chronic Disease and Injury Section

**Physical Address:** 5505 Six Forks Rd Raleigh, North Carolina 27699

**Primary Supervisor:** Susan Kansagra, MD, MBA, Section Chief, susan.kansagra@dhhs.nc.gov

**Secondary Supervisor:** Scott Proescholdbell, MPH, Epidemiologist, scott.proescholdbell@dhhs.nc.gov

**Secondary Supervisor:** Zack Moore, MD, MPH, (EIS 2006), State Epidemiologist, zack.moore@dhhs.nc.gov
**Background:** NC Division of Public Health (DPH) has hosted EISOs regularly since 1953. The Chronic Disease and Injury Section (CDIS) is responsible for reducing morbidity and mortality related to chronic diseases and injury, including coordinating state-wide opioid efforts addressing 1,300 NC deaths/yr. CDIS has over 100 employees, including 20 specifically focused on injury/violence who are responsible for analyzing data to better understand, respond, and address injuries. Injuries include drug overdose, homicide/suicide, motor vehicle crashes (MVC), etc that contribute substantially to potential life lost. When combined, injuries are the third leading cause of death in NC, only behind cancer and heart disease. EISOs in this position will work on a range of projects, partner with local agencies/coalitions, and have frequent opportunities to collaborate with colleagues in other branches of DPH, including communicable disease and preparedness, and more broadly with the NC Department of Health and Human Services (DHHS). The EIS supervisors and consultants have a combined 30 plus years of experience with training programs, including EIS and the CSTE Applied Epidemiology Fellowship and are familiar with EIS goals and expectations. EISO supervisory staff are committed to maximizing educational opportunities for officers and identifying projects that meet their individual needs. Moreover, the purpose of the NC EIS position is to provide a post-graduate program of service and training in applied epidemiology to increase public health infrastructure specific to chronic disease and injury in NC.

**Proposed Initial Projects:** With the new CDC Enhanced State Opioid Overdose Surveillance (ESOOS) agreement, NC has been collecting data for better, more timely tracking of fatal and nonfatal overdoses. Projects: Identify trends and risk factors that inform NC’s approach including trends in illicit drugs use, initiating opioids, repeat overdose; Develop emergency response related to opioid overdose clusters; Conduct survey of intravenous drug users to understand and identify opportunities related to naloxone distribution, syringe exchange programs, fentanyl test strips; Develop clinical protocols in conjunction with pharmacists in dispensing naloxone under standing order; Develop clinical protocols on induction of medication-assisted treatment for inpatient service lines – e.g. suboxone for patients admitted with endocarditis; Link Emergency Medical Services data with Emergency Department (ED) data to better understand overdose events; Investigate first responders’ (law enforcement, in particular) risk of occupational exposure to illicit fentanyl. NC has several harm reduction efforts (community-based naloxone distribution, naloxone state-wide standing order, syringe exchange programs, law-enforcement assisted diversion programs, opioid treatment capacity, post- overdose crisis response) to reduce morbidity/mortality. Advanced epidemiological assessment is needed to understand the impact of county-level initiatives, while working with diverse community stakeholders.


**Range of Opportunities:** EISO will engage in both narrowly-focused and cross-cutting projects in injury epidemiology, with opportunities to gain experience in environmental, occupational, communicable disease, chronic disease, maternal and child health, and public health preparedness.

**Position Strengths:** Diverse staff committed to mentoring EISOs. Large population and close relationship with local health departments and key state stakeholders/partners ensures opportunities for meaningful and important work. Close relationships with neighboring academic and research institutions (UNC, Duke, RTI) provide opportunities for collaboration, practice, and presentation/teaching. Support CDC opportunities.

**Special Skills Useful for this Position:** Flexibility; detailed; strong interpersonal skills; ability to communicate clearly with the public, lay audiences, government leaders, and professionals from a variety of backgrounds and disciplines; willingness to travel within the state and collaborate with community and academic partners. Software available: Epi-Info, SAS, R, ArcGIS, QGIS, Tableau, R-shiny all desirable but not required.

**Available Data:** EISO will have access to major databases through the State Center for Health Statistics and to other data (Divisions of Medical Assistance (Medicaid) & Mental Health/Substance Abuse Services) and from community partners (Harm Reduction Coalition). Examples include BRFSS, YRBS, hospital and mortality data, NC Violent Death Reporting System, NC SUDORs (overdose data), NC’s Controlled Substances Reporting System CSRS (prescription drug reporting system), NC-DETECT (emergency department data), and NC Emergency Medical Services (EMS) system.

Domestic Travel: 10%  
International Travel: 0%

Available Support: Experienced staff including epidemiologists and frontline public health workers. Consultation for methods/statistics available through the State Center for Health Statistics and UNC Injury Prevention Research Center. A cadre of former EISOs living and working in NC, several within DPH are available.

Current/Recent EIS Officer: Carolyn Herzig, PhD, MS, (EIS 2017), EISO, carolyn.herzig@dhhs.nc.gov

Current/Recent EIS Officer: Jess Rinsky, PhD, MPH, (EIS 2015), Epidemiologist, jess.rinsky@dhhs.nc.gov  
Current/Recent EIS Officer: Sarah Rhea, PhD, (EIS 2013), Epidemiologist, srhea@rti.org

Current/Recent EIS Officer: Stephanie Greise, MD, (EIS 2011), pediatrician

Current/Recent EIS Officer: Natalie JM Dailey Garnes, MD, (EIS 2009), Epidemiologist

Current/Recent EIS Officer: Zack Moore, MD, MPH, (EIS 2006), State Epidemiologist, zack.moore@dhhs.nc.gov

Officer Projects: Officers have investigated outbreaks of meningitis, hepatitis, legionellosis, brucellosis, E.coli, Salmonella, and pertussis. Additional projects include analyzing surveillance of spotted fever rickettsiosis, prescribing patterns for respiratory infections in Medicaid, and investigation of occupational and take-home lead exposures; network analysis to evaluate bloodborne pathogens; ED visits from cannabidiol oil.

Officer Recent Publications:

Consultant: Jess Rinsky, PhD, MPH, (EIS 2015), Epidemiologist, jess.rinsky@dhhs.nc.gov

Consultant: Aaron Fleischauer, PhD, MSPH, (EIS 2002), Epidemiologist, Aaron.fleischauer@dhhs.nc.gov

Consultant: Steve Marshall, PhD, Director, UNC Injury Prevention Research Center, smarshall@unc.edu

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

University Affiliation: Research Triangle-rich academically: UNC School of Public Health, UNC Injury Prevention Research Center and Duke School of Medicine, Duke Global Health Institute.

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

Cultural and Recreational Assets: Research Triangle (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: Research Triangle area offers abundant opportunities for employment and education, including academic, medical, biomedical, research, and pharmaceutical institutions.
New Jersey

DSEPD/EWB-NJ-2018-01
Agency Name: New Jersey Department of Health and Senior Services
Division/Branch/Team/Section: Epidemiology, Environmental, and Occupational Health
Physical Address: NJ Dept. of Health 135 E. State Street PO Box 369 Trenton, New Jersey 08625
Primary Supervisor: Christina Tan, MD, MD, (EIS 2000), State Epidemiologist/Asst. Commissioner, christina.tan@doh.nj.gov
Secondary Supervisor: Barbara Montana, MD, Medical Director, barbara.montana@doh.nj.gov

Background: Since 2000, the Division of Epidemiology, Environmental and Occupational Health (EEOH) at the New Jersey Department of Health has hosted eight EISOs who have worked on a range of projects spanning communicable disease, environmental/occupational health, injury, cancer, and chronic disease. EEOH has a separate informatics unit whose staff provides extensive support for EEOH data applications (e.g., communicable disease reporting system, cancer registry) and has broad knowledge on informatics issues (e.g., Meaningful Use, electronic laboratory reporting). EEOH has close relationships with other departmental areas (e.g., maternal/child health services; public health preparedness programs; vital statistics) which would provide opportunities for broadening an EISO's experiences.

Proposed Initial Projects:

Analysis of hepatitis A post-exposure prophylaxis (PEP) efforts (e.g., identify hepatitis A cases during select timeframe and at-risk contacts of cases; characterize performed PEP activities; evaluate secondary cases; characterize qualitative data regarding PEP including barriers, logistical considerations; field visits with local health departments with newly identified hepatitis A cases). Assessment of validity of hospital-reported carbapenem-resistant Enterobacteriaceae prevalence (e.g., compare reported cases with UB data through capture-recapture) and develop methodology for effective statewide reporting system (e.g., outreach to statewide hospital infection preventionists, development of written reporting protocols and/or possible regulatory language). Analysis of associations between bladder cancer and water contaminants (e.g., identify bladder cancer cases in cancer registry, calculate standardized incident ratios comparing statewide ratios to ratios in geographic areas with known contaminants). Analysis of temporal trends in respiratory illness associated with power plant emissions (e.g., develop case-crossover study using hospitalization and air pollutant data). Analysis of roadway and traffic density indicators by municipality and association with adverse respiratory outcomes (COPD and asthma) using emergency department and hospitalization data (e.g., utilize road density indicators to create GIS maps with municipal level scoring; obtain municipal specific rates of hospitalizations and emergency department visits for health outcomes; conduct statistical analysis to explore associations). Analysis of sodium levels in municipal drinking water systems and analyze association with hypertension, kidney disease, MI in emergency departments/hospitalization data (e.g., create GIS map of sodium levels by water system; analyze associations with disease outcomes).

Proposed Surveillance Projects:

Analysis of existing reportable communicable disease surveillance systems (e.g., influenza, pertussis, human prion disease, vectorborne and food-related diseases, legionellosis); analysis of West Nile virus surveillance (note: most evaluations will involve existing data and will not require additional data collection from the field).

Range of Opportunities:

Opportunities in public health investigations, work with regional epidemiologists, design analytical projects, and work on policy development and program implementation. Collaboration with local health departments, health care partners, and other divisions/programs at NJDOH (e.g., implementing statewide bioterrorism/emerging infection plans; developing/evaluating surveillance systems; participating in outbreak investigations). Excellent mix of long-term analytical projects and short-term public health investigations. Multiple opportunities to present at state conferences and collaborate with various areas in NJDOH.

Position Strengths:

Supervisors are always available for support, will assist in prioritizing CALs, and have extensive experience with state-based EISOs and CDC programs, can guide EISO in meeting NJ and CDC expectations. Flexibility for EISO to pursue interests/projects related to career goals is highly supported. EISO will have opportunities for cross-jurisdictional collaborations with neighboring EISOs. NJ is a hub for public health leadership (e.g., host of the 2016 Northeast Regional EIS conferences, and 2015 Northeast Epidemiology Conference).

Special Skills Useful for this Position:

Flexibility for statewide travel; ability to balance independent work with team work and collaborations; creativity in designing projects and presentations

Available Data:

Reportable communicable disease, syndromic surveillance data; immunization and cancer registries

Recent Publications:

Domestic Travel: 10%  International Travel: 0%

Available Support: Expertise in communicable diseases, occupational/environmental health, cancer epidemiology. Secretarial and computer support (secure network storage, current generation computers, high-speed Internet, GIS, analytic software, Android). High-caliber statistical and informatics support.

Current/Recent EIS Officer: Faye Rozwadowski, MD, (EIS 2016), EISO 2016, faye.rozwadowski@doh.nj.gov

Current/Recent EIS Officer: Prathit Kulkarni, MD, (EIS 2014), infectious disease fellow, prathit.kulkarni@gmail.com  Current/Recent EIS Officer: Alice Shumate, PhD, (EIS 2012), Epidemiologist, wii5@cdc.gov

Current/Recent EIS Officer: Andria Apostolou, PhD, (EIS 2009), STD Surveillance Coordinator, andria.apostolou@ihs.gov

Current/Recent EIS Officer: Adam Langer, DVM, (EIS 2006), Team Lead, akl7@cdc.gov

Current/Recent EIS Officer: Mary Glenshaw, PhD, (EIS 2006)

Officer Projects: Survival analysis, Candida auris colonization
Assessing indoor environmental control practices, race/ethnicity among children with asthma
Mental health-related ED visits (syndromic surveillance data) after noncasualty terrorist event
Evaluation of electronic reporting for adult lead toxicity surveillance
Investigation of fatal adenovirus outbreak in substance abuse treatment facility
Ebola surveillance/preparedness

Rozwadowski F et al. Fatalities associated with Human Adenovirus Type 7 at a Substance Abuse Rehabilitation Facility – New Jersey, 2017. (in progress)
Rozwadowski FM et al. Impacts to mental health after a noncasualty terrorist event. (in progress)
Rozwadowski FM et al. Risk factors for Candida auris colonization in a long term acute care facility—2017. (in progress)

Consultant: Ed Lifshitz, MD, Medical Director, edward.lifshitz@doh.nj.gov

Consultant: Karen Worthington, RN, (EIS 1995), Research Scientist, karen.worthington@doh.njgov

Consultant: Kate McGreevy, PhD, Program Manager, Katharine.McGreevy@doh.nj.gov

Consultant: Loel Muetter, MA, Program Manager, loel.muetter@doh.nj.gov

Consultant: Dana Thomas, MD, (EIS 2012), Medical Director, dana.thomas@doh.nj.gov

Size of Community: 9.0 million (U.S. Census 2017)

University Affiliation: Rutgers, The State University of NJ (including NJ Medical School; School of Public Health)

Living Environment: Work location in Trenton, NJ’s capital, which boasts historical neighborhoods and convenience to major train stations and has easy commutes to NYC and Philadelphia. Suburban Trenton (e.g., Princeton, Hamilton) have top-notch schools, high-tech and pharmaceutical companies.

Cultural and Recreational Assets: Trenton has sculpture garden, hosts multiple historical and academic events (e.g., Revolutionary War re-enactments). NYC and Philadelphia are easily accessible for urban culture and the arts. The Jersey Shore, Pinelands, and local farm country are within easy commuting distance for outdoor recreation (e.g., mountain biking, road cycling, kayaking). Princeton University, a world-class academic institution, is nearby and hosts events open to the public.

Opportunity for Employment: NJ and surrounding New York City and Philadelphia have many large employers (e.g., government; pharmaceutical, biotechnology, information technology companies; universities).
New York

DSEPD/EWB-NY-2018-01
Agency Name: New York City Department of Health and Mental Hygiene
Division/Branch/Team/Section: Division of Epidemiology/Bureau of Epidemiology
Services Physical Address: 42-09 28th Street Queens, New York 11101
Primary Supervisor: Hannah Gould, PhD, MBA, MS, (EIS 2005), Assistant Commissioner, hgould@health.nyc.gov
Secondary Supervisor: Charon Gwynn, PhD, (EIS 2000), Deputy Commissioner, cgwynn@health.nyc.gov
Background: The New York City Department of Health and Mental Hygiene (DOHMH) is one of the largest and oldest public health agencies in the world, and a great place to work! DOHMH protects and promotes the health of an ethnically and socio-economically diverse population of >8.5 million. DOHMH is at the forefront of many groundbreaking public health initiatives: prohibiting smoking in bars, banning trans fats, requiring calorie labeling and salt warnings in restaurants. A priority for DOHMH is to ensure that conditions for good health – available, sustainable, high-quality health care services and efficient, effective systems – flourish in each and every NYC neighborhood. The EISO will work within the Division of Epidemiology, which collects, analyzes and disseminates information about New Yorkers’ health. The division’s cross-cutting and collaborative work helps to inform public health program development and policy decision making. The division’s broad goals include strengthening and expanding DOHMH’s surveillance efforts, conducting innovative research, making data broadly accessible, and improving public health knowledge and skills.
Multiple citywide health surveys are run by the division, including population-based telephone and examination surveys. Other activities of the Division include: processing and analyzing vital events in NYC (>700,000 births and deaths/year); and conducting special studies to evaluate the impact of initiatives such as supportive housing on health, and tracking the long-term mental and physical health effects of the 9/11 disaster in a cohort of over 71,000 people.
Proposed Initial Projects: Multiple projects are available depending on the officer’s interests and analytic background. For all projects, data are prepared and ready for analysis by the EISO. Projects include:
- Health impacts of gentrification. For this project we have several geocoded datasets including hospital admissions data that can be used to identify cohorts of persons who moved from gentrifying to non-gentrifying neighborhoods and describe the health impacts of displacement. Possible analytic techniques include propensity score matching, sequence analysis, and regression.
- Health of Puerto Ricans living in NYC. Data from the Community Health Survey, an annual telephone survey of adults from 2002-2017 can be used to describe health outcomes and behaviors among Puerto Ricans living in NYC, by place of birth, race, and other demographic factors. The EISO will learn how to analyze complex survey data and will conduct bivariate descriptive analyses and multivariable modeling.
- Social determinants of health and health outcomes associated with getting high quality sleep. Data from a citywide survey in 2017 will be analyzed; analysis will include bivariate descriptive analyses, followed by multivariable modeling to determine most important predictors of high quality sleep.
- Equity impact of CitiBike. Utilization data on all CitiBike (NYC’s bike share program) trips will be analyzed to evaluate disparities in usage by demographic characteristics.
Proposed Surveillance Projects: Evaluation of new surveillance system monitoring impact of federal policy changes on health in NYC. The EISO will evaluate the system, including assessing the utility of data collected through the system, the sensitivity of the system to detect changes, and stakeholder input on system design.
Range of Opportunities: Wide range of opportunities in infectious and chronic disease, population health depending on officer’s interests and skills. All officers will analyze surveillance data, investigate at least one outbreak, write manuscripts, collaborate across DOHMH and with city, state, and federal partners.
Position Strengths: As part of a large urban health department, the Division of Epidemiology serves as a central resource at DOHMH, offering projects across a range of public health fields, in collaboration with subject-matter experts. The Division maintains several large data sets and has staff with extensive analytic expertise. EISOs will have the opportunity to learn and implement various study designs and analytic techniques and to work with a range of types of data.
Special Skills Useful for this Position: Enthusiastic and open minded. Ability to collaborate in multi-disciplinary teams, coordinate projects and analyses with large groups of diverse stakeholders.
Available Data: Vital Statistics (births, deaths, pregnancy terminations); Community Health Survey (annual telephone survey of 9,000 adults); Youth Risk Behavior Survey (biennial health behavior survey of public high school students); NYC Kids (biennial survey about children 0-12); WTC Health Registry; social determinants of health survey, hospitalization and Medicaid claims, special studies e.g. NYC HANES 2013-14; additional data available from other divisions.
**Recent Publications:**

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

**Available Support:** Large, multidisciplinary staff, >40 EIS alumni; seasoned field epidemiologists to assist with investigations; computer, clerical, GIS, statistical support; city/state public health laboratories.

**Current/Recent EIS Officer:**
- Christopher Lee, (EIS 2015)
- Kari Yacisin, (EIS 2013)
- Amita Toprani, (EIS 2011)
- Teeb Al-Samarrai, (EIS 2009)
- Hemanth Nair, (EIS 2007)
- Trang Nguyen, (EIS 2005)
- Eugene Poirot, PhD, (EIS 2016)

**Officer Projects:** Microcephaly surveillance; influenza serosurvey in animal care shelters; physician survey about Zika virus communications; fatal anaphylaxis and food allergies; impact of supportive housing intervention on HIV incidence; health impacts of gentrification; epidemiology of TB in Chinese-born New Yorkers; changes in bicycling practices over time

**Officer Recent Publications:**
- Al-Samarrai T et al. Impact of a hospital-level intervention to reduce heart disease over-reporting on other leading causes of death. Preventing Chronic Disease 2013.

**Consultant:** Sungoo Lim, DrPH, Director of Research and Evaluation

**Consultant:** Gretchen Van Wye, PhD, Assistant Commissioner, Bureau of Vital Statistics

**Consultant:** Amber Levanon Seligson, PhD, Director, Surveys and Data Analysis Unit

**Consultant:** Kinjia Hinterland, MPH, Director, Data Communications Unit

**Consultant:** Regina Zimmerman, PhD, Director, Data Governance and Informatics Unit

**Consultant:** Yihong Zhao, PhD, Statistician

**Size of Community:** 8.1 million

**University Affiliation:** Columbia University, City University of New York, New York University

**Living Environment:** One of the world’s greatest cities, NYC is an exciting place to live and work, full of challenges and surprises.

**Cultural and Recreational Assets:** NYC offers remarkable ethnic diversity, incredible food, and a wide array of arts and other cultural events.

**Opportunity for Employment:** Excellent
DSEPD/EWB-OH-2018-01
Agency Name: Ohio Department of Health
Division/Branch/Team/Section: Ohio Department of Health
Physical Address: 246 N High Street    Columbus, Ohio 43215
Primary Supervisor: Elizabeth Conrey, PhD, MS, (EIS 2003), CDC Senior Epidemiology Field Assignee from DRH, elizabethj.conrey@odh.ohio.gov
Secondary Supervisor: Sietske de Fijter, MS, State Epidemiologist, Chief of the Bureau of Infectious Diseases, sietske.deFijter@odh.ohio.gov
Secondary Supervisor: Clint Koenig, MD, MSPH, Medical Director, Clint.Koenig@odh.ohio.gov

Background: The Ohio Department of Health has supervised 8 consecutive, successful EIS assignments. Officers are supervised by an experienced team knowledgeable about a range of public health specialties (e.g., infectious disease, chronic disease, maternal and child health) and who represent organizational units across the Department. While the primary supervisor, a former EIS officer, is within the Bureau of Maternal, Child, and Family Health, the officer physically sits within the Bureau of Infectious Diseases (BID). The BID chief is also the State Epidemiologist and secondary supervisor. BID has various programs focused on prevention and control of reportable infectious diseases: TB/HAI/Outbreak Response and Bioterrorism Investigation Program; Immunization Program; Infectious Disease Informatics; Vaccine-Preventable Disease Program; and Zoonotic Disease Program. BID’s programs coordinate foodborne, healthcare-associated, waterborne, zoonotic, community and institutional infectious disease outbreaks in partnership with local health departments. Locating the EIS Officer here provides integration with BID’s daily activities across the state and opportunities to be present when outbreaks are first discovered so that participation can begin early in an investigation. BID receives >400 outbreak reports annually; staff work closely with the Bureau of Public Health Laboratory and the Ohio Department of Agriculture, and hosts weekly meetings to discuss current outbreak investigations. The officer would be invited to join these weekly discussions.

The Medical Director reports to the Director of Health and serves as another secondary supervisor. Initial projects will immerse the officer into the epidemiologic activities of the department along with opportunities to serve (e.g., congenital syphilis review board, infectious disease on-call). During the second year, the officer has opportunities to further explore topical areas or epidemiologic methods of interest, including the development of new projects.

Proposed Initial Projects: (1) Various Ohio outbreak investigations as they occur.
(2) STI: Investigate missed opportunities to prevent congenital syphilis, which is on the rise.
(3) Injury: Investigate illicit drug overdoses using Ohio’s National Violent Death Surveillance System data.
(4) Chronic: Estimate potential cost savings from heart disease, diabetes and/or prediabetes interventions.
(5) HAI: Analyze either new BRFSS data on consumer experiences with antibiotic stewardship or analyze Medicaid claims data to identify predictors of antibiotic stewardship (appropriate antibiotic prescribing patterns)

Proposed Surveillance Projects: The officer will evaluate reporting of vital events below 24 weeks gestational age. These live births and fetal deaths are reported by coroners and physicians via certificates of live birth and fetal deaths to ODH. Variation in live birth (with newborn period death) classification versus fetal death at both state and local levels may bias reported fetal and infant death rates, which are used for surveillance of the population’s health and to plan prevention efforts. The officer will 1) evaluate reporting consistency across Ohio birthing facilities, 2) assess reporting accuracy by comparison to a “gold standard” through a limited review of medical records, 3) identify potential reasons for reporting variation and inaccuracy, and 4) if warranted, make recommendations for improving the quality of feto-infant death surveillance. Alternately, the officer could evaluate Ohio’s Trauma Registry.

Range of Opportunities: The Officer can pursue any number of projects of interest. We have strong support in all areas – infectious, environmental, MCH, chronic and injury. ODH maintains supportive relationships with local health departments; officers have had opportunities to work in rural and urban communities statewide. Collaborative opportunities may exist with state agencies (Medicaid, Mental Health and Addiction Services, and Agriculture), and with non-governmental organizations (e.g., Hospital Association). Supervisors support a CDC-sponsored international deployment should one arise.

Position Strengths: This position offers a diversity of projects and topics across public health. ODH has a history of successful EIS mentorship wherein officers complete CALS, produce multiple publications, and are fully supported to develop novel projects.

Special Skills Useful for this Position: Enjoys working in a collaborative, multidisciplinary assignment.
Available Data: Readily accessible data include vital statistics, Disease Reporting System, Violent Death Reporting System (including Unintentional Drug Overdose), Automated Rx Reporting, Youth Risk Behavior Surveillance, BRFSS, Pregnancy Risk Assessment Monitoring, Pregnancy Associated Mortality Review, Ohio Medicaid Assessment Survey (population based on access to care), Child Fatality Review, and Nielsen/Claritas marketing. Others are accessible through established processes (e.g., Medicaid, hospital discharge).

Recent Publications:
Conrey

Impact of the 5As brief counseling on smoking cessation among pregnant clients of WIC clinics in Ohio. Preventive Medicine 2015.

Pathways Community Care Coordination in Low Birth Weight Prevention. MCHJ 2015.

Primary Healthcare Providers’ Knowledge and Attitudes Regarding Care for Women with Histories of Gestational Diabetes. PCD 2014.

DeFijter

Outbreak of Variant Influenza A(H3N2) Virus in the United States. Clinical Infectious Disease 2013.

Domestic Travel: 10%  International Travel: 0%

Available Support: ODH provides computers, IT, SAS, secretarial, and laboratory support (through the ODH laboratory). Agency staff are familiar with EISOs and their role and have been supportive and welcoming.

Current/Recent EIS Officer: Martha Montgomery, MD, MHS, (EIS 2016), EIS Officer, Martha.Montgomery@odh.ohio.gov

Current/Recent EIS Officer: Carolyn McCarty, PhD, (EIS 2014), Chronic Disease Prevention Supervisor, Winnebago County Department of Health, CMcCarty@co.winnebago.wi.us

Current/Recent EIS Officer: Celia Quinn, MD, MPH, (EIS 2012), Career Epidemiology Field Officer (CEFO), Executive Director of Bureau of Healthcare Systems Readine, cquinnmd@health.nyc.gov

Current/Recent EIS Officer: Loren Rodgers, PhD, (EIS 2010), Evaluation Team Lead, IISSB/NCIRD, izj8@cdc.gov

Current/Recent EIS Officer: Clara Kim, PhD, (EIS 2008), Lead Mathematical Statistician, FDA


Officer Recent Publications: Montgomery
Association between Pediatric Asthma Care Quality/Morbidity and English Language Proficiency [under review]

Travel-Associated Melioidosis and Resulting Laboratory Exposures— US. MMWR 2017;66(37):1001.

McCarty


Large Outbreak of Botulism Associated with a Church Potluck Meal— Ohio. MMWR 2015;64(29):802.


Quinn


Consultant: Holly Sobotka, MS, Chronic Disease Epidemiology Supervisor, Holly.Sobotka@odh.ohio.gov

Size of Community: Columbus: over 1 million in metropolitan area; Ohio: over 11+ million (7th largest state)

University Affiliation: The Ohio State University Colleges of Medicine and Public Health are within five miles; opportunities are available for continuing education activities. The medical and veterinary schools provide access to a full range of expertise and the opportunity to work with researchers of national and international reputation.

Living Environment: Columbus is a great place to live, work, be a young professional, and raise a family. It has many large city attractions with a home town feel and is home to one of the largest college campuses in the United States.

Cultural and Recreational Assets: Columbus is a major metropolitan area with a full complement of arts, music, and sports programs, both professional and college/university-based. The city has a vibrant food scene. The Columbus Zoo and Aquarium is consistently ranked one of the country’s best zoos. The city also boasts a number of other family-friendly attractions, including COSI (the Center of Science and Industry), which has been ranked as America’s best science museum, and the Franklin Park Conservatory and Botanical Gardens, home to the country’s first seasonal butterfly exhibit.

Opportunity for Partners’ Employment: Very good, especially in the areas of medicine, academics, banking, insurance, information technology services, and retail and fashion. Columbus is home to 15 Fortune 500 companies, 4 national recognized healthcare systems, and 20 colleges and universities.

Oregon

DSEPD/EWB-OR-2018-01

Agency Name: Northwest Tribal Epidemiology Center

Division/Branch/Team/Section: field based

Physical Address: 2121 SW Broadway #300 Portland, Oregon 97201

Primary Supervisor: Thomas Weiser, MD, MPH, (EIS 2005), Medical Epidemiologist, tweiser@npaihb.org

Secondary Supervisor: Tom Becker, MD, PhD, MPH, (EIS 1984), Professor, PSU-OHSU School of Public Health, beckert@ohsu.edu

Secondary Supervisor: Victoria Warren-Mears, PhD, Epidemiology Center Director, vwarrenmears@npaihb.org

Background: This position is based at the Northwest Portland Area Indian Health Board (NPAIHB), which houses the Northwest Tribal Epidemiology Center (NWTEC), one of 12 Tribal Epidemiology Centers across the nation. NWTEC provides epidemiology and public health expertise for the 43 federally recognized Tribes within Portland Area Indian Health Service (PAIHS) in Idaho, Oregon, and Washington. NWTEC collaborates extensively with Tribes, PAIHS, other NW Native American organizations, States, and researchers from several universities to document and address health disparities faced by NW American Indian/Alaska Native (AI/AN) people. The mission of NWTEC is to collaborate with Northwest American Indian Tribes to provide health-related research, surveillance, and training to improve the quality of life of NW AI/AN people. Tribal health research and surveillance priorities are identified by NPAIHB delegates representing each of the 43 Tribes annually. The Epi-Center’s current goals include:

• Assisting communities in implementing disease surveillance systems and identifying health status priorities.
• Providing health specific data and community health profiles for Tribal communities.
• Conducting tribal health research and program evaluation.
• Partnering with tribal, state, and federal agencies to improve the quality and accuracy of AI/AN health data.
• Outbreak and emergency response planning and training

Our previous EISOs have analyzed large datasets; led or participated in field investigations in OR, WA, AZ, the Great
Plains Area and West Africa; met with Tribal leaders; taught AI/AN researchers during summer institute; helped develop policies for outbreak investigation and response; and presented at regional and national scientific conferences. The EISO and NWTEC staff have produced a number of reports for Tribes, which can be viewed on the website: www.npaihb.org/epicenter. Core funding for NWTEC comes from the Indian Health Service, with additional funding through grants from NIH, HHS, CDC, States, and Tribes.

**Proposed Initial Projects:** Identify risk factors and trends in infant and maternal mortality among NW AI/AN; assess the impact of efforts to improve immunizations and other clinical standards of care for NW AI/AN; secondary analyses of multiple surveillance and public health data-sets including communicable diseases, hospital discharges, cancer registries, BRFSS and PRAMS. Multivariable analyses and time-series analyses are planned. Protocols for these analyses have been approved or will be submitted prior to arrival of the officer.

**Proposed Surveillance Projects:** 1) Evaluate the IHS Influenza-Like Illness surveillance system. A prior evaluation, published in 2013, included data from 2009-2010. 2) The NWTEC will have access to the WA DOH Syndromic Surveillance program in Spring, 2018. A robust evaluation to guide the potential uses of the data is planned. 3) The NWTEC has access to the IHS Epi Data Mart, a rich database of clinical data. More work is needed to develop and evaluate case definitions specific to this data source to accurately identify cases (e.g., opioid use disorder, viral hepatitis infection, vaccine-preventable diseases and chronic diseases) using combinations of ICD codes, laboratory, and prescription data. In all cases, the evaluations will include structured interviews with stakeholders and analysis of surveillance-system data.

**Range of Opportunities:** The assignment focuses on analysis of large datasets to identify health concerns affecting NW AI/AN. Field investigations of acute and non-acute diseases are encouraged, (infectious disease outbreaks, toxic/radiation exposures, injuries) and outbreak/emergency response training for building capacity. We support participation in short-term international deployments.

**Position Strengths:** This position offers a range of experiences. The officer will work within the context of a federal system of health that is increasingly directed by tribes, develop an understanding of NW tribal cultures, and assist tribes to address high priority health disparities. The people you meet will be among the most dedicated and talented professionals of your career.

**Special Skills Useful for this Position:** Prior work in AI/AN communities will be an advantage but is not a requirement; familiarity with statistical software such as SAS (preferred) or STATA is recommended. Good organization and data-management skills will also be important.

**Available Data:** These datasets are available for various years and are continually being updated: Communicable Diseases, Hospital Discharges, PRAMS (OR, WA); Cancer & Trauma Registries, Birth and Death Certificates (OR, WA, ID); Medicaid (OR only), and IHS Epi-Datamart (clinical encounter data), Syndromic Surveillance (IHS, WA, OR).


**Domestic Travel:** 20%  **International Travel:** 0%

**Available Support:** Supervisors have teaching/training experience at all levels and can draw on extensive prior work with AI/AN people to create a well-rounded experience tailored to fit the needs of the officer while providing service to NW Tribes. NWTEC is staffed by five doctoral level researchers, four biostatisticians, and approximately forty project and support staff.

**Current/Recent EIS Officer:** Sarah Hatcher, PhD, (EIS 2016), EIS Officer, shatcher@npaihb.org

**Current/Recent EIS Officer:** Jessica Marcinkevage, PhD, (EIS 2013), Chronic Disease and Nutritional Epidemiologist, jamarink@gmail.com

**Officer Projects:** Evaluation of a Novel Data Source for the Northwest Tribal Registry Project (2016)
Assessment of Substance Use During Pregnancy – Northern Plains (2016-17)
Hepatitis C-related mortality among Northwest AI/AN, 2006-2012
Rapid Assessment of Emergency Tick Prevention Efforts Following an Epidemic of Rocky Mountain Spotted Fever, AZ (2013)

**Officer Recent Publications:** All publications are in clearance or being finalized for submission to clearance. Dr. Hatcher will submit "Hepatitis C related mortality among American Indians and Alaska Natives in the Northwest, 2006–2012" to the American Journal of Public Health. She is also working on an MMWR Notes from the field report entitled: "Adverse event associated with accidental exposure to the livestock brucellosis vaccine RB51 — Oregon, December 2017".
Consultant: Stephen (Miles) Rudd, MD, Chief Medical Officer, stephen.rudd@ihs.gov

Size of Community: The Portland Metropolitan Area has a population of approximately 1.5 million people.

University Affiliation: NWTEC is affiliated with OHSU via the Native American Research Centers for Health. Epidemiology, study design and biostatistics consultation are available. EISO is encouraged to seek volunteer faculty appointment.

Living Environment: Portland has great neighborhoods, excellent public transportation, strong bicycling culture and good public schools. The variety of locally grown/harvested food is unmatched. The weather is, well, did we mention how good the food is? In winter PDX has more daily non-stop flights to Hawaii than any other West coast airport!

Cultural and Recreational Assets: Pow-wows, Mountain-biking, hiking, fishing, snow/water-sports are nearby. The largest US urban forest, cultural events, hip food carts, kid’s activities, Voo-Doo Donuts and Powell’s Books all await

Opportunity for Employment: There are good opportunities for employment in research, technology, healthcare, recreation and manufacturing. Nike, Intel, Columbia, Keen are here.

DSEPD/EWB-OR-2018-02
Agency Name: Oregon Health Authority
Division/Branch/Team/Section: Public Health Division/Acute & Communicable Disease Prevention
Physical Address: 800 NE Oregon St Suite 772  Portland, Oregon 97232
Primary Supervisor: Paul Cieslak, MD, (EIS 1992), Medical Director, Communicable Diseases & Immunizations, paul.r.cieslak@dhsoha.state.or.us
Secondary Supervisor: Rebecca Pierce, RN, PhD, Program Manager, Healthcare Acquired Infections, rebecca.a.pierce@dhsoha.state.or.us
Secondary Supervisor: Richard Leman, MD, (EIS 2000), Chief Medical Officer, Health Security Preparedness & Response, richard.f.leman@dhsoha.state.or.us

Background: Position is housed within Oregon Health Authority’s Acute & Communicable Disease Prevention (ACDP) section, which conducts surveillance, identification of risk factors, and prevention and control of communicable diseases. Robust communicable disease epidemiology capacity, Emerging Infections Program, Preparedness Epidemiology team and Food Safety Center of Excellence. EIS officers continuously since 1987 and; 3 former EIS officers employed. Most of the officer’s time is spent in ACDP, receiving calls and reports from Oregon's 34 local health departments, physicians, and the public, and responding to communicable disease cases and outbreaks in collaboration with a team of epidemiologists, research analysts, public health physicians, and state public health veterinarian. The officer has opportunities for epidemiologic work throughout the Oregon Public Health Division, including responding to public health emergencies, in which ACDP typically plays a large role. Oregon's track record in healthcare-acquired infection epidemiology, investigation of foodborne disease outbreaks, and immunization program innovations are nationally recognized.

Proposed Initial Projects: • Rising invasive group A strep incidence in the Portland area: risk factors and burden
• Infectious disease burden of the opioid epidemic in Oregon
• Multivariate analysis of ER encounter data, State Trauma Registry, and medical records to assess risk factors associated with firearm injury
• 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
• Surveillance and epidemiology of Clostridium difficile-associated disease (CDAD) in Oregon
• Validation of National Healthcare Safety Network (NHSN)-based reporting of catheter-associated urinary tract infections (CAUTI) or CDAD, including assessment of factors associated with under- or over-reporting
• Evaluation of Oregon's unique inter-facility transfer communication rule for patients with diseases requiring isolation (e.g., multidrug-resistant organisms): methods of transfer communication, acceptability, utility for receiving facilities
• Eligibility for hepatitis C treatment among persons in care for HIV infection
• Analysis of nosocomial influenza in an era of increasing vaccination of healthcare personnel, including risk factors for acquisition
• Screening criteria for chlamydiosis among men
• Economic impact of pertussis in Oregon
Proposed Surveillance Projects: In any of the following suggested surveillance projects, the EIS officer would review systems currently in place at the Oregon 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.

  • Drug-Resistant Organism Prevention and Coordinated Regional Epidemiology (DROP-CRE) Network for rapid detection and containment of multidrug-resistant organisms, especially carbapenem-resistant Enterobacteriaceae (CRE), which became reportable in Oregon in 2012.
  • Surveillance for enterotoxigenic E. coli infection in Oregon (begun in 2018)
  • Clostridium difficile-associated disease
  • Evaluation of the Oregon State Cancer Registry, including review of Public Health Division systems, field observation of data collection methods, and key informant interviews
  • Surveillance for domoic acid and other marine toxins in shellfish and seawater samples, with participation in field collection activities on the Oregon Coast
  • Oregon Prescription Drug Monitoring System

Range of Opportunities: EISO regularly investigates outbreaks of communicable disease and other illnesses, with opportunities for field investigation. Oregon is a CDC Emerging Infections Program site, conducting special surveillance and epidemiologic studies, and a national leader in foodborne outbreak investigations and healthcare associated infections. Officers collaborate with local, state, and national colleagues; respond to public health inquiries. Opportunity for press contact: your name in lights. (Or a local newspaper, anyway.)

Position Strengths: Working with experienced epidemiologists, the Oregon EISO will become equipped to address the gamut of communicable diseases. The Officer investigates outbreaks, conducts long-term special studies, responds to day-to-day public health urgencies, and participates in any broader public health emergency response necessitated by events. Opportunity to work with non-communicable diseases if desired. Never boring. Publication encouraged.

Collegial staff. Excellent soup club.

Special Skills Useful for this Position: • Clinical experience a plus when dealing with physicians and local public health officials.

  • Eagerness to work up outbreaks, including field work, desired.
  • Skill, or willingness to learn, database design; we believe that getting one's data together is a necessary and often overlooked epidemiologic skill.
  • Ability to communicate with a variety of people at all levels of government and with the general public. Oregon culture values collaboration over confrontation.
  • Curiosity and Ambition. Ours is a busy shop with plenteous and varied opportunities for those eager to seize them.
  • Good humor.

Available Data: • Reportable communicable disease data, 1989–current

  • Healthcare-associated infections data (NHSN)
  • Statewide “Essence” emergency department data
  • Immunization Registry
  • Birth and death certificates
  • Hospital Discharge data

"All-Payer-All-Claims" data


  • Late-onset infant group B streptococcus infection associated with maternal consumption of capsules containing dehydrated placenta—Oregon. MMWR 2017; 66:677–8.


  • Subacute sclerosing panencephalitis death—Oregon. MMWR 2016;65:10–1.

  • Acute kidney injury associated with smoking synthetic cannabinoid. Clinical Toxicology 2014;52:664–73.


Domestic Travel: 10% International Travel: 0%

Available Support: ACDP houses 11 epidemiologists, 2 research analysts, 4 public health physicians, a public health veterinarian, 3 informatics personnel, and support staff of 4. Oregon State Public Health Laboratory performs culture, serotyping, PCR, molecular typing, and (recently) whole genome sequencing.

Current/Recent EIS Officer: David Shih, MD, MPH, (EIS 2016), EIS Officer, david.c.shih@dhsoha.state.or.us Current/Recent EIS Officer: Jonas Hines, MD, (EIS 2015), yxj7@cdc.gov

Current/Recent EIS Officer: Emily Fisher, MD, MPH, (EIS 2014), eafisher85@gmail.com

Current/Recent EIS Officer: Malini DeSilva, MD, MPH, (EIS 2013), malinibdesilva@gmail.com

Current/Recent EIS Officer: Kara Levri Tardivel, MD, MPH, (EIS 2012), wjf3@cdc.gov

Current/Recent EIS Officer: Genevieve Buser, MD, MSPH, (EIS 2011), genevieve.buser@providence.org
Current/Recent EIS Officer: Mathieu Tourdjman, MD, MPH, (EIS 2010), mathieu.tourdjman@santepubliquefrance.fr
Current/Recent EIS Officer: John Oh, MD, MPH, (EIS 2009), johnoh1128@gmail.com
Current/Recent EIS Officer: Ning An Rosenthal, PhD, (EIS 2007), luckyning@gmail.com

Officer Projects: • Tdap vaccination of pregnant women: trends and correlates
• Effect of precipitation on Shigella transmission among homeless populations
• Emergency department-based surveillance to assess burden of marijuana-related adverse events
• E. coli O157 PFGE cluster investigations: predictors of success

• 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): Acute kidney injury associated with smoking synthetic cannabinoid. 2014 (Clinical Toxicology)

Consultant: Ann Thomas, MD, MPH, (EIS 1995), Public Health Physician and Principal Investigator, Epidemiology and Laboratory Capacity Cooperative, ann.thomas@dhsoha.state.or.us
Consultant: Emilio DeBess, DVM, MPVM, State Public Health Veterinarian, emilio.e.debess@dhsoha.state.or.us
Consultant: Julie Maher, PhD, MS, (EIS 1997), Manager, Program Design & Evaluation Services, julie.e.maher@dhsoha.state.or.us
Consultant: Katrina Hedberg, MD, MPH, (EIS 1986), State Epidemiologist and State Public Health Officer, katrina.hedberg@dhsoha.state.or.us
Consultant: Suzanne Zane, DVM, MPH, (EIS 1997), Senior MCH Epidemiologist, suzanne.zane@dhsoha.state.or.us

Size of Community: Portland metropolitan area 1.8 million, State of Oregon 4.1 million

University Affiliation: Public Health Division epidemiologists collaborate with the Oregon Health & Science University/Portland State University and Oregon State University Schools of Public Health, with opportunities to teach and attend conferences.

Living Environment: Portland is a beautiful city, known for its microbreweries, excellent restaurants, and bicycle-friendly streets. Housing is 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, mountain climbing all within 90-minutes 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: Dependent upon career. 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.

Texas

DSEPD/EWB-TX-2018-01
Agency Name: Texas Department of State Health Services
Division/Branch/Team/Section: Birth Defects Epidemiology and Surveillance Branch/Environmental Epidemiology and Disease Registries Section
Physical Address: 1100 W. 49th St. Austin, Texas 78756
Primary Supervisor: Mark Canfield, PhD, Manager, Birth Defects Epidemiology and Surveillance Branch,
Background: The Texas Department of State Health Services has a long history of successful EIS assignments. Being housed in the Environmental Epidemiology and Disease Registries Section (EEDRS) offers a variety of non-communicable disease areas with potential projects and data analyses including birth defects, cancer, environmental, occupational, and blood lead. Other areas in the division include infectious disease outbreak investigations, disaster preparedness/response, chronic disease, autism, maternal/child health, and mental health and substance abuse. Texas is the second largest state in the nation, with ample opportunity to travel and conduct field investigations. The Texas assignment allows exposure to diverse racial/ethnic populations. Texas has the second largest Hispanic, third largest Black, and third largest Asian population in the US. In addition to having three of the largest metropolitan areas in the country (Dallas, Houston, San Antonio), Texas has the largest rural population in the US. Texas has a strong public health laboratory, one of the largest programs in birth defects surveillance globally, and its blood lead database allows for longitudinal analysis from 1998 to present.

Proposed Initial Projects: The opportunities are plentiful, and many epidemiologists here in Texas look forward to collaborating with an EISO. The EISO will work across DSHS areas, including Emerging and Acute Infectious Disease, HIV/STD, TB, Community Preparedness, Environmental Epidemiology and Disease Registries (birth defects, cancer, environmental epidemiology, childhood lead, toxicology), Chronic Disease/Health Promotion, and Maternal/Child Health. Initial projects could include a survival analysis of specific birth defects adjusting for neighborhood characteristics; evaluating blood lead levels in children (identifying common lead sources, high risk areas, and changes through time); analyzing data from the School Physical Activity & Nutrition (SPAN) survey; evaluating farm worker exposures to pesticides. The officer will also conduct one or more field investigations (e.g., infectious disease outbreak, environmental investigation, community assessment, disaster response).

Proposed Surveillance Projects: There are many possibilities for a surveillance system evaluation. Choices include: reporting of elevated lead in children; birth defects active surveillance (may visit with regional staff to review processes statewide); data system for hospital acquired, multi drug-resistant organisms (may visit hospitals to speak with staff); assessment and enhancement of surveillance systems for locally transmitted dengue in South Texas (this may require travel to South Texas) and Shiga toxin-producing E. coli surveillance. Each of these projects involves some data analysis and interviews with stakeholders, which may be completed by phone or in-person, requiring some travel.

Range of Opportunities: We offer a vast range of opportunities for field work and projects in Texas, including the investigation of infectious disease outbreaks and environmental hazards; participation in community disaster response activities; conduct of descriptive or etiologic studies on birth defects, cancer, and chronic disease. We support participation in short-term international assignments and officers are encouraged to present and publish their work.

Position Strengths: Our state is home to three of the top ten largest cities in the US and its borders stretch from the Gulf of Mexico to the Rio Grande Valley; there is always something happening in Texas! You will have the opportunity to make connections with public health officials across the state (60 local and 8 regional health departments). DSHS has >100 skilled epidemiologists, many of whom are eager to work with EISOs.

Special Skills Useful for this Position: Communication skills (verbal and writing); ability to travel within Texas for investigations; ability to work on interdiscipilinary teams; an excitement for learning and new experiences; and prior experience in data analysis and use of statistical software systems, like SAS.

Available Data: Texas Birth Defects Registry, childhood lead, Newborn Screening, National Electronic Disease Surveillance System, statewide hospital discharge data, National Birth Defects Prevention Study, others.

Hall EM et al. Investigation of phosphine gas exposure among emergency responders. MMWR – accepted

Domestic Travel: 15% International Travel: 0%

Available Support: The EISO will work under the supervision of the Branch Manager of the Birth Defects Epidemiology and Surveillance Branch and the Director of the Environmental Epidemiology and Disease Registries Section. Statisticians and SMEs are available to consult with the EISO as needed.
**Current/Recent EIS Officer:** Hall Noemi, PhD, (EIS 2016), Texas EIS officer, noemi.hall@dshs.texas.gov

**Current/Recent EIS Officer:** Duke Ruktandonchai, MD, (EIS 2012), Medical Officer, Children's Institute of Pittsburg, dukeruk@yahoo.com

**Current/Recent EIS Officer:** Noha Farag, PhD, (EIS 2010), Deputy Team Lead for Science, Global Immunizations Division, CDC, iym0@cdc.gov


**Consultant:** Linda Gaul, PhD, State Epidemiologist, linda.gaul@dshs.texas.gov

**Consultant:** David Auzenne, MPH, Director, Health Promotion and Chronic Disease Section, david.auzenne@dshs.texas.gov

**Consultant:** Jennifer Shuford, MD, Infectious Disease Medical Officer, jennifer.shuford@dshs.texas.gov

**Size of Community:** 947,890 in Austin; 27 million in Texas

**University Affiliation:** University of Texas (UT)-Austin, UT School of Public Health, Texas A&M University, Baylor College of Medicine, UT Southwestern

**Living Environment:** Young, culturally diverse, and vibrant, Austin is one of the best places to live in the nation. Though the 11th largest city in the US, it maintains a quirky small-town feel. The city and its people do their best to “Keep Austin Weird.”

**Cultural and Recreational Assets:** Austin is the “Live Music Capital of the World” with over 200 music venues (Austin City Limits, SXSW). Austinites are a diverse mix of professors, students, musicians, and high-tech workers who enjoy the outdoors, art/music, tacos, BBQ, and international cuisines and culture.

**Opportunity for Employment:** Austin has a strong economy and is growing (~150 new people move here daily). There is a large employment base of university, state government, UT Medical School, and high-tech industry (Dell, Google, Apple).
Background: The Washington State Department of Health works to protect and improve the health of people in the state of Washington. Our Communicable Diseases Epidemiology (CDE) section is located alongside the state Public Health Laboratory. We are responsible for the surveillance of and response to infectious diseases of public health importance. It is our intent to involve the EIS officer in a meaningful way to gain competence in disease surveillance and outbreak investigations. This is a unique setting that pairs us with the Washington State Public Health Lab, allowing for direct communication with laboratory sciences and cutting edge technology in epidemiologic investigations.

Proposed Initial Projects: Choose among initial proposed projects, most with readily available data:

The first and foremost project will be to lead an outbreak investigation, and while the timing will be difficult to predict, last year we had multiple outbreaks early in the season.

Our site is best suited for an EIS officer who is interested in becoming proficient in the interpretation of molecular genetics as they apply to outbreak investigations. This skill will be valuable in ongoing outbreak investigations and the interpretation of cutting-edge technology such as whole genome sequencing. We would encourage the officer to train our current epidemiology staff and students at the University of Washington School of Public Health course that our office teaches in applied molecular epidemiology.

Another potential project is to help develop an approach for systematic monitoring of enteric disease clusters. We have begun a student-led outbreak investigation team and will be completing many more exposure interviews done by the student teams. The goal is to develop a system to quickly pull up percentages, binomial probabilities etc. when we start seeing clusters.

Proposed Surveillance Projects: Surveillance projects include data analysis of our existing infectious disease surveillance system data.

An immediate project includes analysis of the emerging infectious diseases such as coccidioidomycosis and/or Cryptococcus gattii. This involves traveling to the regions of the state with the emergence of these diseases, interviewing providers, reviewing records and analyzing data and the completeness of the surveillance system. Ideally, we would pair an officer with the disease of most interest to the officer.

Another surveillance project involves analyzing available data sets related to infections associated with people who inject drugs (PWID) in Washington State. Determining which infections are associated with our opiate use epidemic would be of critical importance.

Range of Opportunities: The CDE team includes each of the following areas: Food-borne/enterics, Zoonotic diseases, Influenza/Legionella, Vaccine Preventable Diseases, Refugee Healthcare infections, Emergency Preparedness, Hospital Acquired Infections, Tuberculosis, and Rabies/Miscellaneous. We expect that the officer will have the opportunity to lead a large outbreak investigation while working with Federal, State and Local Health Jurisdiction partners. We support an international deployment opportunity should the experience become available.

Position Strengths: This is a strong group of infectious disease epidemiologists, including the state epidemiologist who is a practicing clinical infectious diseases physician. Our Director of Sciences and Technology will allow for this position to gain meaningful laboratory science based experience and learnings as desired.

Special Skills Useful for this Position: This position simply needs someone who is eager to learn, is a team player, a good communicator and is flexible.

Available Data: Includes vital statistics, hospital discharge, Cancer Registry, Behavioral Risk Factor Surveillance System and Healthy Youth Survey data as well as access to data stewards throughout the agency.


Domestic Travel: 20% International Travel: 0%

Available Support: The state epidemiologist and our senior medical epidemiologist will be the primary support for this position. Our CDE team (30 staff) will be available to give guidance around data management and analysis issues. Day-to-day administrative questions will be supported through administrative assistants within the CDE unit.

Current/Recent EIS Officer: Henry Njuguna, MD, (EIS 2017), EIS Officer, henry.njuguna@doh.wa.gov

Current/Recent EIS Officer: Jesse Bonwitt, DVM, MSc, (EIS 2016), EIS, jesse.bonwitt@doh.wa.gov
**Officer Projects:** Communicable disease outbreak investigations including E.coli outbreaks in restaurants and farm animal festivals, Salmonella outbreaks in pork, and Listeria in ice cream. We have been involved in 2 Epi-Aids recently. Our EIS Officer was awarded the 2017 Mackel award for laboratory/epidemiology investigation on a new WA pathogen.


**Consultant:** Beth Melius, RN, MPH, (EIS 2004), Foodborne Epi, Beth.melius@doh.wa.gov

**Size of Community:** The Seattle Metropolitan area includes Seattle–Tacoma–Bellevue, with an estimated population of 3,610,105, which is more than half of Washington's population, making it the 15th largest Metropolitan Statistical Area in the United States.

**University Affiliation:** The department has strong ties with the University of Washington and the University of Washington School of Public Health providing opportunities for teaching, joint research and clinical faculty status.

**Living Environment:** The Puget Sound area is a desirable area with a wide array of housing options and an excellent standard of living.

**Cultural and Recreational Assets:** The Puget Sound area has rich cultural and outdoor recreational opportunities. The region offers theater, opera, sports teams, and a progressive film and music scene as well as an extensive state and national park system.

**Opportunity for Employment:** Excellent

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**Center for Global Health**

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 and Lab Branch**

**CGH-DGHP-EISLB-GA-2018-01**

**Agency Name:** CDC

**Division/Branch/Team/Section:** Division of Global Health Protection/Epidemiology, Informatics, Surveillance and Lab 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), Vet Epi, wig9@cdc.gov

**Secondary Supervisor:** Joel Montgomery, PhD, (EIS 2002), Branch Chief, ztq9@cdc.gov
**Background:** The Epidemiology Team within the EISL Branch in the Division of Global Health Protection/Center for Global Health is recruiting for 1 officer. EISLB promotes scientific discovery by partnering with host countries to identify new health threats and reduce the burden of infectious diseases. The Epidemiology team focuses on the development and implementation of studies and surveillance activities needed to characterize the burden of infectious diseases, identify populations at risk, and describe the risk factors to generate the information needed to develop interventions. The EIS officer will work with government and research partners in multiple countries and will provide technical expertise and assistance in the establishment and evaluation of surveillance activities, applied epidemiological research, capacity building, design and deployment of interventions, and outbreak investigations for infectious diseases and other health priorities. The branch actively engages with the Global Disease Detection Operations Center, which monitors and responds to public health events of international importance and emerging disease threats, and with CDC’s One Health office, which seeks to grow the field of the interface between animal-human health. A hallmark of our work is the strong interaction and collaboration for the development of studies and activities with subject matter experts across CDC. This ongoing collaborative work provides a great opportunity to actively engage with other groups both domestically and internationally throughout the agency.

**Proposed Initial Projects:** (1) Analysis of data from Guatemala, Kenya, and Thailand to estimate the incidence of Zika virus infection during pregnancy. (2) Description of maternal and fetal outcomes (e.g., microcephaly, physical, motor or neurodevelopmental deficiencies) following infection with Zika, dengue, or chikungunya during pregnancy in Guatemala, Kenya, and Thailand. (3) Evaluation of the performance and usefulness of novel diagnostics for Zika, chikungunya, dengue, and other infections among patients recruited through acute febrile illness surveillance platforms in Guatemala, Haiti, India, Kenya, Peru, South Africa, and Thailand. (4) Impact of disturbed ecological habitat on zoonoses and human health in South America. (5) Analyses of family planning decisions among women of reproductive age during the Zika outbreak in Guatemala. (6) Mixed methods analyses to determine the timing of Zika infection and neurological symptoms reporting in Guatemala. (7) Estimation of the impact and medical care costs of hospital-acquired infections and antimicrobial resistance in Georgia. (8) Malnutrition and rates of acute respiratory, diarrheal and febrile illness in Kenya. (9) Antimicrobial susceptibility testing capacity at prefecture and provincial level hospitals throughout China.

**Proposed Surveillance Projects:** (1) Evaluation of the impact of community-based acute febrile illness surveillance in two communities in Guatemala. (2) Evaluation of the impact and utility of facility based surveillance platforms in Kenya, Guatemala, Bangladesh, Thailand, and other countries. (3) Evaluation of the usefulness of multiple modes for data collection in IDSR surveillance platforms in Sierra Leone and other countries. (4) Evaluation of Ministry of Health antimicrobial resistance surveillance in Kenya. (5) Acute febrile illness surveillance, zoonotic infections or animal human interface surveillance systems. Selection will be made in accordance with EISLB needs in Fall 2018 and EISO's interests.

**Range of Opportunities:** A range of international projects related to surveillance, outbreak investigations, and continuing 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 in becoming an expert in Global Health and on the practice of epidemiology and surveillance of emerging infectious diseases through the development and implementation of field-based projects. EISLB strengths include active collaborations with subject matter experts throughout the agency.

**Special Skills Useful for this Position:** Persons who enjoy working on a collaborative, interdisciplinary team will thrive in this environment. The ability to work as part of a team is essential, and familiarity with international settings is useful. This position requires someone who is flexible and can quickly recognize and adapt to appropriate diplomatic and cultural contexts. Knowledge of one or more foreign languages is advantageous but not required.

**Available Data:** Numerous surveillance and study datasets are available for analyses from ongoing acute febrile illness surveillance, zoonotic surveillance, and applied public health research projects in countries. Research data from the Zika pregnancy cohorts from Guatemala, Kenya, and Thailand as well as Zika and other arbovirus laboratory diagnostic data are available for analyses by an incoming EISO in 2018.

**Recent Publications:**
- Ebola: Anatomy of an Epidemic
- Calcium Clay Diet Supplement Decreases the Risk of Death and Disease by Aflatoxicosis
- Population-Based Incidence of Typhoid Fever in an Urban Informal Settlement and a Rural Area in Kenya: Implications for Typhoid Vaccine Use in Africa
- Importance of Zoonoses Prioritization for Global Health Capacity Building: Themes from 7 One Health Zoonotic Disease Prioritization Workshops
- Global Disease Detection—achievements in applied public health research, capacity building, and public health diplomacy, 2001–2016
- Association of acute toxic encephalopathy with litchi consumption in an outbreak in Muzaffarpur, India, 2014: a case-control study
Domestic Travel: 25% International Travel: 0%

Available Support: Support is available from several senior epidemiologists at headquarters and in countries where the EISO will work, many of whom are former EISOs themselves. Our epidemiologists have expertise in epidemiologic methods, field epidemiology, surveillance, outbreak response, statistical analysis, program evaluation, information systems, laboratory diagnostics, and applied international public health.

Current/Recent EIS Officer: Daniel Rhee, MD, (EIS 2015), Medical Officer
Current/Recent EIS Officer: Ashley Greiner, MD, (EIS 2014), Medical Officer
Current/Recent EIS Officer: Preetha Iyengar, MD, (EIS 2012)
Current/Recent EIS Officer: Tony Ao, DSc, (EIS 2011), Epidemiologist

Officer Projects: Protocol development and implementation of study activities for Zika Virus Pregnancy Cohort Study (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)


Consultant: Olga Henao, PhD, MPH, Epi Team Lead Consultant: Carol Rao, ScD, (EIS 2005), Epidemiologist
Consultant: Erin Kennedy, DVM, MS, MPH, (EIS 2009), Vet Epi Consultant: Mike Park, PhD
Consultant: Nicolas Schaad, MPH, Epidemiologist Consultant: Len Peruski, PhD, Lab Team Lead Consultant: Ray Ransom, MPH, Informatics Team Lead

Division of Global Health Protection/Emergency Response and Recovery Branch
CGH-DGHP-ERRB-GA-2018-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Global Health Protection/Emergency Response and Recovery Branch
Physical Address: Atlanta, Georgia
Primary Supervisor: Ashley Greiner, MD, MPH, (EIS 2014), Medical Officer, iwh2@cdc.gov
Secondary Supervisor: Aimee Summers, PhD, (EIS 2014)

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: o Supporting partners in conducting public health assessments and setting up and evaluating emergency surveillance in the Rohingya camps in Bangladesh o Deployment to Zimbabwe to mitigate cholera transmission risk among the population. o Evaluation of program implementation scale-up, of temperature alert device and improved monitoring & supervision for Early Essential Newborn Care in Papua New Guinea o Assessment and Evaluation of the Community Quality Improvement process for Early
Essential Newborn Care in Timor Leste
- Monitoring and evaluation of Maternal Perinatal death surveillance and response in Myanmar and Nepal
- Evaluation of implement facility-based quality of care for maternal and newborn health; review the Quality Improvement implementation on newborn care test and pilot the QI models for MNH with M&E in Vietnam
- Evaluation of pilot implementation community service package (incl. newborn care) and supportive supervision in Fiji and Solomon Islands
- Undertake event-based surveillance (EBS) to identify, verify and coordinate response for a variety of outbreaks including mystery illnesses
- Draft descriptive epidemiologic reports based on EBS findings, enter findings into the Event Analysis Management System, conduct analyses, and make recommendations
- Undertake outbreak investigations for known and mystery diseases

**Proposed Surveillance Projects:**
- Surveillance evaluation of measles immunization activities in Liberia
- Surveillance evaluation of HIS and/or EWARS in Rohingya camps in Bangladesh
- Surveillance evaluation of EWARS in Nigeria
- Surveillance evaluation of event-based surveillance for EWARN, location TBD

**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 (desired but not required)

**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:** 20%

**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:**
- Amen Ben Hamida, MD, (EIS 2017)
- Matthew Goers, MD, (EIS 2017)
- Erin Tromble, MD, (EIS 2016)
- Blanche Greene-Cramer, PhD, (EIS 2016)
- Andy Boyd, MD, (EIS 2015)
- Alaine Knipes, PhD, (EIS 2015)
- Max Nerlander, MD, (EIS 2014)
- Raina Philips, MD, (EIS 2013)
- Michelle Dynes, PhD, (EIS 2013)

**Officer Projects:**
- Community-based mortality surveillance system among Rohingya Refugees, Bangladesh
- Assessment of maternal and neonatal mortality surveillance and response, Myanmar
- Assessment of childhood indicators and manlnutrition, Nigeria
- Evaluation of ceramic water filters among displaced populations, Myanmar
- Early Warning Alert and Response in a Box, Nigeria
- Severe Acute Respiratory Infections, Burkina Faso

**Officer Recent Publications:**
2) 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: Diana Bensyl, PhD, (EIS 1999)
Consultant: Sharmila Shetty, MD, (EIS 2002)
Consultant: Oleg Bilukha, MD, PhD, (EIS 2002)
Consultant: Tom Handzel, PhD, (EIS 2000)

CGH-DGHP-ERRB-GA-2018-02
Agency Name: CDC
Division/Branch/Team/Section: Division of Global Health Protection/Emergency Response and Recovery Branch
Physical Address: Atlanta, Georgia
Primary Supervisor: Kira Coggeshall, DVM, MPH, (EIS 2006), Veterinary Medical Officer, dot9@cdc.gov
Secondary Supervisor: Tasha Stehling-Ariza, PhD, (EIS 2014)

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: o Supporting partners in conducting public health assessments and setting up and evaluating emergency surveillance in the Rohingya camps in Bangladesh
o Deployment to Zimbabwe to mitigate cholera transmission risk among the population.
  o Evaluation of program implementation scale-up, of temperature alert device and improved monitoring & supervision for Early Essential Newborn Care in Papua New Guinea
  o Assessment and Evaluation of pilot implementation of the Community Quality Improvement process for Early Essential Newborn Care in Timor Leste
  o Monitoring and evaluation of Maternal Perinatal death surveillance and response in Myanmar and Nepal
  o Evaluation of implement facility-based quality of care for maternal and newborn health; review the Quality Improvement implementation on newborn care test and pilot the QI models for MNH with M&E in Vietnam
  o Evaluation of pilot implementation community service package (incl. newborn care) and supportive supervision in Fiji and Solomon Islands
  o Undertake event-based surveillance (EBS) to identify, verify and coordinate response for a variety of outbreaks including mystery illnesses 2) draft descriptive epidemiologic reports based on EBS findings, enter findings into the Event Analysis Management System, conduct analyses, and make recommendations 3) Undertake outbreak investigations for known and mystery diseases

Proposed Surveillance Projects: o Surveillance evaluation of measles immunization activities in Liberia
  o Surveillance evaluation of HIS and/or EWARS in Rohingya camps in Bangladesh
  o Surveillance evaluation of EWARS in Nigeria
  o Surveillance evaluation of event-based surveillance for EWARN, location TBD
**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


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

**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:** Amen Ben Hamida, MD, (EIS 2017)

**Current/Recent EIS Officer:** Matthew Goers, MD, (EIS 2017)

**Current/Recent EIS Officer:** Erin Tromble, MD, (EIS 2016)

**Current/Recent EIS Officer:** Blanche Green-Cramer, PhD, (EIS 2016)

**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:** Community-based mortality surveillance system among Rohingya Refugees, Bangladesh
Assessment of anemia surveillance, Eastern Ukraine
Assessment of maternal and neonatal mortality surveillance and response, Myanmar
Assessment of childhood indicators and malnutrition, Nigeria
Evaluation of ceramic water filters among displaced populations, Myanmar


2) 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:** Diana Bensyl, PhD, (EIS 1999)

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

**Consultant:** Sharmila Shetty, MD, (EIS 2002)

**Consultant:** Michelle Hynes, PhD

**Consultant:** Oleg Bilukha, PhD, (EIS 2002)

**Consultant:** Farah Husain, DDS, (EIS 2008)

**Consultant:** Mark Anderson, MD, MPH, (EIS 1996)
Background: In 2016, there were 36.7 million people living with HIV (PLHIV) and 1 million people who died from AIDS-related illness. To control the HIV epidemic, UNAIDS has called for countries to reach the following 90-90-90 metrics by 2020: 90% of PLHIV to know their HIV status, 90% of PLHIV who know their status to receive life-saving treatment, and 90% of PLHIV on treatment to have suppressed viral load. Through the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), DGHT collaborates with Ministries of Health in over 45 countries to scale-up HIV testing and treatment and utilize data to inform HIV programs that serve the highest HIV-burdened populations and geographic locations.

This position will be a joint assignment with DGHT’s Epidemiology and Surveillance Branch (ESB) and the International Laboratory Branch (ILB). The EIS officer will sit with ESB’s Clinical Surveillance and Epidemiology Team and will have opportunities for co-location in ILB based on project need. ESB and ILB support development, training, implementation, data analysis, and dissemination of HIV survey and surveillance findings in PEPFAR-supported countries. In collaboration with ILB, ESB’s Clinical Surveillance and Epidemiology Team (CSET) facilitates the development and implementation of applied HIV clinical and laboratory surveillance. For example, the CSET team works closely with CDC country teams to: 1) evaluate the use of a novel point-of-care HIV recency assay to provide population-level epidemiological data, identify hotspots of transmission, and prioritize partner testing; 2) implement mortuary surveillance to assess the impact of ART scale-up; and 3) estimate prevalence of durable viral suppression.

This position provides a unique experience to be trained on a core strength of CDC, the epidemiological intersection between surveillance and laboratory medicine.

Proposed Initial Projects: 1. Support implementation and disseminate results from HIV incident infection surveillance systems to identify hotspots of transmission and inform interventions stop the chain of transmission (Guatemala, Nicaragua, Kenya, Rwanda; A. Kim, B. Parekh, K. Curran); 2. Analyze clinic and laboratory data to examine viral load dynamics, time to viral load suppression, and impact on clinical outcomes (Ethiopia, Cote d’Ivoire; P. Minchella); 3. Analysis of multi-year cohort of mother and infant pairs assessed for HIV and TB in Zimbabwe and South Africa (T. Dinh); 4. Analysis of trends of HIV and STD reporting in Guatemala from 2014-2017 (K. Curran).

Proposed Surveillance Projects: Several potential projects, which would involve field visits and collaboration with CDC country offices and Ministries of Health:
1. Evaluation of a mobile application to detect, describe, and respond to recent HIV transmission (Guatemala, Nicaragua)
2. Evaluation of a HIV incidence surveillance system among adolescent girls and young women (Malawi)
3. Evaluation of HIV case-based surveillance to monitor the HIV epidemic and continuum of care among persons living with HIV (Rwanda)
4. Evaluation of an HIV and TB mortality surveillance system (Western Kenya)
5. Evaluation of laboratory surveillance system in national population-based HIV impact assessments (Rwanda, Kenya, Haiti, Nigeria)
Range of Opportunities: The EISO will work closely with experts in HIV surveillance, epidemiology, and laboratory methods, gaining a valuable skillset through international field deployments and epidemiological analyses. The EISO will have the opportunity to collaborate with other teams (general population surveillance, key population surveillance), DGHT branches (Laboratory, Prevention, Maternal and Child Health, Care and Treatment, Global TB), and CDC country offices. We are supportive of deployments with other divisions for outbreak investigations.

Position Strengths: The EISO will become an expert in HIV surveillance and epidemiology in the context of clinic and laboratory systems. This position will contribute to combating HIV, one of the world’s most important public health challenges.

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. Experience in data analysis is recommended but not required. We view EIS as a training opportunity and will work with the EISO to improve skills.

Available Data: Multiple epidemiological, clinical, and laboratory databases from countries are available: Viral load and early infant HIV diagnosis data from El Salvador, Malawi, Cote d’Ivoire, Ethiopia; HIV recent infection assay validation data from sub-Saharan Africa, South East Asia, Central America; Laboratory data from population-based HIV impact assessment surveys in Zimbabwe, Zambia, Malawi; a national cohort of mother-infant pairs assessed for HIV and TB in Zimbabwe, South Africa.


Scale-up of HIV Viral Load Monitoring. MMWR. 2016.

Domestic Travel: 0% International Travel: 25%

Available Support: The EISO will work with a multi-disciplinary team of health scientists, clinicians, microbiologists, and epidemiologists. The EISO will also have access to statisticians.

Current/Recent EIS Officer: Elfriede Agyemang, MD, MPH, (EIS 2016)
Current/Recent EIS Officer: Reena Doshi, PhD, MPH, (EIS 2016), hqo3@cdc.gov Current/Recent EIS Officer: Peter Minchella, PhD, (EIS 2015), LLS
Current/Recent EIS Officer: Hammad Ali, PhD, MBBS, MPH, (EIS 2015), yvw4@cdc.gov
Current/Recent EIS Officer: Meredith Dixon, MD, (EIS 2013)
Current/Recent EIS Officer: Amee Schwitters, PhD, (EIS 2012), SI Branch Chief
Current/Recent EIS Officer: Kainne Dokubo, MD, MPH, (EIS 2011), Country Director
Current/Recent EIS Officer: Mahesh Swaminathan, MD, (EIS 2010), Country Director
Current/Recent EIS Officer: Dita Broz, PhD, MPH, (EIS 2009)
Current/Recent EIS Officer: Christine Mattson, PhD, MPH, (EIS 2007)
Current/Recent EIS Officer: Neha Shah, MD, MPH, (EIS 2007)

Officer Projects: Evaluation of HIV mortuary surveillance, Kenya; Linkage-to-care in HIV-infected key populations, Uganda; Early infant HIV diagnosis and viral load testing, Malawi; Respondent-driven survey among female sex workers, Uganda; Monkeypox outbreak, Republic of Congo; Typhoid outbreak, Zimbabwe

Officer Recent Publications: Progress toward UNAIDS 90-90-90 targets: a respondent-driven survey among female sex workers in Kampala, Uganda. Doshi, R. (Under review)
Strengthening surveillance among healthcare workers and community members during a monkeypox outbreak in the Likouala Department, Republic of Congo, 2017. Doshi, R. (Under review at MMWR)

Specimen origin, type and testing laboratory are linked to longer turnaround times for HIV viral load testing in Malawi. Minchella P. PLoS One. 2017


Consultant: Elfriede Agyemang, MD, MPH, (EIS 2016), lwz6@cdc.gov
Consultant: Heather Alexander, PhD
Consultant: Hammad Ali, MBBS, MPH, PhD, (EIS 2015)
Consultant: Reena Doshi, PhD, (EIS 2016)
Consultant: Wolfgang Hladik, MD, MSc, (EIS 1999), Branch Chief
Consultant: Anne McIntyre, PhD, (EIS 2008)
Consultant: Peter Minchella, PhD
Consultant: Joyce Neal, PhD, MPH, (EIS 1992)
Consultant: Edith Nyakaana Nyangoma, MD, (EIS 2013)
Consultant: Dimitri Prybylski, PhD, Team Lead
Consultant: Italia Rolle, PhD, MPH, (EIS 2005), Associate Director for Science
Consultant: Erin Rottinghaus, PhD
Consultant: Ray Shiraishi, PhD, Team Lead
Consultant: Drew Voetsch, PhD, MPH, (EIS 2005), Team Lead

Division of Global HIV and TB/Global TB Branch

CGH-DGHT-GTPCB-GA-2018-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Global HIV and TB/Global TB Branch/Vulnerable Populations Team
Physical Address: Atlanta, Georgia
Primary Supervisor: Hannah Kirking, MD, (EIS 2014), Medical Officer, hrj7@cdc.gov
Secondary Supervisor: Laura Podewils, PhD, (EIS 2003), Epidemiologist, lpp8@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 1.6 million deaths in 2016. The Division of Global HIV & TB’s (DGHT) 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. DGHT plays an essential role in the U.S. Government’s plan to implement the President’s Emergency Plan for AIDS Relief (PEPFAR), the single largest financial contributor to HIV programming in the world. GTB staff work directly with Ministries of Health and international partners to achieve these goals across the globe.
Our branch staff 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 the branch, 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 and Divisions within CDC. 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, China, India, Kenya, Lesotho, Malawi, Mozambique, Myanmar, South Africa, 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, Kenya (Baker)
- Operationalization and monitoring of systematic HIV testing for presumptive TB patients in 1-2 selected countries (Coggin, Date—countries are TBD)
- Assessment of a family-centered approach to improve TB screening and diagnosis, HIV testing, and linkage to care in Mozambique (Fajans, Click) and Uganda (Kirking, Click)
- Conducting field assessments of TB control programs among refugee populations in Africa and Asia (Cookson)
- Association of Anthropologic Markers with Cause of Death in Kenyan Children (Kirking)

**Proposed Surveillance Projects:**
- Evaluation of TB Preventive Therapy for People Living with HIV (PLHIV) (multiple countries)
- Evaluation of TB preventive therapy in children <5 years of age who are household contacts of persons with TB (Malawi)
- Joint CDC-WHO evaluation of surveillance systems for TB and vital statistics (multiple countries)
- Surveillance evaluation of an event-based pulmonary tuberculosis surveillance system (Vietnam)

**Range of Opportunities:** Opportunity to contribute to a project at all stages, from conceptualization through dissemination and publication. International field experience and project management. Presentations at domestic and international conferences. Analytic opportunities including both small and large datasets. Manuscript writing and dissemination. Teaching TB-related research and implementation courses in collaboration with international partners.

**Position Strengths:** Diverse projects that inform policy and strengthen TB control efforts internationally. Experience to learn about PEPFAR and TB programs through work in the field and analyzing programmatic data. Emphasis on learning and applying epidemiologic methods to conduct impactful projects. Ample international travel and collaboration with partners in Ministries of Health, WHO, USAID, and non-governmental agencies.

**Special Skills Useful for this Position:** Adaptable, sense of humor, generally curious, hardworking, nice; should own or be willing to buy a suitcase and travel pillow

**Available Data:** PEPFAR programmatic data Population-based HIV impact assessments Pediatric mortality study database Operational research database from household contact tracing of children for TB and HIV US National TB Surveillance System US-based TB clinical research database Data from TB-specific surveys

**Recent Publications:** Investigators in the Global Tuberculosis Branch published 44 peer-reviewed articles in 2016 and 26 in 2017. A complete list of these will be provided at the conference.

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

**Available Support:** DGHT has statisticians who are invested in training junior staff. Officers will be offered statistical consultation, as well as SAS and/or STATA and/or R software training, and a formal clinical TB training course. Access to an expert GIS mapper and GIS learning opportunities are available.

**Current/Recent EIS Officer:** Scott Nabity, MD, MPH, (EIS 2017), Medical officer, hjq5@cdc.gov

**Current/Recent EIS Officer:** Elizabeth Schnaubelt, MD, (EIS 2016), Medical officer, lwy6@cdc.gov

**Officer Projects:**
- Evaluation of risk factors associated with loss to follow-up among TB patients in Haiti
- Mortality among patients treated for multidrug-resistant TB, 9 countries
- Investigation of TB among healthcare workers at a facility in northern Namibia
- Evaluation of TB services in refugee camps in Tanzania


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


(Surie). Molecular, Spatial, and Field Epidemiology Suggesting TB Transmission in Community, Not Hospital, Gaborone, Botswana. Emerg Infect Dis. 2017 Mar 15;23(3).


**Consultant:** Susan Maloney, MD, MPH, (EIS 1992), Branch chief, szm7@cdc.gov
**Consultant:** Anand Date, MD, (EIS 2004), Associate Branch Chief, bvg7@cdc.gov
**Consultant:** Sarita Shah, MD, PhD, (EIS 2004), Associate Director for Science, bwg2@cdc.gov
**Consultant:** Susan Cookson, MD, (EIS 1995), Team Lead: Vulnerable Populations Team, sgc0@cdc.gov
**Consultant:** Peter Cegielski, MD, MPH, Team Lead: TB Prevention, Care and Treatment Team, gzc2@cdc.gov
**Consultant:** Adam MacNeil, PhD, MPH, (EIS 2007), Team Lead, Surveillance Epidemiology and Impact Measurement Team, aho3@cdc.gov
**Consultant:** John Oeltmann, PhD, (EIS 2003), Epidemiologist, jeo3@cdc.gov
**Consultant:** Patrick Moonan, DrPH, MPH, Epidemiologist, bng3@cdc.gov
**Consultant:** Ellie Click, MD, PhD, (EIS 2009), Medical officer, eoc9@cdc.gov
**Consultant:** Diya Surie, MD, (EIS 2015), Medical officer, kbz2@cdc.gov
**Consultant:** Mark Fajans, MPH, Epidemiologist, yqn2@cdc.gov
**Consultant:** Julia Interrante, MPH, Epidemiologist, wvy1@cdc.gov
**Consultant:** Lizzy Smith, MPH, Epidemiologist, uyi7@cdc.gov
**Consultant:** Brian Baker, MD, (EIS 2010), Medical officer, izj4@cdc.gov

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**Division of Global HIV and TB/HIV Care and Treatment Branch**

**CGH-DGHT-HCTB-GA-2018-01**

**Agency Name:** CDC

**Division/Branch/Team/Section:** Division of Global HIV and TB/HIV Care and Treatment Branch/Adult HIV Treatment Team

**Physical Address:** Atlanta, Georgia

**Primary Supervisor:** Spencer Lloyd, MD, MPH, (EIS 2012), Medical Officer, wid6@cdc.gov

**Secondary Supervisor:** Elliot Raizes, MD, Medical Officer, gwq0@cdc.gov

**Secondary Supervisor:** Heather Paulin, MD, (EIS 2014), Medical Officer, ydi2@cdc.gov
**Proposed Initial Projects:** The EIS officer will be able to choose from a number of projects including: (1) Implementation and evaluation of district- and community-level HIV test-and-start ART programs in countries supported by PEPFAR (e.g., Malawi, Kenya, Uganda, Zambia, Zimbabwe, Swaziland); (2) Implementation and evaluation of differentiated service delivery models (DSDM) for ART programs in countries supported by PEPFAR and their impact on ART outcomes, such as patients’ retention and viral load (VL) suppression (e.g., Malawi, Cameroon) (I. Zulu, S. Lloyd); (3) Implementation and evaluation of HIV viral load scale-up activities in PEPFAR-supported countries (e.g., Zambia, Malawi, Mozambique, Uganda, Zimbabwe, Cameroon, Democratic Republic of Congo) (H. Chun, R. Pati, S. Lloyd); (4) Planning, implementation, and data collection/analyses of HIV viral load service and data quality assessments in a select number of countries (e.g., Uganda, Malawi) (H. Chun, R. Pati, S. Lloyd); (5) Evaluation of enhanced adherence counseling interventions to reduce HIV viral load (e.g., Uganda, Malawi, Zambia, Haiti) (H. Chun, R. Pati, S. Lloyd); (6) Surveillance of emergence of HIV drug resistance (HIVDR) in HIV-infected populations from multiple PEPFAR-supported countries (e.g., Malawi, Lesotho, Kenya, Tanzania) (E. Raizes, J. Da Silva). Opportunities for involvement in implementation of surveys from protocol development to data analysis will be available for several countries; (7) Analysis of the HIV care cascade in El Salvador using laboratory surveillance data (J. Da Silva, S. Lloyd).

**Proposed Surveillance Projects:** The EIS officer will have the opportunity to work on one of the following potential surveillance evaluation projects: (1) Evaluation of the pharmacovigilance surveillance system for severe adverse drug reaction events associated with HIV and TB treatment in Zimbabwe (J. Da Silva); (2) Programmatic surveillance and evaluation of the transition from the current World Health Organization recommended 1st-line ART regimen [tenofovir/lamivudine/efavirenz (TLE)] to a new formulated ARV regimen [tenofovir/lamivudine/dolutegravir (TLD)] in numerous PEPFAR-support countries (e.g., Malawi, Uganda, Zambia, Kenya) (H. Chun, S. Lloyd, E. Raizes, R. Pati); (3) Clinical surveillance and evaluation of potential dolutegravir-associated adverse events during TLD transition in various PEPFAR-supported countries (e.g., Malawi, Uganda, Zambia, Kenya) (H. Chun, S. Lloyd, E. Raizes, R. Pati); (4) TB/HIV co-infection surveillance systems in various African countries (e.g., Malawi, Mozambique, Zambia, Namibia, Kenya) (I. Pathmanathan, H. Paulin).

**Range of Opportunities:** The EIS officer will have opportunities to participate in activities addressing HIV epidemic control, which include HIV test-and-start ART programs, scaling up access to ART, HIV/AIDS DSDM, HIV VL scale-up, and HIVDR surveillance.

**Position Strengths:** This assignment offers the opportunity to understand and observe first-hand the collaborations needed between US government agencies, MoH, and in-country implementing partners to develop and sustain high-quality HIV care and treatment programs in resource-limited settings. The development of critical thinking skills related to data management, analysis, and interpretation are key components of this position.

**Special Skills Useful for this Position:** International experience with health care program development /implementation, especially in resource-limited settings; clinical medicine/HIV care and treatment; basic working knowledge of data management and analysis; language skills (e.g., Portuguese, French).

**Available Data:** Population-based HIV Impact Assessment (PHIA) survey data from PEPFAR-supported countries (i.e., Malawi, Zambia, Zimbabwe, Lesotho, Uganda) (E. Raizes).

Data from HIVDR surveys performed in numerous countries (e.g., Malawi, Lesotho, Mozambique, Zambia, Kenya, Tanzania) (E. Raizes, J. Da Silva).

Data from quarterly monitoring of key HIV VL-related indicators in PEPFAR-supported countries (e.g., Kenya, Uganda, Nigeria, Zambia, Tanzania, Malawi, Mozambique, Cote d’Ivoire, Zimbabwe) (H. Chun, R. Pati, S. Lloyd).

**Recent Publications:**

**Domestic Travel:** 5%  **International Travel:** 25%
Available Support: HCTB works closely with other DGHT branches, including maternal and child HIV, Global TB, prevention, laboratory, and monitoring and evaluation. All DGHT EIS officers have an assigned statistician.

Current/Recent EIS Officer: Juliana Da Silva, MD, (EIS 2016), Medical Officer, lxi7@cdc.gov
Current/Recent EIS Officer: Ishani Pathmanathan, MD, MPH, (EIS 2014), Medical Officer, ydi6@cdc.gov
Current/Recent EIS Officer: Spencer Lloyd, MD, MPH, (EIS 2012), Medical Officer, wid6@cdc.gov
Current/Recent EIS Officer: Simon Agolory, MD, (EIS 2009), Program Director – Zambia, ifz6@cdc.gov
Current/Recent EIS Officer: Andrew Auld, MD, MPH, (EIS 2007), Program Director – Malawi, ggv4@cdc.gov

Officer Projects:
1) Undetermined risk factors for invasive mold infections among immunocompromised residents in flood-affected areas post-hurricane Harvey.
2) Prevalence of and risk factors for chronic lung disease among HIV-infected youth in Malawi.
3) Treatment outcomes of HIV-infected adults enrolled in the Mozambique national antiretroviral therapy program.

Officer Recent Publications:

Consultant: Pam Bachanas, PhD, MA, Behavioral Scientist, dtt6@cdc.gov
Consultant: Andrew Boyd, MD, (EIS 2015), Medical Officer, ipo2@cdc.gov
Consultant: Helen Chun, MPH, MD, Medical Officer, vig2@cdc.gov
Consultant: Tedd Ellerbrock, MD, Medical Officer, tve1@cdc.gov
Consultant: Kiren Mitruka, MD, MPH, Medical Officer, duu6@cdc.gov
Consultant: Ikwo Oboho, MD, ScM, (EIS 2013), Medical Officer, iao@cdc.gov
Consultant: Ishani Pathmanathan, MD, MPH, (EIS 2014), Medical Officer, ydi6@cdc.gov
Consultant: Rituparna Pati, MD, Medical Officer, rpa7@cdc.gov
Consultant: Minesh Shah, MPH, MD, (EIS 2015), Medical Officer, yxi8@cdc.gov
Consultant: Michelle Williams Sherlock, MPH, Epidemiologist, myy6@cdc.gov
Consultant: Thomas Spira, MD, Medical Officer, tjs1@cdc.gov
Consultant: Laura Tison, RN, MPH, BSN, Nurse Consultant, wup7@cdc.gov
Consultant: Isaac Zulu, MD, MPH, Medical Officer, wxo8@cdc.gov

Division of Global HIV and TB/Maternal and Child Health Branch

CGH-DGHT-MCHB-GA-2018-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Global HIV and TB/Maternal and Child Health Branch
Physical Address: Atlanta, Georgia
Primary Supervisor: Monita Patel, PhD, MPH, (EIS 2014), Epidemiologist, cwa3@cdc.gov
Secondary Supervisor: Niko Gaffga, MD, MPH, (EIS 2005), Medical Epidemiologist, dvj7@cdc.gov
Background: The Maternal and Child Health (MCH) branch was established in 2010 to focus on the unique health needs of HIV-infected pregnant and breastfeeding women, their infants, and HIV-infected children and adolescents. The MCH branch consists of the Maternal and Infant HIV (MIH) team and the Pediatric and Adolescent HIV (PAH) team. The members of these teams collaborate to support the implementation of effective HIV programs for these populations in resource-limited settings (primarily in sub-Saharan Africa) under the President’s Emergency Plan for AIDS Relief (PEPFAR). This branch-level assignment offers an EIS Officer the opportunity to work with both teams to develop expertise in technical and programmatic issues related to international prevention of mother-to-child transmission (PMTCT) of HIV and pediatric/adolescent HIV care and treatment. In this position, the EIS officer will gain on-the-ground experience working with various aspects of HIV prevention in maternal and child populations, including: HIV testing and counseling, HIV viral load monitoring, HIV surveillance, antiretroviral therapy, operations research, and program monitoring and evaluation (M&E).

Proposed Initial Projects: (1) Program evaluation of “family trees” of index HIV patients to identify factors associated with HIV testing uptake, positivity, and linkage to ART among children and adults—Tanzania; (2) Analysis of Monitoring, Evaluation, and Reporting (MER) data to assess pediatric, adolescent, and PMTCT outcomes—13 PEPFAR priority countries (Kenya, Zambia, Tanzania, Uganda, Zimbabwe, Malawi, Lesotho, Cote d’Ivoire, Botswana, Namibia, Swaziland, Haiti, and Rwanda); (3) Examination of programmatic data describing overlap between orphans and vulnerable children programs and HIV clinical services—Democratic Republic of Congo, Nigeria; (4) Assessment of pediatric, adolescent, and PMTCT M&E systems for cohort monitoring and development of clinical cascade; (5) Assessment of viral load testing implementation and outcomes among children and pregnant women—Kenya; (6) Assessment of HIV drug resistance among children—Uganda; (7) Assessment of rapid HIV testing policies, HIV viral load testing policies, progress towards the elimination of mother to child transmission of HIV, and national guidelines recommending Dolutegravir in pregnant and breastfeeding women in 13 PEPFAR priority countries; (8) PMTCT Impact Evaluations; (9) Evaluation of data from TB/HIV integration in reproductive, maternal, newborn, and child health (RMNCH)—Swaziland; (10) Analysis of patient feedback surveys—Swaziland; (11) Adopt and implement a site level service quality assessment (SQA) for adolescents, with a focus on services for pregnant adolescents—Kenya, Uganda


Range of Opportunities: The EIS Officer will have opportunities to develop protocols, implement program evaluations, collect and analyze data, and present and publish findings. Additionally, the EISO will collaborate with other DGHT branches, obtain health diplomacy experience through interaction with in-country public health leaders, and have potential opportunities for both domestic and international Epi-Aids.

Position Strengths: Strengths include opportunities to gain experience in urban and rural international settings and influence large-scale policies and programs that impact the health of HIV-infected women and children in resource-limited settings.

Special Skills Useful for this Position: This position requires excellent verbal and written communication skills and the ability to work with diverse and multicultural groups in resource-limited, international settings.

Available Data: Several sources of data will be available for analysis including: (1) PEPFAR program data, site quality assessment data, and expenditure analysis data—Kenya, Mozambique, Nigeria, Tanzania, and others; (2) Custom indicators for PMTCT and HIV-Exposed Infants (HEI)—Mozambique; (3) Population-based HIV Impact Assessments (PHIA)—Lesotho, Malawi, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe; (4) Pediatric Enhanced Surveillance Study (PESS)—South Africa; (5) Rwanda Under Five (RU5) Study—Rwanda

Recent Publications: Since 2016, branch members have published over 25 manuscripts in a range of peer-reviewed journals and presented abstracts at international conferences, including implementation science, program evaluation, modeling studies, commentaries, and systematic literature reviews. Additionally, branch members have contributed to development of national and international clinical and laboratory guidelines and implementation tools for prevention, diagnosis, and treatment of HIV and opportunistic infections in children, adolescents, and pregnant and breastfeeding women.

Domestic Travel: 0% International Travel: 25%

Available Support: The EIS Officer will work with MCHB members, including experienced public health physicians, doctoral-level epidemiologists, nurses, and health scientists, who have range of domestic and international experience, including program implementation, epidemiology, clinical practice, and field investigations. The EISO will have strong support from DGHT statisticians.
Current/Recent EIS Officer: Amanda Burrage, MD, MPH, (EIS 2016)
Current/Recent EIS Officer: James Houston, MD, MPH, (EIS 2011)
Officer Projects: (1) Evaluation of Pediatric HIV Case Surveillance System—Swaziland; (2) Analysis of mother-to-child transmission of HIV and prevention service uptake among adolescents and young women—Zimbabwe; (3) Development of family index testing protocol—Tanzania; (4) Zika response in CDC Emergency Operations Center, Epidemiology and Surveillance team—Atlanta, GA
Officer Recent Publications: Burrage A, et al. Trends in ART eligibility and ART coverage among HIV-infected patients aged <15 in PEPFAR-supported countries in sub-Saharan Africa between 2012 and 2016 (to be submitted to MMWR)
Consultant: Molly Rivadeneira, MD, Pediatric and Adolescent HIV Team Lead
Consultant: Surbhi Modi, MD, MPH, (EIS 2008), Maternal and Infant HIV Team Lead

Division of Parasitic Diseases and Malaria/Malaria Branch

CGH-DPDM-MB-GA-2018-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Parasitic Diseases and Malaria/Malaria Branch
Physical Address: Atlanta, Georgia
Primary Supervisor: Anna Bowen, MD, MPH, (EIS 2003), Medical Epidemiologist, abowen@cdc.gov
Secondary Supervisor: Julie Gutman, MD, MSc, Medical Epidemiologist, fff2@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. Our research contributed to development of the key malaria control interventions used today and continues to focus on developing 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, and strategies to improve health worker performance. The Branch also develops and maintains guidelines for malaria prevention, diagnosis and treatment among US travelers and advises 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 burden, from endemic to elimination settings. Our long-standing collaborations with research institutions (i.e., in 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 Initial Projects:** Evaluation of the performance of a highly-sensitive rapid diagnostic test in reactive case detection of *P. falciparum* malaria in a low transmission area, such as Cambodia; Follow-up survey assessing intermittent preventive treatment in pregnancy delivery by community health workers–Malawi; Work on a study evaluating a new tool, attractive targeted sugar baits (ATSBs), to address residual outdoor malaria transmission in western Kenya; Review studies on controlling urban malaria transmission; Therapeutic efficacy study in Madagascar (French language skills desirable).

**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 new WHO malaria surveillance tool.

**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) US National Malaria Surveillance System Data, (b) US Health Care Utilization Program Data, (c) Nationally-representative household survey data in multiple countries, (d) CDC-KEMRI Demographic Surveillance System longitudinal data (e) data from malaria control activities in multiple countries.

**Recent Publications:** During 2016 and 2017, Malaria Branch staff co-authored >150 peer-reviewed publications, many in high impact journals. For example: a supplement to the American Journal of Tropical Medicine and Hygiene addressing the impact of malaria control interventions in sub-Saharan Africa (9 papers); multiple papers describing laboratory advances (such as an immunosay that allows sub-picogram detection of histidine-rich protein 2 from *Plasmodium falciparum* and estimates reliability of malaria rapid diagnostic tests); and work done with the Entomology branch, including a case-control study on the effectiveness of insecticide-treated bed nets in Haiti (Lancet Global Health 2016).

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

**Available Support:** Statistical support is available through biostatisticians the Division of Parasitic Diseases and Malaria.

**Current/Recent EIS Officer:** Sarah-Blythe Ballard, MD, (EIS 2017)
**Current/Recent EIS Officer:** Anjoli Anand, MD, (EIS 2017)
**Current/Recent EIS Officer:** Elizabeth Davlantes, MD, (EIS 2016)
**Current/Recent EIS Officer:** Anna Minta, MD, MPH, (EIS 2015)
**Current/Recent EIS Officer:** Megumi Ito, MD, (EIS 2015)
**Current/Recent EIS Officer:** Nelli Westercamp, PhD, MPH, MBA, (EIS 2014)

**Officer Projects:** 1) Therapeutic efficacy studies in Brazil, Ethiopia, Angola; 2) Case investigation of transfusion-transmitted malaria; 3) Health facility survey in Guinea; 4) Analysis of longitudinal serological data from Senegal; 5) KAP survey of community health workers in Malawi.

Ballard S, et al. Updated CDC recommendations for using artemether-lumefantrine (Coartem ®) for the treatment of uncomplicated malaria in pregnant women in the United States. Scheduled for publication in MMWR
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. Our research contributed to development of the key malaria control interventions used today and continues to focus on developing 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, and strategies to improve health worker performance. The Branch also develops and maintains guidelines for malaria prevention, diagnosis and treatment among US travelers and advises 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 Initial Projects:**
- Evaluation of case management of severe malaria in Angola (Spanish/Portuguese language skills desirable);
- Rapid entomological-epidemiological investigation in Guinea (French language skills desirable);
- Evaluation of surveillance data to monitor malaria program activities–multiple countries;
- Therapeutic efficacy study in Angola.

**Proposed Surveillance Projects:**
- Baseline surveillance evaluations in new PMI countries Sierra Leone and Côte d’Ivoire.

**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 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) US National Malaria Surveillance System Data,
- (b) US Health Care Utilization Program Data,
- (c) Nationally-representative household survey data in multiple countries,
- (d) CDC-KEMRI Demographic Surveillance System longitudinal data,
- (e) data from malaria surveillance in multiple countries.

**Recent Publications:**
- During 2016 and 2017, Malaria Branch staff co-authored >150 peer-reviewed publications, many in high impact journals. For example: a supplement to the American Journal of Tropical Medicine and Hygiene addressing the impact of malaria control interventions in sub-Saharan Africa (9 papers); multiple papers describing laboratory advances (such as an immunoassay that allows sub-picogram detection of histidine-rich protein 2 from Plasmodium falciparum and estimates reliability of malaria rapid diagnostic tests); and work done with the Entomology branch, including a case-control study on the effectiveness of insecticide-treated bed nets in Haiti (Lancet Global Health 2016).

**Domestic Travel:**
- 5%

**International Travel:**
- 20%

**Available Support:**
- Statistical support is available through biostatisticians in the Division of Parasitic Diseases and Malaria.

**Current/Recent EIS Officer:**
- Sarah-Blythe Ballard, MD, (EIS 2017)
- Anjoli Anand, MD, (EIS 2017)
- Elizabeth Davlantes, MD, (EIS 2016)
- Anna Minta, MD, MPH, (EIS 2015)
- Megumi Itoh, MD, (EIS 2015)
**Officer Projects:** 1) Therapeutic efficacy studies in Brazil, Ethiopia, Angola; 2) Case investigation of transfusion-transmitted malaria; 3) Health facility survey in Guinea; 4) Analysis of longitudinal serological data from Senegal; 5) KAP survey of community health workers in Malawi

Ballard S, et al. Updated CDC recommendations for using artemether-lumefantrine (Coartem ®) for the treatment of uncomplicated malaria in pregnant women in the United States. Scheduled for publication in MMWR

**Consultant:** Michael Aidoo, PhD
**Consultant:** Paul Arquin, MD, (EIS 1997)
**Consultant:** Kwame Asamoa, MD, (EIS 2001)
**Consultant:** Achuyt Bhattarai, MD, (EIS 2008)
**Consultant:** Anna Bowen, MD, (EIS 2003)
**Consultant:** Michelle Chang, MD, (EIS 2003)
**Consultant:** Meghna Desai, PhD, MPH
**Consultant:** Jimee Hwang, MD, MPH, (EIS 2007)
**Consultant:** Kimberly Mace, PhD, (EIS 2009)
**Consultant:** John Gimnig, PhD
**Consultant:** Eric Halsey, MD
**Consultant:** William Hawley, PhD, MPH
**Consultant:** BK Kapella, MS, MD, (EIS 2005)
**Consultant:** Lauren Lewis, MD, MPH, (EIS 1999)
**Consultant:** Kim Lindblade, PhD
**Consultant:** Alexandre Macedo de Oliveira, MD, PhD, (EIS 2002)
**Consultant:** Peter McElroy, PhD, MPH, (EIS 1999)
**Consultant:** Aaron Samuels, MD, (EIS 2010)
**Consultant:** Laura Steinhardt, PhD, (EIS 2010)
**Consultant:** Kathrine Tan, MD, MPH, (EIS 2003)
**Consultant:** Julie Thwing, MD, (EIS 2006)
**Consultant:** Venkatachalam Udhayakumar, PhD
**Consultant:** Nelli Westercamp, MBA, MPH, PhD, (EIS 2014)
**Consultant:** Ryan Wiegand, MPH
**Consultant:** John Williamson, PhD
Background: The Parasitic Diseases Branch (PDB) conducts research and surveillance to diagnose, prevent, control, and eliminate parasitic diseases 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 global efforts to eliminate blinding trachoma. PDB is the U.S. reference diagnostic laboratory for multiple parasitic diseases. PDB also conducts surveillance for 3 nationally notifiable diseases: Trichinella, Babesia, and Cyclospora. PDB has investigated several multistate outbreaks of cyclosporiasis in recent years. 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. 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. Opportunities exist to work closely with a wide variety of scientists in the Division, 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, non-governmental 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 through participation across multiple larger projects. PDB staff and EIS officers provide telephone and email consultations for clinicians and public health officials and release treatment for selected parasitic diseases 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.

Proposed Initial Projects: • Analyze data and publish results from surveillance for LF after mass drug administration ceased in Ghana.

• Develop and implement strategies for surveillance for LF after stopping mass drug administration (MDA) in Haiti and Bangladesh and possibly in other countries that are approaching LF elimination.

• Assess the different species of Leishmania affecting returned travelers in the USA

• Assist WHO and country neglected tropical disease (NTD) programs in Haiti and Africa with development and piloting of tools to assess the quality of LF morbidity management and disability prevention (MMDP) services.

• Evaluation of the PDB drug release dataset to estimate the incidence of African trypanosomiasis in the United States

Proposed Surveillance Projects: Evaluate national trichinellosis surveillance

Range of Opportunities: The officer will work in both domestic and international settings on a wide range of diseases. Projects will include the development and assessment of epidemiologic and laboratory tools to monitor disease elimination 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.

Special Skills Useful for this Position: PDB collaborates with a variety of academic, governmental, and non-governmental partners across a range of cultures, economic situations, and political contexts. We are seeking an 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.


Domestic Travel: 10% International Travel: 15%

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 EIS Officer: Rebecca Chancey, MD, MPH (EIS 2017)
Current/Recent EIS Officer: Anita Sircar, MD, MPH (EIS 2015)
Current/Recent EIS Officer: Eugene Liu, MD (EIS 2016)

Officer Projects: Triple-drug therapy randomized control trial for lymphatic filariasis (Haiti); schistosomiasis prevalence survey feasibility assessment (Suriname); lymphatic filariasis post-mass-drug-administration surveillance and xenomonitoring (Bangladesh, Ghana); national Toxocara seroprevalence survey (US); national trichomoniasis knowledge, attitudes, and practices survey of obstetricians (US); onchocerciasis diagnostic tests evaluation (Togo); Ebola response (Guinea); yellow fever outbreak (Angola).


Consultant: Consultant: Sharon Roy, MD, MPH, (EIS 2001)
Consultant: Anne Straily, DVM, (EIS 2017)
Consultant: Elizabeth Gray, MPH
Consultant: Kim Won, MPH
Consultant: Caitlin Worrell, MPH
Global Immunization Division/ Accelerated Disease Control and VPD Surveillance Branch and Immunization Systems Branch

CGH-GID-ADCVSB-GA-2018-01

Agency Name: CDC
Division/Branch/Team/Section: Global Immunization Division/ Accelerated Disease Control and VPD Surveillance Branch and Immunization Systems Branch

Physical Address: Atlanta, Georgia
Primary Supervisor: Jennifer (Jennie) Harris, PhD, MPH, (EIS 2013), Epidemiologist, xdd4@cdc.gov
Secondary Supervisor: Jenny Walldorf, MD, MSc, (EIS 2009), Medical Epidemiologist, igf4@cdc.gov

Background: The Global Immunization Division (GID) addresses key immunization 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. Areas of recent focus include 1) planning and assessment of vaccine introductions; and 2) bringing insights from behavioral science to assess vaccine confidence, hesitancy, and equity issues to strengthen immunization programs.

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

The EIS Officer will have a primary supervisor in ADCSB and a secondary supervisor in ISB. Supervisors will ensure that the Officer has support throughout the division in identifying projects and that he/she gains experience and develops skills in the full range of global immunization activities. International travel will be required to participate in outbreak investigation, surveillance system evaluation, disease control activities, health system strengthening, new vaccine introductions, assessing vaccine hesitancy, and research projects.

For more information about GID’s work, please visit: http://www.cdc.gov/globalhealth/immunization/

Proposed Initial Projects:
- Investigate a VPD outbreak and/or participate in outbreak-response activities (immunization, rapid coverage monitoring) in an international setting
- Integrated serosurveys for VPDs using multiplex technology (Guatemala, Ethiopia)
- Hepatitis B serosurveys to establish burden of perinatal transmission (Mali, Rwanda)
- Economic evaluation comparing tetanus boosters in school immunization programs vs. tetanus toxoid campaigns for women (Kenya, Uganda)
- Triangulation of VPD immunization and surveillance data for decision-making (DR Congo, Nigeria)
- Planning/monitoring vaccination campaigns (India, Uganda)
- Assess barriers to adverse events following immunization (AEFI) reporting (Romania)
- Develop and evaluate immunization campaign strategies that also strengthen delivery of routine immunizations (Nigeria)
- Assess missed opportunities for vaccination (Indonesia) and strategies to improve access to vaccination (Ghana)
- Assess strategies for effective school-based screening for immunization (Fiji)
- Evaluate strategies to improve private sector engagement in immunization (Ghana)
- Evaluate oral cholera vaccine use through the global stockpile (Haiti, India, Uganda)
- Evaluate a typhoid conjugate vaccine introduction program (India)
- Evaluate human papilloma virus (HPV) vaccine introduction (Zimbabwe, Senegal)
- Operations research project on demand promotion for RTS,S (malaria vaccine) embedded in larger Phase IV trial (Kenya)
- Behavioral study of malaria risk perception, risk compensation and bednet use (Kenya)

Proposed Surveillance Projects:
- Evaluate an existing VPD surveillance system (Nepal, Sierra Leone, Kenya)
- Assist with VPD surveillance system implementation/strengthening/enhancement (Sierra Leone, Ethiopia, Ghana)
- Evaluate the feasibility of using a measles point of care test for surveillance (Malaysia)
- Evaluate an adverse events following immunization (AEFI) reporting surveillance system (Chile)

Range of Opportunities: Opportunities include VPD surveillance and outbreak response; evaluating 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. The EIS officer will also have the opportunity to develop expertise in the field of VPDs and to work with the World Health Organization (WHO), United Nations Children’s Fund (UNICEF), and other global partners.

Position Strengths: 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. 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 4-6 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:**
- Impact of an intervention to use a measles, rubella, and polio mass vaccination campaign to strengthen routine immunization services in Nepal. J Infect Dis 2017.
- Evaluation of storing hepatitis B vaccine outside the cold chain in the Solomon Islands: Identifying opportunities and barriers to implementation. Vaccine 2017.

**Domestic Travel:** 0%  **International Travel:** 25%

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

**Current/Recent EIS Officer:**
- Rebecca Casey, MBBS, MPH, (EIS 2016), Current EISO, lyn6@cdc.gov
- Leora Feldstein, PhD, MPH, (EIS 2017), Current EISO, nqv5@cdc.gov
- Victor Eboh, MBBS, (EIS 2017), Current EISO, nqy1@cdc.gov
- Michelle Morales, MD, (EIS 2015), Medical Officer, yxm5@cdc.gov
- Saleena Subaiya, MD, (EIS 2015), Emergency Department Physician, saleena.subaiya@gmail.com
- Jose Hagan, MD, MS, (EIS 2014), Medical Epidemiologist, esp3@cdc.gov

**Officer Projects:**
- Surveillance evaluations: neo-natal tetanus (Uganda), measles (Sierra Leone), AEFI
- Outbreaks: measles (Mongolia), diphtheria (Indonesia, Bangladesh)
- Vaccination coverage surveys: Kenya, Bangladesh (Rohingya refugee camps)
- Fractional-dose yellow fever vaccine studies: (Uganda, DR Congo)
- Global data analysis on independence of routine and campaign measles vaccine doses
- Vaccination campaign monitoring (India)

**Officer Recent Publications:**
- Knowledge, attitudes, and practices of private sector immunization service providers in Gujarat, India. Vaccine 2018.
- Improving hepatitis B birth dose in rural Lao People’s Democratic Republic through the use of mobile phones to facilitate communication. Vaccine 2016.

**Consultant:**
- Robb Linkins, PhD, MPH, (EIS 1988), Branch Chief, ADCSB, rxl3@cdc.gov
- Kim Fox, MD, MPH, Branch Chief, ISB, kfox@cdc.gov
- Jim Alexander, MD, MA, (EIS 1989), Science, Policy and Research Coordinator, ADCSB, axj1@cdc.gov
- Abigail Shefer, MD, MPH, (EIS 1992), Science, Policy and Research Coordinator, ISB, ashefer@cdc.gov
Global Immunization Division/Polio Eradication Branch

CGH-GID-PEB-GA-2018-01

Agency Name: CDC
Division/Branch/Team/Section: Global Immunization Division/Polio Eradication Branch/Outbreaks Team
Physical Address: Atlanta, Georgia
Primary Supervisor: Deblina Datta, MD, (EIS 1999), Epidemiologist, skd2@cdc.gov
Secondary Supervisor: Lora Davis, DVM, MPH, (EIS 2004), Epidemiologist, bvz8@cdc.gov
Secondary Supervisor: Roodly Archer, PhD, (EIS 2008), Epidemiologist, wea7@cdc.gov

Background: GID is focused on addressing key global immunization challenges, which include controlling, eliminating, and eradicating vaccine preventable diseases (VPDs); improving global VPD surveillance and monitoring immunization programs; 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. GID comprises 4 branches: Polio Eradication Branch (PEB), Accelerated Disease Control and VPD Surveillance (ADCS), Immunization Systems Branch (ISB), and Strategic Information and Workforce Development Branch (SIWD). The Division has >150 staff, including 110 full-time professional and administrative staff based in Atlanta; 3 EIS officers; and a network of field assignees in multiple countries.
International travel will be required to assist in surveillance, outbreak investigation, disease control activities, and research projects. The EIS Officer will be assigned primary and secondary supervisors in two of the four branches of GID (PEB and SIWD). The supervisors will ensure that the Officer has support throughout the division in identifying investigations and developing projects that are tailored to the Officer’s areas of interest, and provide experience and skill development in the full range of global immunization activities.

**Proposed Initial Projects:**
- Assist with outbreak of vaccine derived polio (DRC, Somalia)
- Participate in Polio Outbreak Simulation Exercise (Denmark)
- Participate in Polio Regional Certification Commission meeting (Mexico, Manila)
- Conduct global risk assessment to identify threats to certification of polio free world (192 countries, desk exercise)
- Design and conduct a study to determine the causes of poor immunization data quality that originate during data collection at health facilities in one or more countries in the AFRO region (Uganda, Nigeria)
- Design and conduct a study to assess the use of routine immunization data collected by the National District Health Information System (DHIS v.2) (Nigeria)
- Participate in a country level Immunization Information System Assessment (Grenada)
- Develop and implement a monitoring and evaluation plan for assessing the effectiveness of a novel approach to data quality improvement planning in the Eastern Mediterranean Region (Morocco, Jordan)
- Lead writing of polio MMWR article—Polio Global Update to be published every spring

**Proposed Surveillance Projects:**
- Evaluate a community-based surveillance system in Sudan
- Evaluate polio surveillance systems in endemic, outbreak, and at-risk countries, evaluate gaps in surveillance which complicate global certification of polio eradication (Nigeria, Lake Chad countries)

**Range of Opportunities:**
- Respond to polio and VPD outbreaks
- Help the preparation for global polio-free certification
- Gain international experience working with multiple international partners
- Assist with vaccine preventable disease surveillance
- Strengthen immunization information system capacity and immunization workforces
- Conduct research activities and programmatic evaluations
- Monitor vaccination campaigns
- Design and conduct research projects aimed at improving vaccination coverage and/or creating demand for routine immunizations

**Position Strengths:**
- GID provides a supportive environment with 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 that involve a variety of vaccines/diseases.
- Acquire a well-rounded training experience and gain skills that are translatable to other areas of public health.
- GID has a strong record of EIS graduates who have remained in global immunization both at CDC and abroad.

**Special Skills Useful for this Position:**
- Analytical skills, including familiarity with statistical software; language skills in French or other foreign languages; ability to work well with others; able to travel for up to 6-8 weeks at a time; able to acclimate to foreign cultures/countries quickly -- be diplomatic and politically sensitive, and and able to withstand hardships of the field including remote locations and limited creature comforts (like running water)

**Available Data:**
- Vaccine preventable disease surveillance systems including the Polio Information System (POLIS)
- Seroprevalence studies, national coverage surveys (DHS, MICS)
- National immunization program administrative data
- Research studies

**Recent Publications:**
- Progress Toward Poliomyelitis Eradication — Pakistan, January 2016–September 2017; MMWR
- Fractional-Dose Inactivated Poliovirus Vaccine Campaign — Sindh Province, Pakistan, 201; MMWR6
- Progress Toward Poliomyelitis Eradication — Afghanistan, January 2016–June 2017 | MMWR
- Findings from a hepatitis B birth dose assessment in health facilities in the Philippines: opportunities to engage the private sector. Vaccine. 2014

**Domestic Travel:** 0%  **International Travel:** 25%

**Available Support:**
- GID staff have a wide range of expertise in all aspects of global immunization
- Two statisticians
- Intensive 2-week training program (Stop Transmission of Polio)
- Spanish and French language classes
Current/Recent EIS Officer: Victor Eboh, MD, (EIS 2017), nqy1@cdc.gov
Current/Recent EIS Officer: Leora Feldstein, MPH, PhD, (EIS 2017), nqw5@cdc.gov
Current/Recent EIS Officer: Rebecca Casey, MD, (EIS 2016), lyn6@cdc.gov
Current/Recent EIS Officer: Michelle Morales, MD, (EIS 2015), yxm5@cdc.gov
Current/Recent EIS Officer: Saleena Subaiya, MD, (EIS 2015), Saleena.Subaiya@gmail.com
Current/Recent EIS Officer: Jose Hagen, MD, MS, (EIS 2014), esp3@cdc.gov
Current/Recent EIS Officer: Edna Moturi, MBChB, MPH, (EIS 2013), uwx2@cdc.gov
Current/Recent EIS Officer: Jennifer Harris, PhD, (EIS 2013), xdd4@cdc.gov

Officer Projects:
- Efficacy of monovalent oral polio vaccine (Bangladesh)
- Polio Surveillance Review (Haryana State, India)
- Data Quality Assessments (Ecuador, Tajikistan)
- Support Polio Regional Certification Commission (Manila)
- Outbreak of tetanus associated with male circumcision (Uganda)
- Impact of mobile phone notification on hepatitis B birth dose (Lao PDR)

Officer Recent Publications:
- Immunogenicity of Type 2 Monovalent Oral and Inactivated Poliovirus Vaccines for Type 2 Poliovirus Outbreak Response: an Open-Label Randomised Controlled Trial. Lancet ID 2018, in press.
- Acceptance of the Administration of Multiple Injectable Vaccines in a Single Immunization Visit in Albania—JID 2017
- Global Routine Vaccine Coverage, 2014—MMWR 2015

Consultant: Steve Wassilak, MD, (EIS 1980), PEB Strategic Information Team Lead, sgw1@cdc.gov
Consultant: Ed Maes, PhD, (EIS 1985), efm1@cdc.gov
Consultant: Derek Ehrhardt, MSN, RN, MPH, (EIS 2006), EMRO Team Lead, PEB, fev1@cdc.gov
Consultant: Eric Wiesen, MPH, Nigeria Team Lead, PEB, ejw2@cdc.gov
Consultant: Abhijeet Anand, MBBS, MPH, (EIS 2005), Team Lead, PEB, dvi5@cdc.gov
Consultant: Noha Farag, MD, MS, PhD, (EIS 2010), iym0@cdc.gov
Consultant: Chuma Mbaeyi, BDS, MPH, (EIS 2010), iyo1@cdc.gov
Consultant: John Vertefeuille, PhD, PEB Branch Chief, dki4@cdc.gov
Consultant: Rohit Chitate, PhD, Team Lead, PEB, fxk8@cdc.gov
Consultant: Louie Rosencrans, MS, PhD, SI Team Lead, SIWD, lor1@cdc.gov
Consultant: Hardeep Sandhu, MD, (EIS 2001), Workforce Development Team Lead, SIWD, hjs3@cdc.gov
Consultant: Kristie Clarke, MD, MSc, (EIS 2011), vhz9@cdc.gov
Consultant: Colleen Scott, MPH, DrPH, (EIS 2014), ibk9@cdc.gov
Consultant: Lynda Osadebe, DVM, MSPH, PhD, (EIS 2012), ekv2@cdc.gov
Consultant: Deborah Weiss, DVM, MPH, (EIS 2015), woy2@cdc.gov
Consultant: Peter Bloland, DVM, MPVM, (EIS 1989), SIWD Branch Chief, pbb1@cdc.gov
Consultant: Eric Mast, MD, MPH, (EIS 1987), Associate Director for Science, eem1@cdc.gov
Consultant: Susan Wang, MD, MPH, (EIS 1996), sjw8@cdc.gov
Consultant: Kathleen Wannemuehler, PhD, Statistics Team Lead, SIWD, kpw9@cdc.gov
Office of the Director/Child Health and Mortality Prevention Surveillance

CGH-OD-OD-GA-2018-01
Agency Name: CDC
Division/Branch/Team/Section: Office of the Director/Child Health and Mortality Prevention Surveillance
Physical Address: Atlanta, Georgia
Primary Supervisor: Allan Taylor, MD, MPH, (EIS 2003), Epi & Surveillance Unit Lead, ataylor2@cdc.gov
Secondary Supervisor: Kevin Clarke, MD, (EIS 2011), Reproductive Health Unit Lead, kvc6@cdc.gov
Secondary Supervisor: Pratima Raghunathan, PhD, (EIS 2000), Director for Science, pgr4@cdc.gov
Secondary Supervisor: Dianna Blau, DVM, (EIS 2008), Lab and Diagnostics Unit Lead, bvv1@cdc.gov

Background: Every year, 5.9 million children under the age of five die, mostly from preventable causes with the burden disproportionately in Sub-Saharan Africa and South Asia. The mortality causal pathway is often poorly understood. Child Health and Mortality Prevention Surveillance (CHAMPS) Network (www.champshealth.org), funded by the Bill & Melinda Gates Foundation, aims to transform global understanding of child mortality and facilitate interventions to reduce child deaths. During the first three years, the CHAMPS program office has focused primarily on establishing seven child mortality surveillance sites in sub-Saharan Africa and South Asia (Mozambique, South Africa, Mali, Kenya, Bangladesh, Sierra Leone and Ethiopia). CHAMPS relies on a postmortem procedure called minimally invasive tissue sampling (MITS), along with clinical, laboratory diagnostic, histopathology, and other data to assign a cause of death using expert panel review. CHAMPS uses social and behavioral science methods to adapt surveillance procedures to cultural and religious contexts and provide feedback to families and communities. The CHAMPS EISO will have applied global public health opportunities to optimize and analyze multi-site surveillance data, characterize child and perinatal mortality findings, strengthen demographic surveillance, and help launch prospective pregnancy surveillance. The officer will work in a stimulating, multidisciplinary inter-organizational consortium within the CHAMPS Program Office based at the Emory Global Health Institute, across the street from the main CDC campus in Atlanta. The CHAMPS EIS officer will have extensive mentorship and support from Emory and CDC subject matter experts across a wide range of disciplines.

Proposed Initial Projects: The EIS officer will have the opportunity to be involved in multiple aspects of this groundbreaking surveillance program, including the following (unless otherwise specified, analyses will incorporate data from all active CHAMPS sites)
• Conduct pathogen-specific or syndrome-specific analyses of child deaths and stillbirths identified across the surveillance network. Priority analyses will include premature births, neonatal sepsis, pneumonia, HIV, and malaria
• Analyze molecular diagnostics data from CHAMPS sites for specific pathogens, for example, identifying the proportion of deceased neonates and stillbirths with CMV, congenital syphilis, Acinetobacter baumannii.
• Design pilot data collection and analyze gestational age dating from metabolites in post-mortem dried blood spots in one or more sites (TBD based upon resource availability)
• Lead mixed-methods evaluation of community acceptability of the CHAMPS program and the Minimally Invasive Tissue Sampling (MITS) procedure in one or more sites (sites TBD based upon availability of resources)
• Lead or participate in outbreak responses that arise from CHAMPS surveillance findings
• Design and implement a birth defects surveillance review in one or more CHAMPS sites
• Assist with and lead publications, including summary of Year 1 cases, and descriptions of site performance monitoring and evaluation systems
• Lead aspects of prospective pregnancy surveillance design and implementation to accurately enumerate pregnancy outcomes and collect priority maternal health data

Proposed Surveillance Projects: • Assess quality and completeness of Demographic Surveillance Systems at select CHAMPS sites (e.g. South Africa, Kisumu (Manyatta), Mali, Mozambique, Bangladesh)
• Evaluation of timeliness and completeness of CHAMPS death notification system, or other CHAMPS surveillance components, in one or more sites

Range of Opportunities: Our position is unique in providing an unparalleled opportunity to be involved during the early stages of a high-profile, multidisciplinary surveillance program, yielding a variety of field experiences, interactions with public health leaders and researchers, and opportunities for analyses and dissemination of findings.

Position Strengths: This dynamic new program offers the opportunity to build an important global surveillance system while being mentored by renowned public health professionals including Dr. Rob Breiman (EIS 1987, 26 years with CDC and now Emory faculty) and Dr. Jeff Koplan (EIS 1972, former CDC Director, now Emory faculty). This position gives an EIS officer a distinctive, challenging and great learning experience in many aspects of global public health.
Special Skills Useful for this Position: We welcome EISOs who are interested in any aspect of global public health and preventing childhood mortality, regardless of previous experience or background. Global health experience and additional language skills are a plus but not required. EISOs who are flexible, eager to learn, willing to work hard and have a good sense of humor will get the most out of the unique opportunities we provide.

Available Data: During the course of the EIS Officer’s tenure, data from mortality surveillance, demographic surveillance, diagnostic and cause of death data from several CHAMPS sites will be available. Additionally, through the extensive collaborations with several groups at CDC and Emory, access to a variety of other databases (e.g. NCHS Multiple Cause of Death Database) will be available.


Domestic Travel: 5% International Travel: 15%

Available Support: Statistical support through CDC and Emory statisticians and administrative support provided by CHAMPS Program Office and CGH Office of the Director.

Current/Recent EIS Officer: Amanda Wilkinson, PhD, (EIS 2016), EIS Officer, lxq6@cdc.gov

Officer Projects:

- Evaluation of Under-5 Mortality Surveillance in a Health and Demographic Surveillance System in Kenya
  - Review of Under-Five Mortality Reporting — Sierra Leone
  - Undetermined Risk Factors for Suicide among Youth (Epi-Aid)
  - CHAMPS evaluation strategy and methodology development
  - Demographic Surveillance System (DSS) scientific coordination across the CHAMPS multi-site network

Officer Recent Publications:


Consultant: Elizabeth O'Mara, PhD, Social and Behavioral Science Unit, eco1@cdc.gov

Consultant: Amanda Wilkinson, PhD, (EIS 2016), DSS Activity Lead, lxq6@cdc.gov

Consultant: Diane Morof, MD, (EIS 2009), Medical Officer, igd6@cdc.gov

Consultant: Michelle Dynes, PhD, MSN, MPH, (EIS 2013), Epidemiologist, wvu8@cdc.gov

Consultant: Sherif Zaki, MD, PhD, Branch Chief, sxz1@cdc.gov

Consultant: Rob Breiman, MD, (EIS 1987), Principal Investigator, CHAMPS, rfbreiman@emory.edu

Consultant: Jeff Koplan, MD, MPH, (EIS 1972), CDC Director, 1998-2002, jkoplan@emory.edu

Consultant: Cyndy Whitney, MD, MPH, (EIS 1993), Medical Epidemiologist, cgw3@cdc.gov

Consultant: Erin Nichols, PhD, MPH, (EIS 2009), Epidemiologist, igd1@cdc.gov

Consultant: Reinhard Kaiser, MD, MPH, (EIS 1999), Medical Officer, rik9@cdc.gov

Consultant: Beth Barr, DrPH, Epidemiologist, hkc5@cdc.gov

Consultant: Victor Akelo, MD, MPH, MBA, (EIS 2016), Medical Officer, wsm4@cdc.gov
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 (NCCDPHP) is at the forefront of the nation's efforts to prevent and control chronic diseases. NCCDPHP’s eight 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 care 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 Branches

NCCDPHP-DCPC-CSB-GA-2018-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Cancer Prevention and Control/Cancer Surveillance and Epidemiology and Applied Research Branches
Physical Address: Atlanta, Georgia
Primary Supervisor: Loria Pollack, MD, MPH, (EIS 2002), Medical Epidemiologist, lop5@cdc.gov Secondary Supervisor: Susan A. Sabatino, MD, MPH, 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 1.6 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 213 publications from Jan 2016 to Feb 2018, 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 46 states, 3 territories, and the District of Columbia. Available projects include focusing on the direct capture of biomarker data from pathology laboratories or exploring the capture of cervical cancer precursor data and outcomes directly related to cervical cancer prevention programs. 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).

**Recent Publications:**
- Cancer Screening Test Use — United States, 2013. MMWR 2015.

**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, (EIS 2016), Medical Officer, irn3@cdc.gov
- Elizabeth VanDyne, (EIS 2016), Medical Officer, lxq3@cdc.gov
- Hilda Razzaghi, (EIS 2015), Health Scientist, HRazzaghi@cdc.gov
- Keisha Houston, (EIS 2013), Epidemiologist, brn0@cdc.gov
- SallyAnn King, (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.

**Officer Recent Publications:**

**Consultant:**
- Vicki Benard, CSB Branch Cheif, VBenard@ccdc.gov
- Mary White, EARB Branch Cheif, MCWhite@cdc.gov
- Jun Li, (EIS 2006), Epidemiologist, JLi4@cdc.gov
**Consultant:** Trevor Thompson, Statistician, tkt2@cdc.gov  
**Consultant:** Zahava Berkowitz, Statistician, zab3@cdc.gov  
**Consultant:** Eric Tai, (EIS 2006), Medical Officer, etai@cdc.gov

**Division for Heart Disease Prevention and Health Promotion/Epidemiology and Surveillance Branch**

NCCDPHP-DHDSP-ESB-GA-2018-01  
**Agency Name:** CDC  
**Division/Branch/Team/Section:** Division for Heart Disease Prevention and Health Promotion/Epidemiology and Surveillance Branch  
**Physical Address:** Atlanta, Georgia  
**Primary Supervisor:** Matthew Ritchey, DPT, MPH, (EIS 2008), Senior Scientist, Health Services and Systems Research Section Lead, hha7@cdc.gov  
**Secondary Supervisor:** Sandra Jackson, MPH, PhD, (EIS 2014), Epidemiologist, SLJackson@cdc.gov  
**Secondary Supervisor:** Mary (Molly) Cogswell, RN, DrPH, (EIS 1992), Senior Scientist, MCogswell@cdc.gov  
**Secondary Supervisor:** Erika Odom, PhD, (EIS 2010), Epidemiologist, ECOdom@cdc.gov

**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. The Epidemiology and Surveillance Branch (ESB) conducts surveillance and health services research on cardiovascular disease (CVD) outcomes and risk factors. It also supports Million Hearts®, a national initiative to prevent one million CVD events over 5 years. The Division coordinates the Paul Coverdell National Acute Stroke Program (PCNASP), which aims to improve stroke outcomes using data to drive quality improvements across the care continuum (from first signs of stroke to post-hospital care). In addition, ESB is a leader in: sodium monitoring and applied research; using geographic information systems (GIS) for monitoring CVD risk and outcomes at national, state and local levels; analyzing healthcare-related administrative and clinical data for public health surveillance and research; leveraging pre-hospital data systems (National Emergency Medical Services Information System (NEMSIS) and Cardiac Arrest Registry to Enhances Survival (CARES)) to improve patient care quality and outcomes; collaborating with international organizations on research, including, for example, a randomized controlled trial related to sodium reduction in China.

An Officer in this position will participate on and lead projects that directly support the Division’s priority areas and will have the opportunity to interact with a host of internal and external subject matter experts to gain a comprehensive understanding of public health efforts to improve cardiovascular health. For further information, see http://www.cdc.gov/dhdsp/, https://millionhearts.hhs.gov/, and https://nccd.cdc.gov/dhdsplatlas/.

**Proposed Initial Projects:**  
(a) Analyzing trends and disparities in the use of CVD-related clinical preventative services among Medicare beneficiaries;  
(b) Supporting 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 cholesterol-lowering 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) Evaluating diet quality associated with recommended levels of usual sodium intake, Salt Sources Study, 2014;  
(f) Examining rural and urban differences in national EMS response times for stroke using NEMSIS. 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;  
(b) Evaluate use of claims-based data for surveillance of temporal trends in use of cardiac rehabilitation;  
(c) Evaluate utility of sentinel food surveillance for monitoring sodium levels in the food supply, Packaged Food Database and Sentinel Food Surveillance (2009-2017).

**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 American Medical Association, Centers for Medicare and Medicaid Services, National Association of Community Health Centers, US Department of Agriculture, and American Heart Association. 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 health services research training or experience 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


Jackson MD, et al. Million Hearts: Description of the National Surveillance and Modeling Methodology Used to Monitor the Number of Cardiovascular Events Prevented During 2012-2016. J Am Heart Assoc. 2017;2;6(5).


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

**Available Support:** The ESB environment is uniquely positioned to support an incoming EIS officer, with 10 former EISOs, access to a statistical unit for developing and advancing analytic skills, and mentorship from senior-level epidemiologists and medical officers.

**Current/Recent EIS Officer:** Puthiery Va, (EIS 2016), Current Officer, lyu4@cdc.gov

**Current/Recent EIS Officer:** Ritchey MD, (EIS 2014), Epidemiologist, SLJackson@cdc.gov

**Current/Recent EIS Officer:** Iman Martin, (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, (EIS 2012), Epidemiologist, CMercado@cdc.gov

**Officer Projects:** Evaluated validity of 24-hour dietary recall for assessing sodium intake. Assessed prevalence of barriers to reducing sodium intake. Analyzed post-acute care following ischemic stroke hospitalization and subsequent costs among Medicare beneficiaries. Epi Aids: Investigated availability and pricing of lower sodium foods in Guam; examined mumps transmission in Arkansas.

**Officer Recent Publications:** Va P, et al. Self-reported receipt of advice and action taken to reduce dietary sodium among adults with and without hypertension—BRFSS, US, 2015. MMWR. In Press.


**Consultant:** Sallyann Coleman King, (EIS 2010), Medical Officer, ColemanKing@cdc.gov

**Consultant:** Angela Thompson-Paul, (EIS 2012), Epidemiologist, eup4@cdc.gov

**Consultant:** Fleetwood Loustalot, (EIS 2008), Team Lead, FLoustalot@cdc.gov

**Consultant:** Quanhe Yang, (EIS 1995), Senior Scientist, QYang@cdc.gov
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 surveillance systems in U.S., Uganda and Guatemala, and proposed designs in Rwanda and Burkina Faso. Officers will conduct desk review of methods and consult via phone with stakeholders, as required.

Range of Opportunities: Depending on 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 primary supervisor. 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: Cassie Pickens, PhD, MPH, (EIS 2017), EIS Officer, kvd2@cdc.gov

Current/Recent EIS Officer: Victor Akelo, MPH, MBA, MBChB, (EIS 2016), EIS Officer, wsm4@cdc.gov

Current/Recent EIS Officer: Bernadette Ng’eno, MMed, (EIS 2014), Health Scientist, uty0@cdc.gov

Current/Recent EIS Officer: Becky Merrill, PhD, MHS, (EIS 2013), Epidemiologist, xdf6@cdc.gov

Current/Recent EIS Officer: Rajni Gunnala, MD, MPH, (EIS 2012), Medical Officer

Current/Recent EIS Officer: Kristie Appelgren, MD, (EIS 2011), Medical Officer

Current/Recent EIS Officer: Heather Clayton, PhD, MPH, (EIS 2010), Health Scientist, hhc9@cdc.gov

Current/Recent EIS Officer: Erin Nichols, PhD, MPH, (EIS 2009), Epidemiologist, igd1@cdc.gov

Current/Recent EIS Officer: Cria Perrine, PhD, (EIS 2008), Team Lead, hgk3@cdc.gov

Current/Recent EIS Officer: Nancy Aburto, PhD, MS, (EIS 2007), Nutrition Advisor

Officer Projects: Providing technical assistance to design and implement: national micronutrient surveys; intervention monitoring and evaluation systems; and national surveillance systems, including current projects in Uganda, Rwanda, Burkina Faso, Ghana, and Nigeria. Work with global and country partners to successfully implement micronutrient interventions, including mass fortification, supplementation, and home fortification.

Officer Recent Publications: Akelo: Characteristics and Predictors of Inflammation Among 6-23 Months old Children - Nepal, 2012

Ng’eno: Comparison of Methods to Assess Consumption of Micronutrient Powders Among Young Children, Nepal.

Ng’eno: High prevalence of vitamin B12 deficiency and normal folate status in young children, Nepal

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 2-5 years old in Nepal (and additional manuscripts with TB group)

Mirkovic: Infant and young child feeding (IYCF) practices after an integrated micronutrient powder/IYCF pilot program, Nepal

Mirkovic: Predictors of micronutrient powder intake adherence in a pilot programme, 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

Perrine: Adherence to Vitamin D Recommendations among U.S. Infants

Consultant: Rafael Flores-Ayala, PhD, Branch Chief, rnf2@cdc.gov

Consultant: Mary Serdula, MD, (EIS 1978), Medical Officer, mks1@cdc.gov

Consultant: Zuguo Mei, MD, Medical Officer

Consultant: Donnie Whitehead, PhD, MS, Health Scientist

Consultant: Yaw Addo, PhD, MS, Biostatistician

Consultant: Laird Ruth, MPH, Micronutrient Specialist
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 using birth certificate data (National Vital Statistics) to assess breastfeeding practices at hospital discharge. 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: Those interested in statistical knowledge and working with statistical packages (e.g., SAS, SPSS, other).

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 Beauregard, PhD, MPH, (EIS 2017)

**Current/Recent EIS Officer:** Ellen Boundy, ScD, MS, (EIS 2016)

**Current/Recent EIS Officer:** Jennifer Nelson, MD, MPH, (EIS 2014)

**Current/Recent EIS Officer:** Kelsey Mirkovic, PhD, (EIS 2013)

**Current/Recent EIS Officer:** Jennifer Lind, PharmD, MPH, (EIS 2012)

**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:** Cria Perrine, PhD, (EIS 2008)

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**Division of Nutrition, Physical Activity and Obesity/Obesity Prevention and Control Branch**

NCCDPHP-DNPAO-OPCB-GA-2018-01

**Agency Name:** CDC

**Division/Branch/Team/Section:** Division of Nutrition, Physical Activity and Obesity/Obesity Prevention and Control Branch

**Physical Address:** Atlanta, Georgia

**Primary Supervisor:** Sohyun Park, PhD, (EIS 2007), Team Lead, spark3@cdc.gov

**Secondary Supervisor:** Liping Pan, MD, MPH, Epidemiologist

**Secondary Supervisor:** Stephen Onufraj, PhD, Epidemiologist

**Background:** Poor diet and physical inactivity are contributors to chronic diseases. 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: (1) trends in severe obesity among low-income young children; (2) perception of drinking water quality and water intake among Hispanic adults; (3) sugar-sweetened beverage intake; (4) estimating the percentage of the population meeting fruit and vegetable Intake recommendations; (5) worksite supports for healthy eating reported by employed adults; (6) written nutrition standards for foods served or sold in municipal government worksites; (7) tracking obesity prevalence in adults and children; (8) food insecurity; (9) 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) association between obesity and health literacy among US adults; (2) obesity and survey language among US adults; (3) prevalence of obesity and related co-morbidities among large cohorts of children with EHR data; (4) examine BMI and frequency of child obesity best practices (e.g., screening, motivational interviewing) in a national sample of pediatric primary care records; (5) worksite food and nutrition environment in hospitals; (6) location, time, and types of fruits and vegetables people purchase. 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: 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 the EISO during the evaluation process.

Range of Opportunities: Short- and long-term projects related to improvements in food systems, diet quality, and obesity prevention and control exist. EISØ 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, the Population Health’s National Worksite Survey, FLASHE study, FoodAPS, National Ambulatory Medical Care Survey, MarketScan, WIC PC, 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.


Domestic Travel: 10% International Travel: 0%

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, (EIS 2015)
Current/Recent EIS Officer: Brenna VanFrank, (EIS 2014)
Current/Recent EIS Officer: Seung Hee Lee-Kwan, (EIS 2013)
Current/Recent EIS Officer: Omoye Imoisili, MD, MPH, (EIS 2017)
Current/Recent EIS Officer: Gayathri Kumar, MD, (EIS 2012)
Current/Recent EIS Officer: Alyson Goodman, MD, MPH, (EIS 2010)

Officer Projects: (1) Clinician characteristics associated with referral to pediatric weight management programs; (2) BMI evaluation reported by Head Start; (3) youth access to school salad bars; (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.

2. Lundeen EA, Park S, Dooyema C, Blanck HM. Total sugar-sweetened beverage intake among US adults was lower when measured using a 1-question versus 4-question screener. Am J Health Promot. Online first on Nov 9, 2017.

Consultant: Heidi Blanck, PhD, (EIS 1999), Branch Chief
Consultant: David Freedman, PhD, Senior Scientist
Consultant: Diane Harris, PhD, Team Lead
Consultant: Meredith Reynolds, PhD, (EIS 1999), Team Lead
Consultant: Carrie Dooyema, RN, (EIS 2009), Behavioral Scientist
Consultant: Raymond King, PhD, Epidemiologist

**Division of Nutrition, Physical Activity and Obesity/Physical Activity and Health Branch**

NCCDHP-DNPAO-PAHB-GA-2018-01

Agency Name: CDC

Division/Branch/Team/Section: Division of Nutrition, Physical Activity, and Obesity/Physical Activity and Health Branch/Epidemiology and Surveillance Team

Physical Address: Atlanta, Georgia

Primary Supervisor: John Omura, MD, MPH, (EIS 2014), Medical Officer, ydk8@cdc.gov

Secondary Supervisor: Susan Carlson, PhD, MPH, Team Lead, clo3@cdc.gov

Secondary Supervisor: Emily Ussery, PhD, MPH, (EIS 2015), Epidemiologist, yzv4@cdc.gov

**Background:** The Physical Activity and Health Branch (PAHB) is responsible for monitoring physical activity levels in the US, performing epidemiologic research into the health effects and determinants of physical activity, developing and evaluating evidence-based interventions, and providing training on public health strategies for promotion of physical activity (http://www.cdc.gov/physicalactivity/).

Activities of PAHB’s Epidemiology and Surveillance Team include examining:
(1) environmental and systems strategies to improve physical activity and walking in multiple contexts (e.g., active transportation);
(2) built environment measurement tools;
(3) disparities related to physical activity and access to walking infrastructure;
(4) effects of physical activity, walking, sedentary behavior, and inactivity on population health;
(5) data systems that support environmental and policy-related surveillance; and
(6) how changes from the anticipated 2018 Physical Activity Guidelines will influence physical activity surveillance.
The Branch helps coordinate and provide 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 our 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 EISO may use nationally-representative data to explore physical activity research questions. These datasets 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), American Housing Survey (AHS), 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 comfort level. Descriptive projects include tracking adoption of policy supports for physical activity such as 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. More advanced analyses may be undertaken to assess the association between measures (questionnaire and GIS based) of community-level supports and physical activity; and examining long-term changes in the prevalence of community supports for walking and physical activity at the state and national level. EISOs will develop expertise in analyzing large datasets with specific attention to their complex designs.

**Proposed Surveillance Projects:** The American Housing Survey is a new dataset for our Branch and we are excited to assess its utility for the surveillance of community supports for active living. Other options include evaluating methods of sedentary behavior surveillance in the US; and comparing differing physical activity questionnaires used across years in NHANES. 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 help develop and strengthen partnerships.

**Range of Opportunities:** Our EISO will enjoy a wide range of opportunities to develop their public health skills. They will learn biostatistics through the analysis of readily available national surveys and conduct scientific investigations resulting in manuscripts and conference presentations. Our EISO will develop expertise in technology, policy, communication, and partnership building. Our staff holds expertise in GIS methodology and would be glad to work with an EISO using GIS datasets as well.

**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 epidemiologic expertise. As a PEST member, you will help set the national physical activity agenda, including the development and release 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:** Experience with data analysis and background in physical activity/exercise or related field are beneficial. However, we are thrilled to work with EISOs with any baseline experience and skill level in these areas. As supervisors, we take a stepwise and conscientious approach to technical training and professional development, and work with EISOs to meet their needs depending on their incoming comfort level.

**Available Data:** - National Health Interview Survey
- Behavioral Risk Factor Surveillance System
- National Household Travel Survey
- American Housing Survey
- GIS

**Recent Publications:** - Strategic Priorities for Physical Activity Surveillance in the United States. MSSE, 2016.
- Physical Inactivity Among Adults Aged 50 Years and Older - United States, 2014. MMWR, 2016.

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

**Available Support:** Our Branch is well positioned to support an incoming EISO, with several EIS alumni available for mentorship. Our EISO will have ready access to experts in statistics, Geographic Information Systems (GIS), epidemiology, economics, policy, health equity, evaluation, translation, and more.
Current/Recent EIS Officer: Emily Ussery, PhD, MPH, (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, vig5@cdc.gov
Current/Recent EIS Officer: MinKyoung Song, PhD, (EIS 2010)
Current/Recent EIS Officer: Fleetwood Loustalot, PhD, (EIS 2008), Team Lead, hgn1@cdc.gov

Officer Projects:
- Led Epi-Aid assessing walkability in the US Virgin Islands
- Estimated trends in walking among adults
- Examined utility of wearable monitors for physical activity surveillance
- Examined disparities in meeting physical activity guidelines in adults with disabilities
- Contributed to Ebola & Zika outbreak responses

Officer Recent Publications:

Consultant: Kathleen Watson, PhD, Epidemiologist, iyr4@cdc.gov
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, drb8@cdc.gov
Consultant: Erin Peterson, MPH, ORISE Fellow, lwt0@cdc.gov
Consultant: Eric Hyde, MPH, ORISE Fellow, mme7@cdc.gov

Division of Population Health/Arthritis, Epilepsy and Well-Being Branch

NCCDPHP-DPH-AEWBB-GA-2018-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Population Health/Arthritis, Epilepsy and Well-Being Branch/Arthritis
Physical Address: Atlanta, Georgia
Primary Supervisor: Kamil Barbour, PhD, (EIS 2010), Epidemiologist, iyk1@cdc.gov
Secondary Supervisor: Charles Helmick, MD, (EIS 1979), Medical Officer, cgh1@cdc.gov

Background: Doctor-diagnosed arthritis affects 54.4 million American adults (22.7%), costs more than $300 billion/year, and remains the most common cause of work disability and a very common cause of disability overall. This work has direct application to public health practice and actions relevant to arthritis. There may also be opportunities to address the generic issue of pain, which is growing in importance and attention as a public health issue. 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 (23.7 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. An alternative would be to assess generic pain surveillance with staff who have considerable experience in the topic. 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 Arthritis Program will fully fund an EISOs attendance at the annual American College of Rheumatology meeting for two years. The Arthritis Program may financially support other conferences, trainings, and potential site visits.

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.


Domestic Travel: 0% International Travel: 0%

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, ScD, (EIS 2014), Epidemiologist
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.

Background: Infertility, defined by the World Health Organization and the American Society for Reproductive Medicine as a disease of the reproductive system, affects over 6% of U.S. women. Infertility contributes to stress, anxiety, and depression in couples trying to conceive, and treatment can be medically invasive and expensive. Fertility treatments may be associated with health problems for women, men, and resulting children especially those related to the increased risk for multiple gestation. The assisted reproductive technology (ART) Surveillance and Research Team in the Division of Reproductive Health (DRH) maintains the National ART Surveillance System (NASS) which collects information on nearly all ART cycles performed in U.S. fertility clinics. These data are used to monitor the safety and efficacy of ART procedures and have been linked with the National Vital Statistics System (NVSS) period birth-infant death files, creating a new national cohort of ART and non-ART infants. DRH also houses a unique data source on maternal attitudes, behaviors, and experiences around the time of pregnancy called the Pregnancy Risk Assessment Monitoring System (PRAMS). PRAMS is a state-specific population-based surveillance system that is currently operating in 51 states/sites and includes information use of fertility treatments for selected states. To provide a range of opportunities and experiences for the officer, supervisors for this position represent the ART Team and the PRAMS Team. This approach will allow the officer to work collaboratively across two different programs, each with a unique, longstanding surveillance system, to analyze complimentary sources of data on clinical treatment and experiences of infertility. The officer will also have an opportunity to participate in ART clinic and PRAMS site visits.

The officer in this position will develop a familiarity with reproductive and perinatal epidemiology, vital statistics data, public health surveillance, and survey methodology. The position will provide a unique perspective on the complex relationship between infertility, maternal morbidity, infant health, and access to care. The officer will have the opportunity to improve analytic and programming skills, conduct epidemiologic analyses using large datasets, develop expertise in survey analysis methods, prepare manuscripts for publication, develop communications materials, and give presentations to a variety of audiences interested in maternal and child health.

Proposed Initial Projects: Projects may employ various analytic approaches, ranging from bivariate and multivariate methods to mediation analysis and propensity scores, depending on the officer’s interests. Projects may include: (1) Comparing maternal complications for ART and non-ART births (NASS-NVSS); (2) Comparing infant complications for ART and non-ART births (NASS-NVSS); (3) Investigating associations between use of donor eggs and pregnancy complications (NASS-NVSS); (4) Assessing pregnancy weight gain by use of fertility treatments (PRAMS); (5) Comparing postpartum care and contraception by use of fertility treatments (PRAMS). IRB protocols are in place for all projects.

Proposed Surveillance Projects: Evaluate the recently upgraded NASS data collection or the use of NASS-NVSS cohort data for public health surveillance of adverse birth outcomes following ART. Officer would be able to attend
fertility clinic site visits and compare reported data with medical records.

**Range of Opportunities:** The officer will gain experience in the operation, strengths and challenges of two national surveillance systems and will develop and conduct analyses using these datasets. The officer will have the opportunity to attend site visits to gain exposure to surveillance operations, represent the teams at scientific meetings, respond to public inquiries, and collaborate with internal and external researchers to conduct analyses of infertility and reproductive health. Participation in CDC emergency response efforts, should they arise, is also encouraged.

**Position Strengths:** Officers will gain expertise regarding the public health impact of infertility. The EISO will be a member of two multi-disciplinary teams of strong epidemiologists and biostatisticians, who will work with the EISO to develop and strengthen epidemiologic and analytical skills. Past ART Team officers completed their CALS and were successful in securing positions at CDC after EIS.

**Special Skills Useful for this Position:** Desired skills include an interest in maternal and child health, basic analytic skills, and good scientific writing.

**Available Data:** NASS data for 1996-2015; linked NASS-NVSS data (2014); linked NASS and state vital record, birth defect registry, and hospital discharge data for 4 states (2000-2012); PRAMS data, 1988-2015. All data sources are available immediately or within the first month of assignment.


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

**Available Support:** Resources include access to experts trained in medicine (OB/GYN and Reproductive Endocrinology), epidemiology, project management, surveillance, and statistics.

**Current/Recent EIS Officer:** Ada Dieke, DrPH, (EIS 2015), Health Scientist, vts5@cdc.gov

**Current/Recent EIS Officer:** Kiran Perkins, MD, MPH, (EIS 2013), Medical Officer, guu9@cdc.gov

**Officer Projects:** Examining associations between intracytoplasmic sperm injection use and insurance mandates, assessing racial/ethnic disparities in assisted reproductive technology use, developing survey questions on knowledge and practices regarding infertility treatments, investigating trends in gestational surrogacy and ectopic pregnancy, and participation in an Epi-Aid involving case-control investigation of Zika virus.

**Officer Recent Publications:** EIS officers authored or co-authored 7 articles on a range of topics including:

- Intracytoplasmic Sperm Injection (ICSI) Use in States with and without Insurance Coverage Mandates for Infertility Treatment, United States, 2000-2015, Fertility and Sterility
- Disparities in Assisted Reproductive Technology Utilization by Race and Ethnicity, United States, 2014: A Commentary, Journal of Women’s Health
- Update: Interim Guidelines for Health Care Providers Caring for Pregnant Women and Women of Reproductive Age with Possible Zika Virus Exposure - United States, 2016, MMWR
- Differences in the utilization of gestational surrogacy between states in the USA, Reproductive Biomedicine and Society
- Trends and outcomes of gestational surrogacy in the United States, Fertility Sterility (selected for presentation at the Stephen B. Thacker Opening Session of the 64th Annual EIS Conference)
- Costs of achieving live birth from assisted reproductive technology: a comparison of sequential single and double embryo transfer approaches, 2012, Fertility and Sterility
- Risk of ectopic pregnancy associated with assisted reproductive technology in the United States, 2001-2011, Obstetrics and Gynecology (Scientific Program Prize Paper Finalist at the American Society of Reproductive Medicine Annual conference)

**Consultant:** Cheryl Robbins, MS, PhD, (EIS 2007), Health Scientist, ggf9@cdc.gov

**Consultant:** Lee Warner, PhD, Branch Chief, dlw7@cdc.gov

**Consultant:** Sara Crawford, PhD, Statistician, sgv0@cdc.gov

**Consultant:** Ada Dieke, DrPH, (EIS 2015), Health Scientist, vts5@cdc.gov
Background: Safe motherhood includes optimal care before, during, and after pregnancy, including prenatal care and prevention and treatment of complications when possible. Improving quality of care for high-risk mothers and infants are an opportunity to reduce poor maternal and child health (MCH) outcomes. There are documented disparities in MCH outcomes and delivery of care by state, income and for racial and ethnic minorities, particularly for Black and American Indian/Alaska Native populations. MCH outcomes such as neonatal intensive-care unit (NICU) admissions, preterm birth, neonatal abstinence syndrome and infant mortality can be addressed with a health systems approach.

The Division of Reproductive Health (DRH) is committed to improving MCH outcomes and decreasing disparities among populations at risk. DRH supports and collaborates with national and state-based surveillance systems. The National Vital Statistics System collects standardized birth data from all 50 states and US territories. The Healthcare Utilization Project includes the largest collection of health care data in the United States and includes national and state-based data on hospital stays, emergency department visits, and ambulatory care. The Pregnancy Risk Assessment Monitoring System (PRAMS) is a state-specific surveillance system currently operating in 51 states/sites, covering about 83% of all births in US, and includes data on maternal experiences before, during, and after pregnancy. The National Survey of Family Growth (NSFG) gathers information on reproductive life experiences of women and men including use of contraception and reproductive health services. DRH conducts epidemiologic and health services research, and works with partners to translate research findings into health care practice, public health policy, and health promotion strategies. To provide a range of opportunities and experiences for the officer, supervision for this position will be from the Office of the Director (OD). This will allow the officer work collaboratively across the Division to gain a comprehensive experience in health systems research. The officer will have an opportunity to conduct analyses of importance to federal partners such as the Center for Medicaid and CHIP Services (CMCS), Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB) and the Office of Population Affairs (OPA). The position is flexible so that the EIS experience can be tailored to the interests, skills, and goals of the officer.

Proposed Initial Projects: Initial projects may include analyzing existing data from HCUP, PRAMS, MarketScan, other existing datasets using multivariate and multi-level modeling to identify (1) appropriate utilization of neonatal levels of care (2) trends in accessibility and regional distribution of appropriate neonatal levels of care (3) assessing trends in site of care and utilization of reproductive health services (4) delivery of appropriate prenatal and postpartum care by insurance status and racial ethnic minority status. Other emerging issues will inform projects including emergency preparedness, neonatal abstinence syndrome and health equity.

Proposed Surveillance Projects: Evaluate HCUP data for feasibility of use for the purpose of public health surveillance of health systems levels of care. Officer would be able to attend state site visits for those employing the Levels of Care Assessment Tool (LOCATE).

Range of Opportunities: The officer in this position will develop a familiarity with reproductive epidemiology, vital statistics, administrative, and survey data. The position will provide a unique experience in the role of health systems and access to care and the influences on maternal and child health. The officer will have the opportunity to improve analytical and programming skills, improve understanding of health policy and systems, prepare manuscripts for publication, develop communications materials and give presentation in a variety of audiences interested in maternal and child health. The Division fully supports the officer participating in Division, Agency, or external field investigations and Epi-Aids.

Position Strengths: The position is located in DRH OD granting immediate access to senior leaders with the Division, as well as ongoing partnerships with other Divisions and Centers within CDC and Federal agencies. The position is designed to use data for action, focusing on health systems research to reduce disparities.

Special Skills Useful for this Position: Interest in reproductive health, health disparities, health services research, analytic and writing skills.

Available Data: NVSS, PRAMS, HCUP, NSFG, Market Scan, ZCAN programmatic and evaluation data

Recent Publications: The Zika Contraception Access Network: feasibility programme to increase access to contraception in Puerto Rico during the 2016-17 Zika virus outbreak; Efforts to Increase Implementation of Evidence-
Based Clinical Practices to Improve Adolescent-Friendly Reproductive Services; Cost-effectiveness of Increasing Access to Contraception during Zika Virus Outbreak, Puerto Rico, 2016; Public Health Strategies to Prevent Neonatal Abstinence Syndrome; Perinatal regionalization for very low-birth-weight and very preterm infants: a meta-analysis; Explaining the recent decrease in US infant mortality rate, 2007-2013

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

**Available Support:** Available support include access to experts in the Division and OD in pediatric and obstetric medicine, family planning, epidemiology (including field assignees), policy, economic and health services research. Statisticians are also available for programming support and consultation.

**Current/Recent EIS Officer:** Danielle Barradas, PhD, (EIS 2011), Epidemiologist  
**Current/Recent EIS Officer:** Tim Cunningham, PhD, (EIS 2010), Senior Epidemiologist  
**Current/Recent EIS Officer:** Lena Nerlander, MD, (EIS 2011)

**Officer Projects:** Sickle Cell Disease and Pregnancy Outcomes Among Women of African Descent in Massachusetts; Medical home access among American Indian/Alaska Native children using National Survey of Children’s Health, Assessment of assisted reproductive technology use questions in PRAMS. Obstetric emergencies at United States-Mexico border crossings in El Paso, Texas.


**Consultant:** Susan Manning, MD, MPH, (EIS 2003), Maternal and Child Health Epidemiology Assignee to Massachusetts, susan.e.manning@state.ma.us  
**Consultant:** Jean Ko, PhD, (EIS 2010), Epidemiology, fob1@cdc.gov  
**Consultant:** Goodman Dave, PhD, Team Lead, Maternal Health Team, Maternal and Infant Health Branch, ige@cdc.gov  
**Consultant:** Shanna Cox, MSPH, Associate Director for Science, cio8@cdc.gov  
**Consultant:** Sarah Foster, MPH, Policy Lead, sjf4@cdc.gov  
**Consultant:** Karen Pazol, PhD, Deputy Associate Director for Science, ijb2@cdc.gov  
**Consultant:** Rui Li, PhD, Health Economist, eok8@cdc.gov

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**Division of Reproductive Health/Women's Health and Fertility Branch**

**NCCDPHP-DRH-WHFB-GA-2018-01**

**Agency Name:** CDC  
**Division/Branch/Team/Section:** Division of Reproductive Health/Women's Health and Fertility Branch/Fertility Epidemiology Studies Team and the Pregnancy Risk Assessment Monitoring System Team  
**Physical Address:** Chamblee, Georgia  
**Primary Supervisor:** Lauren Zapata, PhD, MSPH, (EIS 2005), Epidemiologist/Behavioral scientist, LZapata@cdc.gov  
**Secondary Supervisor:** Denise D'Angelo, MPH, Senior Scientist/Epidemiologist, DDAngelo@cdc.gov  
**Secondary Supervisor:** Titilope Oduyebo, MD, MPH, (EIS 2014), Medical epidemiologist/OB-GYN, TODuyebo@cdc.gov

**Background:** For 50+ years, CDC’s Division of Reproductive Health (DRH) has promoted optimal and equitable health in women and infants through public health surveillance, research, leadership, and partnership. Key areas of DRH’s work include reducing unintended pregnancies and surveillance of maternal behaviors and experiences around the time of pregnancy. The EIS officer in this position will work with the Fertility Epidemiology Studies (FES) Team and the Pregnancy Risk Assessment Monitoring System (PRAMS) Team. The FES Team improves access to and use of quality family services through research, surveillance, and partnership to advance evidence-based guidelines and
The PRAMS team implements a state-based surveillance system that collects population-based data on maternal behaviors and experiences before, during, and shortly after pregnancy in 51 states/sites, representing ~83% of US births. The importance of both teams’ work was highlighted in the recent Zika outbreak. PRAMS collaborated with the Puerto Rico Department of Health to conduct novel hospital-based surveillance and follow-up telephone surveys with new mothers. The position is a good fit for officers who want to learn about women’s health in-depth, including pregnancy and contraceptive topics, and expand their epidemiologic skills to benefit the health of women, men, and families. The position is flexible and can be tailored to the interests and goals of the officer.

**Proposed Initial Projects:** A variety of possible PRAMS topics are immediately available (e.g., type of pregnancy unintendedness and associated maternal characteristics/behaviors; maternal characteristics associated with postpartum care utilization). Data on a number of topics using Zika supplementary PRAMS surveys are also available (e.g., pre-pregnancy and postpartum contraceptive use). Analyses of other data are possible, including use of: (1) Behavioral Risk Factor Surveillance System (BRFSS) data to assess contraceptive use among women with certain medical conditions associated with increased risk for adverse health events as a result of an unintended pregnancy (e.g., diabetes); and (2) Youth Risk Behavior Surveillance System (YRBSS) data to assess adolescent sexual and contraceptive use behaviors among in-school youth. The FES team has also collected primary data to monitor the impact of a contraception access program (the Zika Contraception Access Network or Z-CAN) launched in Puerto Rico during the Zika outbreak. Proposed projects will allow officers to learn/advance a variety of analytic skills (e.g., how to handle missing data, model building for multivariable regression, examining effect modification).

**Proposed Surveillance Projects:** Depending on the officer’s interest, several surveillance evaluation projects are possible. Examples include evaluating the Zika emergency response module added to PRAMS, or measurement of a specific indicator in PRAMS (e.g., contraceptive use or future pregnancy intentions among women in Puerto Rico with a recent live birth during/after the Zika virus outbreak). The officer might also choose to evaluate CDC’s Abortion Surveillance System. 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.

**Range of Opportunities:** The position offers opportunities to design/conduct epidemiologic analyses, disseminate findings (presentations, manuscripts), and respond to public inquiries. Other possible opportunities include participating in activities (e.g., systematic reviews) to contribute to national contraception guidance. The Division fully supports officer participation in Division, Agency, or external field investigations and Epi-Aids.

**Position Strengths:** The position can be tailored to meet the officer’s interests and goals. PRAMS is housed within DRH/WHFB and the officer will have direct access to PRAMS staff. The supervisors and teams have a long history of supporting EIS officers. The FES and PRAMS teams have strong epidemiologic capacity and subject matter expertise in a wide range of topics. In addition, several FES team members are clinically active and hold clinical appointments at local medical institutions. The officer is encouraged to explore current and new areas of interest.

**Special Skills Useful for this Position:** Interest in reproductive health, analytic and writing skills.

**Available Data:** PRAMS, BRFSS, YRBSS, practices among U.S. family planning providers, contraceptive behaviors among women served by the Z-CAN program. Other data immediately available include administrative datasets (MarketScan).


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

**Available Support:** The supervisors, as well as other FES and PRAMS team members, 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, Toduyebo@cdc.gov

**Current/Recent EIS Officer:** Michael Lowe, PhD, (EIS 2012), Mike.lowe@utah.edu

**Current/Recent EIS Officer:** Crystal Tyler, PhD, (EIS 2009), ctyler@mphi.org

**Current/Recent EIS Officer:** Cheryl Robbins, PhD, (EIS 2007), Epidemiologist, CRobbins@cdc.gov

**Officer Projects:** Analysis to identify factors associated with highly effective postpartum contraceptive use; examination of dissemination/implementation processes of World Health Organization family planning guidance;
investigation of a pregnant patient infected with Ebola virus disease (EVD); and Zika virus emergency response activities, including development of national clinical guidance.


**Consultant:**
- Whiteman Maura, PhD, (EIS 2002), FES Team Lead/Epidemiologist, MWhiteman1@cdc.gov
- Kate Curtis, PhD, (EIS 1996), Epidemiologist, KCurtis1@cdc.gov
- Naomi Tepper, MD, MPH, (EIS 2007), Medical Epidemiologist/OB-GYN, NTepper@cdc.gov
- Leslie Harrison, MPH, Team Lead, Epidemiologist, LHarrison@cdc.gov
- Ada Dicke, MPH, DrPH, (EIS 2015), Health Scientist, ADicke@cdc.gov
- Lee Warner, PhD, Branch Chief, Epidemiologist, DWarner@cdc.gov

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**National Center for Emerging and Zoonotic Infectious Diseases**

The National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) works to prevent illness, disability and death caused by infectious diseases. We focus on known diseases, emerging infections, and zoonoses. Our work is guided by a “One Health” strategy, which recognizes the interconnectedness of microbes and the environment. Through a comprehensive approach, we can attain better health for humans and animals and improve our environment. NCEZID’s divisions include broad expertise, so we are able to identify mysterious, and sometimes lethal, illnesses; contain outbreaks that span many states or countries; and save lives. Six divisions within NCEZID are currently recruiting EISOs: Division of Foodborne, Waterborne, and Environmental Diseases; Division of Global Migration and Quarantine; Division of Healthcare Quality Promotion; Division of High-Consequence Pathogens and Pathology; Division of Preparedness and Emerging Infections; and Division of Vector-Borne Diseases.

**Division of Foodborne, Waterborne and Environmental Diseases/Enteric Diseases Epidemiology Branch**

NCEZID-DFWED-EDEB-GA-2018-01

**Agency Name:** CDC

**Division/Branch/Team/Section:** Division of Foodborne, Waterborne and Environmental Diseases/Enteric Diseases Epidemiology Branch

**Physical Address:** Atlanta, Georgia

**Primary Supervisor:** Jennifer Hunter, DrPH, MPH, (EIS 2013), Epidemiologist, xdd9@cdc.gov

**Secondary Supervisor:** Ian Plumb, MBBS, MSc, (EIS 2014), 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, disability, and death caused by foodborne, waterborne, and environmentally-transmitted pathogens. EISOs located in DFWED branches enjoy several advantages resulting from the synergy between the various groups comprising the division. One group provides statistical and IT support; a large branch provides extensive laboratory support. EISOs may undertake select projects in DFWED branches other than their own; DFWED conducts journal club and other didactic activities for EISOs, as well as a monthly seminar; resident liaisons from USDA and FDA facilitate interactions with regulatory agencies, which are
EDEB is recruiting 2 officers. 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, conduct, and analyze case-control and cohort studies and offer opportunities to learn and apply basic and advanced analytic techniques. We use these activities to estimate the burden of foodborne illnesses, assess trends, and evaluate prevention efforts. We track antimicrobial resistance in enteric pathogens. We use models to estimate the food and other sources of particular infections and are beginning to use whole genome sequence data for this purpose. We provide clinical and epidemiologic consultation and bioterrorism preparedness for botulism, DFWED EIS officers are trained to conduct consultation and release of treatment for cases of botulism and for meningitis from free-living ameba. 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:** Most projects have datasets available. Initial analytic projects will depend on officer’s background and interests, and will range in complexity from descriptive to analytic epidemiology, with the opportunity to perform multivariate modeling, spatiotemporal analyses, and incorporate advanced molecular data (e.g., whole genome sequencing). Topics include: 1) characterizing the epidemiology of campylobacteriosis among the elderly, including analysis of risk factors; 2) investigating antimicrobial resistance in outbreaks linked to produce; 3) creating a probabilistic model to assign a likely transmission mode to vibrios cases with unknown transmission; 4) investigating multidrug resistant Shigella among populations at elevated risk such as men who have sex with men; 5) characterizing the epidemiology of ampicillin-resistant Vibrio parahaemolyticus infections.

**Proposed Surveillance Projects:** Projects may include evaluation of: 1) antimicrobial resistance surveillance of outbreak isolates in the era of whole genome sequencing; 2) multiple enteric diseases data systems to assess overlap and differences; 3) a newly expanded national surveillance program for Shiga toxin-producing Escherichia coli infections.

**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 within EDEB, DFWED, or elsewhere at CDC.

**Position Strengths:** EDEB is CDC’s lead group for assessing the magnitude of U.S. bacterial enteric diseases and for tracking and identifying sources of illness. Officers receive frontline training in surveillance and collaborate with local, state, federal, and international partners. Opportunities to work on both urgent and long-term scientific projects abound! Training EIS officers is a core part of EDEB’s mission. EDEB and DFWED staff provide training in enteric diseases, biostatistics, R, SAS, and scientific writing. 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 background to become an EISO has the technical skills needed for this position. Physicians, veterinarians, PhD scientists, and nurses have thrived and done outstanding work. We tailor the experience to the officer’s training needs and interests in epidemiology, statistics, public health, and scientific communication. Instead of specific technical capabilities, we primarily seek those qualities that we have found to ensure our EISOs have an exceptional experience: flexibility, eagerness to learn, willingness to work hard, and the ability to work in teams in a fast-paced, busy environment.

**Available Data:** EDEB has multiple national surveillance systems with data ready for analysis. Currently there is an expansion of surveillance data integrated with sequencing and resistance data.

**Recent Publications:** EDEB values scientific writing with a distinguished reputation of publishing many excellent papers in high-profile peer-reviewed journals. During 2011–2017, we produced >220 peer-reviewed publications and 41 MMWRs. Examples are:


**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, working closely with surveillance epidemiologists, statisticians, communicators, informaticists, and microbiologists.

**Current/Recent EIS Officer:** Jennifer Collins, MD, MSc, (EIS 2017)
**Current/Recent EIS Officer:** Sarah Luna, PhD, (EIS 2016)
**Current/Recent EIS Officer:** Mariel Marlow, PhD, MPH, (EIS 2015)
Current/Recent EIS Officer: Julie Self, PhD, (EIS 2015)
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 Luvshansharav, MD, PhD, (EIS 2013)
Current/Recent EIS Officer: Jolene Nakao, MPH, MD, (EIS 2012)
Current/Recent EIS Officer: Von Nguyen, MD, MPH, (EIS 2012)
Current/Recent EIS Officer: Alison Laufer, PhD, (EIS 2011)

Officer Projects: Characterize epidemiology of pork-associated outbreaks; Describe foodborne outbreaks in correctional institutions; Assess clinical significance of Listeria isolated from non-sterile sites; Investigate Escherichia coli O157 outbreak on a military base; Determine incubation period for Listeria from multiple data sources; Evaluate associations between foods consumed on holidays and foodborne illness.

Officer Recent Publications: Selected EISO first-author, peer-reviewed:
1) Shiga toxin–producing E. coli Infections associated with flour (NEJM, 2017);
2) Outbreaks attributed to pork in the United States, 1998-2015 (Epi Infect, 2017);
4) Foodborne disease outbreaks in correctional institutions — United States, 1998–2014 (AJPH, 2017);
5) Vibrio alginolyticus infections in the United States, 1988-2012 (Epi Infect, 2017);
6) Utility of combining whole genome sequencing with traditional investigational methods to solve foodborne outbreaks of Salmonella infections associated with chicken (JFP, 2017);
7) Antimicrobial resistance among nontyphoidal Salmonella isolated from blood in the United States, 2003-2013 (JID, 2016);
8) Outbreak of foodborne botulism in an immigrant community: overcoming delayed disease recognition, ambiguous epidemiologic links, and cultural barriers to identify the cause (CID, 2017);

Selected EISO first-author MMWRs:
1) Botulism outbreak from drinking prison-made illicit alcohol in a federal correctional facility — Mississippi, June 2016 (2017);
2) Knowledge, attitudes, and practices regarding yellow fever vaccination in men during an outbreak — Luanda, Angola, 2016 (2017);

Consultant: Patricia Griffin, MD, (EIS 1985), EDEB Branch Chief
Consultant: Beau Bruce, MD, PhD
Consultant: Kevin Chatham-Stephens, MD, MPH, (EIS 2013)
Consultant: Sam Crowe, PhD, MPH, (EIS 2014)
Consultant: Louise Francois Watkins, MD, MPH, (EIS 2013)
Consultant: Aimee Geissler, PhD, MPH, (EIS 2009)
Consultant: Weidong Gu, PhD, MD
Consultant: Jessica Healy, PhD, MPH, (EIS 2015)
Consultant: Beth Karp, DVM, MPH
Consultant: Cita Medalla, MD, MS
Consultant: Karen Wong, MD, MPH, (EIS 2011)
Consultant: Rob Tauxe, MD, MPH, (EIS 1983), Division Director
Consultant: Michael Beach, PhD, (EIS 1995), Deputy Director
Consultant: Jeremy Sobel, MD, (EIS 1995)
Consultant: Ian Williams, PhD, (EIS 1994), ORPB Branch Chief
Consultant: Laura Gieraltowski, PhD, (EIS 2009)
Consultant: Matt Wise, PhD, MPH, (EIS 2008)
Consultant: Cindy Friedman, MD, (EIS 1995)
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 pathogens. EISOs located in DFWED branches enjoy several advantages resulting from the synergy between the various groups comprising the division. One group provides statistical and IT support; a large branch provides extensive laboratory support. EISOs may undertake select projects in DFWED branches other than their own; DFWED conducts journal club and other didactic activities for EISOs, as well as a monthly seminar; resident liaisons from USDA and FDA facilitate interactions with regulatory agencies, which are important partners in foodborne disease analyses.

EDEB is recruiting 2 officers. 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, conduct, and analyze case-control and cohort studies and offer opportunities to learn and apply basic and advanced analytic techniques. We use these activities to estimate the burden of foodborne illnesses, assess trends, and evaluate prevention efforts. We track antimicrobial resistance in enteric pathogens. We use models to estimate the food and other sources of particular infections and are beginning to use whole genome sequence data for this purpose. We provide clinical and epidemiologic consultation and bioterrorism preparedness for botulism. DFWED EIS officers are trained to conduct consultation and release of treatment for cases of botulism and for meningitis from free-living ameba. 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: Most projects have datasets available. Initial analytic projects will depend on officer’s background and interests, and will range in complexity from descriptive to analytic epidemiology, with the opportunity to perform multivariate modeling, spatiotemporal analyses, and incorporate advanced molecular data (e.g., whole genome sequencing). Topics include characterizing 1) outbreaks associated with processed foods; 2) knowledge, attitudes, and practice among patients and physicians with regard to antibiotic use for diarrheal disease using Healthstyles; 3) epidemiology of non-O157 Shiga toxin-producing Escherichia coli, including spatiotemporal distributions; 4) epidemiologic and clinical features of pediatric vibriosis; 5) the most common sources of antimicrobial resistant infections among outbreak-associated cases.

Proposed Surveillance Projects: Projects may include evaluation of: 1) national campylobacteriosis surveillance before and after becoming a nationally notifiable condition in 2015; 2) national enteric diseases data being provisioned through a new informatics pipeline to identify people with multiple conditions; 3) multiple surveillance systems for listeriosis, to assess overlap and differences.

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 within EDEB, DFWED, or elsewhere at CDC.

Position Strengths: EDEB is CDC’s lead group for assessing the magnitude of U.S. bacterial enteric diseases and for tracking and identifying sources of illness. Officers receive frontline training in surveillance and collaborate with local, state, federal, and international partners. Opportunities to work on both urgent and long-term scientific projects abound! Training EIS officers is a core part of EDEB’s mission. EDEB and DFWED staff provide training in enteric diseases, biostatistics, R, SAS, and scientific writing. 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 background to become an EISO has the technical skills needed for this position. Physicians, veterinarians, PhD scientists, and nurses have thrived and done outstanding work. We tailor the experience to the officer’s training needs and interests in epidemiology, statistics, public health, and scientific communication. Instead of specific technical capabilities, we primarily seek those qualities that we have found to ensure our EISOs have an exceptional experience: flexibility, eagerness to learn, willingness to work hard, and the ability to work in teams in a fast-paced, busy environment.
Available Data: EDEB has multiple national surveillance systems with data ready for analysis. Currently there is an expansion of surveillance integrated with sequencing and resistance data.

Recent Publications: EDEB values scientific writing with a distinguished reputation of publishing many excellent papers in high-profile peer-reviewed journals. During 2011–2017, we produced >220 peer-reviewed publications and 41 MMWRs. Examples:

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, working closely with surveillance epidemiologists, statisticians, communicators, informaticists, and microbiologists.

Current/Recent EIS Officer: Jennifer Collins, MD, MSc, (EIS 2017)
Current/Recent EIS Officer: Sarah Luna, PhD, (EIS 2016)
Current/Recent EIS Officer: Mariel Marlow, PhD, MPH, (EIS 2015)
Current/Recent EIS Officer: Julie Self, PhD, (EIS 2015)
Current/Recent EIS Officer: Samuel 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)

Officer Projects: Characterize epidemiology of pork-associated outbreaks; Describe foodborne outbreaks in correctional institutions; Assess clinical significance of Listeria isolated from non-sterile sites; Investigate an Escherichia coli O157 outbreak on military base; Determine incubation period for Listeria from multiple data sources; Evaluate associations between foods consumed on holidays and oodborne illness.

Officer Recent Publications: Selected EISO first-author, peer-reviewed:
1) Shiga toxin–producing E. coli Infections associated with flour (NEJM, 2017);
2) Outbreaks attributed to pork in the United States, 1998-2015 (Epi Infect, 2017);
3) Foodborne disease outbreaks in correctional institutions — United States, 1998–2014 (AJPH, 2017);
4) Vibrio alginolyticus infections in the United States, 1988-2012 (Epi Infect, 2017);
5) Utility of combining whole genome sequencing with traditional investigational methods to solve foodborne outbreaks of Salmonella infections associated with chicken (JFP, 2017);
6) Antimicrobial resistance among nontyphoidal Salmonella isolated from blood in the United States, 2003-2013 (JID, 2016);
7) Outbreak of foodborne botulism in an immigrant community: overcoming delayed disease recognition, ambiguous epidemiologic links, and cultural barriers to identify the cause. (CID, 2017);

Selected EISO first-author MMWRs:
1) Botulism Outbreak from Drinking Prison-Made Illicit Alcohol in a Federal Correctional Facility — Mississippi, June 2016 (2017);
2) Knowledge, attitudes, and practices regarding yellow fever vaccination in men during an outbreak — Luanda, Angola, 2016 (2017);

Consultant: Patricia Griffin, MD, (EIS 1985), EDEB Branch Chief
Consultant: Kevin Chatham-Stephens, MD, MPH, (EIS 2013)
Consultant: Sam Crowe, PhD, MPH, (EIS 2014)
Consultant: Aimee Geissler, PhD, MPH, (EIS 2009)
Consultant: Jennifer Hunter, DrPH, MPH, (EIS 2013)
Consultant: Weidong Gu, PhD
Consultant: Jessica Healy, MPH, PhD, (EIS 2015)
Consultant: Beth Karp, DVM, MPH
Consultant: Cita Medalla, MD, MS
Consultant: Ian Plumb, MBBS, MSc, (EIS 2014)
Consultant: Karen Wong, MD, MPH, (EIS 2011)
Consultant: Cindy Friedman, MD, (EIS 1995)
Consultant: Robert Tauxe, MD, MPH, (EIS 1983), Division Director
Consultant: Michael Beach, PhD, (EIS 1995)
Consultant: Jeremy Sobel, MD, (EIS 1995)
Consultant: Ian Williams, PhD, (EIS 1994)
Consultant: Laura Gieraltowski, PhD, (EIS 2009)
Consultant: Matthew Wise, PhD, (EIS 2008)

Division of Foodborne, Waterborne and Environmental Diseases/Mycotic Diseases Branch

NCEZID-DFWED-MDB-GA-2018-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Foodborne, Waterborne and Environmental Diseases/Mycotic Diseases Branch
Physical Address: Atlanta, Georgia
Primary Supervisor: Snigdha Vallabhaneni, MD, MPH, (EIS 2013), Medical Officer, fco6@cdc.gov
Secondary Supervisor: Brendan Jackson, MD, MPH, (EIS 2010), Medical Officer, Team Lead, brjackson1@cdc.gov

Background: MDB’s mission is to prevent and control fungal infections both domestically and internationally. MDB addresses (i) opportunistic fungal infections in immune compromised hosts, including HIV/AIDS patients (cryptococcosis, PCP), and transplant recipients and cancer patients (aspergillosis, mucormycosis, candidiasis); (ii) healthcare-associated infections (candidiasis, invasive molds); and (iii) community-acquired infections (histoplasmosis, coccidioidomycosis, and blastomycosis). We lead outbreak investigations, oversee novel surveillance for fungal infections, conduct analyses to identify risk factors for disease in specific settings, monitor and evaluate the implementation of large-scale public health programs internationally, and develop and promote fungal disease prevention efforts.

Our EIS officers have assisted in the onsite development, execution, analysis, and publication of numerous epidemiological studies, including in Africa (South Africa, Swaziland, Lesotho, Namibia, Zimbabwe, Kenya), Asia (Vietnam and Bangladesh), and the Americas (Colombia, Panama, Guatemala, Dominican Republic). MDB has a broad domestic program with opportunities including population-based surveillance for candidemia and invasive mold infection and coccidioidomycosis. Officers apply their field and analytic experiences to policy development for prevention of fungal infections, such as WHO guidelines, USPHS/IDSA guidelines, the Yellow Book for travelers’ health, and the Control of Communicable Diseases Manual.

MDB is part of The Division of Foodborne, Waterborne, and Environmental Diseases (DFWED). 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 and there is extensive laboratory support. The division conducts journal club and other didactic activities for EISOs, as well as a monthly seminars.

Proposed Initial Projects: Define the epidemiology of the emerging, transmissible yeast Candida auris in the United States and abroad. These projects will involve multivariable analyses to identify risk factors and modeling to understand transmission dynamics.
Assess whether hurricane-related water damage results in increases in invasive mold infection in immunocompromised patients by conducting.

First multistate surveillance summary for blastomycosis to evaluate geographic and temporal trends and relationship to climatologic and other environmental factors.

Partner with the fungal disease laboratory and use whole-genome sequencing data to investigate if and how Candida species are transmitted in the healthcare environment.

Design and implement a big data study to assess clinical provider testing practices for coccidioidomycosis in newly endemic areas, using a large health insurance database.

Multivariable analysis to identify associations between hospital-level factors (e.g., bed size, presence of antimicrobial stewardship policy, antifungal use etc.) and candidemia-related outcomes.

Protocols have been developed for a majority of these projects and ethics approval or waivers have already been obtained.

**Proposed Surveillance Projects:** Evaluate surveillance for antifungal-resistant Candida in the Antimicrobial Resistance Laboratory Network, a novel surveillance system that involves 7 regional laboratories to detect emerging species and antifungal resistance.

Evaluate national surveillance for coccidioidomycosis in United States, including utility of case definition, intrastate variability in its application and completeness of data.

Evaluate surveillance for Candida auris in states in which it is reportable.

The evaluation would include examination of data and stakeholder interviews, including site visits as necessary.

**Range of Opportunities:** MDB’s work touches many aspects of public health, including hospital-associated infections, global HIV/AIDS, environmental health, and much more. Our branch typically does several Epi-Aids per year for a wide range of topics. Potential field investigation opportunities include South Africa and India to describe the epidemiology of Candida auris, Central and South America for work on histoplasmosis among HIV-positive individuals, recent hurricane-affected states such as Texas and Florida to assess if there are increase in mold infections following water damage from natural disasters.

**Position Strengths:** MDB is the only governmental public health group in the world dedicated to preventing fungal infections. EIS officers participate in outbreak investigations, analytic projects, surveillance programs, implementation science projects, monitoring and evaluation, and policy development. Staff has strong analytic, writing, and presentation skills and promote the same in their officers. There is 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 datasets are available for analysis within our branch and through our many intra/inter-agency collaborations. These data and readily available and accessible immediately. Projects may also lead to primary data collection opportunities.

**Recent Publications:** Coccidioidomycosis outbreaks, United States and worldwide, 1940–2015. EID 2018.


Management of an Outbreak of Exophiala dermatitidis Bloodstream Infections at an Outpatient Oncology Clinic. CID 2017.


Simultaneous Emergence of Multidrug-Resistant Candida auris on 3 Continents Confirmed by Whole-Genome Sequencing. CID 2017.

**Domestic Travel:** 10%  **International Travel:** 20%

**Available Support:** Close communication with superb, easily-accessible staff, including PhD-level biostatisticians, epidemiologists, laboratorians, and health communicators.

**Current/Recent EIS Officer:** Mitsuru Toda, PhD, (EIS 2017), EIS Officer, nrk7@cdc.gov
Current/Recent EIS Officer: Sharon Tsay, MD, (EIS 2016), EIS Officer, lxq1@cdc.gov
Current/Recent EIS Officer: Paige Armstrong, MD, MHS, (EIS 2015), Medical Officer, yzu9@cdc.gov
Current/Recent EIS Officer: Tiffany Walker, MD, (EIS 2014), EIS Officer, twalker603@gmail.com
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 Officer, Team Lead, vih9@cdc.gov

Officer Projects:
- Incidence of invasive mold infections after Hurricane Harvey (Houston)
- Global emergence of Candida auris (NY/NJ, Colombia, Panama)
- Cryptococcal antigen screening among HIV patients (Swaziland)
- Estimating the burden of candidemia in U.S.
- Outbreaks of mucormycosis in hospitals (Chicago, Colorado, Pennsylvania)
- Outbreak of histoplasmosis at a hydroelectric dam (Dominican Republic)

Officer Recent Publications:

Consultant:
- Tom Chiller, MD, (EIS 2001), Branch Chief, tnc3@cdc.gov
- Karlyn Beer, PhD, MS, (EIS 2014), Doctoral Epidemiologist, ydh7@cdc.gov
- Shawn Lockhart, PhD, Fungal Reference Lab Team Lead, gyi2@cdc.gov
- Anastasia Litvintseva, PhD, Fungal research lab lead, frq8@cdc.gov
- Gordana Derado, PhD, Team Lead, Biostatistics, uwx8@cdc.gov
- Kaitlin Benedict, MPH, Epidemiologist, jsy8@cdc.gov
- Orion McCotter, MPH, Epidemiologist, yim4@cdc.gov
- Kaitlin Forsberg, MPH, Epidemiologist, lnv6@cdc.gov
- Sabrina Williams, MPH, Epidemiologist, ofc4@cdc.gov

Division of Foodborne, Waterborne and Environmental Diseases/Outbreak Response and Prevention Branch

NCEZID-DFWED-ORPB-GA-2018-01
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: Matthew Wise, MPH, PhD, (EIS 2008), Deputy Branch Chief for Outbreak Response, cxx4@cdc.gov
Secondary Supervisor: Misha Robyn, DVM, MPH, (EIS 2014), Senior Epidemiologist, ydi4@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 from foodborne, waterborne, and environmentally transmitted infections. EISOs in DFWED enjoy advantages resulting from the synergy between the 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 division branches other than their own; DFWED 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 agencies, which are important partners in outbreak investigations. The EISOs in the 3 Food/Water Branches 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 investigating complex outbreaks involving pathogens transmitted by food and animal contact. Detecting and investigating outbreaks is exciting and requires close collaboration with diverse investigators to synthesize epidemiologic, molecular, and inspectional findings to identify the cause. Our work drives changes in practices, policies, regulations related to food safety and the animal production/pet industries. ORPB conducts 200 multistate investigations annually. Identification of contaminated food products results in rapid action to stop outbreaks, including recalls of millions of pounds of food products such as frozen shredded coconuts, papayas, raw milk cheeses, flour, sprouted chia powder, apples, and nut butters. A One Health approach (integrating multiple disciplines to attain optimal health for people, animals and the environment) is an important part of ORPB’s strategy to decrease human illness from food and animal sources. Recent zoonotic outbreak investigations have linked illnesses to pet store puppies, small turtles, backyard poultry, and dairy cattle. For more information on ORPB investigations, see https://tinyurl.com/y83asr65 (zoonotic outbreaks). The Outbreak Response and Prevention Branch (ORPB) is responsible for investigating complex outbreaks involving pathogens transmitted by food and animal contact. Detecting and investigating outbreaks is exciting and requires close collaboration with diverse investigators to synthesize epidemiologic, molecular, and inspectional findings to identify the cause. Our work drives changes in practices, policies, regulations related to food safety and the animal production/pet industries. ORPB conducts 200 multistate investigations annually. Identification of contaminated food products results in rapid action to stop outbreaks, including recalls of millions of pounds of food products such as frozen shredded coconuts, papayas, raw milk cheeses, flour, sprouted chia powder, apples, and nut butters. A One Health approach (integrating multiple disciplines to attain optimal health for people, animals and the environment) is an important part of ORPB’s strategy to decrease human illness from food and animal sources. Recent zoonotic outbreak investigations have linked illnesses to pet store puppies, small turtles, backyard poultry, and dairy cattle. For more information on ORPB investigations, see https://tinyurl.com/y83asr65 (zoonotic outbreaks). ORPB is a key leader in the national network that investigates enteric illness outbreaks by 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. New challenges include incorporating the use of whole genome sequencing and antimicrobial resistance testing into outbreak investigations. 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) Use multivariable regression to compare outbreaks due to different commodities to identify unique characteristics to assist hypothesis generation. 2) Analyze data reported from outbreak-associated cases to identify groups more likely to consume high risk foods such as raw milk and sprouts.

Proposed Surveillance Projects: Evaluate the impact of transitioning to sequence-based molecular subtyping for listeriosis outbreak detection by analyzing the frequency and characteristics of detected clusters before and after implementation.

Range of Opportunities: EISOs will gain skills in study design, data analysis, outbreak investigations, surveillance, scientific writing, and communication. EISOs will 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 present new and unexpected challenges and often involve the application of cutting-edge laboratory, investigative, and data management technologies. 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, scientists, and nurses have made major public health impacts within 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 to communicate effectively.

Available Data: Multiple datasets will be immediately accessible within DFWED, including data from the National Outbreak Reporting System and PulseNet, the national molecular subtyping network for foodborne disease surveillance.

Recent Publications: National outbreak of multidrug resistant Salmonella Heidelberg infections linked to a single poultry company, PLoSOne, 2016. Implementation of nationwide real-time whole-genome sequencing to enhance listeriosis outbreak detection and investigation, Clinical Infectious Diseases, 2016.
Outbreak of hepatitis a in the USA associated with frozen pomegranate arils imported from turkey: an epidemiological case study, Lancet Infectious Diseases, 2014.

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

**Available Support:** ORPB has a staff of physicians, veterinarians, and 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:** Amelia Keaton, MD, MSc, (EIS 2017), ORPB EISO (Foodborne)
- **Current/Recent EIS Officer:** Scott Robertson, DVM, MPH, MS, (EIS 2017), ORPB EISO (Zoonotic)
- **Current/Recent EIS Officer:** Vikram Krishnasamy, MD, MPH, (EIS 2016), ORPB EISO (Foodborne)
- **Current/Recent EIS Officer:** Mark Laughlin, DVM, MPH, (EIS 2015), EDEB Epidemiologist
- **Current/Recent EIS Officer:** Kelly Gambino-Shirley, DVM, MPH, (EIS 2015), Chief, Research and Surveillance Support Branch, USAFSAM
- **Current/Recent EIS Officer:** Kristina Angelo, DO, MPH, (EIS 2014), Medical Officer, DGMQ

**Officer Projects:** Lead multistate Salmonella, E. coli, and Listeria outbreak investigations linked to food and animal contact. Analyze outbreak and other data (e.g., characteristics of outbreaks by commodity type) to inform the response to future outbreaks and to prevent outbreak-associated illnesses.

**Officer Recent Publications:**
- **Multistate outbreak of Listeria monocytogenes infections linked to whole apples used in commercially produced, prepackaged caramel apples, Epidemiology and Infection, 2017.**
- **Shiga Toxin-Producing E. coli Infections Associated with Flour, New England Journal of Medicine, 2017.**
- **Utility of Combining Whole Genome Sequencing with Traditional Investigational Methods To Solve Foodborne Outbreaks of Salmonella Infections Associated with Chicken: A New Tool for Tackling This Challenging Food Vehicle, Journal of Food Protection, 2017.**
- **An outbreak of Escherichia coli O157:H7 infections following a dairy education school field trip in Washington state, Epidemiology and Infection, 2017.**
- **National Outbreak of Salmonella Infections Linked to Sprouted Chia Seed Powder, Epidemiology and Infection, 2017.**
- **Notes from the Field: Postexposure Prophylaxis for Rabies After Consumption of a Prepackaged Salad Containing a Bat Carcass - Florida, MMWR, 2017.**
- **Unusually high illness severity and short incubation periods in two foodborne outbreaks of Salmonella Heidelberg infections with potential coincident Staphylococcus aureus intoxication, Epidemiology and Infection, 2017.**

**Consultant:**
- Karen Neil, MD, MSPH, (EIS 2008), ORPB Senior Epidemiologist
- Laura Gieraltowski, MPH, PhD, (EIS 2009), ORPB Team Lead
- Megin Nichols, DVM, MPH, (EIS 2008), ORPB Activity Lead
- Michael Jhung, MD, MPH, (EIS 2005), ORPB Deputy Branch Chief
- Ian Williams, PhD, MS, (EIS 1994), ORPB Branch Chief
- Kevin Chatham-Stevens, MD, MPH, (EIS 2013), EDEB Epidemiologist
- Jennifer Hunter, DrPH, MPH, (EIS 2013), EDEB Epidemiologist
- Samuel Crowe, PhD, MPH, (EIS 2014), EDEB Team Lead
- Karen Wong, MD, MPH, (EIS 2011), EDEB Team Lead
- Patricia Griffin, MD, (EIS 1985), EDEB Branch Chief
- Robert Tauxe, MD, MPH, (EIS 1983), DFWED Director
Division of Foodborne, Waterborne and Environmental Diseases/Waterborne Diseases Prevention Branch

NCEZID-DFWED-WDPB-GA-2018-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Foodborne, Waterborne and Environmental Diseases/ Waterborne Diseases Prevention Branch/Domestic
Physical Address: Atlanta, Georgia
Primary Supervisor: Jennifer Cope, MD, MPH, (EIS 2009), Medical Epidemiologist, bj79@nc Id.gov
Secondary Supervisor: Katharine Benedict, DVM, PhD, (EIS 2015), Epidemiologist, wte7@nc Id.gov
Secondary Supervisor: Amanda Garcia-Williams, PhD, MPH, (EIS 2015), Behavioral Scientist, gvl8@nc Id.gov
Secondary Supervisor: Katie Fullerton, MPH, Team Lead
Secondary Supervisor: Jonathan Yoder, MPH, Deputy Branch Chief

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 and Information Management Office provides statistical support; the Enteric Diseases Laboratory Branch and the Waterborne Disease 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 diseases 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 free-living amebas (e.g., Acanthamoeba, Naegleria fowleri); recent outbreak investigations are listed at www.cdc.gov/ncezid/dfwed/waterborne/investigations.html. Domestically, WDPB focuses on public health issues related to drinking water, recreational water, and hygiene-related diseases; participates in multiple national surveillance systems (cryptosporidiosis, CryptoNet, giardiasis, shigellosis, the One Health Harmful Algal Blooms System [OHHABS], and the National Outbreak Reporting System [NORS]); provides diagnostic services, clinical consults, and environmental testing; prepares burden estimates for waterborne diseases; and works on health communications and policy development.

Proposed Initial Projects: Multiple analytic projects have been developed for the incoming EISO. All projects have been designed to be adjusted depending on the EISO’s analytic background and interests. Examples include: 1) Characterize the epidemiology of cryptosporidiosis outbreaks, 2) Describe the epidemiology and clinical features of Acanthamoeba spp. infections, 3) Characterize outbreaks of shigellosis in childcare settings and examine disparities in shigellosis among children, 4) Analyze the occurrence of outbreaks associated with groundwater before and after implementation of the Environmental Protection Agency’s Ground Water Rule, 5) Conduct sub-analyses of a completed epidemiologic study investigating health effects associated with low pressure events in drinking water distribution systems, 6) Advance the use of the first estimate of burden of waterborne disease in the United States. Analytic methods for these, and other available projects, could include multivariate modeling, time-series modeling, and analyses of effect modification.

Proposed Surveillance Projects: 1) One Health Harmful Algal Bloom System (OHHABS) evaluation, 2) Improving cryptosporidiosis, giardiasis, or shigellosis outbreak reporting to the National Outbreak Reporting System (NORS) (the EISO can choose which pathogen to focus on for a surveillance evaluation). These proposed evaluations will be conducted in Atlanta and could include phone-based discussion with state and local partners, and in-person discussions with internal stakeholders.

Range of Opportunities: Investigating outbreaks of waterborne diseases; designing, conducting, analyzing, and interpreting studies of interventions to prevent diseases transmitted by unsafe water, sanitation and hygiene, including 1 international project with WDPB’s global WASH team; analyzing and interpreting data on waterborne diseases; scientific writing and oral presentations. We work closely with 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 readily available and accessible within the first month of the EISO’s assignment for analysis within WDPB’s Domestic Epidemiology Team, including Nationwide Inpatient Sample, Nationwide Emergency Department Sample, National Notifiable Diseases Surveillance System, NORS, OHHABS, CryptoNet, MarketScan, and national data on free-living ameba infections. Projects might also lead to primary data collection.

**Recent Publications:** Risk factors for Acanthamoeba keratitis-a multistate case-control study, 2008-2011; Primary amebic meningoencephalitis associated with rafting on an artificial whitewater river: case report and environmental investigation, Clin Infect Dis; Mortality from selected diseases that can be transmitted by water - United States, 2003-2009, J Water Health; Prevalence and direct costs of emergency department visits and hospitalizations for 13 selected diseases that can be transmitted by water, J Water Health; Community laboratory testing for Cryptosporidium: multicenter study retesting public health surveillance stool samples positive for Cryptosporidium by rapid cartridge assay with direct fluorescent antibody testing, PLoS One

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

**Available Support:** 7 EIS alumni staff in WDPB, Division statisticians, laboratory scientists, communications support (WDPB Health Promotion Team), and administrative support.

**Current/Recent EIS Officer:** Jonathan Strysko, MD, (EIS 2017)

**Current/Recent EIS Officer:** Hammad N’cho, PhD, (EIS 2017)

**Current/Recent EIS Officer:** Alison Winstead, MD, (EIS 2017)

**Current/Recent EIS Officer:** Bill Davis, DrPH, (EIS 2016)

**Current/Recent EIS Officer:** Jarred McAteer, MD, (EIS 2016)

**Current/Recent EIS Officer:** Paul McClung, MD, (EIS 2016)

**Current/Recent EIS Officer:** Sae-Rom Chae, MD, MPH, (EIS 2015)

**Current/Recent EIS Officer:** Lindsey McCrickard, DVM, (EIS 2015)

**Current/Recent EIS Officer:** Katharine Benedict, DVM, PhD, (EIS 2015)

**Current/Recent EIS Officer:** Karlyn Beer, PhD, (EIS 2014)

**Current/Recent EIS Officer:** Rupa Narra, MD, (EIS 2014)

**Current/Recent EIS Officer:** Katie Curran, PhD, (EIS 2014)

**Officer Projects:** Responses to outbreaks of Elizabethkingia in Wisconsin, shigellosis in the setting of Flint, MI water crisis, norovirus among festival attendees at a PA camp, melioidosis and leptospirosis in USVI after hurricanes; national case-case comparison of giardiasis and cryptosporidiosis, Naegleria fowleri case investigations; longitudinal study of giardiasis diagnosis and treatment.

**Officer Recent Publications:** Giardiasis diagnosis and treatment practices among commercially ensured persons in the US (Clin Infect Dis 2017); Estimation of undiagnosed Naegleria fowleri primary amebic meningoencephalitis, United States (Emerg Infect Dis 2018); Surveillance for waterborne disease outbreaks associated with drinking water, United States, 2013–2014 (MMWR 2017); Waterborne disease outbreaks associated with environmental and undetermined exposures to water, United States, 2013–2014 (MMWR 2017); Giardiasis and subsequent irritable bowel syndrome: a longitudinal cohort study using health insurance data (J Infect Dis 2017); 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); 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, USVI, 2012 (MMWR, 2013)

**Consultant:** Vincent Hill, PhD, Branch Chief

**Consultant:** Eric Mintz, MD, MPH, (EIS 1989), Global Team Lead
Consultant: Michele Hlavsa, RN, MPH, (EIS 2005), Epidemiologist  
Consultant: Sarah Collier, MPH, Data Analyst  
Consultant: Virginia Roberts, MPH, Epidemiologist  
Consultant: Rob Quick, MD, MPH, (EIS 1990)  
Consultant: Grace Appiah, MD, MS, (EIS 2014)  
Consultant: Joan Brunkard, PhD, (EIS 2006)  
Consultant: Anne Griggs, MSPH, MSN  
Consultant: Margaret Person, MPH  
Consultant: Kirsten Fagerli, MPH  
Consultant: David Berendes, PhD  

NCEZID-DFWED-WDPB-GA-2018-02  
Agency Name: CDC  
Division/Branch/Team/Section: Division of Foodborne, Waterborne and Environmental Diseases/Waterborne Diseases Prevention Branch /Global Epidemiology Team  
Physical Address: Atlanta, Georgia  
Primary Supervisor: Joan Brunkard, PhD, (EIS 2006), Epidemiologist, feu4@cdc.gov  
Secondary Supervisor: Rob Quick, MD, MPH, (EIS 1990), Medical Epidemiologist, rxq1@cdc.gov  
Secondary Supervisor: Eric Mintz, MD, MPH, (EIS 1989), Team Lead, edm1@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 and Information Management Office provides statistical support; the Enteric Diseases Laboratory Branch and the Waterborne Disease Laboratory Team provide laboratory expertise; EISOs may undertake select projects in branches other than their own in the Division; and 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 diseases 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 free-living amebas (e.g., Acanthamoeba, Naegleria fowleri); 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 cholera and typhoid vaccination campaigns; 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 water, recreational water, and hygiene-related diseases; participates in multiple national surveillance systems (cryptosporidiosis, CryptoNet, giardiasis, shigellosis, the One Health Harmful Algal Blooms System [OHHABS], and the National Outbreak Reporting System [NORS]); provides diagnostic services, clinical consults, and environmental testing; prepares burden estimates for waterborne diseases; and works on health communications and policy development.

Proposed Initial Projects: • Evaluate data from a case-control study of diarrhea in children in Kenya and other sites using the well-cleaned Global Enteric Multicenter Study (GEMS) or Vaccine Impact on Diarrhea in Africa (VIDA) datasets (may require multivariate analyses)  
• Implement and evaluate impact of handwashing and drinking water stations or improved WASH in healthcare facilities (HCF) in Burkina Faso, Ethiopia, Ghana, and Uganda, Tanzania  
• Evaluate environmental and/or health impact of a novel solar waste treatment project in Kenya.  
• EISOs will have opportunities for descriptive and analytic epidemiologic investigations, including conducting bivariate and multivariate analyses to assess independent and joint risk factors for illness and other outcomes.
Proposed Surveillance Projects: • Improving cryptosporidiosis, giardiasis, or shigellosis outbreak reporting to NORS (the EISO can choose which pathogen to focus on for a surveillance evaluation, or can choose other topics).
• OHHABS evaluation
• These proposed evaluations will be conducted in Atlanta and could include email or phone-based discussions with state and local partners, and in-person discussions with internal stakeholders.

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 current/future outbreaks and evaluations; 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, sanitation, and hygiene, applied global health, and epidemiology while working with experienced, dedicated 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, EpiInfo, and scientific writing.

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: A clean 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 accessible and readily available for analytic projects.


Domestic Travel: 5% International Travel: 30%

Available Support: EISOs have access to 7 EIS alumni staff in WDPB, Division statisticians, laboratory scientists (WDPB Laboratory Team and Enteric Diseases Laboratory Branch), communications support (WDPB Health Promotion Team), and administrative support.

Current/Recent EIS Officer: Alison Winstead, MD, (EIS 2017), EIS Officer, nrc0@cdc.gov
Current/Recent EIS Officer: Hammad N’cho, PhD, (EIS 2017), EIS Officer, nra7@cdc.gov
Current/Recent EIS Officer: Jonathan Strysko, MD, (EIS 2017), EIS Officer, nk6@cdc.gov
Current/Recent EIS Officer: Jarred Mcateer, MD, (EIS 2016), EIS Officer, lww8@cdc.gov
Current/Recent EIS Officer: William Davis, PhD, (EIS 2016), EIS Officer, lwo0@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, MPH, (EIS 2015), EIS Officer, vjf4@cdc.gov
Current/Recent EIS Officer: Katharine Benedict, PhD, DVM, (EIS 2015), Epidemiologist, wte7@cdc.gov
Current/Recent EIS Officer: Rupa Narra, MD, (EIS 2014), Medical Epidemiologist, ydi5@cdc.gov
Current/Recent EIS Officer: Katie Curran, PhD, (EIS 2014), Epidemiologist, ydh9@cdc.gov
Current/Recent EIS Officer: Karlyn Beer, PhD, MS, (EIS 2014), Epidemiologist, ydh7@cdc.gov

Officer Projects: Responses to outbreaks of cholera and typhoid fever in over 10 countries, analyses of GEMS case-control study of moderate-to-severe diarrhea, surveillance for acute febrile illness in Uganda, evaluations of interventions to improve water, sanitation and hygiene in health care facilities in Mali, Tanzania, and Uganda.

Officer Recent Publications: • Cholera Mortality during Urban Epidemic, Dar es Salaam, Tanzania (Emerg Infect Dis, 2017)
• CDC Safety Training Course for Ebola Virus Disease Healthcare Workers (Emerg Infect Dis 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)
• 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, Branch Chief, veh1@cdc.gov
Consultant: Jonathan Yoder, MPH, Deputy Branch Chief, jey9@cdc.gov
Consultant: David Berendes, PhD, Epidemiologist, uws8@cdc.gov
Consultant: Anne Griggs, MPH, Epidemiologist, bfy7@cdc.gov
Consultant: Margaret Person, MPH, Epidemiologist, lsf6@cdc.gov
Consultant: Kirsten Fagerli, MPH, Epidemiologist, lmj8@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: Michele Hlavsa, MPH, RN, (EIS 2005), Epidemiologist, acz3@cdc.gov
Consultant: Sarah Collier, MPH, Data analyst, sau9@cdc.gov
Consultant: Virginia Roberts, MPH, Epidemiologist, evl1@cdc.gov

NCEZID-DFWED-WDPB-GA-2018-03
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: Grace Appiah, MD, (EIS 2014), Medical Officer, ydg3@cdc.gov
Secondary Supervisor: Eric Mintz, MD, (EIS 1989), Global Team Lead, edm1@cdc.gov
Secondary Supervisor: Rob Quick, MD, (EIS 1990), Medical officer

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 and Information Management Office provides statistical support; the Enteric Diseases Laboratory Branch and the Waterborne Disease 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; and 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 diseases 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 free-living amebas (e.g., Acanthamoeba, Naegleria fowleri); recent outbreak investigations are listed at www.cdc.gov/ncezid/difwed/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 cholera and typhoid vaccination campaigns; 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 water, recreational water, and hygiene-related diseases; participates in multiple national surveillance systems (cryptosporidiosis, CryptoNet, giardiasis, shigellosis, the One Health Harmful Algal Blooms System [OHHABS], and the National Outbreak Reporting System [NORS]); provides diagnostic services, clinical consults, and environmental testing; prepares burden estimates for waterborne diseases; and works on health communications and policy development.

**Proposed Initial Projects:** 1) Investigate and respond to waterborne disease outbreaks internationally and domestically; 2) Implement and evaluate impact of handwashing and drinking water stations or improved water supply and sanitation (WASH) in healthcare facilities (HCF) in Burkina Faso, Ethiopia, Ghana, Uganda and Tanzania; 3) Evaluate environmental and/or health impact of a solar waste treatment project in Kenya. Protocols have been developed for the WASH in HCF. EISOs have many opportunities for descriptive and analytic epidemiologic investigations, including multivariate analyses.

**Proposed Surveillance Projects:** 1) One Health Harmful Algal Bloom System (OHHABS) evaluation, 2) Improving cryptosporidiosis, giardiasis, or shigellosis outbreak reporting to the National Outbreak Reporting System (NORS) (the EISO can choose which pathogen to focus on for a surveillance evaluation). These proposed surveillance platforms are based in Atlanta, and evaluation will include phone-based discussion with state and territorial health departments and in-person interviews with internal stakeholders.

**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 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:** 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 accessible and readily available for analytic projects.


**Domestic Travel:** 5%  
**International Travel:** 35%

**Available Support:** EISOs have access to 7 EIS alumni staff in WDPB, Division statisticians, laboratory scientists (WDPB Laboratory Team and Enteric Diseases Laboratory Branch), communications support (WDPB Health Promotion Team), and administrative support.

**Current/Recent EIS Officer:** William Davis, (EIS 2016), EIS Officer, ly0@cdc.gov  
**Current/Recent EIS Officer:** Jarred Mccateer, (EIS 2016), EIS officer, lww8@cdc.gov  
**Current/Recent EIS Officer:** Paul McClung, (EIS 2016), EIS officer, lwx4@cdc.gov  
**Current/Recent EIS Officer:** Sae-Rom Chae, (EIS 2015), EIS officer, yzv0@cdc.gov  
**Current/Recent EIS Officer:** Lindsey McCrickard, (EIS 2015), EIS officer, vjf4@cdc.gov
Current/Recent EIS Officer: Katharine Benedict, (EIS 2015), EIS officer, wte7@cdc.gov
Current/Recent EIS Officer: Karlyn Beer, (EIS 2014), Epidemiologist, ydh7@cdc.gov
Current/Recent EIS Officer: Katie Curran, (EIS 2014), Epidemiologist, ydh9@cdc.gov
Current/Recent EIS Officer: Rupa Narra, (EIS 2014), Medical epidemiologist, ydi5@cdc.gov
Current/Recent EIS Officer: Alison Winstead, MD, (EIS 2017)
Current/Recent EIS Officer: Hammad N'cho, PhD, (EIS 2017)
Current/Recent EIS Officer: Jonathan Strysko, MD, (EIS 2017)

Officer Projects: Responses to outbreaks of cholera and typhoid fever in over 10 countries, analyses of GEMS case-control study of moderate-to-severe diarrhea, surveillance for acute febrile illness in Uganda, evaluations of interventions to improve water, sanitation and hygiene in health care facilities in Mali, Tanzania, and Uganda.

Officer Recent Publications:
• Cholera Mortality during Urban Epidemic, Dar es Salaam, Tanzania (Emerg Infect Dis, 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)
• 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, Acting Branch Chief, veh2@cdc.gov
Consultant: Jonathan Yoder, Deputy Branch Chief, jey9@cdc.gov
Consultant: Anne Griggs, Epidemiologist, bfy7@cdc.gov
Consultant: Margaret Person, Epidemiologist, lsf6@cdc.gov
Consultant: Kirsten Fagerli, Epidemiologist, lmj8@cdc.gov
Consultant: Jacqui Hurd, Epidemiologist, xyt2@cdc.gov
Consultant: Katie Fullerton, Domestic Team Lead, kgf9@cdc.gov
Consultant: Jennifer Cope, (EIS 2009), Medical Epidemiologist, bjt9@cdc.gov
Consultant: Michele Hlavsa, (EIS 2005), Epidemiologist, acz3@cdc.gov
Consultant: Sarah Collier, Domestic Epidemiology Team Data Analyst, sau9@cdc.gov
Consultant: Virginia Roberts, Epidemiologist, evl1@cdc.gov
Consultant: David Berendes, PhD, Epidemiologist, uws8@cdc.gov
Consultant: Sydney Hubbard, MPH, Epidemiologist, ism4@cdc.gov

Division of Global Migration and Quarantine/Quarantine and Border Health Services Branch

NCEZID-DGMQ-QBHSB-GA-2018-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Global Migration and Quarantine/Quarantine and Border Health Services Branch
Physical Address: Atlanta, Georgia
Primary Supervisor: Rebecca Merrill, PhD, MHS, (EIS 2013), Epidemiologist, rdaymerrill@cdc.gov
Secondary Supervisor: Doug Hamilton, PhD, MD, (EIS 1991), Quarantine Travel Epidemiology Team Lead, dhh0@cdc.gov
**Background:** The Division of Global Migration and Quarantine’s (DGMQ) mission is to reduce morbidity and mortality among immigrants, refugees, travelers, expatriates, and other globally mobile populations and to prevent the introduction, transmission, and spread of communicable diseases through regulation, science, research, preparedness, and response. This position is primarily located in the Quarantine and Border Health Services Branch (QBHSB) whose mission is to detect and respond to communicable diseases related to travel and imported pathogens and improve the health of globally mobile populations transitioning to U.S. communities as well as traveling across and living along international boundaries throughout the world.

This position is primarily with the Global Border Health Team which leads most international activity within QBHSB including maintaining readiness to respond to acute events and supporting capacity development in countries receiving Global Health Security (GHS) funding. The EIS officer will also work closely with the Quarantine Transportation Epidemiology Team (QuarTET) and the Epidemiology Field Team (e-FiT); these teams support activities related to illness and deaths in travelers, including aviation, maritime, surveillance, epidemiology, federal travel restriction, and contact investigations (CIs) on airplanes and ships. Federal regulations require airplanes and ships arriving in the US or traveling interstate to report certain illnesses and deaths onboard to CDC. QBHSB receives over 2000 such reports annually requiring varying levels of public health response.

The EIS officer may also have projects with QBHSB Zoonoses Team, and the DGMQ Travelers’ Health Branch; Immigrant, Refugee and Migrant Health Branch; and Community Interventions for Infection Control Unit.

**Proposed Initial Projects:**
- Analyze data from a 4-country project (Togo, Benin, Nigeria, Cameroon) to improve bi- and multi-national coordination in their cholera preparedness and response plans (protocol developed, data available, multivariate and time-series modeling planned)
- Analyze airplane CI outcome data, often focused on tuberculosis, meningococcal disease, pertussis, and rubella, with rare high-impact cases such as rabies, MERS-CoV, and Lassa fever (data available, multivariate modeling possible)
- Investigate health conditions in US-bound immigrants and refugees (data available, multivariate modeling possible)
- Provide technical assistance to ministries of health in a number of neighboring countries to develop cross-border surveillance and response strategies (programs ongoing)
- Participate in preparedness activities in a range of countries in collaboration with the World Health Organization (WHO) and the International Civil Aviation Organization (ICAO) (programs ongoing)

**Proposed Surveillance Projects:**
- Evaluate surveillance capacity to detect and respond to public health events among mobile populations in land border regions (e.g., Guinea, Sierra Leone, Togo, Benin; supervisors will facilitate interaction with partners using all means available including site visits depending on funding)
- Evaluate the utility and effectiveness of current criteria for initiating air travel contact investigations (secondary data analysis)
- Evaluate national surveillance and required reporting of illnesses of public health concern, such as tuberculosis, from cargo vessels entering the United States, and compare to data from private healthcare providers (secondary data analysis)
- Evaluate systems that monitor the health of US bound immigrants and refugees (supervisors will facilitate interaction with partners using all means available including site visits depending on funding)

**Range of Opportunities:** Projects related to international or interstate travel; support of US-affiliated Pacific islands; importation or interstate movement of animals; health communications related to travel or importations; DGMQ regulations and policy; nonpharmaceutical interventions for pandemic influenza

**Position Strengths:** Diverse subject areas, with a focus on movement of people, animals, and products rather than a specific disease; support domestic and international projects with opportunities for international travel, depending on available funding; opportunity to work with disease subject-matter experts throughout the agency on DGMQ-related issues; opportunity to engage in projects related to policy or regulatory authority; opportunity to engage in emergency response related to health risks in mobile populations.

**Special Skills Useful for this Position:** Interest in global health, infectious diseases

**Available Data:** Quarantine Activity Reporting System (available)
Select national-level data from 2014-2016 Ebola epidemic (currently requesting access)
Disease surveillance data from recent years in a number of countries in West Africa (available)


**Domestic Travel:** 5%  **International Travel:** 15%

**Available Support:** DGMQ has approximately 40 medical and doctoral epidemiologists and veterinarians with subject-matter expertise in aviation and maritime issues, travel medicine, infectious and zoonotic diseases, health of migrant populations, and emergency response. About half are EIS-trained, including the Division Director, Deputy Director, and QBHSB Chief. Statistical, economic, policy, communications, and mapping expertise are available, in addition to computer and clerical support.

**Current/Recent EIS Officer:** Emily Lankau, (EIS 2011)  **Current/Recent EIS Officer:** Monica Selent, (EIS 2009)

**Current/Recent EIS Officer:** Laura Zambrano, PhD, MPH, (EIS 2016), xbs6@cdc.gov

**Officer Projects:** Splenomegaly, Congolese refugees in US; association between ethnolinguistic distributions and infectious disease spread; surveillance system evaluations in Guam and Guinea; human rabies on airplanes; nonhuman primate importation impacts; impacts of policy on wildlife importation trends; rabid Kenyan zebra exposure; travel-related sarcocystosis; malaria in airline crew; pandemic H1N1 on ships

**Officer Recent Publications:**

MMWR:
- Acute muscular sarcocystosis among returning travelers – Tioman Island, Malaysia, 2011.

**Consultant:** Marty Cetron, (EIS 1992), Division Director

**Consultant:** Katrin Kohl, (EIS 1997), Deputy Division Director

**Consultant:** Pam Diaz, Associate Director for Science, DGMQ

**Consultant:** Clive Brown, (EIS 1995), QBHSB Branch Chief

**Consultant:** Lisa Rotz, (EIS 1996), Associate Director for Global Health and Migration

**Consultant:** Francisco Alvarado-Ramy, (EIS 1999), Quarantine Epidemiology and Surveillance Team Lead, QBHSB

**Consultant:** Nicole Cohen, Associate Chief for Science, QBHSB

**Consultant:** Mark Sotir, (EIS 2002), Travelers’ Health Branch Surveillance and Epidemiology Team lead

**Consultant:** Amra Uzicanin, (EIS 1998), Community Interventions for Infection Control Unit Lead

**Consultant:** Nina Marano, DVM, MPH, Immigrant Refugee and Migrant Health Branch Chief, nbm8@cdc.gov

**Consultant:** Kara Tardivel, MD, MPH, (EIS 2012), Medical Officer, Los Angeles Quarantine Station, wjf3@cdc.gov

**Consultant:** Paul Kitsutani, MD, MPH, (EIS 1998), Quarantine Medical Officer, pdk8@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, Capnocytophaga sp.); and 3) non-tuberculous mycobacterial diseases (leprosy, Buruli ulcer, and zoonotic species). 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) Post-hurricane response efforts in Puerto Rico and USVI for leptospirosis and melioidosis: improve passive surveillance, develop active surveillance, ecology/environmental burden studies, conduct risk factor analysis; 2) Cost effectiveness analysis - Brucellosis testing algorithm in Kenya; 3) Cost effectiveness analysis - Use medical health records to estimate cost of brucellosis in the U.S.; 4) Analyze data on Norcardia drug resistance; 5) Investigate dog-bite associated cases of Capnocytophaga for species-related mortality; 6) Multivariate analysis - Extract data from articles identified in a systematic literature review of anthrax cases and perform descriptive statistics on autopsy data; 7) Develop recommendations for leptospirosis pre and post-exposure prophylaxis practices, and develop a protocol for evaluating prophylaxis regimen effectiveness during a leptospirosis outbreak; 8) Risk factor analysis - Leptospirosis data obtained through an AFI study in India; 9) Literature review of leptospirosis in the U.S.; 10) Describe demographic and clinical aspects of anthrax in children; 11) Analyze and write up effect of chest drainage on survival using systematic review anthrax database; 12) Analysis and mapping of historical BSPB leptospirosis laboratory data going back 10 years

Proposed Surveillance Projects: 1) Develop a plan for mycetoma surveillance and diagnostic capacity-building; 2) Compare NNDSS (national surveillance data) to BSPB surveillance data; 3) Site visit - Develop a melioidosis surveillance system in Colombia and expand diagnostic capacity in ‘high risk’ areas; 4) Site visit - Evaluate the national leptospirosis surveillance program in Colombia; 5) Evaluate Hansen’s disease old surveillance system versus new electronic-based system 6) Evaluate first few years of national leptospirosis surveillance (re-instated in 2013) 7) Site visits - Work with Ministries of Health to enhance anthrax surveillance and implement One Health approach prevention and control

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 varying 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 a good fit for this position; however anyone with an infectious disease, epidemiology, or disease ecology background and interest in working with a wide range of infectious diseases will do well. 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 and has ready access to 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 which are also ready to use immediately.

Domestic Travel: 10% International Travel: 20%

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, (EIS 2013), Medical Officer, xdf8@cdc.gov
Current/Recent EIS Officer: Mark Lehman, DVM, (EIS 2009), mark.w.lehman4.mil@mail.mil

Officer Projects: • Brucella RB51 outbreak investigation – Texas
• Anthrax outbreak in hippopotami – Namibia
• Anthrax case-control and cross-sectional studies – country of Georgia
• Melioidosis cluster investigations – Puerto Rico and Yap Micronesia
• Evaluation of medical interventions for anthrax exposure
• Design study to characterize the burden and distribution of leptospirosis – Indonesia

• Extended Human-to-Human Transmission during a Monkeypox Outbreak in the Democratic Republic of the Congo. Emerg Infect Dis (2016)
• Postexposure Prophylaxis After Possible Anthrax Exposure: Adherence and Adverse Events. Health Secur (2017)
• Brucella abortus vaccine strain RB51 exposures associated with raw milk consumption — Wise County, Texas, 2017

Consultant: Kate Hendricks, (EIS 1987), Medical Officer, kah1@cdc.gov
Consultant: Antonio Vieira, Epidemiologist, vht8@cdc.gov
Consultant: Johanna Salzer, Veterinary Medical Officer, hio7@cdc.gov
Consultant: Lindsey Campbell, ORISE Fellow, nka0@cdc.gov
Consultant: David Blaney, MD, MPH, (EIS 2006), Medical Officer, dblaney@cdc.gov

Division of High Consequence Pathogens & Pathology/Prevention & Response Branch

NCEZID-DHCPP-PRB-GA-2018-01

Agency Name: CDC

Division/Branch/Team/Section: Division of High Consequence Pathogens & Pathology/Prevention & Response Branch/Epi Team/Clinical Epi unit

Physical Address: Atlanta, Georgia

Primary Supervisor: Agam Rao, MD, (EIS 2009), Medical Officer, akrao@cdc.gov
Secondary Supervisor: Brett Petersen, MD, MPH, (EIS 2009), Team Lead, ige3@cdc.gov
**Background:** The mission of the Division of High Consequence Pathogens and Pathology (DHCPP) includes surveillance, clinical and field investigations, and analytic studies of viral, bacterial, and prion diseases; research on infection transmission; laboratory, clinical, and epidemiologic studies of hazardous disease agents (biosafety levels 3 and 4); ecological studies; and provides technical assistance to local, state, federal and international health organizations. DHCPP is a designated national and WHO Collaborating Center 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 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. We are recruiting 1 officer. The EIS officer in this position will have the opportunity to participate in a broad range of domestic and international public health activities and research projects. We offer opportunities to learn new skills with guidance and support from division-wide experts. The officer will design, conduct, and analyze data by basic statistical methods; acquire a deep understanding of rabies and poxviruses and respond, in collaboration with subject matter experts, to challenging clinical questions; and learn to clearly communicate their findings in manuscripts and presentations.

**Proposed Initial Projects:**
- Analyzing human rabies database – PRB maintains a database of all human rabies cases reported in the United States including data on signs/symptoms and laboratory diagnostic testing; protocols for analytic epidemiology projects are IRB approved and analysis could involve multivariate modeling, time-series modeling, or analyses of effect modification.
- Implementing and analyzing data from a smallpox vaccine study in healthcare workers at risk for monkeypox in the Democratic Republic of Congo to determine vaccine effectiveness; this project is ongoing and analytic epidemiology projects could include multivariate modeling and time-series modeling.
- Serving on a working group for updating official federal recommendations of the Advisory Committee on Immunization Practices for rabies vaccine; responsibilities may include leading a systematic review of the literature and summarizing and presenting findings to national experts to inform decisions.
- Participating, though designing ecological niche modeling or assisting with field necropsies, in ecologic and epidemiologic field studies along with field biologists to identify reservoirs for monkeypox virus in Central Africa.
- Standardizing existing guidance for monkeypox prevention through collaborations with WHO.
- Using clinical and epidemiologic methods to evaluate sufficiency of current standard-of-care treatment protocols for monkeypox in the Democratic Republic of Congo.

**Proposed Surveillance Projects:** These proposed evaluated will be conducted in Atlanta and could include phone-based discussion with state and local partners and in-person discussions with local stakeholders. Projects include evaluation of 1) surveillance for rabies postexposure prophylaxis in the U.S., 2) national surveillance for oral rabies vaccine and human and animal contact, 3) smallpox vaccine distribution and administration in the U.S., and 4) laboratory-based discussion with state and local partners and in-person discussions with local stakeholders. Projects include evaluation of 1) surveillance for rabies postexposure prophylaxis in the U.S., 2) national surveillance for oral rabies vaccine and human and animal contact, 3) smallpox vaccine distribution and administration in the U.S., and 4) laboratory-based discussion with state and local partners and in-person discussions with local stakeholders.

**Range of Opportunities:** Surveillance evaluation, laboratory diagnostic evaluation, communication & educational outreach development and evaluation, risk factor analysis, international and domestic outbreaks, investigations of human rabies cases, and mass exposure events of rabies and poxvirus diseases outbreaks, pathogen discovery, policy analysis, emergency preparedness, clinical guidance development, student mentoring, clinical and vaccine effectiveness studies, scientific writing and presentations. Additional opportunities exist to work on outbreak investigations of high-consequence pathogens handled by other branches in the division.

**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:** Databases are immediately available for analysis and include 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. Projects involving analyses beyond descriptive epidemiology are available.

**Recent Publications:**

**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:** Anna Mandra, DVM, MPH, (EIS 2017)
**Current/Recent EIS Officer:** Sarah Guagliardo, PhD, MPH, (EIS 2016)
**Current/Recent EIS Officer:** Ashley Styczynski, MD, MPH, (EIS 2015)
**Current/Recent EIS Officer:** Cuc Tran, PhD, (EIS 2015)
**Current/Recent EIS Officer:** Christopher Hsu, MD, PhD, (EIS 2014)
**Current/Recent EIS Officer:** Ryan Wallace, DVM, MPH, (EIS 2012)
**Current/Recent EIS Officer:** Neil Vora, MD, (EIS 2012)
**Current/Recent EIS Officer:** Lynda Osadebe, PhD, (EIS 2012)
**Current/Recent EIS Officer:** Danielle Tack, DVM, MPH, (EIS 2010)
**Current/Recent EIS Officer:** Andrea McCollum, PhD, MS, (EIS 2009)

**Officer Projects:** • Monkeypox outbreaks (Nigeria and ROC)*
• Zoonotic vaccinia virus (Colombia)*
• Mongoose-associated human rabies (Puerto Rico)*
• Zika virus Guillain-Barré syndrome (Brazil and Colombia)*
• Smallpox vaccine study (DRC)
• Oral rabies vaccine surveillance (U.S)
• Human rabies diagnostic testing evaluation (U.S.)
• Integrated bite case management for rabies (Vietnam, Haiti)

*Epi-Aid

**Officer Recent Publications:** • MG Reynolds, SA Guagliardo, et al. Understanding orthopoxvirus host range and evolution: from the enigmatic to the usual suspects. Current Opinion in Virology.
• Vora NM, et al. Human infection with a zoonotic orthopoxvirus in the country of Georgia. NEJM, 2015.
• Hsu, CH, et al. Laboratory-Acquired Vaccinia Infection in a Recently Immunized Individual – Boston, 2013. MMWR.
• Osadebe LU, et al. Novel poxvirus infection in 2 patients from the U.S. Clin Infect Dis. 2015
• Wallace RM, et al. Rabies death attributed to exposure in Central America with symptom onset in a U.S. detention facility - Texas, 2013. MMWR.
• 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.
• 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, MS, (EIS 2009)
**Consultant:** Jesse Blanton, PhD
**Consultant:** Ryan Wallace, DVM, MPH, (EIS 2012)
**Consultant:** Christine Hughes, MPH
**Consultant:** Benjamin Monroe, MPH
**Consultant:** Whitni Davidson, MPH
**Consultant:** Mary Reynolds, PhD, MS
**Consultant:** Stephanie Tran, BA
Background: Since the eradication of smallpox as a naturally occurring disease, the Poxvirus Program within DHCPP has been one of only two WHO Collaborating Centers for Smallpox research in the world. As smallpox vaccine-derived immunity wanes across the globe, new pathogens may emerge with greater frequency and have increasing impact in immunologically naïve populations. Accordingly, in recent years the program has worked with partners to identify several new poxvirus pathogens. New detection and prevention strategies will be needed to improve the capacity of public health programs to mitigate the consequences of these infections. The Poxvirus Team participates in domestic and international public health activities and research projects, necessitating close collaboration with external partners (state health departments, USDA, WHO, various Ministries of Health and non-government organizations) and other groups within CDC. We are involved in developing strategic responses to possible smallpox outbreaks and serve as a key partner for poxvirus outbreaks and case investigations. We work with a diverse set of pathogens including monkeypox, orf, vaccinia, cowpox, molluscum contagiosum, buffalopox, and sealpox. Current areas of focus include field studies to assess the epidemiologic and ecologic determinants of monkeypox in an area of high endemicity, a third generation smallpox vaccine for protection against monkeypox, clinical manifestations of monkeypox infection, and development and deployment of better tools to combat monkeypox outbreaks. In addition, we provide consultation and investigative support for vaccine adverse events following smallpox vaccination. A highlight of this assignment will be the opportunity to work closely with laboratory-based colleagues.

Proposed Initial Projects: The EIS officer in this position will have the opportunity to provide significant input into the identification, development, and implementation of projects. Protocols have been developed for longitudinal studies in DRC. The officer is encouraged to perform analytic analyses as part of the projects. Examples of projects include the following: 1) Implementation of a clinical follow-up study of monkeypox patients in DRC; 2) Participation in ecologic and epidemiologic field studies to identify reservoirs for monkeypox virus in Central Africa; 3) Participation in epidemiologic investigations of human monkeypox; 4) Conduct investigations of smallpox vaccine adverse events, including vaccinia virus transmission from smallpox vaccinees; 5) Capacity building and evaluation of regional laboratory diagnostics for monkeypox in DRC; and 6) Capacity building for zoonotic diseases in Africa.

Proposed Surveillance Projects: Evaluation of regional laboratory-based surveillance for monkeypox in DRC; evaluation of surveillance for smallpox vaccination adverse events in the United States. The surveillance project may involve a site visit to DRC to evaluate the regional laboratory system.

Range of Opportunities: Pathogen discovery, outbreak and emergency response, surveillance, evaluation, diagnostic evaluation & public health consultation, communication & educational outreach development and evaluation, risk factor analysis, policy analysis, emergency preparedness, clinical guidelines development, mentoring of students, clinical and vaccine effectiveness studies, scientific writing and presentations. There are a wide variety of field opportunities with a focus on projects with existing partners in DR Congo. Additional opportunities exist to work on outbreak investigations of high-consequence pathogens handled by other branches in the division.

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 Branch.

Special Skills Useful for this Position: French (not required, but useful), Microsoft access, SAS

Available Data: Monkeypox surveillance data; Poxvirus on-call database; Data are readily available.


“Dairy Production Practices and Associated Risks for Bovine Vaccinia Exposure in Cattle, Brazil.” New Microbes and New Infections.

“Bridging the Divide: Creating Frameworks to Enable Inter-sectoral Collaboration for the Detection, Prevention and
Control of Zoonotic Diseases.” Emerging Infectious Diseases.


“Laboratory-Acquired Vaccinia Virus Infection in a Recently Immunized Person – Massachusetts, 2013.” MMWR.

**Domestic Travel:** 10%  **International Travel:** 20%

**Available Support:** Statistical support (SAS, Epi-Info), GIS capabilities, database design and manipulation, diagnostic testing, animal surveillance, publication training, molecular epidemiology and phylogenetics.

**Current/Recent EIS Officer:** Anna Mandra, MPH, DVM, (EIS 2017)

**Current/Recent EIS Officer:** Sarah Guagliardo, MPH, PhD, (EIS 2016)

**Current/Recent EIS Officer:** Christopher Hsu, MPH, MD, PhD, (EIS 2014)

**Current/Recent EIS Officer:** Lynda Osadebe, DVM, PhD, (EIS 2012)

**Officer Projects:** Identification of surveillance thresholds for outbreak determination; assessment of cold chain capacity for vaccine use in rural DR Congo; risk factor survey for zoonoses in Cameroon; outbreak responses to monkeypox; improving capacity to detect and respond to Orthopoxviruses; public health assistance with individual Orthopoxvirus cases


LU Osadebe, et al. “Novel poxvirus infection in two patients from the United States.” Clinical Infectious Diseases.

**Consultant:** Benjamin Monroe, MPH

**Consultant:** Christine Hughes, MPH

**Consultant:** Whitni Davidson, MPH

**Consultant:** Stephanie Tran, BS

**Consultant:** Mary Reynolds, PhD, (EIS 2000)
NCEZID-DHQPODGA-2018-01

Agency Name: CDC

Division/Branch/Team/Section: Division of Healthcare Quality Promotion/Office of the Director/International Infection Control Program

Physical Address: Atlanta, Georgia

Primary Supervisor: Amy Kolwaite, MS, MPH, BSN, (EIS 2010), Team Lead, akolwaite@cdc.gov

Secondary Supervisor: Rachel Smith, MD, MPH, (EIS 2011), Team Lead, vih9@cdc.gov

Secondary Supervisor: Matthew Westercamp, PhD, BSN, (EIS 2014), Epidemiologist, xzj3@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 (HAI) and outbreaks; (2) adverse events related to drugs and immunizations; and (3) infections from blood, organ, and other tissues. In addition, DHQP plays a critical role in public health emergencies (e.g., Ebola, Middle East Respiratory Syndrome (MERS) coronavirus, Zika), 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 International Infection Control Program (IICP) was established within DHQP in 2015 to address three main categories of 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 (IPC), and develop and promote antimicrobial stewardship efforts. The IICP EIS officer will work on international programs, research projects, international outbreaks, and will participate or lead domestic healthcare outbreaks under supervision from the domestic group.

Officers will work closely with groups within DHQP including: 1) Clinical and Environmental Microbiology Branch (laboratory) for environmental sampling and advanced molecular diagnostics; 2) Surveillance Branch (SB) to analyze NHSN data; 3) Office of Blood, Organ, and Other Tissue Safety to investigate transplant- and transfusion-related disease transmission; and 4) Prevention and Response Branch to respond to domestic inquires and outbreaks. Many of our officers have played critical roles in the national and international response to emerging pathogens including Ebola virus disease, MERS, and Zika virus. DHQP officers collaborate with epidemiologists and statisticians to address infection prevention, healthcare epidemiology, and antimicrobial resistance and use in a supportive work environment.

Proposed Initial Projects: The IICP officer will have the opportunity to choose from a variety of current projects at various stages of development utilizing analytic strategies ranging from basic multivariate modeling to more advanced survey methodologies and evaluation of effect modification/confounding. Possible projects include: 1) develop and pilot strategies for antimicrobial stewardship in healthcare facilities in low and middle income countries (LMIC); 2) evaluate implementation of a novel waste incinerator in healthcare clinics in Sierra Leone; 3) implement and evaluate novel definitions for important HAI’s appropriate for LMIC; and 4) evaluate IPC monitoring & evaluation data in multiple countries. Additional projects are available based on officer’s interest.

Proposed Surveillance Projects: The IICP officer will have the opportunity to choose from available surveillance projects related to HAI’s and AMR. 1) Evaluate a HAI surveillance system in Vietnam, operating in six hospitals across the country; 2) Evaluate central-line associated bloodstream surveillance in India or Thailand; 3) Evaluate an AMR surveillance system in Kenya, Ethiopia or Cambodia; 4) Evaluate C-section HAI surveillance program in Kenya. These evaluations will require international travel to complete.

Range of Opportunities: An IICP officer will gain experience on a range of subject areas, including global outbreak response, surveillance, program implementation, program evaluation, health policy, health system financing, quality improvement, laboratory capacity building, and water and sanitation. IICP officers will have the opportunity to participate and lead domestic outbreaks.

Position Strengths: IICP is an interdisciplinary group working at the forefront of public health issues. IICP collaborate with Ministries of Health, World Health Organization, and non-governmental partners in over 15 countries. Staff have strong analytic, writing, and presentation skills and promote the same in their officers. This interdisciplinary training opportunity expands officers’ career opportunities, and former DHQP officers have gone on to positions in state and federal public health, academia, clinical medicine, and industry.

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 is not required.

**Available Data:** Datasets available within our branch and through domestic and international collaborations, include data from NHSN, Kenya, Thailand and Georgia.

**Recent Publications:**
• Luvsansharav U. “Healthcare-associated measles transmission during a nationwide outbreak – Mongolia, 2015-2016” MMWR

**Domestic Travel:** 5%  **International Travel:** 30%

**Available Support:** An IICP officer will benefit from experienced staff, including EIS-trained medical officers, nurses, and PhD-level scientists. IICP benefits from close collaboration with subject matter experts throughout the division.

DHQP officer orientation encompasses epidemiologic methods, data management, media training, and training in laboratory techniques. Statistical support is readily available. Weekly work in progress seminars provide opportunities to discuss analytic approaches.

**Current/Recent EIS Officer:** Caitlin Biedron, MD, MS, (EIS 2017), EIS Officer, goo9@cdc.gov

**Officer Projects:** IICP EISOs have worked on various global programs, including establishing surveillance for antimicrobial resistance in Thailand, Senegal, Ethiopia and Georgia, evaluating healthcare-associated infections surveillance systems in Egypt, Senegal and Georgia, and investigating international outbreaks (e.g., measles in Mongolia, gangrene in Peru, Middle East Respiratory Syndrome in Saudi Arabia).

**Officer Recent Publications:**

**Consultant:** Benjamin Park, MD, (EIS 2002), Chief, International Infection Control Program, bip5@cdc.gov

**Consultant:** Dan VanderEnde, MD, MPH, Team Lead, kvy3@cdc.gov

**Consultant:** Neil Gupta, MD, MPH, (EIS 2010), Team Lead, iym6@cdc.gov

**Consultant:** Joseph Lutgring, MD, Medical Officer (Lab), yix4@cdc.gov

**Consultant:** Jonathan Edwards, MS, Statistician

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**Division of Healthcare Quality Promotion /Prevention and Response Branch**

**NCEZID-DHQ-PRB-GA-2018-01**

**Agency Name:** CDC

**Division/Branch/Team/Section:** Division of Healthcare Quality Promotion /Prevention and Response Branch

**Physical Address:** Atlanta, Georgia

**Primary Supervisor:** Katherine Fleming-Dutra, MD, (EIS 2010), Deputy Director, Office of Antibiotic Stewardship, ftu2@cdc.gov

**Secondary Supervisor:** Cheri Grigg, DVM, MPH, (EIS 2014), Veterinary Medical Officer, vqv9@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 (HAI) and outbreaks, 2) adverse events related to drugs and immunizations; and 3) infections from blood, organ, and other tissues. 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, Zika virus). 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.
DHQP’s Prevention and Response Branch (PRB) is offering 2 EIS positions. PRB strives to improve the safety and quality of healthcare by investigating outbreaks of HAIs and antimicrobial-resistant pathogens, designing and implementing best-practices for preventing HAIs and transmission of resistant organisms, measuring the impact of prevention efforts, and promoting antimicrobial stewardship. Central to PRB’s success is its strong connection of public health science to clinical medicine, laboratory science, and regulatory agencies. PRB EIS officers 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.

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 (SB) 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 through DHQP’s International Infection Control Program (IICP) will be made available to officers as they arise. Many of our officers have played critical roles in the national response to emerging pathogens including Ebola virus disease, MERS, and Zika virus. DHQP officers collaborate with epidemiologists and statisticians to address infection prevention, healthcare epidemiology, and antimicrobial resistance and use in a supportive work environment. Most opportunities in the DHQP/PRB and DHQP/SB positions will be available to all the officers in these positions. Officers are encouraged to review position descriptions for the other PRB position and for SB and IICP.

Proposed Initial Projects: Possible projects with immediately available data include: (1) identify geographic determinants associated with increased incidence of community-associated Clostridium difficile infection by conducting spatial analysis; (2) compare epidemiology of different multidrug resistant gram-negative bacteria using multivariable modeling; (3) analyze factors associated with increased prevalence of HAIs or antimicrobial use in a large cohort of nursing homes using multivariable modeling. Additional projects related to HAIs, antimicrobial resistance, use and stewardship will be available.

Proposed Surveillance Projects: Officers will have the opportunity to choose from projects related to HAIs, antimicrobial resistance and antimicrobial stewardship. Possible projects include (1) evaluate population-based surveillance for invasive Staphylococcus aureus infections (headquarters-based); (2) compare metrics used by CDC and the World Health Organization for outpatient antimicrobial consumption surveillance (headquarters-based); (3) evaluate a new surveillance definition for sepsis (headquarters-based).

Range of Opportunities: 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 submit work for publication. Opportunities for international experiences related to HAIs and antimicrobial resistance will be made available to officers through DHQP IICP.

Position Strengths: This position offers strong, interdisciplinary training that includes collaborations with state and local public health, opportunities to work with experts from DHQP’s laboratory branch, and connections to clinical medicine. This interdisciplinary training expands officers’ career opportunities after EIS, and former DHQP 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 diversity of topics and settings; good communication skills; team player who is also capable of independent work.

Available Data: Data immediately available:
- NHSN: infections associated with diverse healthcare settings and antimicrobial use and resistance.
- Emerging Infections Program: C. difficile, MRSA, antimicrobial-resistant Gram-negative bacteria, and HAI prevalence.

Centers for Medicare & Medicaid Services and other healthcare administrative datasets.

Recent Publications:

Domestic Travel: 20% International Travel: 5%

Available Support: 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. Weekly work-in-progress seminars provide additional opportunities to discuss analytic approaches.

Current/Recent EIS Officer: Matthew Stuckey, PhD, MPH, (EIS 2016), lx05@cdc.gov
Current/Recent EIS Officer: Mark Weng, MD, MSc, (EIS 2016), lyo4@cdc.gov
Current/Recent EIS Officer: Ian Kracalik, PhD, MPH, (EIS 2017), nrm7@cdc.gov
Current/Recent EIS Officer: Kathleen Hartnett, MPH, PhD, (EIS 2017), iul9@cdc.gov
Current/Recent EIS Officer: Shannon Novosad, MD, MPH, (EIS 2015), ydz1@cdc.gov
Current/Recent EIS Officer: Amber Vasquez, MD, MPH, (EIS 2015), yxi9@cdc.gov
Current/Recent EIS Officer: Chris Edens, PhD, (EIS 2014), iek4@cdc.gov
Current/Recent EIS Officer: Meghan Lyman, MD, (EIS 2014), yeo4@cdc.gov
Current/Recent EIS Officer: Nora Chea, MD, MSc, (EIS 2013), xdc7@cdc.gov
Current/Recent EIS Officer: Jennifer Hunter, DrPH, MPH, (EIS 2013), xdd9@cdc.gov
Current/Recent EIS Officer: Joyanna Wendt, MD, MPH, (EIS 2011), Joyanna.Wendt@ihs.gov
Current/Recent EIS Officer: Ray Dantes, MD, MPH, (EIS 2011), vic5@cdc.gov
Current/Recent EIS Officer: Duc Nguyen, MD, MPH, (EIS 2011), vif8@cdc.gov
Current/Recent EIS Officer: Neil Gupta, MD, MPH, (EIS 2010), iym6@cdc.gov
Current/Recent EIS Officer: Chuma Mbayi, DDS, MPH, (EIS 2010), iyo1@cdc.gov
Current/Recent EIS Officer: Agam Rao, MD, (EIS 2009), ige4@cdc.gov
Current/Recent EIS Officer: Susan Hocevar Adkins, MD, (EIS 2009), ige5@cdc.gov
Current/Recent EIS Officer: Matthew Wise, PhD, MPH, (EIS 2008), cxx4@cdc.gov
Current/Recent EIS Officer: Elissa Meites, MD, MPH, (EIS 2008), dri9@cdc.gov

Officer Projects: Officers have led or participated in multiple investigations, including Pseudomonas infections in a neonatal intensive care unit, a contaminated medical product used for solid organ transplantations, and a Candida auris outbreak in hospitals in Columbia. PRB officers have conducted analyses involving healthcare-associated infections, antimicrobial-resistant pathogens, and antimicrobial use.

Officer Recent Publications:


Consultant: Melissa Schaefer, MD, (EIS 2007), ggi3@cdc.gov
Consultant: Issac Benowitz, MD, (EIS 2015), key6@cdc.gov
Consultant: Joe Perz, DrPH, (EIS 1999), bzp4@cdc.gov
Consultant: Priti Patel, MD, MPH, (EIS 2005), pgp0@cdc.gov
Consultant: Preeta Kutty, MD, MPH, (EIS 2005), chz6@cdc.gov
Consultant: Duc Nguyen, MD, MSc, (EIS 2011), vif8@cdc.gov
Consultant: Lauri Hicks, DO, (EIS 2003), auq3@cdc.gov
Consultant: Maroya Walters, PhD, ScM, (EIS 2011), vii0@cdc.gov
Consultant: Kiran Perkins, MD, (EIS 2013), guu9@cdc.gov
Consultant: Alex Kallen, MD, MPH, (EIS 2006), ffp0@cdc.gov
Consultant: J. Todd Weber, MD, (EIS 1990), jtw5@cdc.gov
Consultant: David Kuhar, MD, jto7@cdc.gov
Consultant: Ronda Sinkowitz-Cochran, MS, rls7@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 (HAI) and outbreaks, 2) adverse events related to drugs and immunizations; and 3) infections from blood, organ, and other tissues. In addition, DHQP plays a critical role in public health emergencies (e.g., the Ebola virus outbreak in West Africa and Zika virus). 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.

DHQP’s Prevention and Response Branch (PRB) is offering 2 EIS positions. PRB strives to improve the safety and quality of healthcare by investigating outbreaks of HAI and antimicrobial-resistant pathogens, designing and implementing best-practices for preventing HAI and transmission of resistant organisms, measuring the impact of prevention efforts, and promoting antimicrobial stewardship. Central to PRB’s success is its strong connection of public health science to clinical medicine, laboratory science, and regulatory agencies. PRB EIS officers 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 HAI and other adverse events.

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 (SB) 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 through DHQP’s International Infection Control Program (IICP) will be made available as they arise. Many of our officers have played critical roles in national responses to emerging pathogens including Ebola virus disease, MERS, and Zika virus. DHQP officers collaborate with epidemiologists and statisticians to address infection prevention, healthcare epidemiology, and antimicrobial resistance and use in a supportive work environment. Most opportunities in the DHQP/PRB and DHQP/SB positions will be available to all the officers in these positions. Officers are encouraged to review position descriptions for the other PRB position and for SB and IICP.

Proposed Initial Projects: Possible projects with immediately available data include: (1) determine relationship between community antibiotic use and methicillin-resistant Staphylococcus aureus (MRSA) prevalence using multivariable modeling; (2) analyze whether NHSN HAI definition changes affected HAI prevalence ; (3) evaluate whether worsening respiratory status in mechanically ventilated patients can be used as a proxy measure of antimicrobial prescribing in critical care locations using multivariable modeling. Additional projects related to HAIs, antimicrobial resistance, use and stewardship will be available.

Proposed Surveillance Projects: Officers will have the opportunity to choose from available surveillance projects related to HAIs, antimicrobial resistance and antimicrobial stewardship. Possible projects include (1) evaluate pilot surveillance project for multidrug resistant organisms that produce extended-spectrum beta-lactamases (headquarters-based); (2) evaluate surveillance definitions used to identify HAIs among nursing home residents (headquarters-based); (3) evaluate a new surveillance system for peritoneal dialysis-related infections with site visit.
Range of Opportunities: 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 submit work for publication. Opportunities for international experiences related to HAIs and antimicrobial resistance will be made available to officers through DHQP IICP.

Position Strengths: This position offers strong, interdisciplinary training that includes collaborations with state and local public health, opportunities to work with experts from DHQP’s laboratory branch, and connections to clinical medicine. This interdisciplinary training expands officers’ career opportunities after EIS, and former DHQP 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 diversity of topics and settings; good communication skills; team player who is also capable of independent work.

Available Data: Data immediately available:
NHSN: infections associated with diverse healthcare settings and antimicrobial use and resistance.
Emerging Infections Program: C. difficile, MRSA, antimicrobial-resistant Gram-negative bacteria, and HAI prevalence.
Centers for Medicare & Medicaid Services and other healthcare administrative datasets.

Recent Publications:

Domestic Travel: 20% International Travel: 5%

Available Support: 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. Weekly work-in-progress seminars provide additional opportunities to discuss analytic approaches.

Current/Recent EIS Officer: Matthew Stuckey, PhD, MPH, (EIS 2016), lxo5@cdc.gov
Current/Recent EIS Officer: Mark Weng, MD, MSc, (EIS 2016), lyo4@cdc.gov
Current/Recent EIS Officer: Ian Kracalik, PhD, MPH, (EIS 2017), nrm7@cdc.gov
Current/Recent EIS Officer: Kathleen Hartnett, PhD, (EIS 2017), iul9@cdc.gov
Current/Recent EIS Officer: Shannon Novosad, MD, MPH, (EIS 2015), ydz1@cdc.gov
Current/Recent EIS Officer: Amber Vasquez, MD, MPH, (EIS 2015), yxi9@cdc.gov
Current/Recent EIS Officer: Chris Edens, PhD, (EIS 2014), iek4@cdc.gov
Current/Recent EIS Officer: Meghan Lyman, MD, (EIS 2014), yeo4@cdc.gov
Current/Recent EIS Officer: Nora Chea, MD, MSc, (EIS 2013), xdc7@cdc.gov
Current/Recent EIS Officer: Jennifer Hunter, DrPH, MPH, (EIS 2013), xdd9@cdc.gov
Current/Recent EIS Officer: Joyanna Wendent, MD, MPH, (EIS 2011), Joyanna.Wendent@ihs.gov
Current/Recent EIS Officer: Ray Dantes, MD, MPH, (EIS 2011), vic5@cdc.gov
Current/Recent EIS Officer: Duc Nguyen, MD, MSc, (EIS 2011), vif8@cdc.gov
Current/Recent EIS Officer: Neil Gupta, MD, MPH, (EIS 2010), iym6@cdc.gov
Current/Recent EIS Officer: Chuma Mbaeyi, DDS, MPH, (EIS 2010), iyo1@cdc.gov
Current/Recent EIS Officer: Agam Rao, MD, (EIS 2009), ige4@cdc.gov
Current/Recent EIS Officer: Susan Adkins, MD, (EIS 2009), igc7@cdc.gov
Current/Recent EIS Officer: Matthew Wise, PhD, MPH, (EIS 2008), cxx4@cdc.gov
Current/Recent EIS Officer: Elissa Meites, MD, MPH, (EIS 2008), dri9@cdc.gov

Officer Projects: Officers have led or participated in multiple investigations, including Pseudomonas infections in a neonatal intensive care unit, a contaminated medical product used for solid organ transplantations, and a Candida auris outbreak in hospitals in Columbia. PRB officers have conducted analyses involving healthcare-associated infections, antimicrobial-resistant pathogens, and antimicrobial use.
Officer Recent Publications:


Consultant: Melissa Schaefer, MD, (EIS 2007), ggi3@cdc.gov
Consultant: Isaac Benowitz, MD, (EIS 2014), key6@cdc.gov
Consultant: Katherine Fleming-Dutra, MD, (EIS 2010), flu2@cdc.gov
Consultant: Joe Perz, DrPH, (EIS 1999), bzp4@cdc.gov
Consultant: Cheri Grigg, DVM, (EIS 2014), vqv9@cdc.gov
Consultant: Duc Nguyen, MD, MSc, (EIS 2011), vif8@cdc.gov
Consultant: Preeta Kutty, MD, (EIS 2005), chz6@cdc.gov
Consultant: Lauri Hicks, DO, (EIS 2003), auq3@cdc.gov
Consultant: Maroya Walters, PhD, MSc, (EIS 2011), vii0@cdc.gov
Consultant: Kiran Perkins, MD, (EIS 2013), guu9@cdc.gov
Consultant: Alex Kallen, MD, MPH, (EIS 2006), ffp0@cdc.gov
Consultant: Todd Weber, MD, (EIS 1990)
Consultant: David Kuhar, MD, jto7@cdc.gov
Consultant: Ronda Sinkowitz-Cochran, MS, rls7@cdc.gov
Consultant: Nimalie Stone, MD, eiy2@cdc.gov
Consultant: Ryan Fagan, MD, (EIS 2006), fev3@cdc.gov
Consultant: Sridhar Basavaraju, MD, (EIS 2007), etu7@cdc.gov
Consultant: Benjamin Park, MD, (EIS 2002), ip5@cdc.gov
Consultant: Jonathan Edwards, MS, jde3@cdc.gov
Consultant: Clifford McDonald, MD, (EIS 1996), ljm3@cdc.gov
Consultant: Judith Noble-Wang, PhD, cux2@cdc.gov

Division of Healthcare Quality Promotion /Surveillance Branch

NCEZID-DHQ-P-SB-GA-2018-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Healthcare Quality Promotion /Surveillance Branch
Physical Address: Atlanta, Georgia
Primary Supervisor: Jenetta Bell, MD, MPH, (EIS 2009), Medical Officer, jbell2@cdc.gov
Secondary Supervisor: Suparna Bagchi, MSPH, DrPH, (EIS 2012), Epidemiologist
Secondary Supervisor: Kathy Bridson, RN, BSN, MA, MScPH
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 (HAI) and outbreaks, 2) adverse events related to drugs and immunizations; and 3) infections from blood, organ, and other tissues. 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, Zika virus). 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.

DHQP’s Surveillance Branch (SB) is offering 1 EIS position. SB supports the promotion of healthcare safety, providing data useful for monitoring and preventing HAIs. The DHQP-managed NHSN provides capabilities to: 1) identify infection prevention problems by facility, state, or quality improvement project; 2) benchmark progress of infection prevention efforts; 3) comply with public reporting mandates; and 4) drive progress toward elimination of HAIs.

In addition SB includes the Medication Safety Program leading DHQP’s adverse drug event surveillance activities. Medication safety focuses on 1) providing national surveillance data to guide medication safety policies; 2) promoting evidence-based, patient-centered medication safety interventions; and 3) emerging safety issues related to medical products.

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 Prevention and Response Branch to investigate outbreaks and assess prevention efforts; 3) the Epidemiologic Research and Investigations Branch for expanding the knowledge base of HAI prevention; and 4) the Office of Blood, Organ, and Other Tissue Safety to investigate transplant- and transfusion-related disease transmission. Opportunities for international experiences through DHQP’s International Infection Control Program (IICP) will be made available to officers as they arise. Many of our officers have played critical roles in the national response to emerging pathogens including Ebola virus disease, MERS, and Zika virus. DHQP officers collaborate with epidemiologists and statisticians to address infection prevention, healthcare epidemiology, and antimicrobial resistance and use in a supportive work environment. Officers are encouraged to review descriptions for the PRB, SB, and IICP positions.

Proposed Initial Projects:
- Use of discrete probability modeling to characterize multi-drug resistant organism laboratory identified events by analyzing time between reported events among hospitals reporting to NHSN.
- Use NHSN database and Log-binomial and Poisson regression modeling to assess temporal changes and similarities and differences in antibiotic resistance across healthcare facility types.
- Determine the likelihood of repeated patient-specific HAI among acute care, long-term care and inpatient rehabilitation hospitals using predictive general linear modeling.

Proposed Surveillance Projects:
Possible projects include (1) Evaluation the population-based surveillance module for Clostridium difficile reporting at Long Term Care settings (2) Evaluate the validity of surgical site infections definition for colon and abdominal hysterectomy surgeries in collaboration with a state health department. Both projects may include secondary analyses and on-site evaluation with an NHSN partner.

Range of Opportunities:
Officers have opportunities to lead outbreak investigations in healthcare settings, develop data analysis skills, and participate in the development of public health surveillance systems. There are abundant opportunities to submit work for publication. Opportunities for international experiences related to HAIs and antimicrobial resistance will be made available to officers through DHQP IICP.

Position Strengths:
This position offers strong, interdisciplinary training that includes collaborations with state and local public health, opportunities to work with experts in analysis of national datasets, and connections to clinical medicine. This interdisciplinary training expands officers’ career opportunities after EIS, and former DHQP officers have gone on to take positions in state and federal public health, academia, and clinical medicine.

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. Prior experience analyzing large data sets using SAS statistical software would be also be advantageous for an EISO filling this position.

Available Data:
Data sets are readily available within the first month of the EIS Officer’s assignment. Including:

NHSN: infections associated with diverse healthcare settings and antimicrobial use and resistance.
Emerging Infections Program: C. difficile, MRSA, antimicrobial-resistant bacteria, and HAI prevalence.
Centers for Medicare & Medicaid Services and other administrative datasets for inpatients and outpatients.


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

**Available Support:** The DHQP orientation for incoming officers encompasses epidemiologic methods, data management, media training, and hands-on training in laboratory techniques. Statistical expertise and support from DHQP staff is available.

**Current/Recent EIS Officer:** Jonathan Duffy, MD, (EIS 2008), lzd5@cdc.gov

**Current/Recent EIS Officer:** Pritish Tosh, MD, (EIS 2009)

**Current/Recent EIS Officer:** Amit Chitnis, MD, (EIS 2010)

**Current/Recent EIS Officer:** Isaac See, MD, (EIS 2011), gst8@cdc.gov

**Current/Recent EIS Officer:** Andrew Geller, MD, (EIS 2012), wia0@cdc.gov

**Current/Recent EIS Officer:** Lauren Epstein, MD, (EIS 2013), xdd0@cdc.gov

**Officer Projects:** Surveillance Branch (SB) officers have led multiple investigations, including Mucormycosis associated with hospital linens, Pseudomonas aeruginosa surgical site infections after arthroscopic procedures, epidemiology of pneumonia and lower respiratory infections in Pennsylvania and healthcare-associated infections in Egypt. SB officers have conducted analyses involving healthcare-associated infections and antimicrobial-resistant pathogens.


**Consultant:** Jonathan Edwards, MS, Lead Statistician

**Consultant:** Daniel Pollock, MD, (EIS 1984), Branch Chief

**Consultant:** Margaret Dudeck, MPH, Methods and Analytics Team Lead

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**Division of Preparedness and Emerging Infections /Arctic Investigations Program**

**NCEZID-DPEI-AIP-AK-2018-01**

**Agency Name:** CDC

**Division/Branch/Team/Section:** Division of Preparedness and Emerging Infections /Arctic Investigations Program

**Physical Address:** Anchorage, Alaska

**Primary Supervisor:** Michael Bruce, MD, MPH, (EIS 1997), Medical Epidemiologist, zwa8@cdc.gov

**Secondary Supervisor:** Leisha Nolen, MD, (EIS 2013), Medical Epidemiologist

**Secondary Supervisor:** Tom Hennessy, MD, (EIS 1994), Medical Epidemiologist
Background: The Arctic Investigations Program (AIP) offers an exciting opportunity for EIS officers to engage with a broad range of infectious disease public health challenges confronting northern populations. We have a special interest in understanding the unique social and environmental risk factors contributing to infectious disease health disparities among indigenous populations. In addition to our international leadership role on Arctic health issues, AIP collaborates with the State of Alaska to conduct surveillance for invasive bacterial diseases and to provide consultation on specific research questions. AIP is located on the campus of the Alaska Native Medical Center, reflecting our longstanding and close working partnership with the Alaska Native tribal entities.

At AIP, we focus on conducting infectious disease epidemiologic research with an eye towards understanding the upstream determinants of disease and informing public health policy. Priority activities include prevention of diseases caused by Streptococcus pneumoniae, Haemophilus influenzae, Helicobacter pylori, groups A and B Streptococcus, Neisseria meningitidis, and respiratory syncytial virus (RSV), as well as the control of viral hepatitis and skin infections. Ongoing, laboratory-based surveillance for S. pneumoniae, H. influenzae, and H. pylori creates opportunities to explore the impact of vaccination policies and to describe the emergence of antimicrobial resistance or new clonal types in these organisms. In addition, AIP is headquarters for invasive bacterial disease surveillance across the Arctic via the International Circumpolar Surveillance network (ICS).

Proposed Initial Projects: 1) Evaluate the long-term immunogenicity of the inactivated hepatitis A virus vaccine among children vaccinated 25 years after initial dose
2) Travel to remote western Alaskan villages to implement a series of interventions to prevent MRSA boils, then follow-up to assess impact
3) Compare the severity of illness among Alaska children with invasive Haemophilus influenzae serotype A (Hia) infection with other serotypes such as B and F
4) Hia antibody testing and serum bactericidal assay of cord blood from the specimen bank in preparation for an eventual Hia vaccine
5) Retrospective cohort analysis of the association between diagnosis of Helicobacter pylori Infection and subsequent development of gastric cancer among American Indian and Alaska Native persons using Indian Health Service national data
6) Screening for antibody positivity to Hepatitis C among patient populations seen at the Alaska Native Medical Center
7) HPV9 immunogenicity study 1 year post vaccination

Proposed Surveillance Projects: Evaluation of the population-based surveillance System for Invasive Haemophilus influenzae (all serotypes) in Alaska, 1980-2017. This will involve analysis of the Hi surveillance database at AIP (desk-based), but will also involve travel to laboratory surveillance sites outside of Anchorage and sometimes in remote parts of the state.

Range of Opportunities: Research activities take place in both urban and rural Alaska, with opportunities to travel to remote Alaska Native communities where lifestyles are still very traditional. AIP is on the Alaska Native Medical Center campus and has a staff of 30 with laboratories for microbiology and molecular diagnostics and a 500,000+ specimen bank for supporting epidemiology studies. We support an international deployment should the opportunity arise.

Position Strengths: - 4 medical epidemiologists with >10 years’ experience working with EISOs
- A diverse epidemiologic research experience
  o provides an understanding of public health practice at the international, national, state, local and tribal level
- Analysis of laboratory-based surveillance data for invasive bacterial diseases at AIP allows assessment of vaccine impact and emergence of antimicrobial resistance/new clonal types

Special Skills Useful for this Position: No special skills are required, but familiarity with infectious diseases can be helpful.

Available Data:
- Surveillance data on S. pneumoniae, H.influenzae, GAS/GBS, Neisseria meningitidis
- Data from a 25 year hepatitis A immunogenicity study
- The National Patient Information Reporting System data on Helicobacter pylori Infection and subsequent development of gastric cancer

Recent Publications:
- Infectious disease hospitalizations among American Indian/Alaska Native and non-American Indian/Alaska Native persons in Alaska, 2010-2011 Public Hlth Rep 2017
- Prevalence of Helicobacter pylori among Alaskans: Factors Associated with Infection and Comparison of Urea Breath Test and Anti-Helicobacter IgG antibodies Helicobacter 2018
Risk of end stage liver disease, hepatocellular carcinoma and liver-related death by fibrosis stage in the hepatitis C Alaska cohort Hepatology 2017

Impact of providing in-home water service on rates of infectious diseases from four communities in Western Alaska J Water and Health 2016

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

**Available Support:** Four full-time and two part-time medical epidemiologists, three research nurses and two biostatisticians. Data entry and data management duties are handled by full-time programmers, leaving the officer time to focus on higher level activities. Phone duty is minimal.

**Current/Recent EIS Officer:** Emily Mosites, PhD, (EIS 2016)

**Current/Recent EIS Officer:** Ian Plumb, MD, (EIS 2014)

**Current/Recent EIS Officer:** Greg Raczniak, MD, (EIS 2011)

**Current/Recent EIS Officer:** James Keck, MD, (EIS 2009)

**Current/Recent EIS Officer:** Kathy Byrd, MD, (EIS 2007)

**Officer Projects:**
- Outbreak of a rare subtype of invasive GAS among homeless adults
- Giardia/Crypto antibody prevalence/exposure among Alaskans
- Invasive Hia infection in children: clinical description of an emerging pathogen
- Hepatitis A vaccine immune response 20 years after vaccination
- KAP survey of skin/soft tissue infections in rural Alaska

**Officer Recent Publications:**
- Mosites E, et al. Outbreak of a rare subtype of invasive GAS among homeless adults, AK CID 2017
- Mosites E, et al. Pneumo carriage in AK Native Children receiving reduced PCV13 doses CID 2017
- Plumb I, et al. Hepatitis A vaccine immune response 20 years after vaccination J Viral Hepat 2017
- Raczniak G et al. KAP survey of skin and soft tissue infections in rural Alaska IJCH 2016
- Keck J, et al. PCV7-Induced Changes in Pneumococcal Carriage and IPD in Alaskan Children. Vaccine 2014

**Size of Community:** Anchorage is a city of ~300,000.

**University Affiliation:** We work with the University of Alaska Anchorage and the University of Alaska Fairbanks on projects

**Living Environment:** Great quality of life if you like the outdoors, but also a lively cultural and art scene in Anchorage.

**Cultural and Recreational Assets:** Anchorage is a city of 300,000, bordered by beautiful woodlands, mountains and the ocean. There are extensive hiking, biking and cross-country ski trails in the city, plus 3 downhill ski areas. The city supports a lively art and cultural community, great restaurants, two universities, and professional hockey and summer league baseball teams.

**Opportunity for Partners’ Employment:** Yes

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**Division of Vector-Borne Diseases/Arboviral Diseases Branch**

NCEZID-DVBD-ADB-CO-2018-01

**Agency Name:** CDC

**Division/Branch/Team/Section:** Division of Vector-Borne Diseases/Arboviral Diseases Branch /SET

**Physical Address:** Fort Collins, Colorado

**Primary Supervisor:** Carolyn Gould, MD, MS, Medical Epidemiologist, gby3@cdc.gov

**Secondary Supervisor:** Erin Staples, MD, PhD, (EIS 2003), Medical Epidemiologist

**Secondary Supervisor:** Marc Fischer, MD, MPH, (EIS 1994), Team Lead
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 transmission modes and clinical complications (e.g., congenital 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 not considered a field position.

Proposed Initial Projects: 1. Evaluate Zika, chikungunya, and dengue virus infection using molecular testing on blood spots.
2. Summarize the epidemiology of LaCrosse virus disease cases reported to ArboNET.
4. Perform regression analysis to evaluate duration of seroprotection after yellow fever vaccination.
5. Evaluate risk factors associated with Heartland virus disease among cases submitted to CDC for ehrlichia testing.
6. Evaluate trends in Powassan virus disease cases and association with diagnostic testing practices.
7. Use mathematical modeling to assess cost-effectiveness of a theoretical West Nile vaccine in US states and counties with higher incidence of neuroinvasive disease among older adults.

Proposed Surveillance Projects: Evaluate surveillance for Zika viremic blood donors in US states using data from ArboNET 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. Recent investigations included Bourbon virus infection in Missouri, plague in Madagascar (cross-branch collaboration), Zika in Chuuk, and chikungunya in US Virgin Islands. 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 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; 2) ADBDiag – database of arboviral diagnostic testing performed at CDC. Datasets are accessible and readily available for analytic projects.

Recent Publications: Staff typically publish 20-30 scientific articles on a variety of arboviral diseases per year. Recent examples:
Hills SL, Fischer M, Petersen LR. Epidemiology of Zika virus infection. J Infect Dis 2017;216.

Domestic Travel: 20% International Travel: 10%

Available Support: CDC Fort Collins has >200 personnel, including epidemiologists, microbiologists, statisticians,
and IT support. The Arboviral Diseases Branch Epidemiology Team has 12 staff, including six senior epidemiologists, three surveillance officers, one post-doctoral fellow, and two EISOs. We have video conferencing with Atlanta for Tuesday Morning Seminar, Grand Rounds, and training.

**Current/Recent EIS Officer:** Emily Curren, DVM, MPH, (EIS 2017)

**Current/Recent EIS Officer:** William (Billy) Walker, DVM, PhD, (EIS 2016)

**Current/Recent EIS Officer:** Elisabeth Krow-Lucal, PhD, MPH, (EIS 2015)

**Current/Recent EIS Officer:** Morgan Hennessey, DVM, MPH, (EIS 2014)

**Current/Recent EIS Officer:** Daniel Pastula, MD, MHSc, (EIS 2013)

**Current/Recent EIS Officer:** Stephanie Yendell, DVM, MPH, (EIS 2011)

**Current/Recent EIS Officer:** Katherine Gibney, MBBS, MPH, (EIS 2009)

**Officer Projects:**
1. First transplant-associated eastern equine encephalitis virus infections
2. Bourbon virus investigation in Missouri
3. St. Louis encephalitis virus epidemiology, US
4. Japanese encephalitis vaccine adverse events
5. Zika virus microcephaly case-control study, Brazil
6. Suspected Zika outbreak, Chuuk, FSM
7. Chikungunya virus serosurvey, US Virgin Islands

**Officer Recent Publications:**

**Consultant:** Stacey Martin, MSc, Epidemiologist

**Consultant:** Susan Hills, MBBS, Medical Epidemiologist

**Consultant:** Chris Gregory, MD, MPH, (EIS 2008), Branch Chief

**Consultant:** Lyle Petersen, MD, MPH, (EIS 1985), Division Director

**Size of Community:** Fort Collins is a vibrant community with a population of ~161,000.

**University Affiliation:** Close affiliations exist with the University of Colorado.

**Living Environment:** Fort Collins lies ~5,000 feet above sea level and has a moderate, 4-season climate with ~300 days of sunshine/year.

**Cultural and Recreational Assets:** Lying against the foothills of the Rocky Mountains and the Cache la Poudre River, Fort Collins has an abundance of parks, natural areas, hiking/bike trails, on-street bike lanes, swimming pools, and nearby ski resorts. Numerous cultural activities are offered by the Fort Collins Lincoln Center, and the city boasts local music, cuisine, microbreweries, and festivals. Fort Collins has an excellent public school system and is within 1.5 hours of Boulder, Denver, and Cheyenne, WY.

**Opportunity for Partners’ Employment:** Fort Collins is home to Colorado State University, multiple high tech companies, businesses, and several federal agencies (e.g., USDA, NOAA, National Parks).
National Center for Environmental Health/
Agency for Toxic Substances and Disease Registry

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, and build state and national public health capacity. Be part of a cruise ship inspection/outbreak investigation, 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. Visit us at http://www.cdc.gov/nceh and http://www.cdc.gov/nceh/eis.

Division of Environmental Health Science and Practice/Asthma and Climate Health Branch

NCEH-ATSDR-DEHSP-ACHB-GA-2018-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Environmental Health Science and Practice/Asthma and Climate Health Branch/Air Pollution and Asthma Epidemiology Team
Physical Address: Atlanta, Georgia
Primary Supervisor: Suzanne Beavers, MD, (EIS 2006), medical officer, fgx5@cdc.gov
Secondary Supervisor: Maria Mirabelli, PhD, MPH, Epidemiologist, zit7@cdc.gov

Background: The mission of the Asthma and Community Health Branch (ACHB) 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; to translate climate change science to inform states, local health departments and communities; and to create decision support tools to build capacity to prepare for climate change. Areas of expertise within ACHB include epidemiology, program implementation and evaluation, environmental exposure assessment, biostatistics, media communications, and health economics and policy.

ACHB 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 climate and health, air pollution (outdoor or indoor) and its impact on respiratory health (e.g., particulate matter, mold)
* Emergency response, e.g., wildfires, hurricanes, and asthma-related Epi-Aids

In addition to Epi-Aids and field investigation opportunities in ACHB the EISO can expect to obtain field investigation opportunities throughout the Center. Such opportunities might include natural disaster responses, cruise ship investigations, chemical and environmental exposure investigations, and community assessments of preparedness and response. EIS officers have access to datasets or field investigations through collaboration with the Water, Food, and Environmental Health Services 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. Examples of previous collaborations with these programs include investigating the Flint, MI water crisis and assisting states impacted by Hurricanes Matthew, Harvey, and Maria. 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
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) Analyze BRFSS Asthma Call-Back Survey (ACBS) data to investigate how demographic disparities in asthma morbidity relate to the availability of preventive asthma control interventions (e.g., self-management education, home or school practices); 2) link air quality data (e.g., modeled particulate matter and ozone concentrations) with nationally representative survey data (e.g., NHANES or ACBS) and conduct epidemiologic analyses to assess the impact of air quality on respiratory symptom onset, frequency, and severity, 3) Use pollen data (the Climate Program has multiple datasets of airborne pollen measurements) and health data (e.g., NHANES or ACBS) to examine the relationship between pollen and health outcomes, and how weather and climate affect this relationship; 4) Using data from FEMA and the American Hospital Association, work on a follow-up study on the vulnerability of healthcare facilities to flooding and storm surge.

Proposed Surveillance Projects: Evaluate the use of Medicaid 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. The officer will enjoy a variety of opportunities (e.g., designing and leading epidemiologic investigations, analyzing national datasets, responding to requests for emergency assistance (Epi-Aids) from state or international governments, and communicating with lay audiences).

Position Strengths: 1) Important public health problems: indoor/outdoor air pollution, asthma, climate health 2) broad range of subject areas (e.g., healthcare/public health partnership, exposure modelling, 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 successfully mentored officers with different backgrounds (e.g., PhD, MD, etc.). The officer should want to learn about the role of the environment on population health and should enjoy working with public health practitioners 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), MarketScan (health cost and utilization data), ConsumerStyles Survey, American Hospital Association Survey, air quality data, Healthcare Cost and Utilization Project data, and others.


Zahran HS, Bailey CM, Qin X, Johnson C. Long-term control medication use and asthma control status among children and adults with asthma. J Asthma 2017; 54.


Domestic Travel: 5% International Travel: 0%

Available Support: The EISO will be able to work with epidemiologists, environmental health scientists, statisticians, physicians, and communications and program evaluation experts.

Current/Recent EIS Officer: Audrey Pennington, PhD, MPH, (EIS 2017), isp5@cdc.gov
Current/Recent EIS Officer: Lillianne Lewis, MD, MPH, (EIS 2015), Preventive Medicine resident, iph4@cdc.gov
Current/Recent EIS Officer: Mateusz Karwowski, MD, (EIS 2014), Medical Officer, ydh4@cdc.gov
Current/Recent EIS Officer: Joy Hsu, MD, MS, (EIS 2013), Medical Officer, xdd6@cdc.gov
Current/Recent EIS Officer: Matthew Lozier, PhD, MPH, (EIS 2012), epidemiologist, wfu2@cdc.gov
Current/Recent EIS Officer: Behrooz Behbod, MD, PhD, (EIS 2011)
Current/Recent EIS Officer: Bryan Christensen, PhD, (EIS 2010), epidemiologist, iy1@cdc.gov
Current/Recent EIS Officer: Jeneita Bell, MD, (EIS 2009), medical officer, hqp8@cdc.gov

Officer Projects: Analytic projects: association between asthma-related school absenteeism and ED visits (Asthma Call-back Survey); asthma and influenza vaccination (National Health Interview Survey); Assessment of how adults receive air quality alerts (ConsumerStyles data)
Field investigations: asthma healthcare utilization risk factors (Puerto Rico, Utah), assessment of mold exposure after Hurricane Harvey


Consultant: George Luber, PhD, (EIS 2002), Acting Branch Chief, ACHB
Consultant: Josephine Malilay, PhD, Research scientist
Consultant: Paul Garbe, DVM, MPH, (EIS 1982), plg2@cdc.gov
Consultant: Kathryn Conlon, PhD, MPH, epidemiologist, kconlon@cdc.gov

Division of Environmental Health Science and Practice/Emergency Management, Radiation, and Chemical Branch

NCEH-ATSDR-DEHSP-EMRCB-GA-2018-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Environmental Health Science and Practice/Emergency Management, Radiation, and Chemical Branch/Health Studies Section
Physical Address: Atlanta, Georgia
Primary Supervisor: Ekta Choudhary, PhD, MPH, MS, (EIS 2009), Epidemiologist, echoudhary@cdc.gov
Secondary Supervisor: Royal Law, PhD, Epidemiologist, hua1@cdc.gov
Secondary Supervisor: Tegan Boehmer, PhD, (EIS 2006), Health Scientist, toc4@cdc.gov

Background: When environmental hazards threaten a community, public health decision makers look for answers based in sound science. The Health Studies Section in CDC’s National Center for Environmental Health (NCEH) advances environmental public health knowledge and builds capacity of public health agencies to reduce the negative consequences of environmental public health threats and emergencies. The program is responsible for investigating environmental exposures and health effects; conducting surveillance for emerging environmental health threats; responding to acute poisoning outbreaks of toxic etiology; and preparing for and responding to natural and human-induced disasters. Program staff maintain strong professional capabilities in environmental epidemiology, medical toxicology, and disaster epidemiology. The Health Studies Section has a strong history of recruiting and mentoring EIS officers with a variety of professional backgrounds. The incoming EIS officer will have an opportunity to address a variety of environmental health topics. Some unique activities that an incoming EIS officer could be involved in are: 1) National Poison Data System (NPDS) analyses to characterize emerging environmental health threats; 2) Community Assessment for Public Health Emergency Response (CASPER) surveys to quantify population-level health status and basic needs throughout the disaster lifecycle; and 3) leadership in radiation epidemiology and development of surveillance tools for radiation/nuclear disasters.

The Health Studies Section EIS officer will have an opportunity to lead toxicological outbreak investigations and conduct other epidemiologic studies of emerging environmental health threats. Recent EIS officers have obtained field experience while responding to hurricanes and other environmental disasters. In addition to Health Studies Section Epi-Aids and field investigations, an EIS officer can expect additional field opportunities throughout NCEH. Such opportunities might include cruise ship outbreak investigations or Assessment of Chemical Exposure (ACE) investigations. EIS officers will also be able to participate in CDC-wide emergencies, such as recent Ebola and Zika virus responses.

Proposed Initial Projects: • Investigate adverse health effects associated with exposure to an emerging consumer product using national database of calls to U.S. poison centers. Possible analytic methods include time-series analysis and multivariate modeling.
- Participate in design and implementation of Per- and Poly-fluoroalkyl Substance (PFAS) Exposure Assessment Multi-Site Study. The EISO will learn about epidemiological study design and statistical analysis (e.g., multivariate regression analyses, assessment of confounding and effect modification) and work with state and federal partners.
- Assess association between vitamin, mineral, and dietary supplement use and all-cause and cause-specific mortality among U.S. adults using National Health and Nutrition Examination Survey (NHANES) data linked to the National Death Index.
- Examine the association between prenatal PFAS exposure and child and adolescent development (e.g., body fatness, bone health, hormone levels) using the Avon Longitudinal Study of Parents and Children (ALSPAC).

**Proposed Surveillance Projects:**
- Evaluate National Poison Data System (NPDS) for surveillance of emerging threats (e.g., pesticides, PFAS, opioids, radiation). This will be a desk-based assignment.
- Develop and evaluate case definitions for radiation sickness surveillance following an improvised nuclear device detonation. This will be a desk-based assignment with possibility for in-person site visit.

**Range of Opportunities:** Incoming EIS officers will have an opportunity to enhance their applied epidemiology, surveillance, and analytic skills while working on a wide range of environmental health topics. Key public health activities to choose from include surveillance of emerging environmental health threats; natural, chemical, and radiologic disaster epidemiology; emergency response; investigations of acute poisoning outbreaks; and studies of environmental exposures and health effects. Officer-initiated projects consistent with branch priorities are encouraged.

**Position Strengths:** Supervisors and mentors have a vast array of experience and can tailor the EIS experience to the interests and skills of individual EIS officers. Former EIS officers have been recognized for their epidemiology, leadership, and analytic skills with nominations for the Shepard and Peavey awards and receipt of the Mackel and Langmuir awards.

**Special Skills Useful for this Position:** The Health Studies Section has successfully mentored EIS officers with a variety of professional backgrounds. Key ingredients to success include strong teamwork, flexibility, creative problem solving, and personal initiative. Previous publication history is desired but not required. We are happy to help those new to scientific writing master this critical public health skill. Training in environmental health sciences or environmental epidemiology might make the transition to NCEH easier, but we recognize that EIS is a time to try something new, challenge yourself, and expand your professional toolkit. We look forward to talking with you!

**Available Data:** National Poison Data System (immediately available), Avon Longitudinal Study of Parents and Children (immediately available), National Health and Nutrition Examination Survey (immediately available).

**Recent Publications:**

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

**Available Support:** Incoming EIS officers will receive support from their immediate supervisors and other experts in environmental epidemiology, medical toxicology, and disaster epidemiology. Statisticians and health communications specialists are also available to assist EIS officers. Health Studies Section has four EIS alumni and three Commissioned Corps officers.

**Current/Recent EIS Officer:** Alice Wang, PhD, (EIS 2015), Epidemiologist, ilm1@cdc.gov
**Current/Recent EIS Officer:** Gamola Fortenberry, PhD, (EIS 2015)
**Current/Recent EIS Officer:** Anindita Issa, MD, (EIS 2016), EIS Officer, lxo4@cdc.gov
**Current/Recent EIS Officer:** Amelia Kasper, MD, (EIS 2014)
**Current/Recent EIS Officer:** Kevin Chatham-Stevens, MD, (EIS 2013), Medical Officer, xdc4@cdc.gov
**Current/Recent EIS Officer:** Olaniyi Olayinka, MD, (EIS 2013)
**Current/Recent EIS Officer:** Danielle Buttke, DVM, (EIS 2010)
**Current/Recent EIS Officer:** Ekta Choudhary, PhD, (EIS 2009)
**Current/Recent EIS Officer:** Ellen Yard, PhD, (EIS 2009)
**Current/Recent EIS Officer:** Sarah Vagi, PhD, (EIS 2008)

**Officer Projects:**
- Responses to hurricanes Harvey, Irma, and Maria (EOC and Puerto Rico)
- Evaluation of tornado-related mortality
• Community needs assessments (Flint water crisis, West Virginia floods)
• Public health impact of national poison center surveillance
• Investigations of severe illness associated with synthetic cannabinoids
• Association between prenatal PCB exposure and cognitive development


**Consultant:** Lorrie Backer, PhD, (EIS 1994), Research Epidemiologist, lfb9@cdc.gov

**Consultant:** Tegan Bohner, PhD, (EIS 2006), Health Scientist, toc4@cdc.gov

**Consultant:** Tesfaye Bayleyegn, MD, (EIS 2004), Epidemiologist, bvy7@cdc.gov

**Consultant:** Johnni Daniel, DHSe, Research Officer, bez2@cdc.gov

**Consultant:** Stephanie Kieszak, MPH, Statistician, sek7@cdc.gov

**Consultant:** Josh Schier, MD, Medical Officer, are8@cdc.gov

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**Division of Environmental Health Science and Practice /Lead Poisoning Prevention and Environmental Health Tracking Branch**

**NCEH-ATSDR-DEHSP-LPPEHTB-GA-2018-01**

**Agency Name:** CDC

**Division/Branch/Team/Section:** Division of Environmental Health Science and Practice /Lead Poisoning Prevention and Environmental Health Tracking Branch

**Physical Address:** Atlanta, Georgia

**Primary Supervisor:** Fuyuen Yip, PhD, MPH, (EIS 2004), Section Chief, fyip@cdc.gov

**Secondary Supervisor:** Tim Dignam, PhD, MPH, Section Chief, ted9@cdc.gov

**Background:** The Lead Poisoning Prevention and Environmental Health Tracking Branch (LPPEHTB) houses two programs: the Childhood Lead Poisoning Prevention Program (Lead Program) and the Environmental Public Health Tracking Program (Tracking Program).

The mission of the Lead Program is to eliminate childhood lead exposure as a public health problem and to support child blood lead surveillance and targeted population-based interventions. The mission of the 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.

LPPEHTB activities include: 1) Detecting and monitoring spatial and temporal trends in the surveillance data; 2) Analyzing, integrating, and disseminating data and results, such as through the Tracking Network; 3) Developing data visualizations and tools for disseminating and communicating data and information to multiple audiences; and 4) Providing scientific input in the development of innovative informatics for managing, processing, and disseminating environmental health data. The branch staff has expertise in epidemiology, biostatistics, surveillance, informatics, program management, and health communication.

In addition to Epi-Aids and field investigation opportunities in LPPEHTB, the EISO can expect to obtain field investigation opportunities throughout NCEH. Such opportunities might include natural disaster responses, cruise ship investigations, chemical and environmental exposure investigations, and community assessments of preparedness and response. Examples of previous collaborations include investigating the Flint, MI water crisis and assisting states impacted by Hurricanes Harvey, Irma, and Maria. Because of the organizational co-location of NCEH and ATSDR,
EIS officers assigned to LPPEHTB may also have the opportunity to participate in activities across both agencies. Opportunities for EIS officers outside of NCEH/ATSDR (e.g., Ebola, Zika) are also supported.

Relevant websites:
www.cdc.gov/nceh/eis/overview.html
www.cdc.gov/nceh/lead
www.ehitracking.cdc.gov

**Proposed Initial Projects:** 1) Conduct an epidemiological study using the CDC child blood lead surveillance data to determine the time required to reduce elevated BLLs in children to levels below the CDC reference value, and factors associated with longer times; 2) Develop a data analysis plan for using the All-Hazards Disaster Module (AHD) within the Tracking Network to inform emergency preparedness and develop measures for evaluating community resiliency for the AHD; 3) Conduct a case review to identify and examine risk factors for children with persistent elevated BLLs; 4) Analyze information on how the Tracking program and its data have been used to drive public health actions at the state, local levels; 5) Work with state partners to pilot test enhanced passive surveillance methods for identifying elevated BLLs. Analytic epidemiology opportunities can be tailored to officer interests and background.

**Proposed Surveillance Projects:** 1) Evaluation of the CDC child blood lead surveillance system for timeliness of follow-up testing as recommended by CDC guidance; 2) Evaluation of well water data from the US Geological Survey and its appropriateness for inclusion into the Tracking Network; 3) Evaluation of current radon data on the Tracking Network; 4) Assist a state/local Lead or Tracking Program with evaluation of a component of their surveillance system.

**Range of Opportunities:** The officer will enjoy a variety of opportunities such as analyzing large datasets; responding to NCEH requests for emergency assistance (Epi-Aids) from state or international governments; collaborating with groups of federal, state, local experts in developing data standards and protocols for analyses of health and environmental data.

**Position Strengths:** We provide an opportunity to 1) learn about the state of science for key environmental health issues for many subject areas; 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; and 4) collaborate with other groups within and outside of NCEH, including for field investigations.

**Special Skills Useful for this Position:** The officer should be excited to learn about the impact 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:** The Lead Poisoning Prevention Program’s national surveillance system collects and analyzes blood lead surveillance data from state and local health departments. Data from the Tracking Network include hospitalization and emergency department data for health outcomes (e.g., asthma, cardiovascular disease, heat stress illness); environmental data such as monitored and modeled air quality data; and other data on land use, highways, drought, and ultra-violet radiation, at the national and state levels.


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

**Available Support:** Epidemiology, environmental health science, communications, and informatics experts.  
**Current/Recent EIS Officer:** Carrie Dooyema, MSN, MPH, (EIS 2011)

**Current/Recent EIS Officer:** Ethan Fechter-Leggett, DVM, MPH, (EIS 2013), Medical Officer

**Officer Projects:** Evaluated Tracking Network surveillance system’s use of hospital discharge data; evaluated NYC Healthy Homes surveillance system; rapid identification of needs of communities affected by WV Elk River chemical spill; investigation on adverse reactions to synthetic marijuana; examination of risk factors for high blood lead levels (BLLs) among Nigerian children.

**Officer Recent Publications:**  

Consultant: Heather Strosnider, MPH, Team lead
Consultant: Michele Monti, MPH, Epidemiologist
Consultant: Angela Werner, PhD, Epidemiologist
Consultant: Kathryn Eagan, PhD, Epidemiologist
Consultant: Stella Chuke, MD, MPH, Medical Officer

Background:
The Vessel Sanitation Program congressional mandate is to assist the cruise industry in developing comprehensive public health programs to minimize the introduction, transmission and spread of acute gastroenteritis (AGE) illness into the United States. This collaborative approach between government and industry achieves its goals by:
• Developing mutually agreed-upon policies and procedures including operational and construction standards;
• Providing public health training to cruise industry personnel;
• Conducting outbreak investigations (when necessary);
• Making recommendations for improved public health practice.

Based on the mutually agreed-upon policies and procedures, VSP has created two guiding documents upon which their work is based: The VSP 2018 Operations Manual, and The VSP 2018 Construction Guidelines. VSP’s day-to-day work includes:
• Conducting twice yearly unannounced sanitation inspections on all cruise ships carrying 13 or more passengers visiting a U.S. port from a foreign port;
• Conducting plan reviews and construction inspections on cruise ship renovations and new ship builds;
• Maintaining and monitoring the national cruise ship AGE surveillance system, formally known as the Maritime Illness Database and Reporting System (MIDRS)
• Conducting epidemiologic investigations and environmental health assessments on cruise ships in U.S. jurisdiction when there is an AGE outbreak;
• Providing training and consultation to the cruise industry, shipyards, and other government agencies responsible for maritime enteric disease prevention and control.

Proposed Initial Projects: Using VSP’s Maritime Illness Data Reporting System the EISO will be able to conduct the following type of studies:
(a) Investigate AGE case clusters, elevations, and outbreaks on cruise ships in U.S. jurisdiction;
(b) Provide public health recommendations based on investigation findings and monitor remediation efforts by cruise ship personnel;
(c) Conduct studies of AGE illnesses that occur on cruise ships in U.S. jurisdiction to examine epidemiologic trends based on voyage factors (e.g., voyage length, passenger and crew demographics, ship size) and causative agent; and,
(d) Conduct studies examining the impact of VSP’s AGE case definition change on the number of cases reported during outbreaks.

Other projects include:
(a) Conduct a comparative study examining illness symptoms and pathogens that cause AGE among passenger and crew populations, on cruise ships in U.S. jurisdiction;
(d) Conduct descriptive study examining delayed reporting behaviors among passengers and crew, and conduct a
multivariate modeling analysis to determine factors that influence delayed reporting habits (e.g., age, crew position, gender, voyage type/length, etc.).

**Proposed Surveillance Projects:** VSP created the MIDRS surveillance system in 2000 to capture AGE illness reports from cruise ships sailing in U.S. jurisdiction. Ships are required by federal law to submit the number of passengers and crew who meet VSP’s AGE case definition during the voyage and special reports when they meet VSP’s AGE elevation and outbreak thresholds. The MIDRS system has never been formally evaluated. VSP’s EISO will formally evaluate the system, which may require site visits to gather stakeholder input, and provide recommendations for improvement if necessary.

**Range of Opportunities:** VSP’s EISO will lead cruise ship enteric disease outbreak epidemiologic investigations, coordinate with CDC’s laboratories, and assist with environmental health assessments during outbreaks. VSP’s EISO will have the opportunity to work with other Sections within our Branch doing research in food safety, potable and recreational water safety; and Legionella outbreak investigations. Additionally, the EISO can expect to obtain field investigation opportunities throughout the Center, such as disaster responses, chemical and environmental exposure investigations, and community assessments of preparedness and response.

**Position Strengths:** VSP is fast-paced with opportunities for field and analytic work. The EISO will work directly with cruise industry personnel at the corporate level and onboard ships. The EISO can expect to travel primarily to U.S. ports with occasional international travel. VSP staff are a close knit group that enjoy working and traveling together to prevent and control maritime enteric diseases onboard vessels that visit U.S. Ports.

**Special Skills Useful for this Position:** Communication (written and oral) and interpersonal skills. Knowledge about acute gastroenteritis and data analysis skills are desirable but not required.

**Available Data:** Maritime Illness Data Reporting System

**Recent Publications:**

**Domestic Travel:** 40%
**International Travel:** 5%

**Available Support:** VSP’s EISO will work directly with VSP’s Senior Epidemiologist, supported by VSP’s Deputy Chief/ Epidemiologist. Within our Branch and Division we have access to subject matter experts in statistics, research design, food safety, water safety, sanitation, vector control, and ventilation.

**Consultant:** Robert Quattlebaum, BS, IT Systems Analyst
**Consultant:** Aimee Treffiletti, MS, VSP Chief
**Consultant:** Luis Rodriguez, MS, VSP Deputy Chief
**Consultant:** Jan Vinje, PhD, Director CaliciNet, Viral Gastroenteritis Branch
**Consultant:** Laura Brown, PhD, Behavioral Health Specialists
**Consultant:** Pam Wigington, BA, Health Communications Specialist
**Consultant:** Helen Schurz Rogers, PhD, Branch Senior Research Scientist
**Consultant:** Shailendra Banerjee, PhD, statistician

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**Division of Toxicology and Human Health Sciences / Geospatial Research, Analysis, and Services Program**

**NCEH-ATSDR-DTHHS-GRASP-GA-2018-01**

**Agency Name:** CDC

**Division/Branch/Team/Section:** Division of Toxicology and Human Health Sciences / Geospatial Research, Analysis, and Services Program

**Physical Address:** Atlanta, Georgia

**Primary Supervisor:** Stephanie Foster, MPH, MA, Unit Lead, Epidemiologist, slfoster@cdc.gov

**Secondary Supervisor:** Renee Funk, DVM, MPHTM, MBA, (EIS 2002), Associate Director for Emergency Management, RFunk@cdc.gov

**Secondary Supervisor:** Andrew Dent, MA, MBA, Program Director, aed5@cdc.gov

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The Geospatial Research, Analysis, and Services Program (GRASP) conducts research across most public health activities including infectious and chronic disease, injury, environmental health, and public health emergencies. GIS is a visualization tool also used to conduct spatiotemporal analyses. GRASP is a program within the Division of Toxicology and Human Health Sciences, ATSDR. The 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.

Proposed Initial Projects: Devastation in the U.S. Virgin Islands caused by Hurricanes Maria and Irma necessitates identification of areas safe for new construction. Using ATSDR criteria to Choose Safe Places the EISO will identify safe and risky locations for new construction. EISO will have access to GATHER shared services data including, but not limited to: hazardous waste sites, brownfields, Toxic Release Inventory facilities, and satellite imagery. The EISO will use these data resources to evaluate areas on the island that are best suited for development. Additionally, these islands are facing potential threats from mosquito-borne infections (e.g., dengue and chikungunya). The EISO will conduct spatial analysis of risk factors such as, landcover type from satellite imagery and population density data from the U.S. Census to identify potential mosquito breeding areas to inform outreach/prevention programs.

Exposure to pollutants in vehicle emissions has been linked to several health conditions. In support of Healthy People 2020, GRASP is responsible for determining the number of new schools constructed in close proximity to major roads. The EISO will conduct the spatial analysis to determine the number of new schools constructed within specified distances from major roads, and evaluate the sociodemographic characteristics of populations attending these schools to determine inequalities in potential exposure to unhealthy vehicular pollution.

The GRASP/Georgia State University Atlanta Beltline Study examines the impact of the Beltline on surrounding communities. The EISO will evaluate potential relationships between measures of street walkability (including sidewalk conditions and presence of streetlights) and measures of physical activity using data collected pertaining to use of the Beltline (e.g., frequency of walking or biking the Beltline or time spent using the BeltLine). The evaluation can involve site visits to further understand data collection issues and limitations. Alternatively, the EIS Officer may evaluate one of the component datasets used to compile the GRASP-developed Environmental Burden Index.

Proposed Surveillance Projects: Understanding the methods used for collecting location data and transforming these data to geographic coordinates for visualization and spatial analysis is critical to ensuring result validity to limit potential erroneous conclusions and/or improper allocation of resources for public health programs. The surveillance evaluation will probe data collection, geographic transformation methods, data management plans including quality checks, analyses conducted using these data, and whether there have been changes to the coverage and/or quality of the spatial data over time. The evaluation can involve site visits to further understand data collection issues and limitations. The EIS Officer can select one of the following surveillance systems: diabetes, HIV, STD, TB, lead, or toxic substance releases. Alternatively, the EIS Officer may evaluate one of the component datasets used to compile the GRASP-developed Environmental Burden Index.

Range of Opportunities: GRASP engages with virtually all CDC/ATSDR CIOs, academic partners, WHO, National Geospatial-Intelligence Agency, US HHS, US Department of Homeland Security, and EPA. GRASP provides GIS support for Situation Awareness activities in the Emergency Operations Center; providing opportunities to experience the daily situational awareness operations and activations during emergency events. The EISO can expect to obtain field investigation opportunities arising from collaborations with partners throughout the Center that might include cruise ship investigations, chemical and environmental exposure investigations, and community assessments of preparedness and response.

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. The officer will hone geospatial epidemiologic skills in understanding factors affecting population health. The officer should also be able to function well as a team member.

Available Data: GRASP Geospatial Data Warehouse contains national and international GIS data layers of physical, cultural, administrative, environmental, demographic, health care access, Social Vulnerability Index, Environmental Burden Index, Hazardous Waste Site Boundaries, US Census decennial and American Community Survey data.


Domestic Travel: 15%  International Travel: 0%
Available Support: GRASP is the largest group of GIScientists at CDC; a highly-integrated and collaborative team
comprised of geospatial staff with expertise in geography, GIS, geospatial science, geospatial statistics, and epidemiology.

**Current/Recent EIS Officer:** Amy Lavery, MSPH, PhD, (EIS 2017), EIS Officer, nqz6@cdc.gov

**Officer Projects:** Evaluating the relationship between exposures to environmental contaminants and NHANES biomarkers;  
Geospatial analysis of mortality during Hurricane Harvey;  
Childhood lead index for visualization and analysis of trends;  
Evaluation of prescription data for post-disaster medication needs; and  
Evaluation of geocoding practices and implications for NPCR cancer research and prevention programs.


**Consultant:** Yulia Carroll, MD, PhD, (EIS 2007), Medical Officer, eya3@cdc.gov

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**National Center for Health Statistics**

The National Center for Health Statistics (NCHS) is the nation’s principal health statistics agency, providing data to address health issues. These health statistics track the health status of the U.S. population, measure the impact of major policy initiatives, characterize access to and use of the health care system, monitor trends in health indicators, and identify disparities in health status and health care use. NCHS uses a variety of data collection mechanisms to obtain accurate information from multiple sources to provide a broad perspective to understand the prevalence of health conditions and adverse outcomes for the overall population and at-risk populations. Data sources include birth and death certificates, patient medical records, personal interviews, standardized physical examinations and laboratory tests, and health care facilities and providers. The Center focuses on providing objective, independent interpretation and dissemination of the data it collects.

**Division of Health & Nutrition Examination Surveys /Analysis Branch**

**NCHS-DHNES-AB-MD-2018-01**

**Agency Name:** CDC Division/Branch/Team/Section: Division of Health & Nutrition Examination Surveys /Analysis Branch

**Physical Address:** Hyattsville, Maryland

**Primary Supervisor:** Lara Akinbami, MD, (EIS 1998), Medical Officer, lea8@cdc.gov

**Secondary Supervisor:** Duong Tony Nguyen, DO, (EIS 2014), Chief Medical Officer, ydi0@cdc.gov
**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 clinical growth charts used in well-child healthcare visits are based on NHANES data; low blood folate levels seen in NHANES led to mandatory food fortification; and NHANES data form a basis of spirometry criteria for pulmonary function.

This position will focus on chronic disease and health behaviors. Officers will have flexibility to develop projects based on their professional interests and build analytic skills while working with national stakeholders. NHANES provides nationally representative data on health conditions and behaviors, examinations, and laboratory data for hundreds of analytes, to include environmental exposures (lead, arsenic, mercury) and infectious diseases (cytomegalovirus, human papillomavirus, HIV, other STDs). In addition, NHANES collaborates with national stakeholders to obtain data in surveillance of liver disease and osteoporosis using state of the art medical imaging equipment. The officer will be able to analyze data that will provide the first national estimates of cirrhosis using non-invasive imaging.

**Proposed Initial Projects:** 1) Examining the association between pesticide exposure and other environmental exposures with pulmonary function and asthma among children and youth; 2) Assessing the association between sleep, and sleep disorders and various physical and mental health outcomes among US adults; 3) Exploring trends in pharmacologic treatment among children with ADHD. Most analyses include basic epidemiological methods of analyzing associations between exposures and outcomes including estimating frequencies, bivariate associations and multivariate associations using testing statistics (e.g., chi square) and regression techniques. According to officer interests, more advanced and complex analyses are possible (e.g., survival analysis, hierarchical modeling, analyses of linked data, etc.). All analyses need to include methods to account for the complex survey sampling design.

**Proposed Surveillance Projects:** Evaluation of NHANES for surveillance of a specific health condition (e.g. potentially undiagnosed conditions such as hypertension, diabetes, periodontal disease, existing caries, or chronic obstructive pulmonary disease) or behavior (e.g., prescription drug use patterns). For EIS Officers with specific medical or laboratory interests, there is opportunity to interact with NHANES field staff, and stakeholders (e.g., environmental exposure measures, biospecimen program).

**Range of Opportunities:** The focus is analysis of chronic health conditions. Collaboration with NCHS subject matter experts, CDC, and other federal agencies (e.g., NIH, EPA, HUD) is possible. The officer will have the opportunity to see NHANES field operations. Officers with clinical backgrounds may provide STD health education to participants and field questions about health examination results.

While NCHS rarely sponsors Epi-AIDS, all NCHS EIS Officers have participated in >=1 field investigation. NCHS EIS Officers have led investigations into Zika transmission among pregnant women in Puerto Rico and the impact of release of birth certificates to adoptees in Oregon. They have recently been team members on investigations into youth suicidal behavior in Utah, the Unaccompanied Minor Immigrant crisis, and the Ebola response.

EIS officers have guest-lectured at Johns Hopkins, George Washington, and George Mason Universities.

**Position Strengths:** Officers can pursue their own analytic interests or a proposed project. Both experienced and beginning programmers will develop a strong working knowledge of statistical packages (i.e. SAS).

**Special Skills Useful for this Position:** Prior knowledge of SAS, STATA, or other statistical software packages helpful but not required.

**Available Data:** National Health and Nutrition Examination Survey, National Health Interview Survey, National Vital Statistics System, National Health Care Surveys.


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

**Available Support:** All branch staff--infectious disease, chronic disease and environmental epidemiologists, statisticians, programmers, physicians, dentist--are available for consultation.

**Current/Recent EIS Officer:** Marissa Zwald, PhD, (EIS 2016), EIS Officer, MZwald@cdc.gov

**Current/Recent EIS Officer:** Amy Seitz, PhD, (EIS 2016), EIS Officer, eyf5@cdc.gov

**Current/Recent EIS Officer:** Asher Rosinger, PhD, (EIS 2015), EIS Officer, ARosinger@cdc.gov

**Officer Projects:** Active transportation and cardiovascular disease risk factors among adults; Receipt of medical advice to increase physical activity among adults; Racial differences in fractional exhaled nitric oxide among children
with asthma; Prevalence of failure to floss among adults; The association between hydration status and weight status.

**Officer Recent Publications:**
- Prevalence of low-density lipoprotein cholesterol among US adults, by physical activity, 2011-2014. NCHS Data Brief, 276, 2017

**Consultant:**
- Cynthia Ogden, PhD, (EIS 1994), Branch Chief, COgden@cdc.gov
- Tala Fakhouri, PhD, (EIS 2011), Epidemiologist, vid2@cdc.gov

**Size of Community:** Hyattsville, MD is in Prince George’s County, an urban county located approximately 8 miles from the heart of Washington, DC and 41 miles from Baltimore.

**University Affiliation:** NCHS is next to the University of Maryland. It also routinely hosts graduate students from Johns Hopkins University in Baltimore

**Living Environment:** For many, the Washington, DC area is a great place to live.

**Cultural and Recreational Assets:** Living in the Washington, DC area offers opportunities to enjoy well know national landmarks and museums. There are also plenty of outdoor activities, including hiking. Seasonal activities such as beaches and skiing are within half a day driving.

**Opportunity for Partner’s Employment:** The Washington DC area is home to many business, law, and consulting firms. Many universities, including University of Maryland, Howard University, Georgetown University, and George Washington University are located less than 10 miles from Hyattsville, MD. The HHS Office of the Secretary is based here as are 9 of the 12 HHS operating divisions.

**NCHS-DHNES-AB-MD-2018-02**

**Agency Name:** CDC

**Division/Branch/Team/Section:** Health and Nutrition Examination Surveys/Analysis Branch

**Physical Address:** Hyattsville, Maryland

**Primary Supervisor:** Craig Hales, MD, MPH, MS, Medical Epidemiologist, chales@cdc.gov

**Secondary Supervisor:** Cynthia Ogden, PhD, (EIS 1994), Branch Chief, cogden@cdc.gov

**Background:** The National Health and Nutrition Examination Survey (NHANES) is the cornerstone for national nutrition monitoring to inform nutrition and health policy. NHANES has been collecting thorough data on diet, nutritional status, and chronic disease in cross-sectional surveys with nationally representative samples since the early 1970s. It is the only nationally representative survey that combines demographic, socioeconomic and dietary interview data with physical examination data such as biochemistries and body measurements. Data from NHANES are used for epidemiologic scientific research, such as the association of diet, dietary factors, foods, and nutrients with biomarkers and health outcomes. Dietary data are critical to describe food and nutrient intakes by the US population, development of diet quality indexes such as the Healthy Eating Index and the MyPlate icon for healthy eating. NHANES body measurement data were used to create the growth charts used by pediatricians and low blood folate levels seen in NHANES led to mandatory food fortification.

The focus of this position will be the analysis of NHANES data related to obesity and nutrition (e.g., body measurement, diet, laboratory measures), including the evaluation of health and nutrition disparities. Recent EIS officers have worked on diverse topics including: hydration, sugar sweetened beverage consumption, physical activity and active transportation, childhood food security, body fat, and marijuana use.

**Proposed Initial Projects:** Using currently available data: 1) Examine the association between diet and the prevalence of chronic disease risk factors (e.g. iron deficiency anemia, cholesterol, obesity) among U.S. adolescents; 2) Explore differences and trends in dietary intake among non-Hispanic Asians compared to other race/Hispanic
origin groups; 3) Examine differences in body fat distribution (using Dual X-ray absorptiometry) by race/Hispanic origin, and trends over time; and 5) Describe the demographic and health characteristics of the U.S. population with obesity and extreme obesity.

**Proposed Surveillance Projects:** Surveillance of a health condition or health risk behavior related to obesity, diet (e.g., fruit and vegetable intake), food security, or physical activity. For EIS Officers with specific medical or laboratory interests, there is opportunity to interact with NHANES field staff, and stakeholders (e.g., environmental exposure measures, biospecimen program)

**Range of Opportunities:** The officer will be able to participate in federal meetings and attend Congressional hearings. The officer will have the opportunity to see NHANES operations in the field. Opportunities exist for collaboration with NIH and other CDC centers. The officer may develop pilot projects within NHANES. Previous EIS officers have regularly guest-lectured and networked with EIS alums at Johns Hopkins, George Washington, and George Mason Universities. NCHS does not generally sponsor Epi-Aids. However, EIS officers assigned to this position will have the opportunity to participate in Epi-Aids or other field investigations with other CDC centers.

**Position Strengths:** EIS officers will have flexibility to develop a project in their area of interest or begin with a proposed initial project. The officer will gain a strong foundation in analyzing complex survey data. NCHS is located near a Metro station, which facilitates living in the Washington, DC metropolitan area. NCHS employees are eligible for public transportation subsidies.

**Special Skills Useful for this Position:** Prior knowledge of SAS, STATA, or R statistical software helpful but not required.

**Available Data:** National Health and Nutrition Examination Survey, National Health Interview Survey, National Vital Statistics System, National Health Care Surveys.

**Recent Publications:**
- Usual nutrient intakes of US infants and toddlers generally meet or exceed Dietary Reference Intakes: findings from NHANES.
- Trends in Breastfeeding Initiation and Duration by Birth Weight Among US Children.

**Domestic Travel:** 0%

**International Travel:** 0%

**Available Support:** The branch includes epidemiologists, statisticians, a nutritionist, and physicians - all are 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; Racial differences in fractional exhaled nitric oxide among children with asthma; Prevalence and patterns of marijuana use among NHANES participants with select health conditions; and Disparities in tap and bottled water consumption among U.S. adults.

**Officer Recent Publications:**

**Consultant:** Tala Fakhouri, PhD, (EIS 2011), Epidemiologist

**Consultant:** Susan Lukacs, DO, (EIS 2001), Medical Officer
Consultant: Mark Eberhardt, PhD, (EIS 1983)
Consultant: Lara Akinbami, MD, (EIS 1998), Medical Officer/Pediatrician
Consultant: Kirsten Herrick, PhD

Size of Community: Hyattsville, MD is in Prince George’s County, an urban county located approximately 8 miles from the heart of Washington, DC and 41 miles from Baltimore.

University Affiliation: NCHS is next to the University of Maryland. It also routinely hosts graduate students from Johns Hopkins University in Baltimore

Living Environment: For many, the Washington, DC area is a great place to live.

Cultural and Recreational Assets: Living in the Washington, DC area offers opportunities to enjoy well know national landmarks and museums. There are also plenty of outdoor activities, including hiking. Seasonal activities such as beaches and skiing are within half a day driving.

Opportunity for Partner’s Employment: The Washington DC area is home to many business, law, and consulting firms. Many universities, including University of Maryland, Howard University, Georgetown University, and George Washington University are located less than 10 miles from Hyattsville, MD. The HHS Office of the Secretary is based here as are 9 of the 12 HHS operating divisions.

Office of Analysis and Epidemiology/Office of the Director

NCHS-OAE-OD-MD-2018-01
Agency Name: CDC
Division/Branch/Team/Section: Office of Analysis and Epidemiology/Office of the Director – EISO can work with multiple branches

Physical Address: Hyattsville, Maryland

Primary Supervisor: Ernest Moy, Medical Officer, mou6@cdc.gov
Secondary Supervisor: Holly Hedegaard, Medical Officer, hdh6@cdc.gov
Secondary Supervisor: Asel Ryskulova, (EIS 2003), Health Scientist, avr0@cdc.gov

Background: As the Nation’s principal health statistics agency, the National Center for Health Statistics provides statistical information that guides health policy. Located in the Washington metropolitan area, NCHS conducts the National Health Care Surveys, National Health Interview Survey, National Health and Nutrition Examination Survey, and National Survey of Family Growth and houses the National Vital Statistics System. It works with researchers and federal partners to inform public health, health care quality, and disparities.

The Office of Analysis and Epidemiology conducts analyses that require multiple data sources and directly supports Healthy People and Health US. It creates linkages among NCHS databases and between NCHS and other federal databases, such as those held by the Centers for Medicare and Medicaid Services, Housing and Urban Development, and Treasury. Staff in OAE use these unique linked databases to examine a variety of questions at the interface between public health and the health care system.

Proposed Initial Projects: A newly developed database links hospital inpatient, emergency department, and outpatient department claims with death certificates. A database is currently being created that will add information from hospital electronic health records. These databases would be provided to an EIS officer so the EIS officer would not spend time with data collection or cleaning.

These new databases allow much more specific tracking of health outcomes following hospital care. For example, mortality following hospitalization is commonly tracked but information on cause of death is typically not obtained. An EIS officer could use these new data to examine causes of death following hospital discharge for opioid overdose, AMI, or sepsis or following treatment and release from an emergency department for an injury, chest pain, or pneumonia. Analyses would go far beyond descriptive epidemiology to include development of episodes of hospital care and assessing risk of death using multivariate models and survival analysis.

Natural language processing (NLP) algorithms have been developed to search the free text of death certificates for information that is not captured by ICD-10 codes. For example, an algorithm has been developed that can identify specific drugs, such as fentanyl, that are mentioned on death certificates. This allows much finer examination of poisoning deaths. An EIS officer could build on current work to examine fentanyl deaths or develop new algorithms that search for mention of specific mechanisms and settings of injury or microorganisms and drug resistance in death.
Proposed Surveillance Projects: HP2020 Leading Health Indicators include several mortality measures. An EIS officer could examine hospital care prior to death from these conditions to identify potential opportunities for intervention or use NLP to examine death from these conditions in finer detail than is possible with ICD codes. While a surveillance project would use secondary data sources and not involve site visits, OAE is responsible for the data and methods used in HP and consequently leads HP2030 strategic planning and serves on all HP working groups. An EIS officer would have ample opportunities to interact with stakeholders during meetings of these groups.

Range of Opportunities: Data on mortality, morbidity, natality, disease prevalence, functional status, disparities, health care quality, and access are available. OAE does not do field projects but would support deployment of an EIS officer to gain such experience.

Position Strengths: NCHS is the only federal agency permitted to retain PII on health data and link them to other databases and charged to develop a nationally representative EHR database with PII. Only these data can connect hospital care with granular outcomes such as fentanyl deaths. In OAE, an EIS officer would have easy access to these unique linked databases before release and ample time to analyze and publish from them. These processes would be facilitated by co-location with the individuals responsible for data linkage and NLP at NCHS.

Special Skills Useful for this Position:
- Experience with or interest in acquiring skills in analyzing health care claims and/or electronic health records
- Experience with or interest in learning SAS
- Experience with or interest in acquiring skills in natural language processing and/or machine learning

Available Data: While the EIS officer could access any NCHS data, he/she would be one of the first to use the linked hospital claims/electronic health records/NLP-enriched death certificate data. The 2014 data include over 25 million hospital services linked to 86,000 deaths. The 2016 database should be significantly larger.

Recent Publications:
Moy: Racial Disparities in Sepsis-Related In-Hospital Mortality
Managed care and inpatient mortality
Leading Causes of Death in Nonmetropolitan and Metropolitan Areas
Age-related Disparities in Trauma Center Access for Severe Head Injuries
The effects of multiple chronic conditions on hospitalization costs and utilization

Hedegaard: Drug Overdose Deaths
Proposed ICD-10-CM Surveillance Case Definitions for Injury Hospitalizations and ED Visits
Using Literal Text From the Death Certificate to Enhance Mortality Statistics
Drugs Most Frequently Involved in Drug Overdose Deaths
Sports- and Recreation-related Injury Episodes
Increases in Medically Attended Nonfatal Injury Episodes Among Females

Domestic Travel: 0% International Travel: 0%

Available Support: OAE houses clinicians, epidemiologists, statisticians, and programmers. Listed consultants include experts in public health, quality improvement, patient safety, and health economics.

Current/Recent EIS Officer: Kenneth Quinto, (EIS 2012), kenneth.quinto@fda.hhs.gov
Current/Recent EIS Officer: Ghasi Phillips, (EIS 2008), hgp1@cdc.gov
Current/Recent EIS Officer: Laura Polakowski, (EIS 2007), laura.polakowski@nih.gov

Officer Projects: The association between human papilloma virus vaccination and choice of contraception among 15–24 year old women; aeroallergen sensitization and poor asthma outcomes; Trends in cotinine levels among children with asthma; Prenatal smoking and risk of delivering preterm or SGA infants; Birth order and duration of exclusive breastfeeding.


Consultant: Kate Brett, (EIS 1991), Epidemiologist, kbrett@cdc.gov
Consultant: Jeff Brady, Director, Center for Quality Improvement and Patient Safety, jeff.brady@ahrq.hhs.gov
Consultant: Nancy Breen, Economist, breenn@mail.nih.gov

Size of Community: Hyattsville, MD is in Prince George’s County, an urban county located approximately 8 miles from the heart of Washington, DC and 41 miles from Baltimore.
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Opportunity for Partner's Employment: The Washington DC area is home to many business, law, and consulting firms. Many universities, including University of Maryland, Howard University, Georgetown University, and George Washington University are located less than 10 miles from Hyattsville, MD. The HHS Office of the Secretary is based here as are 9 of the 12 HHS operating divisions.

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National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Every year, millions of Americans are infected with HIV, viral hepatitis, sexually transmitted diseases (STDs), or tuberculosis (TB). Tens of thousands die or experience debilitating complications because of these infections. HIV, viral hepatitis, STDs, and TB often share overlapping risk factors and disease interactions and disproportionately affect racial and ethnic minorities, men who have sex with men, persons who inject drugs, and other vulnerable populations. EIS officers in the NCHHSTP have the opportunity to do impactful work that saves lives, protects people, and reduces health disparities by preventing and controlling these infections domestically and internationally. Our center has a rich tradition of providing exceptional supervision and training of EIS officers, and is known for its diversity of epidemiologic, clinical, biological, psychosocial/behavioral, policy, and other public health approaches. This year, NCHHSTP is recruiting for positions in STDs and TB.

Division of Sexually Transmitted Disease Prevention/Epidemiology and Statistics Branch

NCHHSTP-DSTDP-ESB-GA-2018-01

Agency Name: CDC

Division/Branch/Team/Section: Division of Sexually Transmitted Disease Prevention/Epidemiology and Statistics Branch

Physical Address: Atlanta, Georgia

Primary Supervisor: Tom Peterman, MD, MSc, (EIS 1984), Team Lead, tap1@cdc.gov

Secondary Supervisor: Ginny Bowen, PhD, MHS, (EIS 2013), Epidemiologist, vbowen@cdc.gov

Background: The Field Epidemiology Unit needs your help to develop and evaluate methods to prevent and control STD at state and local levels. Almost 85% of all reportable infections are sexually transmitted diseases (STD), even though the three most prevalent STD are not reportable. Syphilis rates have increased for several years. Congenital syphilis, gonorrhea, and chlamydia, have increased for at least 3 years. Sexual transmission was recently recognized for two other infections (Ebola and Zika). Advances in HIV treatment and pre-exposure prophylaxis have been accompanied by increases in STD. Changes in Pap screening decreased opportunities for STD screening. The Field Epi Unit includes epidemiologists assigned to state or local health departments in New York City, Philadelphia, Washington DC, Richmond, Raleigh, Tallahassee, Detroit, New Orleans, and San Francisco. The EIS officer will spend time working on CDC-based projects but will also have ample opportunity to work “in the field” with local assignees working in the Unit. We also work closely with the Division’s Office of Global Activities. Past EIS Officers have worked in South Africa, Kenya, Mozambique, Mali, Malawi, Peru, Chile, and US-Affiliated Pacific Islands. EIS Officers will have the opportunity to participate in at least one international project.

Proposed Initial Projects: Projects will depend on your interests. Options include: 1) Evaluate approaches to preventing congenital syphilis and stopping outbreaks of syphilis among women. 2) Study ways of measuring and increasing timely partner treatment for gonorrhea and chlamydia including the use of patient-delivered partner therapy and treatment of partners when patients were treated presumptively. 3) Analyze extragenital STD testing data collected from men who have sex with men (MSM) via a venue-based survey 4) Develop methods to estimate the proportion of reported chlamydia cases that have not been treated; evaluate interventions to improve treatment. 5) Assess completeness of pregnancy status determination for women with positive lab tests and impact on congenital syphilis. 6) Assess school-based screening for chlamydia and other STIs and implications for female adolescents. 7) Study how self-tests for gonorrhea and chlamydia might help control these infections, and what can be done to prepare for them. 8) Evaluate the actual and potential use of new communications technologies and innovations by health departments, such as texting and partner notification via the internet. 9) Conduct field investigations of outbreaks of gonorrhea,
syphilis, or other STDs. Possible international projects include: 1) Collaborate with pilot-testing clinical training to support elimination of congenital syphilis in countries in Central America or Asia/Pacific. 2) Support a country in West Africa to develop a program plan for elimination of mother-to-child transmission of syphilis, HIV and hepatitis.

**Proposed Surveillance Projects:** 1) Compare provider reported syphilis cases with cases detected by electronic lab reporting to determine how differences in provider reporting may influence syphilis surveillance; and 2) Assess chlamydia surveillance to identify reasons for recent decreases in reported infections among adolescent women. These may include field-based evaluations.

**Range of Opportunities:** Analyses of major surveillance systems; outbreaks of syphilis, LGV, HIV and increasing rates of gonorrhea; large datasets from local STD programs or national survey data about STDs and sexual behavior including NHANES, NSFG, and National Job Training Program; case-control and cohort studies. Work independently and with multidisciplinary groups from within the Division and around CDC.

**Position Strengths:** Numbers. Drama. Great people. The prevalence of sexually transmitted infections is estimated to be 110 million. However, stigma associated with STD, reluctance to discuss sex, and asymptomatic infections make prevention a challenge. STD involve many aspects of public health, so you will work with experts from a wide range of backgrounds and work directly with prevention programs. You will have opportunities to lead projects and present at national conferences.

**Special Skills Useful for this Position:** Ability to work with multidisciplinary groups. Clinical or analytic expertise. Creativity. Curiosity.

**Available Data:** NHANES, NSFG, National Surveillance Data, Clinic and Surveillance data from Field sites, National Job Training Program Data, and others.


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

**Available Support:** DSTDP has many former EIS Officers, Behavioral Scientists, Programmers, Support Personnel, Economists, Public Health Advisors, Evaluators, Communication Specialists, and Statisticians who will work with you. Orientation seminars occur in the fall. Officers usually attend the 2-week Principles of STD/HIV Research course at the University of Washington in the summer.

**Current/Recent EIS Officer:** Laura Quilter, MD, MPH, (EIS 2017), EIS Officer, lquilter@cdc.gov

**Current/Recent EIS Officer:** Alex de Voux, MPH, PhD, (EIS 2015), Epidemiologist, adevoux@cdc.gov

**Current/Recent EIS Officer:** Charnetta Williams, MD, (EIS 2014), Medical Epidemiologist, clwilliams@cdc.gov

**Current/Recent EIS Officer:** Ginny Bowen, MHS, PhD, (EIS 2013), Epidemiologist, vbowen@cdc.gov

**Current/Recent EIS Officer:** Emiko Petrosky, MD, MPH, (EIS 2013), Medical Epidemiologist, epetrosky@cdc.gov

**Officer Projects:** Responded to syphilis, HIV, Ebola, Zika, meningitis outbreaks; analyzed national case-report data, supplemental case data on neurosyphilis and ocular syphilis, and complex national survey data about STD sequelae; evaluated prenatal screening; evaluated STD rapid test in international settings; analyzed data from local STD programs to optimize disease investigation.

**Officer Recent Publications:** Screening for syphilis and other sexually transmitted infections in pregnant women—Guam, 2014. MMWR. 2017. (Cha)


State-specific rates of primary and secondary syphilis among men who have sex with men—United States, 2015. MMWR. 2017. (de Voux)

Cluster of Lymphogranuloma Venereum cases among men who have sex with men—Michigan, August 2015-April 2016. MMWR. 2016. (de Voux)

Molecular typing of Treponema pallidum in ocular syphilis. Sex Transm Dis. 2016. (Oliver)

Ocular syphilis—Eight jurisdictions, United States, 2014-2015. MMWR. 2016. (Oliver)


Addressing needs of contacts of Ebola patients during an investigation of an Ebola cluster in the United States—Dallas, Texas, 2014. MMWR. 2015. (Williams)

Increase in incidence of congenital syphilis—United States, 2012-2014. MMWR. 2015. (Bowen)

Verifying treatment of reported cases of gonorrhea. Sex Transm Dis. 2016. (Bowen)
Early syphilis among men who have sex with men in the US Pacific Northwest, 2008-2013. AIDS Patient Care STDS. 2016. (Petrosky)

Consultant: Kyle Bernstein, PhD, Epi and Statistics Branch Chief, kbernstein@cdc.gov
Consultant: Bryce Furness, MD, (EIS 1998), Medical Epidemiologist, bfurness@cdc.gov
Consultant: Mary Kamb, MD, MPH, (EIS 1989), Medical Epidemiologist, mkamb@cdc.gov
Consultant: Bob Kirkcaldy, MD, (EIS 2008), Epidemiology Team Lead, rkirkcaldy@cdc.gov
Consultant: Felicia Lewis, MD, (EIS 2004), Medical Epidemiologist, flewis@cdc.gov
Consultant: Dan Newman, MA, dnewman@cdc.gov
Consultant: Julie Schillinger, MD, MSc, (EIS 1993), Medical Epidemiologist, jschillinger@cdc.gov
Consultant: Lizzi Torrone, PhD, MPH, (EIS 2009), Surveillance Team Lead, etorrone@cdc.gov

Consultant: Kyle Bernstein, PhD, Epi and Statistics Branch Chief, kbernstein@cdc.gov
Consultant: Bryce Furness, MD, (EIS 1998), Medical Epidemiologist, bfurness@cdc.gov
Consultant: Mary Kamb, MD, MPH, (EIS 1989), Medical Epidemiologist, mkamb@cdc.gov
Consultant: Bob Kirkcaldy, MD, (EIS 2008), Epidemiology Team Lead, rkirkcaldy@cdc.gov
Consultant: Felicia Lewis, MD, (EIS 2004), Medical Epidemiologist, flewis@cdc.gov
Consultant: Dan Newman, MA, dnewman@cdc.gov
Consultant: Julie Schillinger, MD, MSc, (EIS 1993), Medical Epidemiologist, jschillinger@cdc.gov
Consultant: Lizzi Torrone, PhD, MPH, (EIS 2009), Surveillance Team Lead, etorrone@cdc.gov

Division of Tuberculosis Elimination/Surveillance, Epidemiology, and Outbreak Investigations Branch

NCHHSTP-DTE-SEOIB-GA-2018-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Tuberculosis Elimination/Surveillance, Epidemiology, and Outbreak Investigations Branch
Physical Address: Atlanta, Georgia
Primary Supervisor: Jonathan Wortham, MD, (EIS 2011), Medical Officer, vij5@cdc.gov
Secondary Supervisor: Ben Silk, PhD, (EIS 2008), Team Leader – Molecular Epidemiology Team, ekj8@cdc.gov
Secondary Supervisor: Kristine Schmit, MD, MPH, (EIS 2015), Medical Officer, yxn0@cdc.gov

Background: The Surveillance, Epidemiology, and Outbreak Investigations Branch (SEOIB) has mentored EIS officers since the TB resurgence of the early 1990s. We provide onsite and remote epidemiologic support to state and local TB programs for outbreak investigations giving officers diverse opportunities to gain field epidemiology experience. We also maintain the National TB Surveillance System (NTSS), a national TB registry of over 350,000 TB case reports from 1993 to the present, which are systematically linked to over 120,000 genotyping results from the National TB Genotyping Service (NTGS) launched in 2004. These systems are a rich data source for surveillance evaluations, outbreak detection, and other epidemiologic analyses. Epi-Aid field investigations led by our EIS officers have included TB outbreak investigations in healthcare settings, homeless shelters, correctional and detention facilities, as well as in community settings.

Proposed Initial Projects: Upon arrival, the EIS officer will begin the surveillance project detailed below. There will also be a menu of available analytic projects such as assessing the feasibility of applying recent transmission algorithms to evaluate the effectiveness of programmatic interventions in high-burden jurisdictions; evaluating clinical and social factors associated with TB clinical presentations and outcomes; identifying epidemiologic risk factors associated with historically important TB genotypes. The Outbreak Investigations Team will also work to identify field opportunities for the incoming EIS officer to participate in and lead outbreak and cluster investigations. Typically, the incoming EIS officer will also have the opportunity to be the lead author on the annual World TB Day Trends in Tuberculosis MMWR report.

Proposed Surveillance Projects: Due to multiple reports of patients experiencing severe adverse events (SAEs) such as hospitalization or death associated with treatment for latent tuberculosis infection (LTBI), CDC began collecting reports of SAEs associated with any treatment regimen for LTBI in 2004. The objective of this surveillance system is to determine the annual number and temporal trends of SAEs associated with treatment for LTBI in the United States. Surveillance of such events provides data to support periodic evaluation or potential revision of guidelines for treatment of persons with LTBI.

Using the CDC surveillance evaluation framework, the incoming EIS officer will conduct a comprehensive evaluation of the national surveillance system for SAEs in persons receiving treatment for LTBI. Particular emphasis will be placed on (1) the extent to which NSSAE overlaps with other adverse event surveillance systems such as FDA's MedWatch, (2) whether the system still serves the purposes for which it was established in 2004, (3) whether surveillance for SAEs should be expanded to include persons receiving treatment for TB disease, and (4) what steps, if any, could be taken to improve the quality and utility of the data collected by the system. This evaluation will have all necessary approvals and partnerships established before the EIS officer arrives. EIS alumni Kristine Schmit, Lori Armstrong, and Adam Langer will mentor the officer to complete this project.

Range of Opportunities: The EIS officer will have the opportunity to work with leading scientists on a variety of projects that will allow them to grow professionally and complete all of the Core Activities for Learning (CALs) without having to seek opportunities outside of DTBE. However, DTBE officers have frequently been deployed in
support of public health emergency responses such as the Ebola and Zika responses. DTBE supports officer involvement in these types of situations. Additionally, there may be an opportunity for an international project in collaboration with the Division of Global HIV and Tuberculosis.

**Position Strengths:** This position supports a diverse set of public health experiences, allowing completion of the CALs without needing any supplemental experiences. Officers lead impactful field and analytic investigations that inform targeted public health interventions while honing skills in applied epidemiology. Enthusiastic mentors (many are EIS alumni) from a variety of backgrounds provide support for diverse training opportunities.

**Special Skills Useful for this Position:** Past officers have come from a wide variety of clinical and nonclinical academic backgrounds; some have had doctoral-level epidemiology training while others have started their epidemiology careers in DTBE. The most important qualities for success are intellectual curiosity about tuberculosis and programs to prevent it, eagerness to listen to and learn from a variety of partners (including patients and frontline health department staff), and willingness to challenge one’s self to lead public health investigations.

**Available Data:** NTSS and NTGS are linked datasets are recognized nationally for their quality and timeliness. Officers also gain experience in primary data collection during outbreak field investigations.

**Recent Publications:**

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

**Available Support:** DTBE provides opportunities to participate in TB clinical and programmatic courses along with formal and informal statistical software training and statistical consultation.

**Current/Recent EIS Officer:**
- Courtney Yuen, PhD, (EIS 2012)
- Erik Reaves, DO, MTM&H, (EIS 2013), xdg7@cdc.gov
- Godwin Mindra, MD, (EIS 2014), EIS Officer, vrw0@cdc.gov
- Jorge Salinas, MD, (EIS 2015), klq8@cdc.gov
- Zimy Wansaula, MD, MPH, (EIS 2016), lxq5@cdc.gov

**Officer Projects:** Division of Tuberculosis Elimination (DTBE) EIS officers participate in a diversity of projects, including conducting field investigations of TB outbreaks in a variety of settings; assessing TB control practices among persons experiencing homelessness; evaluating surveillance for large TB outbreaks; analyzing data regarding TB-related mortality from two large surveillance systems.

**Officer Recent Publications:**

**Consultant:**
- Tom Navin, MD, (EIS 1982), Branch Chief -- Surveillance Epidemiology and Outbreak Investigations Branch, trml@cdc.gov
- Maryam Haddad, MSN, MPH, (EIS 2001), Epidemiologist, zkt6@cdc.gov
- Lori Armstrong, PhD, MS, (EIS 1993), Epidemiologist, lra0@cdc.gov
- Sandy Althomsons, MA, MHS, Epidemiologist, soa4@cdc.gov
- Steve Kammerer, MBA, Statistician, fzk3@cdc.gov
- Sue Reynolds, PhD, MS, MPH, Mathematical Statistician, snb9@cdc.gov
- Adam Langer, DVM, MPH, (EIS 2006), Team Lead - Surveillance Team, akl7@cdc.gov
- Rebekah Stewart, MSN, MPH, (EIS 2015), Epidemiologist
The National Center for Immunization and Respiratory Diseases (NCIRD) offers exciting opportunities to work with experienced mentors conducting outbreak investigations, surveillance projects, analytic projects, working internationally, experience with policy development and publishing scientific articles. We work on a wide variety of important diseases and pathogens including influenza, pertussis, meningitis, pneumococcus, norovirus, rotavirus, coronavirus, measles, mumps and many others. NCIRD EIS officers have played critical roles in many high visibility investigations including measles, the Influenza A H1N1 pandemic, epidemic pertussis, meningitis outbreaks on college campuses, and MERS coronavirus. The NCIRD infectious disease modeling unit works with interested EIS officers and we have a weekly epidemiology class that covers textbook material as well as outbreak exercises, journal clubs, and lectures from NCIRD experts.

Division of Bacterial Diseases/Meningitis and Vaccine Preventable Diseases Branch

NCIRD-DBD-MVPDB-GA-2018-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Bacterial Diseases/Meningitis and Vaccine Preventable Diseases Branch
Physical Address: Atlanta, Georgia
Primary Supervisor: Fiona Havers, MD, MHS, (EIS 2012), Medical Officer, fhavers@cdc.gov
Secondary Supervisor: Heidi Soeters, MPH, PhD, (EIS 2014), Epidemiologist, hzx8@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 include investigating outbreaks, assessing burden of disease, 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 2 laboratory sections (Bacterial Meningitis Laboratory and Pertussis and Diphtheria Laboratory) 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. Ascertain outbreak- and household-associated meningococcal disease cases via state case investigation records
2. Design and implement a knowledge, attitudes and behaviors survey on the use of quadrivalent conjugate meningococcal vaccine among HIV-infected persons
3. Characterize oropharyngeal meningococcal carriage among STD clinic patients
4. Analyze epidemiology of H. influenzae meningitis using >3 years of MenAfriNet meningitis surveillance data from five countries in the African meningitis belt
5. Assess symptoms of meningococcal sepsis among meningitis cases reported through case-based surveillance in the meningitis belt
6. Evaluate impact of Tdap revaccination in an outbreak setting
7. Characterize long-term sequelae of pertussis infections
8. Characterize infant pertussis deaths in the US
9. Evaluate characteristics of H. influenzae cases among American Indian / Alaskan Native population using Active Bacterial Core surveillance (ABCs) data
10. Assess characteristics of tetanus-related deaths and completeness of outcome data using National Notifiable Diseases Surveillance System and National Vital Statistics System death data
11. Assist with the development and programmatic implementation of a comprehensive approach to meningitis surveillance in the African meningitis belt
12. Assist in international emergency responses to meningitis epidemics

Projects 3-5 and 8-10 use existing data sources. Projects 1-2 and 5-7 require protocol development. Projects that will require multivariable analysis and assessment of confounding and effect modification include but are not limited to 2, 3, and 6-11.

Proposed Surveillance Projects:
1. Evaluate case-based meningitis surveillance in Burkina Faso to determine impact of MenAfriNet and a new electronic specimen tracking system (would include a site visit to Burkina Faso)
2. Evaluate enhanced Haemophilus influenzae surveillance in the United States (survey of state health departments)

**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 areas of expertise. The breadth of Branch activities is diverse enough to provide opportunities that will capitalize on a wide 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 analyze sentinel surveillance data on N. meningitidis urethritis in the US and case-based meningitis surveillance data from MenAfriNet, a Gates Foundation-funded project to conduct regional surveillance for bacterial meningitis in five countries of the Meningitis Belt of Africa.

**Recent Publications:** In 2015-2017 the Branch published over 70 articles including vaccine effectiveness evaluations, novel molecular and epidemiologic findings, decision analyses, diagnostic evaluations, outbreak investigations, clinical trial results, assessments of vaccine strategies and safety, meningococcal carriage study findings, surveillance evaluations, policy recommendations, systematic reviews, and invited editorials.

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

**Available Support:** EIS Officer will be supported by epidemiologists, medical epidemiologists, surveillance officers, and biostatisticians. 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, MPH, PhD, (EIS 2016), EIS officer, isr0@cdc.gov

**Current/Recent EIS Officer:** Lauren Weil, PhD, (EIS 2017), EIS Officer, nsi4@cdc.gov

**Officer Projects:** Outbreaks: diphtheria among Forcibly Displaced Myanmar Nationals (Rohingya) in Bangladesh, meningococcal disease in Liberia and persons experiencing homelessness in MA. Analyses: characterize meningococcal disease cases among MSM and in university outbreaks; MenA/PCV13/Measles vaccine coverage/impact in Burkina Faso; epidemiology of pertussis among infants; racial/ethnic disparities in pertussis.

**Officer Recent Publications:**

**Consultant:** Sarah Meyer, MD, (EIS 2011), Medical Officer, vif6@cdc.gov

**Consultant:** Sarah Oliver, MD, (EIS 2015), Medical Officer, yxo4@cdc.gov

**Consultant:** Oumar Diallo, MPH, Public Health Advisor, yql8@cdc.gov

**Consultant:** Amanda Faulkner, MPH, Epidemiologist, iqq2@cdc.gov

**Consultant:** Cynthia Hatcher, MPH, Public Health Analyst, ctp0@cdc.gov

**Consultant:** Ryan Novak, PhD, (EIS 2005), Epidemiologist, bnk4@cdc.gov

**Consultant:** Tami Skoff, MS, Epidemiologist, tskoff@cdc.gov

**Consultant:** Tej Tiwari, MD, MBBS, (EIS 1999), Medical Officer, ttiwari@cdc.gov
Consultant: Lucy McNamara, PhD, (EIS 2013), Epidemiologist, xdf4@cdc.gov
Consultant: Anna Acosta, MD, (EIS 2011), Medical Officer, vhy8@cdc.gov
Consultant: Susan Hariri, PhD, (EIS 2004), Epidemiology Team Lead, bse4@cdc.gov
Consultant: LeAnne Fox, MD, (EIS 2002), Branch Chief, lff4@cdc.gov
Consultant: Barbara Mahon, MD, (EIS 1994), Division Director, bdm3@cdc.gov

NCIRD-DBD-MVPDB-GA-2018-02
Agency Name: CDC
Division/Branch/Team/Section: Division of Bacterial Diseases / Meningitis and Vaccine Preventable Diseases Branch
Physical Address: Atlanta, Georgia

Primary Supervisor: Lucy McNamara, PhD, MS, (EIS 2013), Epidemiologist, xdf4@cdc.gov
Secondary Supervisor: Anna Acosta, MD, (EIS 2011), Medical Officer, vhy8@cdc.gov

Background: The Meningitis and Vaccine Preventable Diseases Branch 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 include investigating outbreaks, assessing burden of disease, 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 2 laboratory sections (Bacterial Meningitis Laboratory and Pertussis and Diphtheria Laboratory) 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. Evaluate risk factors for death among meningococcal disease cases in the US
2. Evaluate underlying conditions among meningococcal disease cases reported through Active Bacterial Core surveillance, stratified by age
3. Assess changes in bacterial meningitis laboratory testing practices over time using MenAfriNet meningitis surveillance data from five countries in the African meningitis belt
4. Evaluate the impact of Tdap maternal immunization on the epidemiology of pertussis in infants
5. Cost effectiveness analysis of Tdap revaccination
6. Evaluate trends in molecular epidemiology of non-b H. influenzae disease, including serotype a and nontypeable H. influenzae
7. Evaluate pertussis carriage and immunology during an outbreak
8. Design and implement an evaluation to characterize long-term sequelae of meningococcal disease
9. Systematic review to evaluate prevalence of complement deficiencies among meningococcal disease cases in the United States
10. Evaluate burden of secondary cases and carriage among close contacts of H. influenzae serotype a meningitis/bacteremia cases and the potential need for prophylaxis
11. Assist with the development and programmatic implementation of a comprehensive approach to meningitis surveillance in the African meningitis belt
12. Assist in international emergency responses to meningitis epidemics

Projects 1–6 use existing data sources. Projects 8–10 require protocol development. Projects that will require multivariable analysis and assessment of confounding and effect modification include but are not limited to 1–4, 6–8, and 10

Proposed Surveillance Projects:
1. Evaluate U.S. meningococcal disease laboratory surveillance to assess how to improve completeness of meningococcal serogroup information. Project would include survey of state health department laboratories and collaboration with Bacterial Meningitis Laboratory
2. Evaluate pertussis and/or diphtheria surveillance in Haiti (would include a site visit to Haiti)

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 areas of expertise. The breadth of Branch activities is diverse enough to provide opportunities that will capitalize on a wide 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 analyze sentinel surveillance data on N. meningitidis urethritis in the US and case-based meningitis surveillance data from MenAfriNet, a Gates Foundation-funded project to conduct regional surveillance for bacterial meningitis in five countries of the Meningitis Belt of Africa.

**Recent Publications:** In 2015-2017 the Branch published >70 articles including vaccine effectiveness evaluations, novel molecular and epidemiologic findings, decision analyses, diagnostic evaluations, outbreak investigations, clinical trial results, assessments of vaccine strategies and safety, meningococcal carriage study findings, surveillance evaluations, policy recommendations, systematic reviews, and invited editorials. Examples:


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

**Available Support:** EIS Officer will be supported by epidemiologists, medical epidemiologists, surveillance officers, and biostatisticians. 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:** Lauren Weil, PhD, MPH, (EIS 2017), EIS Officer, nsi4@cdc.gov

**Officer Projects:** Outbreaks: diphtheria among Forcibly Displaced Myanmar Nationals (Rohingya), Bangladesh; meningococcal disease in Liberia and among persons experiencing homelessness in MA. Analyses: characterize meningococcal disease cases among MSM and at universities; MenA/PCV13/Measles vaccine coverage/impact in Burkina Faso; epidemiology of pertussis among infants; racial and ethnic disparities in pertussis.


**Consultant:** Sarah Meyer, MD, MPH, (EIS 2011), Medical Officer, vif6@cdc.gov

**Consultant:** Sara Oliver, MD, (EIS 2015), Medical Officer, yxo4@cdc.gov

**Consultant:** Oumar Diallo, MPH, Public Health Advisor, yql8@cdc.gov

**Consultant:** Amanda Faulkner, MPH, Epidemiologist, iqq2@cdc.gov

**Consultant:** Cynthia Hatcher, MPH, Public Health Analyst, ctp0@cdc.gov

**Consultant:** Ryan Novak, PhD, (EIS 2005), Epidemiologist, bnk4@cdc.gov

**Consultant:** Tami Skoff, MS, Epidemiologist, tskoff@cdc.gov

**Consultant:** Tej Tiwari, MD, MBBS, (EIS 1999), Medical Officer, ttiwari@cdc.gov

**Consultant:** Fiona Havers, MD, MHS, (EIS 2012), Medical Officer, wja7@cdc.gov

**Consultant:** Heidi Soeters, PhD, (EIS 2014), Epidemiologist, hzx8@cdc.gov

**Consultant:** Susan Hariri, PhD, (EIS 2004), Epidemiology Team Lead, bse4@cdc.gov

**Consultant:** LeAnne Fox, MD, MPH, (EIS 2002), Branch Chief, lff4@cdc.gov

**Consultant:** Barbara Mahon, MD, MPH, (EIS 1994), Division Director, bdm3@cdc.gov
Division of Bacterial Diseases/Respiratory Diseases Branch

NCIRD-DBD-RDB-GA-2018-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Bacterial Diseases/Respiratory Diseases Branch
Physical Address: Atlanta, Georgia
Primary Supervisor: Laura Cooley, MD, MPH, (EIS 2012), Medical Officer, LCooley@cdc.gov
Secondary Supervisor: Almea Matanock, MD, MS, (EIS 2013)
Secondary Supervisor: Melissa Arvay, MPH

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 low- and middle-income countries. We also evaluate guidelines for and non-vaccine interventions to prevent perinatal GBS 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:
• Evaluate the impact of pneumococcal vaccine using active surveillance and hospital administrative data in Africa, including validation of discharge hospitalization data. Fieldwork and ongoing data collection expected (Travel to Senegal)
• Describe the variation in pneumococcal urinary antigen test (UAT) use in clinical practice using pneumococcal pneumonia surveillance data and possibly additional surveys
• Describe the correlation between influenza and group A Streptococcus (GAS) infection using data from Active Bacterial Core surveillance (ABCs) and FluSurv-Net
• Lead a systematic review of Legionnaires’ disease (LD) outcomes; possible reviews include a) what is known about non-Lp1 disease, b) characteristics of reported LD and Pontiac Fever (PF) outbreaks, or c) atypical LD and PF clinical presentations

Proposed Surveillance Projects:
• Evaluate surveillance for bacterial meningitis in three sentinel sites in Mozambique (Travel to Mozambique)

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.
**Available Data:** Active Bacterial Core surveillance; Nationally Notifiable Disease Surveillance; Supplemental Legionnaires' Disease Surveillance System

**Recent Publications:**

**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:** Kat Fay, MD, MPH, (EIS 2017)
- Sandra Valenciano, MD, MPH, (EIS 2017)
- Tolulope Adebambo, MD, MPH, (EIS 2016)
- Elizabeth Soda, MD, (EIS 2016)
- Srinivas Nanduri, MD, MPH, (EIS 2015)
- Sana Ahmed, MD, (EIS 2015)
- Matthew Westercamp, PhD, BSN, MS, (EIS 2014)
- Miwako Kobayashi, MD, MPH, (EIS 2014)
- Sara Tomczyk, RN, MSc, (EIS 2013)
- Louise Francois Watkins, MD, MPH, (EIS 2013)
- Aaron Harris, MD, MPH, (EIS 2012)
- Alicia Demirjian, MD, MSc, (EIS 2012)
- Jonathan Wortham, MD, (EIS 2011)

**Current/Recent EIS Officer:** Kathleen Dooling, MD, MPH, (EIS 2011)

**Officer Projects:**
- Analyzed healthcare-associated Legionnaires’ disease cases and outbreaks
- Implemented a group B Streptococcus clinical decision tool in an electronic health record
- Investigated group A Streptococcus invasive disease among individuals experiencing homelessness in Alaska
- Evaluated the impact of pneumococcal conjugate vaccine introduction on pediatric pneumonia hospitalizations in Zambia

**Officer Recent Publications:**

**Consultant:**
- Chris Van Beneden, MD, MPH, (EIS 1995)
- Tamara Pilishvili, PhD, MPH
- Stephanie Schrag, DPhil, (EIS 1998)
- Cynthia Whitney, MD, MPH, (EIS 1993)
- Fernanda Lessa, MD, MPH, (EIS 2006)
- Miwako Kobayashi, MD, MPH, (EIS 2014)
- Chris Edens, PhD, (EIS 2015)
NCIRD-DBD-RDB-GA-2018-02

Agency Name: CDC
Division/Branch/Team/Section: Division of Bacterial Diseases/Respiratory Diseases Branch
Physical Address: Atlanta, Georgia
Primary Supervisor: Miwako Kobayashi, MD, MPH, (EIS 2014), Medical Officer, MKobayashi@cdc.gov
Secondary Supervisor: Chris Edens, PhD, (EIS 2015)

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 low- and middle-income countries. We also evaluate guidelines for and non-vaccine interventions to prevent perinatal GBS 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:
- Evaluate event-based surveillance introduced in one of the pilot sites in Kenya as part of Detection and Response and Respiratory Events (DaRRE) project (Travel to Kenya likely)
- Analysis of Legionnaires’ disease data related to US cruise travel (burden, demographics, etc.)
- Analysis to examine injuries that may predispose individuals to developing invasive group A Streptococcus (GAS) infections
- Determine the best sources for adult vaccine coverage data using data from a case control study of pneumococcal vaccine effectiveness (VE)
- Describe the missed opportunities for adult pneumococcal vaccination using data from a case control study of pneumococcal VE

Proposed Surveillance Projects: • Evaluate National Notifiable Disease Surveillance System (NNDSS) for Psittacosis
inpreparation for the introduction of NNDSS case notifications

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:** Kat Fay, MD, MPH, (EIS 2017)

**Current/Recent EIS Officer:** Sandra Valenciano, MD, MPH, (EIS 2017)

**Current/Recent EIS Officer:** Tolulope Adebanjo, MD, MPH, (EIS 2016)

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

**Current/Recent EIS Officer:** Srinivas Nanduri, MD, MPH, (EIS 2015)

**Current/Recent EIS Officer:** Sana Ahmed, MD, (EIS 2015)

**Current/Recent EIS Officer:** Matthew Westercamp, PhD, BSN, MSc, (EIS 2014)

**Current/Recent EIS Officer:** Miwako Kobayashi, MD, MPH, (EIS 2014)

**Current/Recent EIS Officer:** Sara Tomczyk, RN, MSc, (EIS 2013)

**Current/Recent EIS Officer:** Louise Francois Watkins, MD, MPH, (EIS 2013)

**Current/Recent EIS Officer:** Aaron Harris, MD, MPH, (EIS 2012)

**Current/Recent EIS Officer:** Alicia Demirjian, MD, MSc, (EIS 2012)

**Current/Recent EIS Officer:** Jonathan Wortham, MD, (EIS 2011)

**Current/Recent EIS Officer:** Kathleen Dooling, MD, MPH, (EIS 2011)

**Officer Projects:**
- Carried out pneumococcal carriage surveillance in Burkina Faso, Ghana, Indonesia, Kenya, and Mozambique
- Evaluated pneumococcal vaccine recommendations impact on invasive pneumococcal disease among younger adults (ACIP presentation)
- Analyzed whole genome sequencing and epidemiological data to identify group A Streptococcus clusters
- Investigated a healthcare-associated Legionnaires’ disease cluster in Georgia

**Officer Recent Publications:**


**Consultant:** Laura Cooley, MD, MPH, (EIS 2012)

**Consultant:** Tamara Pilishvili, PhD, MPH
Background: The Respiratory Viruses Branch (RVB) is responsible for the epidemiology, surveillance, research and program activities for the prevention and control of respiratory viruses and picornaviruses, including respiratory syncytial virus (RSV), non-polio enteroviruses (EV), human metapneumovirus, human adenoviruses, parainfluenza viruses, and human coronaviruses such as Middle East 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. Parainfluenza infection is the second most common medically attended viral illness, after RSV, in infants. Nonpolio enteroviruses are responsible for 10-20 million symptomatic infections per year and manifest a variety of clinical syndromes, including viral meningitis, acute respiratory illness, and hand, foot and mouth disease. 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 EV-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, including severe illnesses and mortality, as well as seasonality, 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) Develop and conduct studies to better define human adenovirus epidemiology in the United States; 2) Conduct analyses with existing data on respiratory virus infections from a study of hospitalized infants at four international sites; 3) Participate in international investigations of MERS-CoV epidemiology with partner countries; 4) Analyze national surveillance data to describe the seasonality of enterovirus/rhinovirus detections across regions; 5) Conduct multivariable epidemiologic analysis to identify the disease burden, risk factors and appropriate population targets for RSV immunizations under development; 6) Assist in protocol development to capture intensive care unit hospitalizations in a national surveillance system and work with partners to implement it; 7) Analyze geocoded data to investigate socio-economic neighborhood characteristics associated with adult RSV cases. Projects 2, 4, 5 and 7 have data available. Protocols have been partially developed for project 6.

Proposed Surveillance Projects: Evaluate the sensitivity and specificity of laboratory detections from the National Respiratory and Enteric Virus Surveillance System (NRÈVSS) for capturing respiratory virus disease burden from population-based surveillance systems.

Range of Opportunities: The position offers a breadth of experiences. The Branch investigates outbreaks, coordinates national and international surveillance platforms, identifies risk factors for disease, and develops and evaluates prevention and control strategies and policies. Opportunities also exist to work with other branches in the Division covering a range of viral diseases. The Branch is supportive of EISO involvement in CDC-wide initiatives and responses.
**Position Strengths:** The EISO will work in a well-supported, friendly, collaborative environment. Colleagues within the branch have an extensive breadth of knowledge and backgrounds, including virology, immunology, pediatric and adult medicine, infectious diseases, veterinary medicine, biostatistics, and epidemiology. This provides ample opportunity for multidisciplinary projects to address important public health issues. The teams are small and responsible for a wide variety of high-burden and emerging viral pathogens, allowing the EISO to lead critical work.

**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, the National Enterovirus Surveillance System, the National Adenovirus Type Reporting System, and the New Vaccine Surveillance Network are coordinated through the Branch. These are ongoing national surveillance systems which generate data to guide activities.


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

**Available Support:** Close collaborations with the Branch’s laboratory teams provide strong support for epidemiologic activities, with excellent statistical support available within the Division.

**Current/Recent EIS Officer:** Erica Rose, PhD, (EIS 2017), EISO, nqx4@cdc.gov

**Current/Recent EIS Officer:** Marie Killery, BVSc, MPH, (EIS 2016), lxo9@cdc.gov

**Current/Recent EIS Officer:** Claire Midgley, PhD, MSc, (EIS 2014), ydk5@cdc.gov

**Officer Projects:** 1. Active, passive and capture-recapture techniques to estimate RSV burden  
2. Investigation of MERS-CoV outbreaks and epidemiology in Saudi Arabia  
3. MERS-CoV seroepidemiologic study of camel workers, UAE  
4. Epidemic keratoconjunctivitis outbreak, USVI  
5. Severe human metapneumovirus infections, ND  
6. Epidemiology of nationwide outbreak of enterovirus D68


Midgley CM et al. Severe respiratory illness associated with a nationwide outbreak of enterovirus D68 in the USA
Division of Viral Diseases/Viral Gastroenteritis Branch

NCIRD-DVD-VGB-GA-2018-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Viral Diseases/Viral Gastroenteritis Branch
Physical Address: Atlanta, Georgia
Primary Supervisor: Jacqueline Tate, PhD, (EIS 2006), Acting Team Lead, jqt8@cdc.gov
Secondary Supervisor: Aron Hall, DVM, (EIS 2006), Acting Team Lead, esg3@cdc.gov
Secondary Supervisor: Umesh Parashar, MBBS, (EIS 1996), Branch Chief, uap2@cdc.gov

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) Develop and 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) Conduct analyses of national databases and existing domestic and international surveillance platforms to better characterize the disease and economic burden of norovirus; 5) Develop and conduct studies on epidemiology of gastroenteritis outbreaks, with a focus on those caused by norovirus; 6) Develop and conduct 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.

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

**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 6 secondary supervisors 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:** Talia Pindyck, MD, (EIS 2017)
**Current/Recent EIS Officer:** Rachel Burke, PhD, (EIS 2016)
**Current/Recent EIS Officer:** Minesh Shah, MD, (EIS 2015)
**Current/Recent EIS Officer:** Negar Aliabadi, MD, (EIS 2014)
**Current/Recent EIS Officer:** Kimberly Pringle, MD, (EIS 2013)
**Current/Recent EIS Officer:** Eyal Leshem, MD, (EIS 2012)
**Current/Recent EIS Officer:** Brian Rha, MD, (EIS 2012)
**Current/Recent EIS Officer:** Paul Gastanaduy, MD, (EIS 2011)
**Current/Recent EIS Officer:** Rishi Desai, MD, (EIS 2010)
**Current/Recent EIS Officer:** Catherine Yen, MD, (EIS 2009)
**Current/Recent EIS Officer:** Douglas Esposito, MD, (EIS 2008)
**Current/Recent EIS Officer:** Jennifer Cortes, MD, (EIS 2008)

**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.


**Consultant:** Margaret Cortese, MD, (EIS 1999)
**Consultant:** Daniel Payne, PhD
**Consultant:** Cristina Cardemil, MD, (EIS 2010)
**Consultant:** Negar Aliabadi, MD, (EIS 2014)
Influenza Division/Epidemiology and Prevention Branch

NCIRD-ID-EPB-GA-2018-01
Agency Name: CDC
Division/Branch/Team/Section: Influenza Division/Epidemiology and Prevention Branch
Physical Address: Atlanta, Georgia
Primary Supervisor: Shikha Garg, MD, MPH, (EIS 2010), Medical Officer, izj7@cdc.gov
Secondary Supervisor: Matt Biggerstaff, PhD, Epidemiologist, zmo2@cdc.gov
Secondary Supervisor: Danielle Iuliano, PhD, (EIS 2008), Epidemiologist, aoi0@cdc.gov

Background: The objectives of the Epidemiology and Prevention Branch are to detect and respond to influenza threats, to create the evidence base for influenza prevention and control, to support the development and implementation of influenza control and prevention programs, and to monitor and improve the impact of influenza control and prevention programs.

This position will offer an EIS Officer many opportunities to learn about public health practice in domestic and international settings, and the analytic projects will focus on complex analyses examining risk factors for disease, development and evaluation of severity scoring systems, cost-effectiveness of vaccination programs, or modeling to estimate averted burden. Both EISOs will work in a collegial atmosphere with support from clinicians, epidemiologists and laboratory scientists working on innovative influenza research.

Outbreak response during seasonal influenza epidemics may include working with states to rapidly estimate burden and severity of disease; such methods are critical for use in a pandemic. In addition, outbreaks of novel influenza A viruses or unusual characteristics of seasonal influenza outbreaks may warrant investigation.

The EISO will have the opportunity to participate in analytic, surveillance and modeling activities. The EISO 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 in >40 countries; The EISO will have opportunities for international work, if desired.

Proposed Initial Projects: (1) Retrospective (data already collected): Association between neighborhood poverty and flu-associated community-acquired influenza hospitalization rates using data from 2012-2017. EISO will have the opportunity to work with geocoded data as well as link Influenza Hospitalizations Surveillance Network (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; (2) Validate a pediatric severity score using data from children hospitalized with influenza in Gambia (data already collected); (3) (International) Evaluate the cost-effectiveness of influenza vaccination in children <2 years in Kenya (data already collected); (4) Estimate the relative risk of influenza-associated hospitalizations among adults with underlying medical conditions using data from the FluSurv-NET and BRFSS (data already collected); (5) Link laboratory-confirmed influenza hospitalizations to death records to identify the primary causes of death (data collection is in process but will be completed by position start)

Proposed Surveillance Projects: 1) Domestic. Evaluate Flu Near You, an Internet-based participatory disease surveillance platform to estimate influenza in the community; 2) International. Participate in a surveillance evaluation in Laos or Brazil. The evaluation will include activities conducted from Atlanta as well as through site visits.

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. 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 position offers flexibility to choose projects and collaborations within the branch based on individual preference, while ensuring that EISOs gain experience in fundamental public health...
practice. While analytic skills may be useful for this position, they are not required for a successful EIS experience in the Influenza Division. We are looking for EISO’s with enthusiasm for working collaboratively and learning analytical skills that support further understanding the epidemiology of influenza, influenza prevention and control activities, and public health decision-making. 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: - Increase in Human Infections with Avian Influenza A(H7N9) Virus During the Fifth Epidemic-China, October 2016-February 2017. MMWR 2017.

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: Grace Appiah, MD, (EIS 2014), ydg3@cdc.gov
Current/Recent EIS Officer: Melissa Rolfs, PhD, (EIS 2014), mrolfs1@cdc.gov
Current/Recent EIS Officer: Kate Russell Woodworth, MD, (EIS 2015), vnt0@cdc.gov
Current/Recent EIS Officer: Becky Stewart Schicker, MSN, (EIS 2015), xyp5@cdc.gov
Current/Recent EIS Officer: Mei Shang, MPH, MSc, (EIS 2015), keq6@cdc.gov
Current/Recent EIS Officer: Josh Doyle, MD, PhD, (EIS 2017), xzd2@cdc.gov
Current/Recent EIS Officer: Michelle Hughes, PhD, (EIS 2017), nqw7@cdc.gov

Officer Projects: Impact of influenza vaccine coverage and effectiveness on disease burden; effectiveness of high-dose and standard-dose vaccine against hospitalized influenza; evaluation of event-based surveillance in Thailand; effectiveness of influenza vaccination among outpatients with underlying medical conditions; outbreaks of influenza-associated parotitis and rash; describing pediatric influenza mortality.

- 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

Consultant: Eduardo Azziz-Baumgartner, MD, (EIS 2003), Team Lead, eazzizbaumgartner@cdc.gov
Consultant: Jill Ferdinands, PhD, (EIS 2000), Epidemiologist, jferdinands@cdc.gov
Consultant: Lynnette Brammer, MPH, Team Lead, lbrammer@cdc.gov
Consultant: Lisa Grohskopf, MD, (EIS 1999), Policy Lead, lgrohskopf@cdc.gov
Consultant: Jerry Tokars, MD, (EIS 1989), Associate Director for Science, jtokars@cdc.gov
Consultant: Angie Campbell, MD, (EIS 2002), Medical Officer, ajcampbell@cdc.gov
Consultant: Brendan Flannery, PhD, (EIS 2002), Epidemiologist, bflannery@cdc.gov
Consultant: Shikha Garg, MD, (EIS 2010), Medical Officer, sgarg1@cdc.gov
Consultant: Dan Jernigan, MD, (EIS 1998), Division Director, djernigan@cdc.gov
Consultant: Tim Uyeki, MD, (EIS 1998), Chief Medical Officer, tuyeki@cdc.gov
Consultant: Alicia Fry, MD, (EIS 1999), Branch Chief, afry@cdc.gov

Immunization Services Division/Office of the Director

NCIRD-ISD-OD-GA-2018-01
Agency Name: CDC
Division/Branch/Team/Section: Immunization Services Division/Office of the Director
Physical Address: Atlanta, Georgia
Primary Supervisor: Amy Parker Fiebelkorn, MSN, MPH, (EIS 2005), Epidemiologist, dez8@cdc.gov
Secondary Supervisor: Loren Rodgers, PhD, (EIS 2010), Team Lead, izj8@cdc.gov
Secondary Supervisor: Xia Michelle Lin, PhD, (EIS 2013), Epidemiologist, wft4@cdc.gov
Secondary Supervisor: Tara Vogt, PhD, (EIS 2002), Team Lead, tcv3@cdc.gov

Background: The mission of the Immunization Services Division (ISD) is to protect individuals and communities from vaccine-preventable diseases through: provision of federal funds and contracts to purchase vaccine; provision of technical and financial support to immunization programs; provider and public education; and evaluation and research. ISD has 7 Branches and Offices, and oversees an annual budget of over $4 billion, which it uses to: purchase and distribute vaccines for the uninsured or underinsured 42% of US children through the Vaccines for Children program; support immunization infrastructure in state and urban area health departments; provide technical support and funding for immunization information systems; provide training and education to health professionals; conduct research to improve the uptake and delivery of vaccines; assess vaccination coverage throughout the lifespan using National Immunization Surveys, the Behavioral Risk Factor Surveillance System, the Trends in Immunization Practices System (>200M vaccination records from Immunization information System sentinel sites), assessments of vaccination coverage in US territories, and other surveys; and work with awardees to evaluate immunization program effectiveness. ISD has a large staff of doctoral-level professionals including 20 EIS Alumni. The EIS Officer would have the opportunity to work with professionals from across the Division on a wide variety of important projects.

Proposed Initial Projects: Initial projects in the Immunization Services Division will utilize data that have already been collected and are available within the division, or will involve experiential collection of data. Projects may include:
-- Use school vaccine coverage data and data collected by the Public Health Law Program to evaluate the impact of laws related to provisional enrollment of undervaccinated children on kindergarten entry vaccination coverage
-- Work with U.S. territories to assess vaccination coverage, including travel to the US islands in the Pacific to assist with vaccine data collection in the field, analyze vaccination coverage, and develop an automated reporting mechanism for immunization rates based on immunization information systems and validated with an external data source
-- Conduct one or more activities designed to understand Vaccines for Children provider compliance and enrollment patterns, reasons for disenrollment, and whether disenrollment can or should be addressed
-- Use large record-level immunization information systems datasets to assess uptake of new vaccines, measure compliance with vaccination recommendations, and to conduct geospatial analyses
-- Assess the modernization of the health IT infrastructure, including use of barcode readers and electronic health record interoperability, related to recording and reporting vaccinations
-- Participate in working groups of the Advisory Committee on Immunization Practices to contribute to the development of US vaccine policy and recommendations
-- Participate in the government-wide pandemic influenza preparation exercise

Proposed Surveillance Projects: 1. Work with selected states to evaluate vaccination coverage assessment systems at the local (e.g. county) level and describe the implications of using different systems (data from IIS, census of schools for Kindergarten vaccination coverage, or other local surveys); may include site visit/s to selected state/s.
2. Use data from the National Immunization Survey to validate data collected through state Immunization Information
Systems’ completeness and representativeness.

**Range of Opportunities:** There are multiple short- and long-term projects available, opportunities to work with large databases, create surveys, travel to the field to provide technical assistance or conduct an evaluation, respond to national emergencies, and work across NCIRD and with other Centers for field epidemiology experiences.

**Position Strengths:** ISD oversees the immunization enterprise for the entire United States. We provide the opportunity to get involved in disease prevention at the most effective level. ISD has depth of subject matter expertise to support the Officer in all required projects, and breadth of scope to enable an Officer to be exposed to many other organizational units both in ISD, within CDC and outside CDC, including State and Local health departments and a variety of immunization partners. Energetic, knowledgeable colleagues are happy to work with the officer to get projects done.

**Special Skills Useful for this Position:** Flexibility to travel to US territories in the Caribbean and Pacific regions, including qualifying for relevant security and health clearances.

**Available Data:** Many data sources are available, including state-level immunization registries, U.S. territory vaccination assessments, annual state immunization program data, on-line systems with updated provider-level information on Vaccines For Children programs, the National Immunization Surveys, continuing education data, and other surveys and databases.

**Recent Publications:** Impact of provider recommendation on Tdap vaccination of adolescents aged 13-17 years. Am JPrev Med. 2017


Financing of vaccine delivery in primary care practices. Acad Pediatr. 2017


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

**Available Support:** ISD staff across the Division will provide support in epidemiology, evaluation, program operations, statistics, economic evaluation, modeling, and administration.

**Current/Recent EIS Officer:** Neil Murthy, MD, MPH, (EIS 2016), EIS Officer, ycz4@cdc.gov

**Officer Projects:** Assessed vaccination coverage-- US-affiliated Pacific Islands
Evaluated immunization information systems in U.S.
Evaluated cost effectiveness of vaccination vs. non-vaccination for ACIP-recommended adult vaccines
Epi-aid to Seattle to investigate asymptomatic mumps virus shedding among vaccinated students
Leading study of school-based immunizations
Zika response clinical team

**Officer Recent Publications:** Notes from the Field: Absence of Asymptomatic Mumps Virus Shedding Among Vaccinated College Students During a Mumps Outbreak - Washington, February-June 2017.  

Murthy N, Rodgers L, Pabst L, Fiebelkorn AP, Ng T.  

**Consultant:** Shannon Stokley, DrPH, Associate Director for Science, sstokley@cdc.gov

**Consultant:** Walter Williams, MD, MPH, (EIS 1981), Medical Epidemiologist, www1@cdc.gov
Injuries kill more than 225,000 people in the U.S. each year—about 1 person every 3 minutes. Millions more 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 3 divisions. Unintentional Injury Prevention focuses on major contributors to injury mortality, morbidity and disability including opioid overdose, motor vehicle crashes, falls, and traumatic brain injury. Violence Prevention applies science to prevent child abuse and neglect, 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 technical assistance to state programs.

Division of Unintentional Injury Prevention /Home Recreation and Transportation Branch

NCIPC-DUIP-HRTB-GA-2018-01

Agency Name: CDC

Division/Branch/Team/Section: Division of Unintentional Injury Prevention /Home Recreation and Transportation Branch / Transportation Safety Team

Physical Address: Atlanta, Georgia

Primary Supervisor: Erin Sauber-Schatz, PhD, MPH, (EIS 2009), Transportation Safety Team Lead, esauberschatz@cdc.gov

Secondary Supervisor: Ann Dellinger, PhD, MPH, (EIS 1993), Branch Chief, amd1@cdc.gov

Background: This position sits on the Transportation Safety Team (TST). The TST is one of four teams in the Home Recreation and Transportation Branch (HRTB). An officer would have the opportunity to work on projects across the branch and division, depending on interest and availability. HRTB has the following priorities:

Transportation Safety - epidemiological investigations and intervention evaluations for preventing motor vehicle injuries including: reducing impaired driving; proper use of car seats, booster seats, and seat belts; preventing crashes among high risk groups (e.g., teens and AI/AN); safe transportation for older adults; and data linkage.

Falls – surveillance of older adult falls and integration of fall prevention in clinical settings.

Traumatic Brain Injury (TBI) – surveillance development and monitoring, identification of effective strategies for primary and secondary prevention through better identification and management of TBI.

HRTB is one of two Branches in the Division of Unintentional Injury Prevention (DUIP). DUIP is one of three divisions in the National Center for Injury Prevention and Control (NCIPC). The other divisions are the Division of Violence Prevention (DVP) and the Division of Analysis, Research and Practice Integration (DARPI).

https://www.cdc.gov/injury/about/organization_chart.html

Proposed Initial Projects: Supervisors will work with the officer to develop projects based on the officer’s interests. Optional projects include, but are not limited to: 1) Examining population-level changes in traffic injuries using national and international data sources; 2) Multivariate modeling using sports surveillance systems (High School Sports Concussion System) to understand Traumatic Brain Injuries; this dataset has been used to report the incidence of high school sports injuries, but we are specifically interested in identifying the incidence of and risk factors for concussions; 3) Multivariate modeling using Centers for Medicare and Medicaid Services Current Medicare Beneficiary Survey questions on older adult mobility to learn more about the transition from driving to not driving among older adults; 4) Analyze the National Household Travel Survey data to understand travel patterns of older adults, including examining data across years of the survey to determine whether older women’s driving patterns are changing. There is speculation that baby boomer women will drive more in old age than older generations; this could be tested with this dataset. Analyze CDC’s YRBS data for risky driving behaviors (seat belt use/non-use, impaired driving, distracted driving) among teens; motor vehicle crashes are the leading cause of death among teens.
**Proposed Surveillance Projects:** Several possibilities depending on officer’s interests including evaluation of drowning data in Uganda, Africa including district and sub-district surveillance; evaluation of the National College Health Survey as a source of injury surveillance for college students; evaluation of the Fatality Analysis Reporting Systems for crash deaths among American Indians/Alaska Natives. These projects would include secondary data analysis. Depending on the surveillance system selected there is the possibility for a site visit.

**Range of Opportunities:** 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. All topic areas within DUIP are open to collaborating with an EIS officer (Transportation Safety, Older Adult Falls, Traumatic Brain Injury, and Prescription Drug Overdose). Possible international travel related to global road safety or global drowning work.

**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 position 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 readily available within the first month including: 1) NHTSA Fatality Analysis Reporting System data; 2) Medicare Current Beneficiary Survey; 3) Behavioral Risk Factor Surveillance System; 4) NCHS Vital Statistics mortality data; 5) National College Health Data.

**Recent Publications:** Selected 2016-2018 publications:


*HSTSB

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

**Available Support:** DUIP and the center’s supporting statistics division (DARPI) include doctoral and medically trained epidemiologists, statisticians, evaluation experts, economists, behavioral scientists, pharmacists, former and current EISOs, and communications and policy staff.

**Current/Recent EIS Officer:** Melissa Mercado-Crespo, (EIS 2013), MMercadoCrespo@cdc.gov

**Current/Recent EIS Officer:** Alexis Peterson, (EIS 2015), yxf5@cdc.gov

**Current/Recent EIS Officer:** Lawrence Scoll, (EIS 2015), lzi8@cdc.gov

**Current/Recent EIS Officer:** Ben Levy, (EIS 2013)

**Current/Recent EIS Officer:** Erin Parker, (EIS 2011)

**Officer Projects:** Analyses include college drug and alcohol use, opioid prescribing and use trends. Field investigations include swimming skills validation, drug overdose deaths, substance use during pregnancy, and Zika virus response (Puerto Rico). Surveillance evaluations include marijuana-impaired driving surveillance (Colorado), road traffic injury surveillance (Phuket, Thailand), and Prescription Behavior Surveillance System.


*Health System and Trauma Systems Branch

Consultant: Grant Baldwin, PhD, MPH, Division Director
Consultant: Erin Parker, PhD, (EIS 2011), DUIP Deputy Associate Director for Science
Consultant: Tamara Haegerich, PhD, DUIP Associate Director for Science
Consultant: Alexis Peterson, PhD, (EIS 2015)
Consultant: Robin Lee, PhD, Team Lead
Consultant: Matt Breiding, PhD, (EIS 2005), Team Lead, dvi8@cdc.gov
Consultant: Kate Shaw, PhD, Epidemiologist, atk6@cdc.gov

Division of Unintentional Injury Prevention /Health Systems and Trauma Systems Branch

NCIPC-DUIP-HSTSB-GA-2018-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Unintentional Injury Prevention /Health Systems and Trauma Systems Branch
Physical Address: Atlanta, Georgia
Primary Supervisor: Brooke Hoots, PhD, MSPH, (EIS 2011), Epidemiologist, vie2@cdc.gov
Secondary Supervisor: Gery Guy, PhD, MPH
Secondary Supervisor: Christine Mattson, PhD, (EIS 2007)

Background: Drug overdose deaths have continued to increase, with 63,632 deaths in 2016. Opioid-involved deaths accounted for over two-thirds of those deaths (42,249). There have been three waves of the opioid overdose epidemic, which started with an increase in prescription opioid overdose deaths in 1999, followed by heroin deaths in 2010, and synthetic opioid deaths, primarily illicitly-manufactured and fentanyl analogs, in 2013. The EIS officer would be working closely with the Opioid Overdose Health Systems Team and the Opioid Overdose Epidemiology and Surveillance Team, within the Health Systems and Trauma Systems Branch. The branch works to improve data quality and track trends to monitor the overdose epidemic, strengthen state efforts by scaling up effective public health interventions, and supply healthcare providers with data, tools, and guidance for evidence-based decision making to change how opioids are used and prescribed. This position sits on the Epidemiology and Surveillance Team, but the officer would work on projects across the branch.

Proposed Initial Projects: The officer will have multiple opportunities to conduct original analyses using data from large administrative databases (e.g., IQVIA™ Transactional Data Warehouse, which contains prescribing data from pharmacies, and Marketscan), national complex surveys (e.g., Healthcare Cost and Utilization Project’s National Inpatient Sample and Nationwide Emergency Sample), and morbidity and mortality data from CDC’s new Enhanced State Opioid Overdose Surveillance (ESOOS). Projects will be determined based on the EIS officer’s interests and could include analyses of: 1) trends in opioid prescribing by drug categories and mortality by region; 2) cost associated with opioid-related health care utilization; 3) trends in opioid-related suicides in the National Violent Death Reporting System and which opioid pain relievers are involved; 4) trends in the use of opioid and nonopioid medications to treat chronic pain; 5) temporal trends in suspected opioid overdose visits in the emergency department, 6) factors associated with fatal opioid overdoses.
**Proposed Surveillance Projects:** Evaluation of ESOOS, a new CDC surveillance system developed in response to the opioid epidemic that monitors nonfatal drug overdoses using syndromic surveillance and hospital billing data (via emergency department and emergency medical services data) and fatal opioid overdoses in 32 states and Washington, D.C. The officer will also have the opportunity to conduct site visits to states participating in ESOOS to evaluate the surveillance system as well as provide technical assistance in data collection.

**Range of Opportunities:** Opportunities exist to develop expertise in designing epidemiologic studies, analyzing data, giving oral presentations, writing scientific papers, and developing collaborations. Officers will work with a collegial, multi-disciplinary team and participate in field investigations.

**Position Strengths:** Opioid overdose, including prescription opioids and illicit drugs (e.g., heroin, fentanyl, and fentanyl analogs), is a growing priority at CDC, with increased federal spending and visibility aimed at improving surveillance and public health response at the national, state, and local levels. The position offers a nurturing environment to learn about the design and implementation of surveillance systems and provides opportunities to analyze and publish data used to monitor the opioid epidemic.

**Special Skills Useful for this Position:** Special skills useful for this position include an eagerness to learn and to contribute to work on preventing opioid overdose, including both prescription and illicit drug overdoses. Strong data analysis skills using SAS, STATA, and Excel would also be very helpful.

**Available Data:** Data sources include nonfatal overdose data in CDC's ESOOS, fatal overdose data via CDC’s State Unintentional Drug Overdose Reporting System (SUDORS), opioid prescribing data from IQVIA, MarketScan claims data, the National Survey on Drug Use and Health (NSDUH), and Healthcare Cost and Utilization Project (HCUP) data. All datasets will be immediately available to the officer.

**Recent Publications:**

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

**Available Support:** The Center, Division, and Branch contain doctoral and medically trained epidemiologists, statisticians, former EISOs, and communications and policy staff, all with strong publication records. People in the center have an open-door policy.

**Current/Recent EIS Officer:**
- Lawrence Scholl, PhD, MPH, (EIS 2016)
- Alexis Peterson, PhD, (EIS 2015)
- Melissa Mercado-Crespo, PhD, (EIS 2013)
- Ben Levy, MD, (EIS 2013)
- Erin Parker, PhD, (EIS 2011)

**Officer Projects:**
- Analysis of opioid prescribing histories of unintentional fentanyl- and heroin-related overdose deaths; analysis of overdose mortality resulting from combined use of synthetic opioids and other substances; Epi-Aid investigating opioid use and neonatal abstinence syndrome in Native Americans; Epi-Aids examining increases in fentanyl-related overdose deaths.

**Officer Recent Publications:**


Background: Suicide is a leading cause of death in the United States (U.S.). In 2016, nearly 45,000 people died by suicide, and each year millions more attempt suicide or lose a friend/family member to suicide. Between 2000-2016, rates of suicide in the U.S. increased nearly 30%. CDC’s Division of Violence Prevention (DVP) is the largest entity in the world addressing violence, including suicide, as a public health problem. It has been at the forefront of establishing the public health approach to violence prevention within the U.S. and abroad. DVP addresses suicide by describing the problem and understanding its contributors, discovering and sharing what works, and collaborating with partners for highest impact.

Proposed Initial Projects: This position focuses on suicide and self-harm, and their relationships with other forms of violence, and can be tailored to EISO interests. Options for initial projects include, but are not limited to:

(1) Examine risk factors for suicide and self-harm among youth subpopulations using the National Electronic Injury Surveillance System – All Injury Program (NEISS-AIP), the National Violent Death Reporting System (NVDRS) and/or the Youth Risk Behavior Surveillance System (YRBS).

(2) Assess trends over time and by demographics in opioid and other overdose deaths, and their classification by manner of death (e.g. suicide, undetermined) using NVDRS and/or the National Vital Statistics System.

(3) Explore parental knowledge, attitudes and beliefs regarding bullying and suicide using Porter Novelli’s Fall Styles and/or Estilos Surveys.

(4) Examine the impact of state, territorial, and tribal (STT) suicide prevention activities, infrastructure, policy and STT-level contextual factors (e.g., unemployment rates, state poverty rates) on variations in state suicide rates using data from a 2018 CDC environmental scan.
Conduct a systematic literature review or meta-analysis of the long-term impact of youth bullying victimization on adult suicide-related behaviors.

Explore multiple innovative methods (e.g., natural language processing, network analysis) to analyze social media data (e.g., Twitter, Tumblr) on topics, such as suicide and bullying.

**Proposed Surveillance Projects:** The EISO can conduct a surveillance evaluation using one or more domestic or global surveillance systems including: Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE; for tracking and monitoring suicide attempts); NVDRS (system recording details of all violent deaths in participating states); NEISS-AIP (injury-related emergency department data); YRBS (national survey on high school students’ risk behaviors); National Survey of Drug Use and Health (prevalence, patterns, and consequences of mental health, substance use, and other health-related issues); Behavioral Risk Factor Surveillance System (BRFSS; national telephone survey on health conditions and risk factors); and Violence Against Children Surveys (VACS; national household surveys in multiple low- and middle-income countries). Domestic or international travel may be available for field evaluations of NVDRS or VACS.

**Range of Opportunities:** Access to multiple datasets to describe the public health burden, risk/protective factors, and economic impact for different forms of violence. Officers can participate in other NCIPC or CDC projects, short-term assignments, and Epi-Aids. International deployments or work at CDC’s Emergency Operations Center is possible. Social media analyses can allow the EISO to develop natural language, Python, and R programming skills.

**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 diverse group of professionals and agencies. The EISO will be able to apply epidemiological and behavioral science research skills in multiple settings while supported by a team with vast experience in violence prevention.

**Special Skills Useful for this Position:** The ideal EISO will have an interest in quantitative data, strong statistical skills, and some experience working with SAS or SPSS. Interest in qualitative data would be a plus. In addition, the candidate should exhibit a strong interest in the field of violence prevention, flexibility in working with people from diverse personal and professional backgrounds, and strong written and oral communication skills.

**Available Data:** National Violent Death Reporting System; National Electronic Injury Surveillance System—All Injury Program; Porter Novelli Fall Styles and Estilos Surveys; Youth Risk Behavior Surveillance System; National Intimate Partner and Sexual Violence Survey; Violence Against Children Surveys (international); National Vital Statistics System; social media (Twitter, Tumblr, etc.). All data are readily available.

**Recent Publications:** Leavitt RA, ... Petrosky E, ... Suicides among American Indian/Alaska Natives—NVDRS, 18 states, 2003-2014. MMWR[in press].


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

**Available Support:** Large staff of doctoral-level epidemiologists and behavioral scientists, including 10+ EIS alumni. Computer, statistical, and administrative support are also available.

**Current/Recent EIS Officer:** Elizabeth Swedo, MD, MPH, (EIS 2017), EIS Officer, nsk3@cdc.gov

**Current/Recent EIS Officer:** Francis Annor, PhD, MPH, (EIS 2016), EIS Officer, lzw7@cdc.gov

**Current/Recent EIS Officer:** Amanda Garcia-Williams, PhD, MPH, (EIS 2015), Epidemiologist, gvl8@cdc.gov **Current/Recent EIS Officer:** Erica Spies, PhD, MS, (EIS 2014)

**Current/Recent EIS Officer:** Kristin E. Vanderende, PhD, (EIS 2014), Epidemiologist, ydj3@cdc.gov

**Current/Recent EIS Officer:** Steven A. Sumner, MD, MSc, (EIS 2013), Medical Epidemiologist, hvo5@cdc.gov

**Current/Recent EIS Officer:** Leah K. Gilbert, MD, MSPH, (EIS 2012), Medical Epidemiologist, wji4@cdc.gov

**Current/Recent EIS Officer:** Katherine (Katie) Fowler, PhD, (EIS 2011), Behavioral Scientist, vid5@cdc.gov

**Current/Recent EIS Officer:** Asha Z. Ivey-Stephenson, PhD, MA, (EIS 2010), Behavioral Scientist, iym9@cdc.gov

**Current/Recent EIS Officer:** Dawn McDaniel, PhD, (EIS 2010)

**Current/Recent EIS Officer:** Kevin J. Vagi, PhD, (EIS 2008), Behavioral Scientist, huu5@cdc.gov
Current/Recent EIS Officer: Matthew (Matt) Gladden, PhD, (EIS 2008), Behavioral Scientist, gkv7@cdc.gov

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: Steven A. Sumner, MD, MSc, (EIS 2013), Medical Officer, hvo5@cdc.gov

Consultant: Katherine (Katie) Fowler, PhD, (EIS 2011), Behavioral Scientist, vid5@cdc.gov

Consultant: Asha Ivey-Stephenson, PhD, MA, (EIS 2010), Behavioral Scientist, iym9@cdc.gov

Consultant: Shane P. Davis Jack, PhD, (EIS 2007), Health Scientist, gdo4@cdc.gov

Consultant: Kevin J. Vagi, PhD, (EIS 2008), Behavioral Scientist, huu5@cdc.gov

Consultant: Joseph (J) E. Logan, PhD, (EIS 2006), Behavioral Scientist, ffa3@cdc.gov

Consultant: Janet Blair, PhD, MPH, (EIS 1998), Interdisciplinary Lead Behavioral Scientist, zud5@cdc.gov

Consultant: Alexander (Alex) E. Crosby, MD, MPH, (EIS 1991), Medical Epidemiologist, aec1@cdc.gov

Consultant: James Mercy, PhD, (EIS 1982), Director, Division of Violence Prevention, jam2@cdc.gov

Consultant: Corinne (Cory) Ferdon, PhD, Health Scientist, djz4@cdc.gov

Consultant: Linda L. Dahlberg, PhD, MA, Science Officer, lld0@cdc.gov

Consultant: Thomas (Tom) R. Simon, PhD, Behavioral Scientist, tgs9@cdc.gov

Consultant: Brad N. Bartholow, PhD, Health Scientist, Team Lead, bnb1@cdc.gov

Consultant: Kristin Holland, PhD, MPH, Health Scientist, Team Lead, imh1@cdc.gov

Division of Violence Prevention/Surveillance Branch

NCIPC-DVP-SB-GA-2018-01
Agency Name: CDC
Division/Branch/Team/Section: Division of Violence Prevention/Surveillance Branch/Implementation Team
Physical Address: Atlanta, Georgia
Primary Supervisor: Leah Gilbert, MD, MSPH, (EIS 2012), Medical Officer, wji4@cdc.gov
Secondary Supervisor: Steven Sumner, MD, MSc, (EIS 2013), Medical Officer
Background: The Division of Violence Prevention (DVP) is the largest organization in the world addressing violence as a public health problem. An estimated 1 billion children—half of all the children in the world—are victims of violence every year. Violence is connected to many public health problems and makes people vulnerable to other health problems. Since 2007, CDC has partnered with 22 countries around the world to conduct Violence Against Children Surveys (VACS) to measure the burden of violence against children and youth and its health consequences, including HIV. Findings from VACS provide reliable evidence to enable countries to make better decisions about allocating limited resources to develop, launch and evaluate violence prevention programs and child protection systems.

Proposed Initial Projects: This position will be part of a global health team at the intersection of violence and health. Specific projects can be tailored based on EISO interests. Global projects will focus on violence against children and youth in sub-Saharan Africa, Latin America, and Eastern Europe. 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); (b) Assessing the association between violence and health risk behaviors (smoking, excessive alcohol use) in Africa and Asia; (c) Examining the prevalence of, risk factors for, and health consequences of intimate partner violence in Latin America; (d) Assessing the relationship between domestic violence and community/gang violence in Latin America; (e) Examining the link between childhood violence exposure and HIV acquisition; (f) Piloting implementation of the INSPIRE technical package—7 evidence based-strategies to prevent violence against children in African countries; (g) Designing an interim surveillance system to collect violence data between full-scale VACS implementation; (h) Piloting a domestic VACS in the United States; and (i) Assisting with implementation of the VACS Data To Action Workshops globally, which orient country stakeholders to the VACS findings, help them prioritize which findings are the most critical to respond to, and provide a menu of evidence-based violence prevention strategies to form the framework for a National Action Plan. 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; a state site visit may be possible); 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 VACS or new VACS that are being planned in Africa (Kenya, Mozambique, and Namibia).

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 violence. Officers can participate in other NCIPC or CDC projects and field activities (Epi Aids). Officers can travel globally to implement and analyze VACS data, learning principles of complex survey design.

Position Strengths: This position offers diverse opportunities for applying epidemiologic techniques to global and domestic work and can be tailored to EISO interests. U.S. and international events have highlighted the high-profile and urgent need for violence prevention. Opportunities range from high level, multi-country work to participation in local programs in Atlanta. Deployments for international emergency response or work in CDC’s Emergency Operations Center are possible.

Special Skills Useful for this Position: The ideal EISO is creative, hardworking, a strong communicator, and interested in quantitative analysis. Experience with SAS, R, or other statistical language is a strength, but not a requirement. 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; National Violent Death Reporting System; National Intimate Partner and Sexual Violence Survey; the Behavioral Risk Factor Surveillance System; National Electronic Injury Surveillance System; and many other datasets. All data are accessible and readily available.


Domestic Travel: 10% International Travel: 20%

Available Support: Large staff of doctoral epidemiologists and behavioral scientists, including over 10 EIS alumni.
Computer, statistical, and clerical support available, including from NCIPC’s Statistics, Programming, and Economics Branch. The position’s EISO supervisors are experienced and productive scientists.

**Current/Recent EIS Officer:** Elizabeth Swedo, MD, MPH, (EIS 2017)

**Current/Recent EIS Officer:** Francis Annor, PhD, MPH, (EIS 2016)

**Current/Recent EIS Officer:** Amanda Garcia-Williams, PhD, (EIS 2015)

**Current/Recent EIS Officer:** Erica Spies, PhD, (EIS 2014)

**Current/Recent EIS Officer:** Kristen Vanderende, PhD, (EIS 2014)

**Current/Recent EIS Officer:** Steven Sumner, MD, (EIS 2013)

**Current/Recent EIS Officer:** Leah Sumner, MD, MSPH, (EIS 2012)

**Current/Recent EIS Officer:** Katie Fowler, PhD, (EIS 2011)

**Current/Recent EIS Officer:** Asha Ivey-Stephenson, PhD, MA, (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)

**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, Washington, DC; CDC Zika and Ebola Response

**Officer Recent Publications:**

**Consultant:** Howard Kress, PhD

**Consultant:** Greta Massetti, PhD

**Consultant:** Susan Hillis, PhD, (EIS 1991)

**Consultant:** James Mercy, PhD, (EIS 1982)

**Consultant:** Tom Simon, PhD

**Consultant:** Corinne (Cory) Ferdon, PhD
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 and cardiovascular health among coal miners; chemical exposures in a vape shop; exposure to opioids among first responders; 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; biomarkers in workers exposed to nanofibers; miscarriages among flight attendants; natural disasters and release of chemical and biologic agents affecting workers in postal services and emergency response. NIOSH tailors positions to the EISOs’ interests. Positions can include both fieldwork and advanced analytic opportunities.

**Division of Surveillance, Hazard Evaluations & Field Studies/Hazard Evaluations & Technical Assistance Branch**

NIOSH-DSCHEFS-HETAB-OH-2018-01

Agency Name: CDC

Division/Branch/Team/Section: Division of Surveillance, Hazard Evaluations & Field Studies/Hazard Evaluations & Technical Assistance Branch

Physical Address: Cincinnati, Ohio

Primary Supervisor: Kristin Musolin, DO, MS, (EIS 2011), Medical Officer, jwy1@cdc.gov

Secondary Supervisor: John Gibbins, DVM, MPH, (EIS 2006), Medical Section Team Lead, ffi9@cdc.gov

**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. EISOs 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 EISO 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](http://www.cdc.gov/niosh/hhe).

Our EISOs have the opportunity to: 1) conduct HHEs in a variety of workplaces. HHEs 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 (chemical/biological exposures, heat, noise, radiation, ergonomics, and workplace stress). Our EISO 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 EISO will conduct approximately 4–6 HHEs during each year of assignment. Several HHE requests come in every week, and the EISO will work with the supervisors for the best epidemiological projects. Our most common evaluated industry sectors include the services, healthcare and social assistance, manufacturing, wholesale and retail 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) evaluations of health effects associated with disinfectants and other exposures among workers in the poultry and meatpacking industry and 2) 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 exposure groups and outcome groups. EISOs will help develop protocols, but our HHE Program has blanket OMB approval.

**Proposed Surveillance Projects:** EISOs can work with our NIOSH Surveillance Branch and can evaluate NIOSH-funded occupational disease surveillance systems at state health departments, which cover pesticide poisonings, silicosis, burns, and lead. There are also opportunities to examine other large surveillance systems including systems at the Bureau of Workers Compensation and Bureau of Labor Statistics. EISOs may also examine large infectious disease
and cancer surveillance systems and focus on the collection of occupation and industry information. These options may 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. We have potential opportunities with Hispanic/Latino workers. We support participation in Epi-Aids or other deployments.

**Position Strengths:** We have an unmatched opportunity to delve into many types of exposures and injuries/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 EISOs have private offices, not cubicles!

**Special Skills Useful for this Position:** Excellent judgment and ability to discern the work-relatedness of medical symptoms is 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 from HHEs in a variety of exposures. Our Division also has data from large industry-wide cohort studies and surveillance systems, to which EISOs have full access.

**Recent Publications:**

**Domestic Travel:** 20%  **International Travel:** 0%

**Available Support:** The HETAB medical section is staffed by 6 physicians, a veterinarian, and a behavioral scientist; most are former EISOs. The industrial hygiene section has 15 masters or doctoral level industrial hygienists. Other staff include a statistician, a writer-editor, health communication specialist, public health advisor, and secretarial support. NIOSH Cincinnati has >450 staff including chemists, engineers, and biologists.

**Current/Recent EIS Officer:**
- David Jackson, MD, (EIS 2017), EIS Officer
- George Grimes, MD, MPH, (EIS 2016), EIS Officer
- Sophia Chiu, MD, MPH, (EIS 2015), Medical Officer

**Officer Projects:**
- Lead exposures in a bullet manufacturing plant, MO
- Carbon disulfide exposures in a meat casing facility, IL
- Chemical exposures in a vape shop, TX
- Chemical and ergonomic concerns among nail salon workers, NY
- Exposure to opioids among first responders, multiple states
- Flame retardant exposures among electronic recyclers, multiple states

**Officer Recent Publications:**

**Consultant:**
- Douglas Trout, MD, MHS, (EIS 1992), Chief Medical Officer, dytl@cdc.gov
- Marie De Perio, MD, (EIS 2008), Medical Section Team Lead, HGJ1@cdc.gov
- Douglas Wiegand, PhD, MS, Behavioral Scientist
- Judith Eisenberg, MD, MS, (EIS 2004), Medical Officer
- Charles Mueller, MS, Statistician
- Sophia Chiu, MD, MPH, (EIS 2015), Medical Officer
Size of community: Cincinnati metropolitan: population of over 2.1 million.

University affiliation: Opportunities exist for attending conferences at and developing relationships with the University of Cincinnati Department of Environmental Health (Public Health Sciences, Environmental and Occupational Hygiene, Occupational and Environmental Medicine) 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 individuals. The public school systems are excellent with 33 of its high schools among the best in the nation.

Cultural and recreational assets: Cincinnati has two major professional sports teams and offers many cultural events and outdoor activities.

Opportunity for partner’s employment: Cincinnati is home to six Fortune 500 companies including Kroger, Procter & Gamble, and GE Aviation. Other top employers are the University of Cincinnati, Cincinnati Children’s, and TriHealth.

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**Division of Surveillance, Hazard Evaluations & Field Studies/Industrywide Studies Branch**

**NIOSH-DSHEFS-ISB-OH-2018-01**

**Agency Name:** CDC

**Division/Branch/Team/Section:** Division of Surveillance, Hazard Evaluations & Field Studies/Industrywide Studies Branch

**Physical Address:** Cincinnati, Ohio

**Primary Supervisor:** Candice Johnson (EIS 2012), Epidemiologist, gwu5@cdc.gov

**Secondary Supervisor:** Elizabeth Whelan, (EIS 1991), Branch Chief, eaw0@cdc.gov

**Secondary Supervisor:** Christina Lawson, Team Lead, cjl9@cdc.gov

**Background:** This premier research program conducts large-scale, in-depth studies examining the health effects of workplace exposures across industries, occupations, 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) cohorts. 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, and have the opportunity to take part in health hazard evaluations. 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 ISB 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 various 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.

**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:** ISB has numerous datasets available in the branch that 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

**Recent Publications:**

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

**Available Support:** Includes over 25 researchers (current/former EISOs, epidemiologists, medical officers, industrial hygienists, and statisticians), computer programmers, and research assistants. Fully equipped private offices are provided. Support to attend conferences and seek additional training.

**Current/Recent EIS Officer:**
- John Beard, (EIS 2015), Epidemiologist, john_beard@byu.edu
- Candice Johnson, (EIS 2012), Epidemiologist, cyjohnson@cdc.gov
- Alysha Meyers, (EIS 2010), Epidemiologist, itm4@cdc.gov
- Miriam Siegel, (EIS 2017), Epidemiologist, wrm9@cdc.gov

**Officer Projects:**
- Maternal exposure to oil mist and birth defects
- Birth defects among offspring of nail technicians
- Cross-sectional study of biomarkers in workers exposed to carbon nanotubes and nanofibers
- Occupational neurodegenerative disease mortality in a nationally representative surveillance system
- Workplace secondhand smoke exposure among pregnant workers

**Officer Recent Publications:**

**Consultant:**
- Candice Johnson, (EIS 2012), Epidemiologist, cyjohnson@cdc.gov
- Alysha Meyers, (EIS 2010), Epidemiologist, itm4@cdc.gov
- Teresa Schnorr, (EIS 1982), Division Director, ths1@cdc.gov
**Size of Community:** The Cincinnati tri-state (Ohio-Kentucky-Indiana) area 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 8 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.

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**Division of Surveillance, Hazard Evaluations, and Field Studies/Surveillance Branch**

**NIOSH-DSHEFS-SB-OH-2018-01**

**Agency Name:** CDC

**Division/Branch/Team/Section:** Division of Surveillance, Hazard Evaluations, and Field Studies / Surveillance Branch

**Physical Address:** Cincinnati, Ohio

**Primary Supervisor:** Walter Alarcon, MD, MSc, (EIS 2002), Epidemiologist/Team Lead, wda7@cdc.gov

**Secondary Supervisor:** Marie Sweeney, PhD, Branch chief, mhs2@cdc.gov

**Secondary Supervisor:** Sara Luckhaupt, MD, (EIS 2006), Medical Officer, pks8@cdc.gov

**Background:** The DSHEFS Surveillance Branch is the CDC group responsible for conducting surveillance of disease and hazards in the nation’s labor force. The intent is to provide both early detection of emerging problems and continuous assessment of the magnitude and trends of job-related illnesses and hazards. Surveillance findings are used to guide prevention and intervention efforts. They are often used to establish new CDC and NIOSH public health policies, and to strengthen occupational health regulations. EISOs are encouraged to participate in a variety of NIOSH health hazard evaluations (similar to Epi-Aids) and domestic and international Epi-Aids to gain field experience.

**Proposed Initial Projects:** SB manages the SENSOR-Pesticides program, a collaboration with 10 state agencies, to document acute pesticides poisonings. The SENSOR-Pesticides database contains individual level data on about 13,000 occupational poisonings. About 5% of these are fumigant-related, and the EISO can analyze these poisonings to identify contributing factors and prevention strategies. Fumigants applied to soil form a gas that can move from the soil and off site, producing adverse health effects in people from hours to days after application.

Other potential initial projects, depending on the EISO’s areas of interest, include work-related low back pain, health effects of non-standard work arrangements and night shift work, and availability and use of health promotion programs (using the 2015 National Health Interview Survey [NHIS]); health outcomes by occupation (using the Behavioral Risk Factor Surveillance Survey); elevated blood lead levels among adults; occupational cancer; and occupational hearing loss. Typically, EISOs are offered a variety of opportunities to gain experience in epidemiology and public health, while making meaningful and timely contributions that protect the health of the nation’s workers. Large databases from the National Center for Health Statistics, CDC, and the Bureau of Labor Statistics, provide EISOs with excellent opportunities to explore occupational disease-exposure relationships. EISOs can also conduct field investigations to study emerging occupational health problems identified by NIOSH-affiliated surveillance systems in state and local health departments.

**Proposed Surveillance Projects:** Since this position is in the Surveillance Branch and we work with many different partners, there are several different surveillance systems that can be evaluated. The EISO will execute a desk-based evaluation of the attributes of a surveillance system by consulting with stakeholders involved with the system and reviewing outputs generated by the system. The EISO will also conduct a site visit to interview stakeholders who contribute data and those who use data. Two high priority topics that an EISO could base his/her evaluation on are: (1) How well do the 2015 NHIS supplemental questions on low back pain capture the burden of this problem among workers compared to other surveillance systems? (2) What is the impact of OSHA’s new requirement for employers to rapidly report any work-related incident that results in hospitalization? Other possible projects involve systems that track blood lead levels among workers, acute pesticide-related illness and injury, workers’ compensation claims, occupational cancer, occupational hearing loss, or occupational infectious diseases.

**Range of Opportunities:** Supervisors will work with the officer to identify the most suitable projects. In addition to the projects described above, EISOs will have opportunities to investigate other occupational health problems identified through state-based surveillance programs or from among occupational cohorts or disease registries. EISOs
also have numerous opportunities to work with NIOSH’s Federal (e.g., OSHA) and State partners, present their work at conferences (e.g., CSTE, APHA), and publish articles in peer-reviewed journals and MMWR. EISOs obtain field experience by participating in NIOSH Health Hazard Evaluations. We encourage our officers to volunteer for Epi-Aids, both domestic and international.

**Position Strengths:** Attentive supervisory support, broad and interesting range of projects tailored to the preferences of the officer, opportunity to establish new CDC policies, family friendly work environment, safe and affordable city, confidence that all EIS requirements will be completed promptly.

**Special Skills Useful for this Position:** Training in epidemiology and statistics is vital. Interest in protecting worker health is also crucial. Knowledge of SAS is desirable, but training can be provided. Excellent communication skills are a benefit.

**Available Data:** Data for most projects are owned by CDC and are available for analysis. For the remaining projects, NIOSH has agreements that permit use of the data for research purposes.

**Recent Publications:**

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

**Available Support:** DSHEFS SB has >35 staff professionals including four EIS alumni, medical officers, epidemiologists, statisticians, and informaticians. Office space and computer hardware/software are available.

**Current/Recent EIS Officer:** Laurel Harduar Morano, PhD, (EIS 2017), EISO, vh4@cdc.gov

**Current/Recent EIS Officer:** Chia-Ping Su, MD, MSc, (EIS 2015), EISO, cpsu@cdc.gov.tw

**Current/Recent EIS Officer:** Rebecca Tsai, PhD, (EIS 2011), Epidemiologist, vht5@cdc.gov

**Current/Recent EIS Officer:** Naomi Hudson, PhD, (EIS 2010), Epidemiologist, iuz8@cdc.gov

**Officer Projects:** Exploring occupational patterns in opioid overdose deaths; identifying occupational risk factors for infectious diseases; investigating outbreaks of acute pesticide-related illness; analyzing existing datasets to identify morbidity associated with occupational exposures; assessing the risk of specific cancers in various jobs.

**Officer Recent Publications:**

**Consultant:** Rebecca Tsai, PhD, (EIS 2011), Epidemiologist, vht5@cdc.gov

**Consultant:** Andrea Steege, PhD, Epidemiologist, avs0@cdc.gov

**Consultant:** Toni Alterman, PhD, Senior epidemiologist, txa8@cdc.gov

**Consultant:** David Wall, MAS, Information Technology Specialist, dkw0@cdc.gov

**Size of Community:** The Cincinnati tri-state (Ohio-Kentucky-Indiana) area 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.
Background: The Respiratory Health Division (RHD) 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. Current investigations an EISO could immediately join include first responders exposed to a plastics warehouse fire and an automotive rubber manufacturing facility.

Proposed Surveillance Projects: The Field Studies Branch has a number of surveillance opportunities available to the EISO. 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 an automotive rubber manufacturing facility. The EISO can also partner with the RHD Surveillance Branch, depending on interest, to assess a number of existing surveillance systems in place, for example, various sources of data on morbidity, mortality, and workers’ compensation 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 U.S. industries 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, including respiratory symptoms and doctor diagnoses that can be linked with occupation and industry as well as exhaled nitric oxide data. We also have readily available data from longitudinal research studies in beryllium and indium tin-oxide workers; and National Health and Nutrition Examination Survey 2007-2012 spirometry and respiratory disease and symptom data.

Recent Publications: Nett RJ, et al. Dental personnel treated for idiopathic pulmonary fibrosis at a tertiary care center

Respiratory Health Division/Field Studies Branch

NIOSH-RHD-FSB-WV-2018-01
Agency Name: CDC
Division/Branch/Team/Section: Respiratory Health Division/Field Studies Branch
Physical Address: Morgantown, West Virginia
Primary Supervisor: R. Reid Harvey, DVM, MPH, (EIS 2013), Epidemiologist, iez1@cdc.gov
Secondary Supervisor: Ethan Fechter-Leggett, DVM, MPVM, (EIS 2013), Epidemiologist, iun8@cdc.gov

Background: The Respiratory Health Division (RHD) 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. Current investigations an EISO could immediately join include first responders exposed to a plastics warehouse fire and an automotive rubber manufacturing facility.

Proposed Surveillance Projects: The Field Studies Branch has a number of surveillance opportunities available to the EISO. 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 an automotive rubber manufacturing facility. The EISO can also partner with the RHD Surveillance Branch, depending on interest, to assess a number of existing surveillance systems in place, for example, various sources of data on morbidity, mortality, and workers’ compensation 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 U.S. industries 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, including respiratory symptoms and doctor diagnoses that can be linked with occupation and industry as well as exhaled nitric oxide data. We also have readily available data from longitudinal research studies in beryllium and indium tin-oxide workers; and National Health and Nutrition Examination Survey 2007-2012 spirometry and respiratory disease and symptom data.

Recent Publications: Nett RJ, et al. Dental personnel treated for idiopathic pulmonary fibrosis at a tertiary care center

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**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, DVM, MPH, (EIS 2016), EIS Officer, yxc4@cdc.gov

**Current/Recent EIS Officer:** Megan Casey, RN, BSN, MPH, (EIS 2014), Nurse Epidemiologist, ydg7@cdc.gov

**Current/Recent EIS Officer:** Anna-Binney McCague, MD, (EIS 2012)

**Officer Projects:** Field investigations of lung disease in workplaces manufacturing rubber, coffee, pet food, snack food, chemicals, and windblades; sentinel surveillance for occupational lung disease; veterinary mortality study; styrene-associated work-related asthma.

**Officer Recent Publications:** Tomasi SE, et al. NIOSH Health Hazard Evaluation Program as a sentinel surveillance system for novel occupational lung diseases. Am J Respir Crit Care Med 2017;195:A3868.


**Consultant:** Randy Nett, MD, MPH, (EIS 2007), Medical Officer, gge5@cdc.gov

**Consultant:** Rachel Bailey, DO, MPH, (EIS 2006), Medical Officer, feu2@cdc.gov

**Consultant:** Jean Cox-Ganser, PhD, Epidemiologist, jjc8@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.

**Opportunity for Partners’ Employment:** Healthcare, pharmaceutical, education.
Background: The Respiratory Health Division (RHD) 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 state-of-the-art mobile medical unit, certifies physicians as expert in reading chest radiographs for pneumoconiosis, and certifies courses as meeting requirements for 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 or worsening occupational diseases (e.g. resurgence of black lung disease) and old diseases in new industries (e.g. nanotechnology).

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 risk factors, disease burden, clinical characteristics, and health outcomes.

Proposed Surveillance Projects: The RHD Surveillance Branch has numerous surveillance system evaluation opportunities including site visits with stakeholders that the EISO can pick from, including: coal worker surveillance data query system utility; mortality surveillance of pneumoconiosis and co-mortality from other diseases; assessment of various sources of morbidity, mortality, and workers’ compensation data for coal workers’ pneumoconiosis; 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 RHD 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 diverse 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.


**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, RN, MPH, (EIS 2016), EIS Officer, lwy3@cdc.gov

**Current/Recent EIS Officer:** Megan Casey, RN, BSN, MPH, (EIS 2014), Nurse Epidemiologist, ydg7@cdc.gov

**Current/Recent EIS Officer:** David Blackley, DrPH, (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.

**Officer Recent Publications:** Reynolds LE, et al. Coal miner participation in a job transfer program designed to prevent progression of pneumoconiosis, United States, 1986-2016. Arch Environ Occup Health. 2017 Nov 8:0. [Epub ahead of print].


**Consultant:** Megan Casey, RN, BSN, MPH, (EIS 2014), Nurse Epidemiologist, ydg7@cdc.gov

**Consultant:** Jacek Mazurek, MD, MPH, (EIS 2002), Medical Officer, 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.

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**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.

**Opportunity for Partners’ Employment:** Healthcare, pharmaceutical, education.
The Office of Public Health Preparedness and Response (OPHPR) oversees programs that comprise CDC's public health preparedness and response portfolio, including the CDC Emergency Operations Center (EOC). The Division of State and Local Readiness (DSLR) administers CDC's Public Health Emergency Preparedness (PHEP) program. DSLR includes the Applied Science and Evaluation Branch, which analyzes nationwide preparedness data and the Field Services Branch, which manages the Career Epidemiology Field Officer (CEFO) program. Additionally, when CDC activates the EOC, DSLR establishes the State Coordination Taskforce (SCTF) to coordinate activities between CDC and health departments across the United States. SCTF has established nationwide active monitoring of persons at risk of Ebola, a comprehensive healthcare response plan for persons with suspected Ebola virus disease, and a territorial Zika coordination unit to oversee CDC response efforts in US-affiliated Pacific and Caribbean islands.

**Division of State and Local Readiness /Applied Science and Evaluation Branch**

**OPHPR-DSLR-ASEB-GA-2018-01**

**Agency Name:** CDC

**Division/Branch/Team/Section:** Division of State and Local Readiness /Applied Science and Evaluation Branch

**Physical Address:** Atlanta, Georgia

**Primary Supervisor:** Sara Vagi, PhD, MS, (EIS 2008), Team Lead, svagi@cdc.gov

**Secondary Supervisor:** Jessica Tomov, PhD, MPH, (EIS 2015), Epidemiologist

**Secondary Supervisor:** Rachel Avchen, PhD, MS, (EIS 2000), Branch Chief

**Background:** The mission of the Applied Science and Evaluation Branch (ASEB) is to strengthen public health preparedness, response, and recovery through science and evaluation. ASEB collects and analyzes data related to performance accountability including relevant information during an EOC activation and post event after-action reports. ASEB offers an EISO epidemiology experience through applied science and evaluation focused on state and local preparedness. The ASEB EISO will conduct applied epidemiology to ascertain public health consequences of large-scale events and to inform readiness and resilience science. Additionally, ASEB staffs the State Coordination Taskforce (SCTF) (recently activated in response to Ebola, Zika, and the 2017 Hurricane Season) with whom the EISO can participate in response to current public health emergencies. The ASEB EISO can also participate in field investigations in collaboration with our state and local embedded Career Epidemiology Field Officers (CEFO) (many of whom are EIS alumni).

**Proposed Initial Projects:** 1. Assess the ability to deliver medical countermeasures (MCM) during large-scale public health emergencies using data from a structured evaluation tool administered to over 130 US state and local jurisdictions. Data could be used to identify factors affecting MCM rapid delivery and make recommendations for best practices during response. Officer could also accompany a specialist to a site visit to conduct a MCM-operational readiness review.

2. Use national public health response after-action reports to develop recommendations to improve public health response capabilities. Electronic after-action reports from exercises and events are available for qualitative analysis to identify commonly reported strengths and weaknesses of responses for the past 5 years. EISO would work with other subject matter experts to develop recommendations for quality improvement based on analysis.

3. Evaluate impact of large-scale public health events (e.g. Hurricanes Harvey, Irma, Maria) on vulnerable populations using large medical claim data sources such as Marketscan (for private coverage), and Medicare/Medicaid. EISO would have the opportunity to use mixed modeling, time series analysis, and spatial statistics to explore the impact of these events on the health outcomes of vulnerable populations.

4. Collaborate with Field Services Branch on a project with a state or local health department under the supervision of a CEFO. Examples include design and implementation of a Community Assessment for Public Health Emergency Response (CASPER) to prepare for or respond to a disaster, an infectious disease outbreak investigation, and an emergency preparedness exercise or training event.

**Proposed Surveillance Projects:** 1. Evaluate select diseases reported to ASEB through the Public Health Emergency Preparedness (PHEP) cooperative agreement from 2011 to 2017. The evaluation will compare case counts in the PHEP data to case counts reported to the National Notifiable Disease Surveillance System (NNDSS) to determine accuracy, timeliness, and usefulness of PHEP reporting as a proxy for emergency surveillance capabilities.

2. Evaluate a statewide syndromic surveillance system (through our close collaborative relationship with Career Epidemiology Field Officers in state health departments) and its ability to detect a public health condition of importance with input from state and local partners. Site visits to partners could be arranged.
Range of Opportunities: Broad range of opportunities for research and program evaluation projects, training and hands-on development in emergency preparedness and response. Applied field opportunities exist through providing support to the State Coordinating Task Force during an emergency response and with the Field Services Branch also located within the Division of State and Local Readiness.

Position Strengths: ASEC is a dynamic branch with wide reach and a diverse cadre of professionals eager to teach and mentor. Supervisors and Branch Chief are committed to EIS as demonstrated by over 20 years combined experience mentoring EISOs, and will provide a flexible experience tailored to the EISO’s goals and interests. The Branch Chief has previously served as the Associate Director of the EIS program and is committed to providing a high quality-learning environment. The EISO will leave this position with strong epidemiology skills, a scientific portfolio, and experience in public health emergency preparedness and response.

Special Skills Useful for this Position: Critical thinking and application of scientific principles to complex problems Data management and analysis (strong quantitative and/or qualitative) Applied program evaluation Written and oral communication skills Research project organization and management Strong ability to work independently and in groups Self-motivation and the ability to meet deadlines

Available Data: ASEB is rich in both quantitative and qualitative data. Datasets include Public Health Emergency Preparedness application, performance, and evaluation data; medical countermeasures assessment of state and local health departments.


Domestic Travel: 10% International Travel: 0%

Available Support: Multi-disciplinary branch of epidemiologists, program evaluators, psychologists, sociologists/anthropologists, data managers, clinicians, and health economists.

Current/Recent EIS Officer: Bhavini Murthy, MD, MPH, (EIS 2016)

Current/Recent EIS Officer: Tasha Stehling-Ariza, PhD, (EIS 2014)

Officer Projects: • Zika Response – deployed to CDC Emergency Operations Center • Hurricane Harvey – deployed to Houston for investigation of mold-related health issues • 2018 Super Bowl – active surveillance for emergent threats • Hawaii False Missile Alert – social media mining • Pandemic Influenza Preparedness Workgroup — developing metrics to assess state/local readiness to distribute medical countermeasures


Consultant: Tanya LeBlanc, PhD, (EIS 2000), Team Lead

Consultant: Judy Kruger, PhD, (EIS 2001), Deputy Branch Chief

Consultant: David Williamson, PhD, Team Lead

Consultant: Gail Stennies, MD, MPH, (EIS 1994), Medical Epidemiologist


Consultant: Theresa Smith, MD, MPH, (EIS 1997), Division Associate Director for Science
Consultant: Hugh Mainzer, MS, DVM, (EIS 1992)
Consultant: Sam Groseclose, MPH, DVM, (EIS 1991), OPHPR Associate Director for Science