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**Public Health Service** 

Centers for Disease Control and Prevention (CDC) Atlanta GA 30333 May 8, 2020

Via email

This letter is an interim response to your Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry (CDC/ATSDR) Freedom of Information Act (FOIA) request of May 2, 2020, assigned #20-01478-FOIA, for "A digital copy of the 2016 Annual Update, the 2015 Annual Update, the 2014 Annual Update and the 2013 Annual Update for the Epidemic Intelligence Service (EIS) at CDC."

Regarding your request for a copy of the 2016 Annual Update, we located 34 pages of responsive records. After a careful review of these pages, no information was withheld from release.

If you need any further assistance or would like to discuss any aspect of the records provided please contact either our FOIA Requester Service Center at 770-488-6399 or our FOIA Public Liaison at 770-488-6277.

Sincerely,

Roger Andoh CDC/ATSDR FOIA Officer Office of the Chief Operating Officer (770) 488-6399 Fax: (404) 235-1852

20-01478-FOIA





# **Epidemic Intelligence Service** ANNUAL UPDATE: 2016



Data for Action

U.S. Department of Health and Human Services 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

For additional information, contact E-mail: EIS@cdc.gov Phone: 404-498-6110 Web: www.cdc.gov/EIS

#### DISCLAIMER

The findings and conclusions in this EPIDEMIC INTELLIGENCE SERVICE ANNUAL UPDATE: 2016 are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention (CDC).

Use of trade names and commercial sources is for identification only and does not imply endorsement by the Division of Scientific Education and Professional Development; Center for Surveillance, Epidemiology, and Laboratory Services; CDC; the Public Health Service; or the U.S. Department of Health and Human Services.

Published: May 2016

Dear Friends and Colleagues,

This has been a year full of excitement and new challenges for the Epidemic Intelligence Service (EIS). We have worked to preserve the core components of EIS that have made it the premier field epidemiology training program in the world, while also obtaining input from our officers, supervisors, and esteemed alumni to further strengthen the program. Critical to this process was the guidance of the EIS Action Council (EAC), a regularly assembled group of advisors representing all parts of CDC and the field assignments in which EIS officers are placed (see page 15).

On the basis of the input from these partners, we implemented multiple new initiatives

- In partnership with the EAC, we reviewed EIS eligibility criteria and class selection procedures, making sure that input from our CIOs and field representatives was included in each step of the selection process.
- We strengthened the bond between CDC-based and field-based EIS officers and supervisors by reinstituting Annual Regional Trainings (see page 6), and the in-person second year fall course (see page 6).
- We established field and Centers, Institute, and Offices (CIO) coordinator positions (see page 5) to support and standardize the training and supervision of our field- and CDC-based officers, respectively. Under this leadership we enhanced processes for reviewing EIS positions and undertaking site visits.
- As always, we flexibly adapted our training curricula to meet emerging public health priorities (such as
  integrating new Global Rapid Response Training into our first year fall course, and integrating our response
  rostering with broader CDC rostering initiatives), while assuring adherence to core competencies and key
  principles of interactive learning through case studies.
- We continue to weave data for decision making into the internal fabric of our calendar of annual activities (see page 11). This process will keep our program well matched to current needs, and well suited to report the impact of our EIS officers.

However, most importantly, we selected the 2016 EIS class — which is as skilled and well adapted to the current needs of CDC and our state and local partners as any in the past (see pages 3–4). The new class includes 37 physicians, 2 nurses, 10 veterinarians, and 30 doctoral scientists, including 7 non-U.S. citizens (from Germany, Japan, Kenya, Rwanda, Taiwan, and 2 from the United Kingdom). Acceptance into the class was highly selective as always (79 officers selected from 564 applicants).

Throughout this update you will also see key staff from the EIS Program who have been responsible for the strategic direction and implementation of the activities described above. We encourage you to contact them with any comments or questions — their contact information is included. Together we will continue to protect our population, and the global community, for years to come.

Joshua Adam Mott, EIS '98 Chief, EIS Program

"Supposing is good, but finding out is better." — Mark Twain



Joshua Mott EIS Program Chief zud9@cdc.gov Phone: 404-498-6284 Ask me about EIS Program Strategy and Objectives



Beth Lee Deputy Branch Chief exw6@cdc.gov Phone: 404-498-6183 Ask me about EIS Management and Operations

## What is EIS?



# Training epidemiologists to respond to public health threats since 1951!

#### **EIS officers**

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



## EIS Class of 2016

The 79 EIS officers in the Class of 2016 were selected from 564 applicants and have diverse skills for domestic and global public health response.

#### **Professional Backgrounds**

37 Physicians						
14 with medical degree only						
19 with MPH (including 3 with additional master's degree)						
4 with other master's degree						
2 Nurses						
1 with MPH; 1 with MS and ScD						
10 Veterinarians						
6 with MPH	ĎĎĎ	ĎĎĎ	Г			
2 with other master's degree				=MPH	of eother N	Master's Degree
2 with PhD (including 1 with MPH						
30 Nonclinical Doctoral Scientists						
4 with doctoral degree only						
21 with MPH (including 1 with additional master's degree)	222				8888	
5 with other master's degree					Data source	e: FIS application data

#### **Physician Specialties**

Inféctious Diseases and Internal Medicine Internal Medicine Family Medicine Pediatrics Preventive Medicine and Pediatrics Pediatrics and Pediatric Hematology/Oncology Emergency Medicine Family Medicine and Preventive Medicine Internal Medicine and Preventive Medicine Occupational Medicine Pathology Pediatrics and Pediatric Cardiology Surgery

#### **Doctoral Disciplines**

Epidemiology Biostatistics Health Behavior Environmental Health Sciences Environmental Sciences Family Social Science Health Promotion and Behavioral Science Human Nutrition International Health International Nutrition Population Biology, Ecology, and Evolution Psychology and Neuroscience Reproductive Epidemiology Social Work and Public Health Biomedical and Veterinary Sciences Veterinary Preventive Medicine

## EIS Class of 2016

#### **Home Country**

- 72 U.S. citizens or permanent residents •
- 7 citizens of other countries: Germany, Japan, Kenya, Rwanda, Taiwan, and United Kingdom (2)

#### Languages



Wences Arvelo

**Evaluation** 



\* Other languages Akan Amharic Bengali

Haitian Creole Hungarian Japanese Kannada

Khmer Korean Lingala Russian

SiSwati Turkish Turkmen Urdu



## EIS Classes of 2014 and 2015 (n = 158)

## EIS Officers are placed as ready-responders in positions at CDC, state and local health departments, and other federal agencies.

Centers, Institute, and Offices	Numbe of EIS Officers
National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)	34
Center for Global Health (CGH)	19
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)	15
National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)	14
National Center for Immunization and Respiratory Diseases (NCIRD)	14
National Center for Environmental Health/Agency for Toxic Substances and Disease Registry (NCEH/ATSDR)	6
National Institute for Occupational Safety and Health (NIOSH)	5
National Center for Injury Prevention and Control (NCIPC)	4
National Center for Health Statistics (NCHS)	
National Center on Birth Defects and Developmental Disabilities (NCBDDD)	1
Office of Public Health Preparedness and Response (OPHPR)	1
Center for Surveillance, Epidemiology and Laboratory Services (CSELS) Note: CSELS Epidemiologists provide supervision for officers assigned to positions in state,	43

local, and tribal health departments and other federal agencies (field officers; see map).

Larry Cohen cbu1@cdc.gov 404-498-6128

Ask me about **CIO-Based Officer** Support and Assignments



Jennifer Wright pzw5@cdc.gov 404-498-1180 Ask me about Field Officer Support and Assignments



**EIS Officer Placements** 

## Training EIS Officers

# EIS officers gain applied epidemiologic skills through on-the-job training and a structured competency-based curriculum.





## Field Investigations

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



#### Number of EIS Field Investigation Experiences by Type of Location (n = 277)



Data source: Data entered by EIS officers in EIS Activity Reports for investigations meeting CAL 1

\*A field investigation experience is defined here as conducting or participating in an investigation of a potentially serious public health problem that required a timely response, occupied at least 10 working days of the EIS officer's time, and involved original data collection and working with partners. Field investigation experiences include, but are not limited to, Epi-Aids and Health Hazard Evaluations. Multiple officers participating in the same investigation are counted as separate field investigation experiences. Numbers are based on Core Activity of Learning (CAL) 1 information from EIS officer activity reports, as of January 2016.



## Field Investigations

#### Locations of Field Investigations conducted by EIS Officers in the 2014 and 2015 classes (as of January 2016)\*



igo
-

Ethiopia
Gambia
Georgia
Ghană
Guinea
Haiti
India

- Indonesia Kenya Liberia Malawi Mali Mongolia Mozambique
- Nigeria Saudi Arabia Sierra Leone South Africa Tanzania Uganda Ukraine

\*A field investigation experience is defined here as conducting or participating in an investigation of a potentially serious public health problem that required a timely response, occupied at least 10 working days of the EIS officer's time, and involved original data collection and working with partners. Field investigation experiences include, but are not limited to, Epi-Aids and Health Hazard Evaluations. Multiple officers participating in the same investigation are counted as separate field investigation experiences. Numbers are based on Core Activity of Learning (CAL) 1 information from EIS officer activity reports, as of January 2016.



## Field Investigations

## Field Investigation Highlights

- Meningococcal vaccine campaign effectiveness assessment among ~25,000 University of Oregon students
- Assessment of methyl bromide exposure because of release at a resort
- Investigation of botulism outbreak among attendees of a church potluck in Ohio
- Investigation of tularemia exposures among national park employees in Wyoming
- Response to chikungunya outbreaks in multiple locations
- Response to HIV infections among persons using an opioid painkiller in Indiana
- Investigation of Ebola contacts in Ohio and Texas
- Investigation of potential silica exposure at a workplace where granite countertops are manufactured

#### EIS Ebola Response Highlights, FY 2015

- 145 EIS officers from the Classes of 2013, 2014, and 2015 contributed 55,947 hours to the Ebola response in FY2015
- 106 EIS officers were deployed to 10 West African countries; many officers deployed multiple times

#### Number of Field Investigation Experiences by Type of Subject Area, EIS Classes of 2014 and 2015 (as of January 2016)



Data source: Data entered by EIS officers in EIS Activity Reports for investigations meeting CAL 1

## EIS Contributions to Surveillance and the Public Health Literature

EIS officers work to improve global disease surveillance and publish data for action in MMWR and peer reviewed journals.

#### Surveillance

- During their first year, all EIS officers are required to evaluate a surveillance system and present the findings at the EIS first-year fall course.
- Systems evaluated during 2014 and 2015 have covered a range of subject areas.



Image created by using Wordle<sup>TM</sup> — word size reflects the number of surveillance systems evaluated during 2014 and 2015 that related to that topic.

Data source: Surveillance evaluation data entered by EIS officers into EIS Program data management system.

#### **Public Health Literature**

• EIS officers publish the findings of their field investigations and applied epidemiologic studies in MMWR and prominent peer-reviewed journals (see publication list on pages 16–31).

## Evaluation and Data for Decision Making in the Annual EIS Cycle



(Time for new shoes!)

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





Data source: EIS officer exit surveys

Future Directions: The EIS Program is working with the EIS Alumni Association (EISAA) to identify ways of tracking longer term career paths of EIS alumni.

EIS Alums — please join EISAA and contribute to our growing knowledge!

## 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
- ✓ Serve public health needs domestically or internationally





## EAC Members for 2015–2016

## The EIS Action Council (EAC) provides critical input regarding all aspects of the EIS program.



Joshua Mott **CSELS** Chair



Sally Brown NIOSH Co-Chair



Yulia Carroll NCEH/ATSDR



Fred Angulo CGH



Jennifer Lind NCBDDD



Djenaba Joseph NCCDPHP



Arlene Greenspan NCIPC



Kanta Sircar NCEH/ ATSDR



Scott Santibanez NCEZID



Elise Beltrami NCEZID





Sam Posner NCIRD



Alexa Oster NCHHSTP



Kate Brett NCHS



Randolph Daley OPHPR



Jennifer Wright EIS Field Support Coordinator



Jeff Engel CSTE



Runa Gokhale EIS 2014



Amanda Garcia-Williams EIS 2015

## Publications with Authors in the 2013–2015 EIS Classes\*

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\*Publications on this list were identified through (1) a search for Epidemic Intelligence Service affiliation in PubMed and (2) publications reported by Officers in the EIS classes of 2013–2015. This list might not be complete, and only includes publications identified and published by February 26, 2016.



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