SCIENCE THAT MAKES A DIFFERENCE

Anticipating the *"So What?"*

Epidemic Intelligence Service (EIS) 2017 Annual Update

CDC
Centers for Disease Control and Prevention

Epidemic Intelligence Service Program
Epidemiology Workforce Branch
Division of Scientific Education and Professional Development
Center for Surveillance, Epidemiology and Laboratory Services
Office of Public Health Scientific Services
Centers for Disease Control and Prevention

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EIS officers deploy for field investigations in the United States and worldwide.

EIS Class of 2017

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The EIS Class of 2017 is diverse in background, language, and country of origin.

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A Note from the Chief

Dear EIS alumni, officers, supporters, and friends,

As you will see within this update, the Epidemic Intelligence Service Classes of 2015 and 2016 have worked hard responding to our most pressing public health needs. Simultaneously, they have improved their skills to make rapid, practical, evidence-based recommendations to protect our communities in the United States and around the world. During the last year, our EIS officers were instrumental in characterizing and controlling the Zika virus epidemic, but also surged to respond to ever-present viral, bacterial, and noncommunicable threats such as influenza, Legionnaires' disease, yellow fever, measles, emerging fungal infections, Ebola, opioid overdose deaths, and occupational or environmental illnesses and injuries, among many others (pages 9-10). The work of our EIS officers is continually challenged by the question, "So what?" The pages of this update answer this question by demonstrating that the evidence they gather and interpret is crucial to generating action to reduce human disease and death.

The Epidemiology Action Council (EAC) continues to provide critical support to the EIS Program, and this year they welcomed several new faces to a list of key leaders in domestic and global health. With the help and support of 145 epidemiologists, including EAC members and many others across 12 of CDC's centers, institute, and offices, we selected 71 EIS officers to best meet the needs of CDC and our partners at state, local, and city health departments (pages 5-6) from among approximately 550 applicants.

The EIS Program also continues to improve the quality of the EIS training on a systematic and data driven basis. We piloted multiple new case studies and continue to strengthen our outbreak response experiential exercises, building heavily on classic case studies for teaching applied epidemiology. Improving the quality of scientific products and ensuring that the science generated by EIS officers is intimately tied to public health actions continue to be the priorities of our training-through-service model. This is manifested in the substantial number of manuscripts and reports published by our officers (pages 15–40). Our strategic planning efforts have resulted in clearly stated, short and long term outcomes that we expect to accomplish and a logical understanding of how our activities lead to accomplishing those outcomes. These outcomes stay true to the goals of addressing our nation's health and safety needs.

The science of workforce development remains at the forefront of our minds, because the EIS Program continues to be not only the forbearer, but the leader, among the accredited field epidemiology training programs worldwide. The objectives of Alexander Langmuir for experiential training in epidemiology remain alive. Indeed through this strategy they are well adapted to the 21st century's public health needs. It has been a true pleasure to lead the EIS Program. Please join me in welcoming our incoming EIS class of 2017! As with previous classes, they are certain to include some of our future public health leaders.

Joshua Mott, PhD, Chief, CDC Epidemic Intelligence Service

Training epidemiologists and responding to public health threats since 1951

158 current officers (Classes of 2015 and 2016)

3,614 alumni worldwide

EIS officers

- Are physicians, veterinarians, scientists, and other health professionals
- Complete a 2-year, on-the-job training and service fellowship
- Gain practical skills to become future public health leaders
- Serve our country while learning to apply epidemiology

Making it Happen: the Epidemiology Workforce Branch Leadership

The Epidemiology Workforce Branch (EWB) leads the Epidemic Intelligence Service Program and the annual conference.

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Ask me about
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Strategy and Objectives

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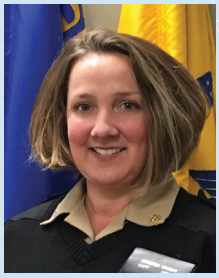
Ask me about
CIO-Based Officer
Support and
Assignments



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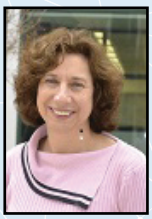
Ask me about
Field Officer
Support and
Assignments

Meet the EAC Members for 2016-2017

The EIS Action Council (EAC) engages stakeholders to support critical EIS processes, such as selection, match, conference, and supervision.

Joshua Mott
CSELS
Chair



Arlene Greenspan
NCIPC
Co-chair

Fred Angulo
CGH

Eric Pevzner
CGH

Jennifer Lind
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Djenaba Joseph
NCCDPHP

Kanta Sircar
NCEH/
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Jennifer Wright
EIS Field Support Coordinator

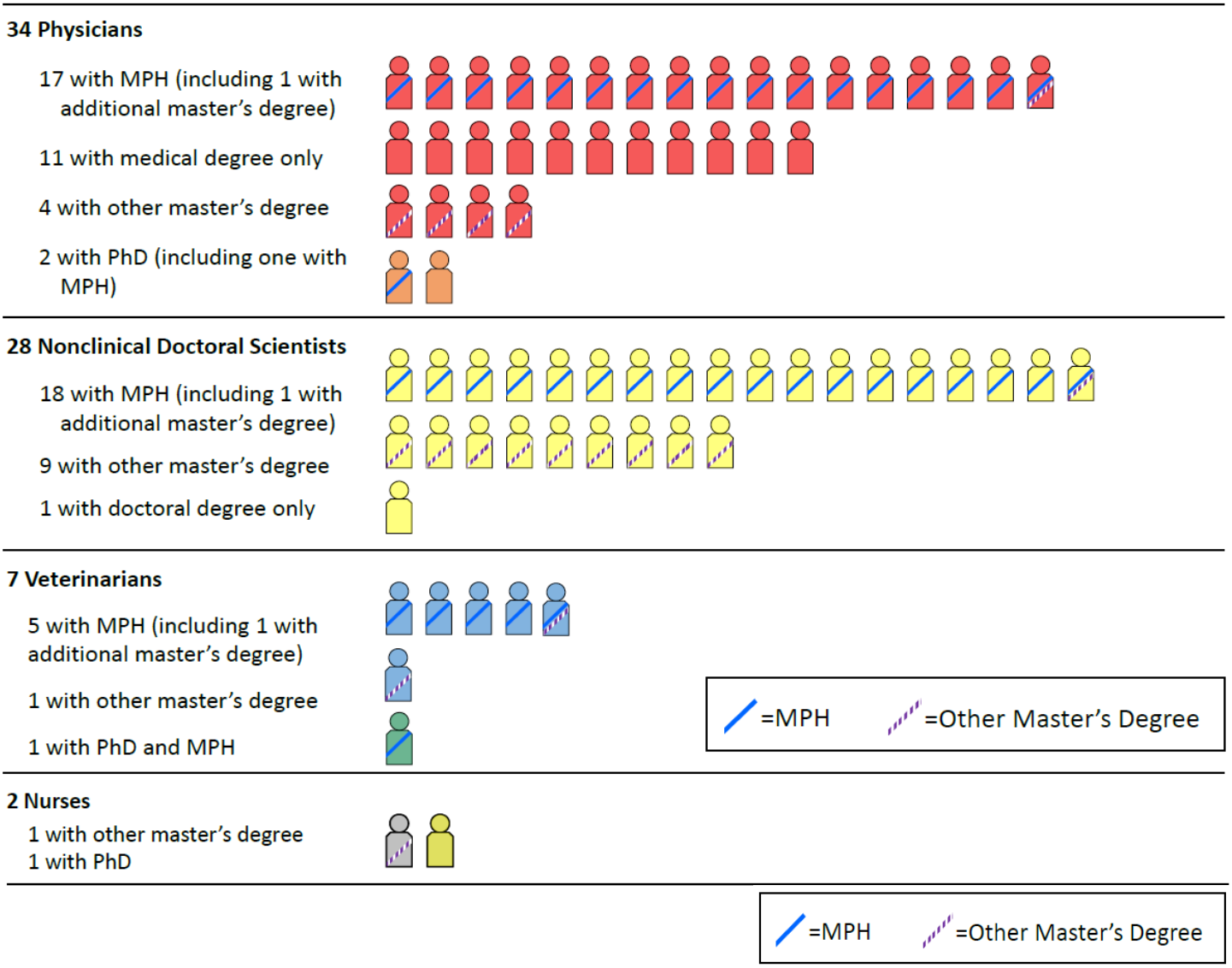
Amanda Garcia-Williams
EIS Class of 2015

Victoria Hall
EIS Class of 2016

Snapshot of the EIS Class of 2017

The 71 officers in the EIS Class of 2017 were selected from 556 applicants. This class includes 65 U.S. citizens and permanent residents, and 6 citizens from other countries (Australia, Kenya, Kingdom of Saudi Arabia, Nigeria, Sri Lanka, and Tunisia) contributing diverse skills, experiences, and cultural backgrounds to address broad public health workforce needs.

Professional Backgrounds

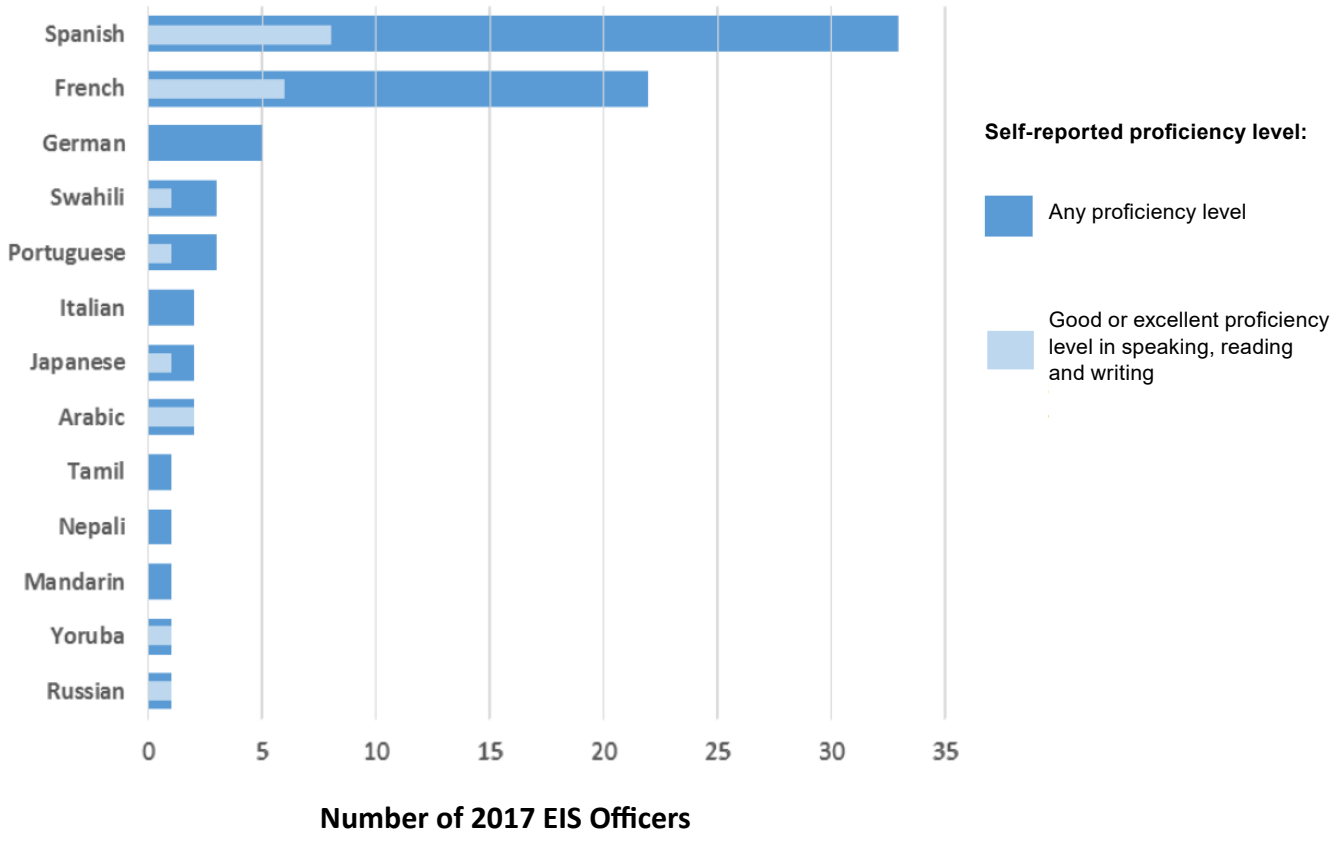


Data source: EIS application data

Physician specialties (board certifications)	Nonclinical doctoral degree disciplines	
Aerospace Medicine	Behavioral Sciences and Health Education	Global Disease Epidemiology
Emergency Medicine	Biostatistics	Global Health Management and Policy
Family Medicine	Cell and Molecular Biology	Infection Research (Epidemiology)
Infectious Diseases	Chronic Disease Epidemiology	Infectious Disease Epidemiology
Internal Medicine	Community and Behavioral Health	International Health (Epidemiology)
Pediatric Infectious Diseases	Counseling Pychology	Medical Geography
Pediatrics	Epidemiology	Microbiology and Immunology
Preventive Medicine	Genetics and Molecular Biology	Public Health
Surgery		

Languages

Number of 2017 EIS Officers Who Reported Speaking Non-English Languages



Data source: EIS application data

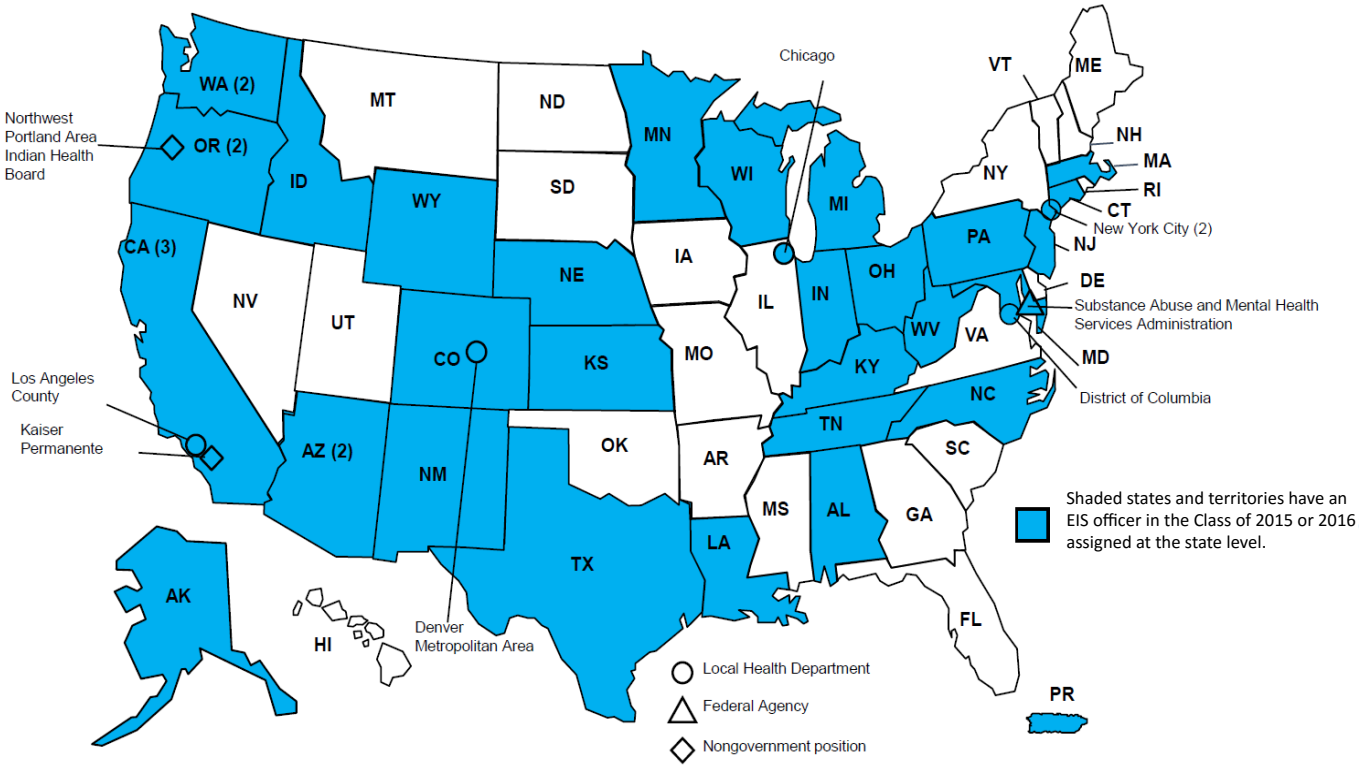
Host Assignments for EIS Classes of 2015 and 2016

EIS officers are placed as ready-responders in host assignments at CDC, state and local health departments, and other federal agencies or nongovernmental public health organizations.

Centers, Institute, and Offices Host Assignments	Number of EIS Officers	
	Class of 2015 (n = 80)	Class of 2016 (n = 78)
National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)	19	13
Center for Global Health (CGH)	10	11
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)	8	7
National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)	5	6
National Center for Immunization and Respiratory Diseases (NCIRD)	6	8
National Center for Environmental Health/Agency for Toxic Substances and Disease Registry (NCEH/ATSDR)	4	1
National Institute for Occupational Safety and Health (NIOSH)	3	3
National Center for Injury Prevention and Control (NCIPC)	2	2
National Center for Health Statistics (NCHS)	1	2
National Center on Birth Defects and Developmental Disabilities (NCBDDD)	1	2
Office of Public Health Preparedness and Response (OPHPR)	0	1
Center for Surveillance, Epidemiology and Laboratory Services (CSELS; field host assignments[1] ; see map).	21	22

Data source: EIS match data

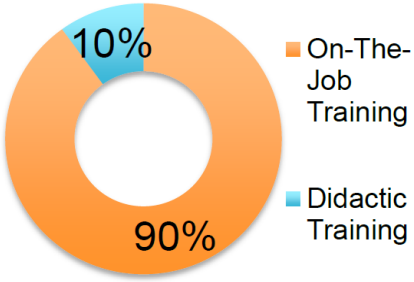
EIS Field Host Assignments [1]



[1] Field host assignments are with organizations other than CDC.

Training EIS Officers

EIS officers gain applied epidemiologic skills through a competency-based curriculum that includes approximately 10% didactic and 90% on-the-job training.



July 2016

Summer Course (4 weeks)
- Applied epidemiology lectures
- Case studies
- Outbreak response exercises
- Team building

November 2016

Second Year EIS Fall Course (1 week)
- Leadership
- Epi Info mapping
- **Project management (new)**
- **Ethics (new)**
- **Data visualization (new)**
- **Scientific writing (enhanced)**

December 2016

First Year EIS Fall Course (1 week)
- Surveillance
- **CASPER - Community Assessment for Public Health Emergency Response (new)**
- **Project Management (new)**
- **Infectious Disease Modeling (new)**

March 2017

Regional Trainings
- Tucson, AZ
- Houston, TX
- Columbus, OH
- Atlanta, GA

April 2017

EIS Conference

All year, EIS officers train on-the-job by…

- Evaluating public health surveillance systems
- Designing epidemiologic studies and analyzing data
- Collaborating with partners
- Writing reports, abstracts, and manuscripts
- Presenting findings at conferences, Tuesday Morning Seminars, and more
- Responding to outbreaks and other urgent public health problems

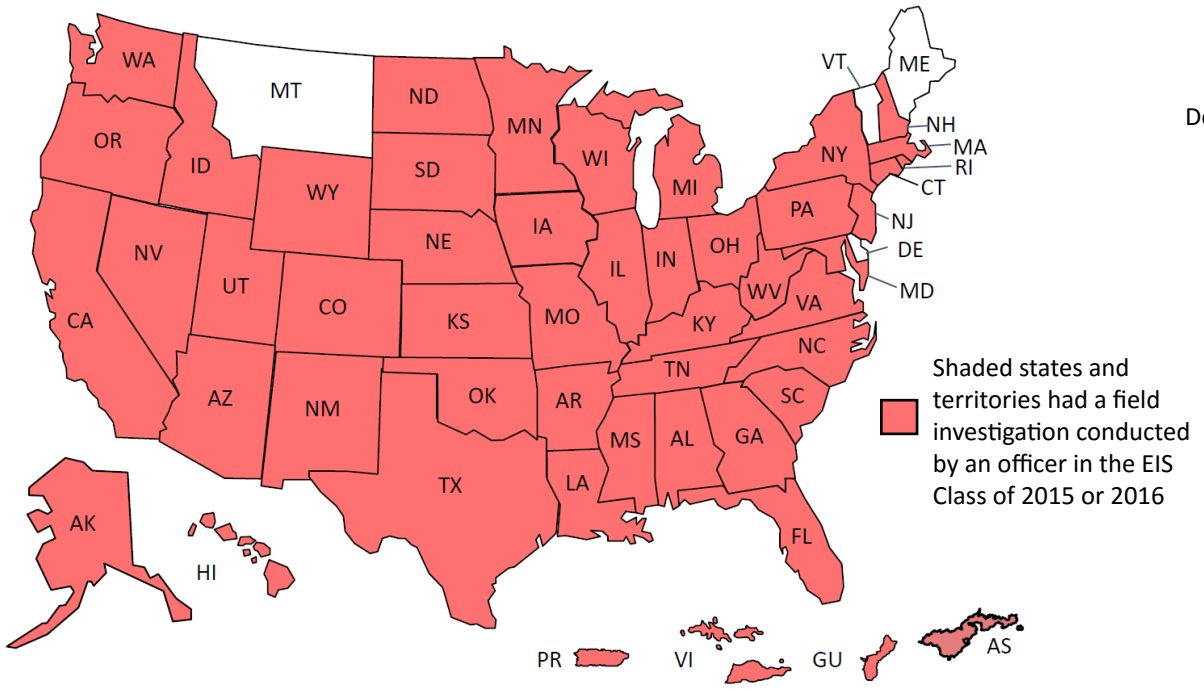
Winning Formula:
On-the-job training + Supervision + Targeted competency-based curriculum =
Uniquely qualified EIS graduates and competent public health workforce

Field Investigations

EIS officers deploy for field investigations (Epi-Aids and other field investigations) in the United States and worldwide.

As of February 2, 2017, EIS officers in the 2015 and 2016 classes reported **281** deployments to conduct field investigations addressing urgent public health needs in the United States and worldwide. [2]

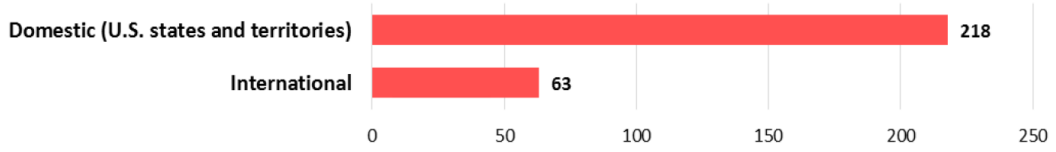
Locations of Field Investigations Conducted by EIS Officers in the 2015 and 2016 Classes as of February 2, 2017



Non-U.S. Locations

Angola
Botswana
Brazil
Cambodia
Colombia
Democratic Republic of the Congo
Dominican Republic
Federated States of Micronesia
Georgia
Greece
Guinea
Haiti
India
Kenya
Laos
Liberia
Mexico
Mongolia
Palau
Peru
Sierra Leone
Tanzania
Uganda

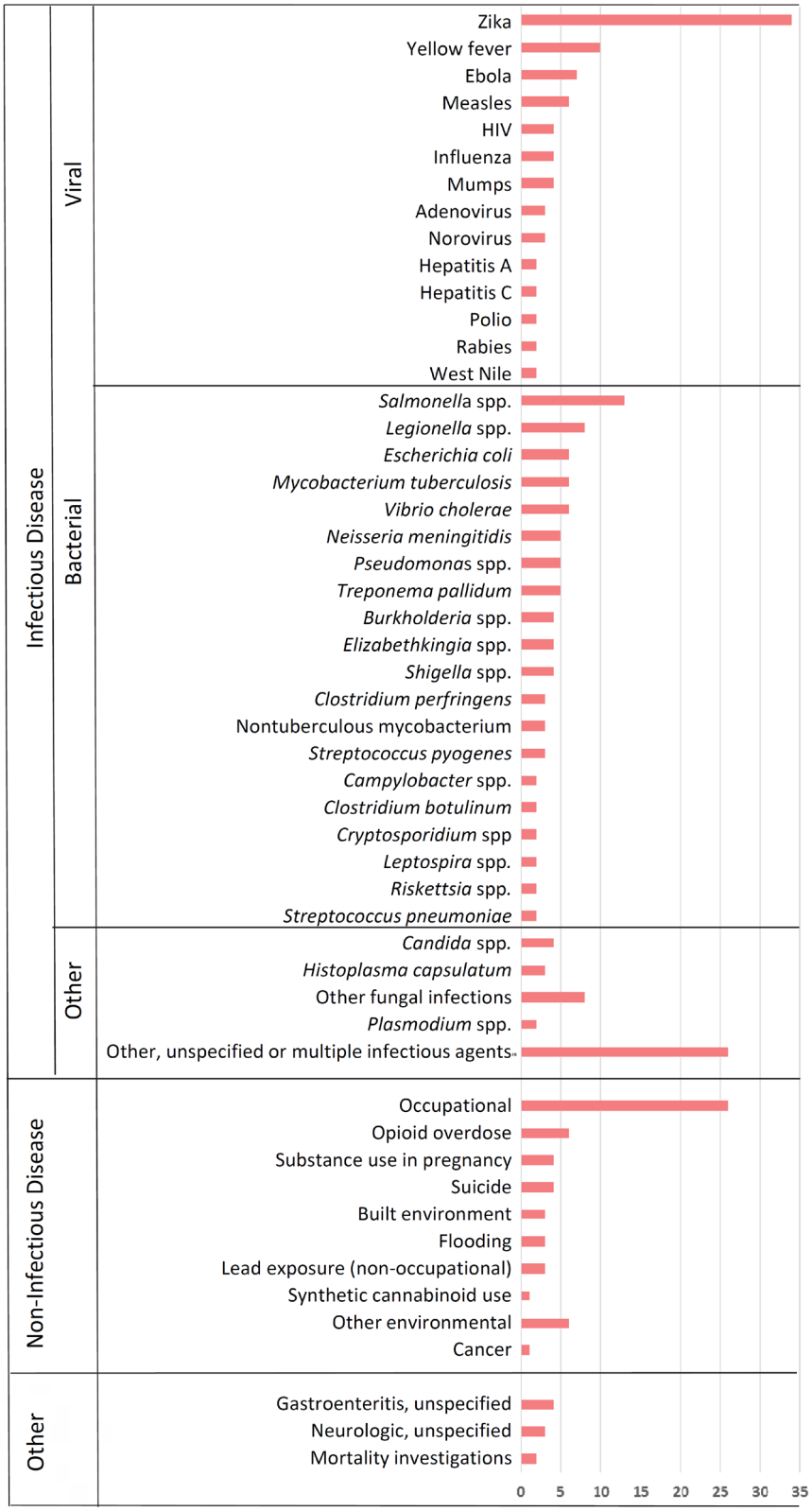
Number of EIS Field Investigation Deployments by Type of Location (n = 281)



Data Source: EIS activity reports

[2] A deployment to conduct a field investigation is defined here as participation by an EIS officer in a field investigation of a potentially serious public health problem that required a timely response and occupied at least 10 working days of the officer's time. These investigations include, but are not limited to, Epi-Aids and Health Hazard Evaluations. Multiple officers participating in the same investigation are counted as separate deployments. Numbers are based on Core Activity of Learning (CAL) 1 information from EIS officer activity reports as of February 2, 2017.

Number of Field Investigation Deployments by Subject Area, EIS Classes of 2015 and 2016 (as of February 2, 2017) [2]



Field Investigation Highlights

- Investigations into risk factors for increase in fatal opioid overdoses in multiple jurisdictions
- Multiple investigations of occupational exposures to lead and other heavy metals
- Response to yellow fever outbreak in Angola and Democratic Republic of Congo
- Assessment of the association of microcephaly with Zika virus infection in Brazil
- Investigation of mumps outbreak among Marshallese refugees in northwest Arkansas
- Multidrug-resistant *Candida auris* outbreak investigations in Colombia and New York

EIS Zika Response Highlights

- 46 officers, EIS classes of 2015 and 2016, participated in CDC's Zika response in the field or in the Emergency Operations Center (EOC) during calendar year 2016

As part of ongoing evaluation efforts, the EIS Program is

- Revising our logic model and evaluation plan
- Designing new tracking systems for critical program data
- Improving management and accessibility of program data
- Refining and expanding the contents of regular reports
- Engaging stakeholders through regular meetings

Through this iterative process, we are improving our ability to assess achievement of desired EIS Program outcomes and to answer the question "So what?" for the program.

Short-term Outcomes (<2 years)

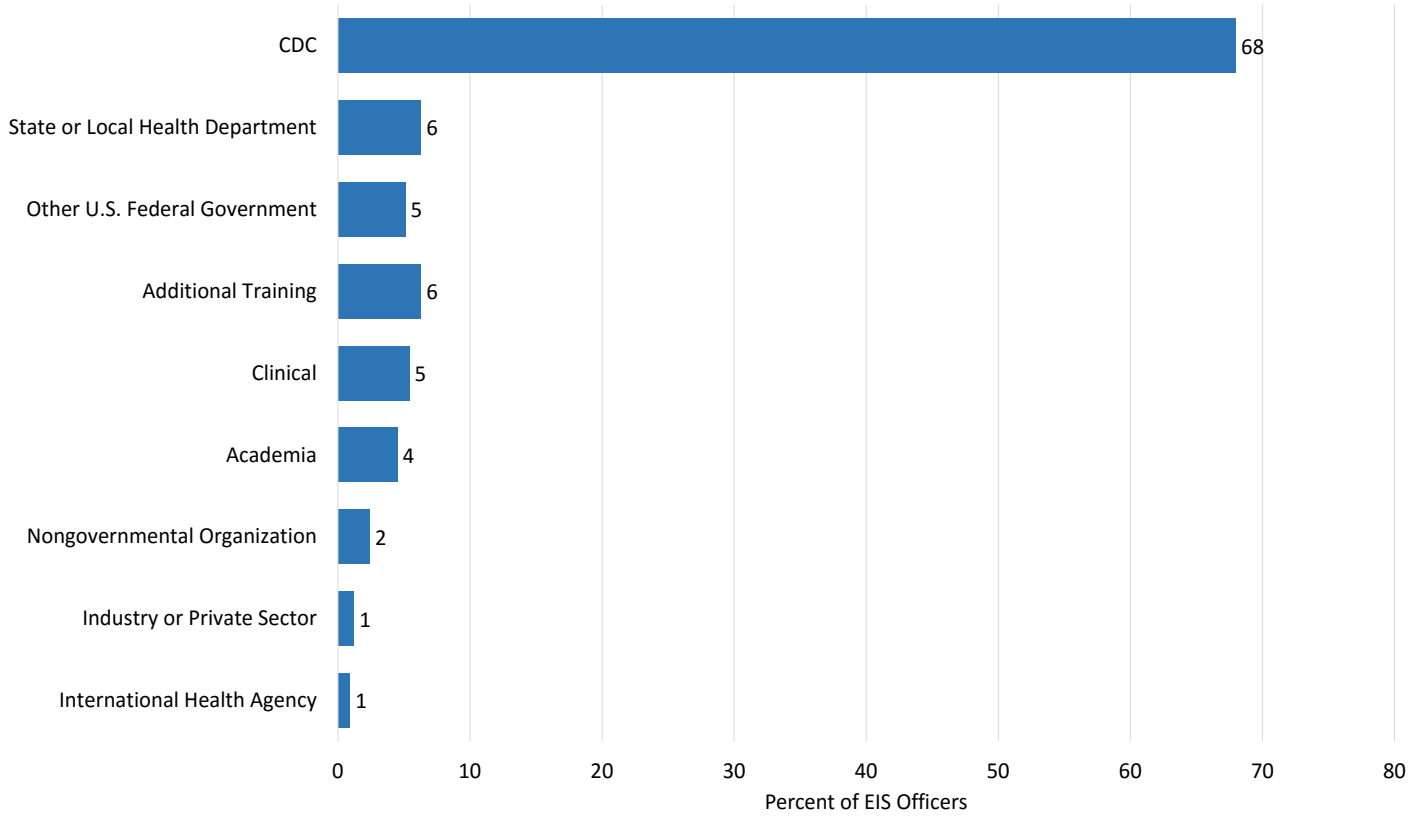
- Host assignments receive additional human resources and epidemiologic expertise
- Officers achieve competencies in applied epidemiology and gain a professional network
- Investigation results and recommendations are communicated to potential users
- Investigation results and recommendations are used for public health action

Intermediate and Long-term Outcomes (≥2 years)

- Host assignments have sustainable applied epidemiologic capacity
- Capable graduates fill epidemiology positions
- Alumni sustain epidemiology workforce and serve in leadership roles
- Investigation results and recommendations are used for public health action

After completing their EIS fellowship, EIS officers have gained the skills and experience needed to strengthen the public health workforce.

First Employer Type After EIS, Among EIS Officers in Classes of 2010–2014 Who Reported First Jobs[3] (n = 334)



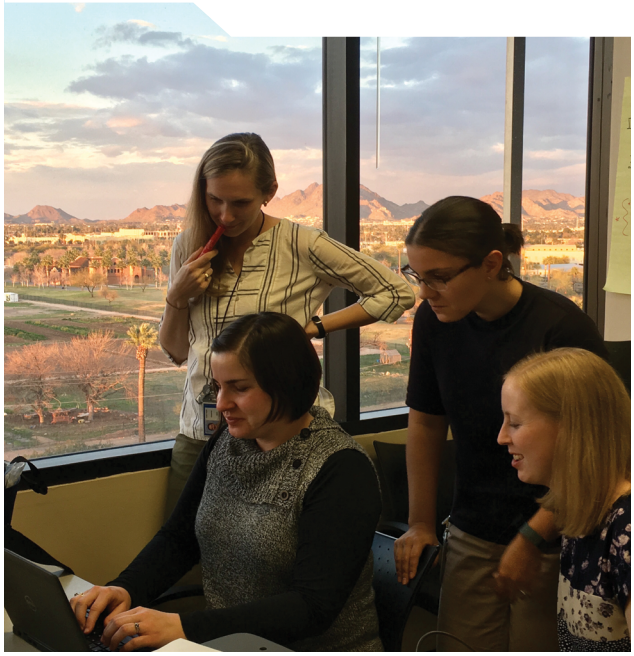
[3]First employer type was reported by 334 (83%) of the 404 EIS officers in the classes of 2010–2014 in exit survey data.

Data source: EIS officer exit surveys

What do you get when you hire an EIS graduate?

An applied epidemiologist who can

- Respond effectively to public health emergencies in the field or from the office
- Complete an epidemiologic study from initial design to final results
- Evaluate the effectiveness of surveillance efforts and recommend improvements
- Publish short reports and peer-reviewed journal articles
- Present findings coherently to both lay audiences and scientific colleagues
- Collaborate with CDC, state, local, tribal, and international partners
- Adapt and apply skills to a changing public health landscape
- Serve public health needs domestically or internationally with passion



CDC

EIS officers publish the findings of their field investigations and applied epidemiologic studies in the CDC MMWR and other prominent peer-reviewed journals.

Publications with Authors in the 2014-2016 EIS Classes [4]

Abara WE, Collier MG, Teshale EH. Impact of universal infant hepatitis B vaccination in the U.S.-affiliated Pacific Islands, 1985–2015. Vaccine. 2017;35(7):997–1000.

Adams L, Bello-Pagan M, Lozier M, Ryff KR, Espinet C, Torres J, Perez-Padilla J, Febo MF, **Dirlikov E**, Martinez A, Munoz-Jordan J, Garcia M, Segarra MO, Malave G, Rivera A, Shapiro-Mendoza C, **Rosinger A**, Kuehnert MJ, Chung KW, Pate LL, Harris A, Hemme RR, Lenhart A, Aquino G, Zaki S, Read JS, Waterman SH, Alvarado LI, Alvarado-Ramy F, Valencia-Prado M, Thomas D, Sharp TM, Rivera-Garcia B. Update: ongoing Zika virus transmission—Puerto Rico, November 1, 2015–July 7, 2016. MMWR Morb Mortal Wkly Rep. 2016;65(30):774–9.

Agaku IT, **Singh T**, Jones SE, King BA, Jamal A, Neff L, Caraballo RS. Combustible and smokeless tobacco use among high school athletes—United States, 2001–2013. MMWR Morb Mortal Wkly Rep. 2015;64(34):935–9.

Agaku IT, **Singh T**, Rolle IV, Ayo-Yusuf OA. Exposure and response to current text-only smokeless tobacco health warnings among smokeless tobacco users aged >/=18years, United States, 2012–2013. Prev Med. 2016;87:200–6.

Agaku IT, **Singh T**, Rolle I, Olalekan AY, King BA. Prevalence and determinants of secondhand smoke exposure among middle and high school students. Pediatrics. 2016;137(2):e20151985.

Alhakeem RF, **Midgley CM**, Assiri AM, Alessa M, Al Hawaj H, Saeed AB, Almasri MM, Lu X, Abedi GR, Abdalla O, Mohammed M, Algarni HS, Al-Abdely HM, Alsharef AA, Nooh R, Erdman DD, Gerber SI, Watson JT. Exposures among MERS case-patients, Saudi Arabia, January–February 2016. Emerg Infect Dis. 2016;22(11):2020–2.

Aliabadi N, Lopman BA, Parashar UD, Hall AJ. Progress toward norovirus vaccines: considerations for further development and implementation in potential target populations. Expert Rev Vaccines. 2015;14(9):1241–53.

Aliabadi N, Tate JE, Haynes AK, Parashar UD, Centers for Disease Control and Prevention. Sustained decrease in laboratory detection of rotavirus after implementation of routine vaccination—United States, 2000–2014. MMWR Morb Mortal Wkly Rep. 2015;64(13):337–42.

Aliabadi N, Messacar K, Pastula DM, Robinson CC, Leshem E, Sejvar JJ, Nix WA, Oberste MS, Feikin DR, Dominguez SR. Enterovirus D68 infection in children with acute flaccid myelitis, Colorado, USA, 2014. Emerg Infect Dis. 2016;22(8):1387–94.

[4] Publications on this list were identified through (1) searches for Epidemic Intelligence Service affiliation and officer names in PubMed, (2) publications reported by officers in the EIS classes of 2014–2016. This list might not be complete, and only includes publications identified and published by March 3, 2017. Names of authors who are EIS officers in the classes of 2014-2016 are bolded.

Aliabadi N, Tate JE, Parashar UD. Potential safety issues and other factors that may affect the introduction and uptake of rotavirus vaccines. Clin Microbiol Infect. 2016;22 Suppl 5:S128–35.

Alpren C, Sloan M, Boegler KA, Martin DW, Ervin E, Washburn F, Rickert R, **Singh T**, Redd JT, Interagency Investigation Team. Notes from the field: Ebola virus disease cluster—Northern Sierra Leone, January 2016. MMWR Morb Mortal Wkly Rep. 2016;65(26):681–2.

Angelo KM, Chu A, Anand M, Nguyen TA, Bottichio L, Wise M, Williams I, Seelman S, Bell R, Fatica M, Lance S, Baldwin D, Shannon K, Lee H, Trees E, Strain E, Gieraltowski L, Centers for Disease Control and Prevention. Outbreak of Salmonella Newport infections linked to cucumbers—United States, 2014. MMWR Morb Mortal Wkly Rep. 2015;64(6):144–7.

Angelo KM, Jackson KA, Wong KK, Hoekstra RM, Jackson BR. Assessment of the incubation period for invasive listeriosis. Clin Infect Dis. 2016;63(11):1487–9.

Angelo KM, Nisler AL, Hall AJ, Brown LG, Gould LH. Epidemiology of restaurant-associated foodborne disease outbreaks, United States, 1998–2013. Epidemiol Infect. 2016;145(3):523–4.

Angelo KM, Reynolds J, Karp BE, Hoekstra RM, Scheel CM, Friedman C. Antimicrobial resistance among nontyphoidal Salmonella isolated from blood in the United States, 2003–2013. J Infect Dis. 2016; 214(10):1565–70.

Angelo KM, Conrad AR, Saupe A, Dragoo H, West N, Sorenson A, Barnes A, Doyle M, Beal J, Jackson KA, Stroika S, Tarr C, Kucerova Z, Lance S, Gould LH, Wise M, Jackson BR. Multistate outbreak of Listeria monocytogenes infections linked to whole apples used in commercially produced, prepackaged caramel apples: United States, 2014–2015. Epidemiol Infect. 2017. doi: 10.1017/S0950268816003083. [Epub ahead of print].

Appiah GD, Blanton L, D'Mello T, Kniss K, Smith S, Mustaquim D, Steffens C, Dhara R, Cohen J, Chaves SS, Bresee J, Wallis T, Xu X, Abd Elal AI, Gubareva L, Wentworth DE, Katz J, Jernigan D, Brammer L, Centers for Disease Control and Prevention. Influenza activity—United States, 2014–15 season and composition of the 2015–16 influenza vaccine. MMWR Morb Mortal Wkly Rep. 2015;64(21):583–90.

Appiah GD, Chaves SS, Kirley PD, Miller L, Meek J, Anderson E, Oni O, Ryan P, Eckel S, Lynfield R, Bargsten M, Zansky SM, Bennett N, Lung K, McDonald-Hamm C, Thomas A, Brady D, Lindegren ML, Schaffner W, Hill M, Garg S, Fry AM, Campbell AP. Increased antiviral treatment among hospitalized children and adults with laboratory-confirmed influenza, 2010–2015. Clin Infect Dis. 2017;64(3):364–7.

Armstrong P, **Hennessey M**, **Adams M**, **Cherry C**, **Chiu S**, **Harrist A**, **Kwit N**, **Lewis L**, **McGuire DO**, **Oduyebo T**, **Russell K**, **Talley P**, **Tanner M**, **Williams C**, Zika Virus Response Epidemiology and Laboratory Team. Travel-associated Zika virus disease cases among U.S. residents—United States, January 2015–February 2016. MMWR Morb Mortal Wkly Rep. 2016;65(11):286–9.

Arrazola RA, **Singh T**, Corey CG, Husten CG, Neff LJ, Apelberg BJ, Bunnell RE, Choiniere CJ, King BA, Cox S, McAfee T, Caraballo RS, Centers for Disease Control and Prevention. Tobacco use among middle and high school students—United States, 2011–2014. MMWR Morb Mortal Wkly Rep. 2015;64(14):381–5.

Assiri AM, **Midgley CM**, Abedi GR, Bin Saeed A, Almasri MM, Lu X, Al-Abdely HM, Abdalla O, Mohammed M, Algarni HS, Alhakeem RF, Sakthivel SK, Nooh R, Alshayab Z, Alessa M, Srinivasamoorthy G, AlQahtani SY, Kheyami A, HajOmar WH, Banaser TM, Esmaeel A, Hall AJ, Curns AT, Tamin A, Alsharef AA, Erdman D, Watson JT, Gerber SI. Epidemiology of a novel recombinant Middle East respiratory syndrome coronavirus in humans in Saudi Arabia. J Infect Dis. 2016;214(5):712–21.

Attfield KR, Dobson CB, Henn JB, Acosta M, Smorodinsky S, Wilken JA, Barreau T, Schreiber M, Windham GC, Materna BL, Roisman R. Injuries and traumatic psychological exposures associated with the South Napa earthquake—California, 2014. MMWR Morb Mortal Wkly Rep. 2015;64(35):975–8.

Barash JA, **Somerville N**, DeMaria A, Jr. Cluster of an unusual amnestic syndrome—Massachusetts, 2012–2016. MMWR Morb Mortal Wkly Rep. 2017;66(3):76–9.

Beer KD, Gargano JW, Roberts VA, Hill VR, Garrison LE, Kutty PK, Hilborn ED, Wade TJ, Fullerton KE, Yoder JS. Surveillance for waterborne disease outbreaks associated with drinking water—United States, 2011–2012. MMWR Morb Mortal Wkly Rep. 2015;64(31):842–8.

Beer KD, Gargano JW, Roberts VA, Reses HE, Hill VR, Garrison LE, Kutty PK, Hilborn ED, Wade TJ, Fullerton KE, Yoder JS. Outbreaks associated with environmental and undetermined water exposures—United States, 2011–2012. MMWR Morb Mortal Wkly Rep. 2015;64(31):849–51.

Beer KD, Collier SA, Du F, Gargano JW. Giardiasis diagnosis and treatment practices among commercially insured persons in the United States. Clin Infect Dis. 2017. doi: 10.1093/cid/cix138. [Epub ahead of print].

Benowitz I, Ackelsberg J, Balter SE, Baumgartner JC, Dentinger C, Fine AD, Harper SA, Jones LE, Laraque F, Lee EH, Merizalde G, Yacisin KA, Varma JK, Layton MC, Centers for Disease Control and Prevention. Surveillance and preparedness for Ebola virus disease—New York City, 2014. MMWR Morb Mortal Wkly Rep. 2014;63(41):934–6.

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