



INTERNATIONAL EPIDEMIOLOGICAL ASSOCIATION

INCORPORATED

*In official relations with the World Health Organization,
Affiliated with Council for International Organization of Medical Sciences*

Association
Internationale d'Epidemiologie

国际流行病学协会

Международная
Эпидемиологическая Ассоциация

الإتحاد
العولمي للوبائيات

Asociacion
Internacional de Epidemiologia

Newsletter - April 2003

REPORT FROM THE PRESIDENT DR. CHITR SITTHI-AMORN

Due to their farsightedness, our forefathers have advocated epidemiology as an important tool for solving public health problems. As the tools became sufficiently developed, the IEA was formed to foster scientific exchanges, which have led to the development and refinement of epidemiology. Throughout the years, the IEA has gathered strengths in epidemiology, which existed mainly in Western Europe and North America, and has shown time and again how epidemiology can be a powerful tool for public health. Since then, epidemiology has branched into several groups of different focus (such as INCLN, FETP) and specialization (such as ISEE, GEENET). Thus, partly through the IEA, epidemiology as a discipline has expanded and has been useful in helping solve public health problems worldwide.

Despite its successes, most countries of the world, particularly developing countries, have yet to capitalize on the strengths of epidemiology in solving public health problems. In many of these countries, epidemiology is a very new branch of science. Furthermore, major global public health problems such as HIV / AIDS, tuberculosis and malaria require behavioral and system intervention, involving other disciplines of science.

Therefore, to be more effective, epidemiology has to develop effective links with the different actors and scientists in the public health system. Indeed, a successful integration of surveillance for HIV/AIDS, other sexually transmitted diseases, and behaviors among groups of people with different risks has demonstrated how effective linkages between disciplines can be forged.

The previous IEA Council, through the able leadership of Professor Charles du Ve Florey has defined, among other things, three important strategies to move the IEA forward. The strategies, which hopefully will make the IEA more relevant to the current global contexts, include: volunteerism, regionalization, and fostering effective linkages with other significant actors. While the nature and extent of the of the three strategies are evolving, the intention is to enhance the capacity for epidemiology to where it is most needed through volunteerism. More decision making at the regional level, through the Regional Councillors, shall be promoted. Finally the IEA will explore possibilities of involvement in activities with other global and regional actors such as WHO, Global Forum for Health Research, the Council of Health Research for Development (COHRED) and the International Clinical Epidemiology Network (INCLN) to make the IEA and epidemiology visible in international movements towards equity in health for development.

The current IEA Council will need creative ideas, experiences and case examples of how volunteerism, regionalization, and IEA involvement in global public health movements can be operationalized. Your ideas can be voiced through electronic or other forms of contact with members of the Executive Committee and the Councilors (please consult attached list to this Newsletter). The current IEA Council will work as a team. We hope to be able to implement your ideas, which will make the IEA more relevant and therefore visible to you and your countries. We also hope to report the progress on their implementation during the upcoming World Congress of Epidemiology in Bangkok, 2005.

REPORT FROM THE PAST PRESIDENT CHARLES Du Ve FLOREY (1999 – 2002)

In this report I cover the Association's successes in achieving its mission over the last three years. The full report can be seen in the Triennial Report which is posted on the IEA web site. At the start of this triennium, the Council set out its objectives by which it could judge its progress. We aimed to:

1. Create a document which laid out the mission and objectives for the Association in the coming years. The Council produced a document which combines both a discussion paper on the future aims, objectives and activities of the IEA and a series of papers on how the Association is currently run. The most important entry in the Handbook is the discussion document concerning the future direction for the Association. It is available from the IEA web site
<http://www.IEAweb.org>
2. Promote the creation of regional committees - The IEA European Group (now known as IEA EEF) was established in 1995. Steps have been taken to set up a similar Group in the Eastern Mediterranean Region.
3. Develop a rational use of Association funds based on past income and expenditure and the development of a budget.
4. Promote more meaningful ties with the World Health Organization. Constructive talks have been held with WHO (Geneva) but practical progress has been rather limited.
5. Create an Association web site. The web site has been active since 1999.
6. Create a group of interested people to develop computer assisted learning (CAL) material for epidemiology.

A request for members to join a group was made in the March 2000 Newsletter and on the IEA web site. Only five respondents have kept in regular contact and some have produced their own contributions to interactive CAL. One of the programs has

been recently completed, consisting of over 80 exercises on basic epidemiology. It can be downloaded from the IEA website.

Another presents the student with an environmental problem that must be solved within a specific time. This package should be available shortly (see IEA web site). A third development is web based and can be viewed at
<http://www.ph.ucla.edu/epi/snow.html>

7. Use the Internet for the dissemination of scientific information, particularly through the International Journal of Epidemiology.
8. Review the Constitution to bring it in line with current needs. Although some 230 members have voted on the changes to the constitution, this is insufficient to make the changes to the constitution official. We will try again to persuade the membership of the importance of their individual votes in effecting constitutional change.
9. Create an editorial committee to propose and promote IEA publications. During the last triennium the IEA has supported the publication of two volumes, both published by the Oxford University Press (A Dictionary of Epidemiology and Teaching Epidemiology). An editorial committee to oversee the commissioning of new works was not set up.
10. Increase membership The membership increased by about 20% over the three years
11. Produce a triennial report of the Association's activities The Triennial report has been produced and posted on the IEA web site. I would like to thank all the Councillors and the Officers who have made the Association a success over the past 3 years (1999 – 2002).

REPORT FROM THE SECRETARY AHMED MANDIL

I would first wish to thank all participants of the Montreal August 2002 business meeting, who have elected me to the post of IEA Secretary, and look forward to be up to the expectations of the current and prospective IEA membership.

I also wish to cordially thank the past secretary, Prof. Haroutune Armenian, who has efficiently carried out the various jobs and demanding responsibilities of the IEA Secretariat, aided by the most able Ms. Harriett Telljohann, over the past six years, 1996 – 2002, within the offices of the American Journal of Epidemiology and Epidemiologic Reviews, at the Bloomberg School of Public Health of the Johns Hopkins University.

Re-location:

Following my election last summer, efforts have been made to smoothly re-locate the IEA Secretariat from Baltimore, MD, U.S.A. to Alexandria, Egypt (hometown of current Secretary). This entailed establishment of the new IEA Secretariat office in Alexandria, in addition to careful and meticulous cooperation between Harriett Telljohann in Baltimore, Eman Hammam (newly appointed assistant in charge of facilitation of IEA Secretarial affairs) in Alexandria, and Paula Thompson of Oxford University Press. By the end of 2002, complete transfer of both electronic databases and the membership files and paperwork has been successfully accomplished. All correspondence concerning IEA secretarial affairs could be currently directed to the new email address: IEAsecretariat@link.net

Membership:

IEA happens to be a unique global association of individual epidemiologists. Its main publication, the International Journal of Epidemiology (IJE) is also one of very few journals which reflect the global views and research experiences, from different regions of the world. Although IEA currently has some 2000 paid-up members worldwide, yet this only represents a very small fraction of the actual body of active professionals working the field of epidemiology on a global scale. A quick look at the membership of national epidemiology societies in regions as Europe, North and South America immediately indicates the great discrepancy between the current paid-up membership of IEA, and effective representation of the global body of public health professionals eligible for IEA membership. Special efforts have to be carried out by the current

Council, especially Regional Councilors aided by current members, to increase the IEA membership during the current triennium (2003 – 2005), in order to more effectively represent professionals working in the epidemiology field worldwide.

The IEA Application Form is available for download online, through the Association's website. In addition, applying for membership will soon be available online as well.

The Council is currently discussing the advantages of offering joint memberships (at a bargain) with other organizations with similar interests.

Sponsorship

IEA members who wish to sponsor 3-year memberships for candidates nominated by Regional Councilors from less-developed nations, are kindly requested to write the Secretariat in this effect. Such contributions are highly welcomed and most appreciated.

Renewals

The Council has agreed that Oxford University Press will be handling renewals, as of 2003.

IEA Online Directory

The IEA membership directory is posted on the Web. This directory contains the names of current members who have agreed to have their information posted. This directory contains the following information: name, address, phone, fax and email and is updated periodically. To view this searchable database, please go to: <http://support.jhsph.edu/departments/iea> and enter the following information:
Login: ieamembers **Password:** johnsnow

Dialogue with IEA members:

I would like to hereby add my voice to the IEA President, welcoming views and suggestions by the IEA membership on means and ways of implementation of the proposed strategies for moving IEA activities forward, namely: fostering linkages with agencies and bodies with shared focus and

domains with IEA; advocating volunteerism within and between IEA membership on one hand but also with young epidemiologists worldwide; and encouraging able and effective regionalization of IEA activities. Kindly communicate your views and comments on the three strategies, at your earliest convenience, preferably by writing to the IEA Secretariat email address: IEAsecretariat@link.net. Careful attention will be given to such contributions, which will definitely help shape up and refine the IEA activities during the current triennium. Please do not hesitate to also write me about any other pertinent issues and concerns concerning the different IEA operations. Together we can make a difference, and further the visibility and contributions of IEA to the international epidemiology community on one hand, and to health decision making and public health policies worldwide on the other.

REPORT FROM THE TREASURER DAVID WEGMAN

The IEA treasury is in excellent condition with a strong positive balance. During the Montreal meetings the Council approved a budget and expense plan for the new triennium that allocates an annual total of \$106,000 for association functions. This allocation will account for most, but not all of the total income from membership and income that results from the increasingly successful operations of the International Journal of Epidemiology. Approximately half of the annual budget is allocated to the regions for support of regional councilor activity, travel of young epidemiologists to regional meetings and to the support of joint activities with other professional organizations that have closely related objectives. The remainder provides support for the small operating budgets of the officers - the largest of which is for the secretary's office which is responsible for managing the membership operations - and for Executive Committee and Council travel to inter-triennium meetings.

Over the past several years the association's balance of funds has gradually grown. In light of this, there was an excellent discussion at the Business Meetings in

Montreal concerning how these funds could best be used to promote the objectives of the IEA. A number of good suggestions were made including provision of more funds to support regional activity and travel stipends to attend the regional meetings. Those attending the Business Meeting were encouraged to think about ways in which the funds could be leveraged to best serve the association's objectives as outlined in the recently published "futures" document. Ideas are being sought, therefore, on ways that association funds might be used to promote volunteerism.

In addition to considering how best to use a portion of our positive balance more creatively, several members raised the issue of the investment strategy for these funds. The current approach has been quite conservative. While this strategy has protected our funds, particularly during the recent global recession, suggestions were made to improve the income while protecting the capital reserve. The Executive Committee and Council will assist the Treasurer in a review of the investment strategy for the reserve and prepare a proposal for discussion at the Council meeting next year.

STATEMENTS FROM REGIONAL COUNCILLORS

Africa Champak C. Jinabhai

During the World Congress of Epidemiology latest meeting in Montreal 2002, Prof Becklake and I chaired a successful Africa Regional meeting, which attracted over 50 participants. During this Symposium, a short meeting was held of all delegates from Africa, to discuss ways in which to promote IEA in the continent and increase both membership and scientific activities. Major constraints noted were the large size and enormous diversity in the region, limited and declining academic and public health capacity due to economic, social and epidemiological factors (HIV/AIDS epidemic), and the need to develop a Africa-wide Regional Committee. A major issue was the need to provide sponsorship for membership applications from Africa. The

IEA Council has agreed to explore mechanisms to support this request. During the current triennium (2003 - 2005), it was agreed to explore the feasibility of at least one Regional Council meeting, preferably in the West African region. Colleagues from Nigeria, who were present at the meeting, agreed to discuss this further at their local institutions.

In Southern Africa, discussions are underway to explore a closer working relationship with the Public Health Association of South Africa (PHASA), and hosting joint meetings and facilitating joint membership with IEA.

Finally, a strong plea was made to ensure that larger delegation would attend the next 2005 World Congress of Epidemiology (WCE) in Bangkok. The Africa Regional Councillor agreed to provide input on the priorities and urgent epidemiological needs in Africa – especially the needs to address the HIV/AIDS crisis. Thailand is ideally placed to bridge the divide between the epidemiological success of the developed world and the epidemiological challenges facing middle income and developing countries.

Latin America & Caribbean **Mauricio L. Barreto**

First, I would like to acknowledge the confidence of my fellow IEA associates who voted for me as their representative. My first act as new councilor was to call for a meeting of all the epidemiologists from the Region who were present at the World Congress of Epidemiology in Montreal. So far, I have consulted with representatives from PAHO (Pan-American Health Organization), ALAMES (Latin-American Association of Social Medicine), ALAESP (Latin-American Association of Public Health Schools) and representatives from national organizations devoted to epidemiology or public health. The current plan for the Region includes: a) efforts to increase membership; b) ways to increase the information on training and other events on epidemiology in the Region; c) stimulus to South-South and North-North network and links between epidemiologists; d) ways to amplify the forums where regional

epidemiologists could discuss their experiences. Arrangements are in the works to associate the next IEA Regional Meeting with the VI Brazilian Epidemiological Meeting to be held in June 2004 in Recife, Brazil. I will strive to enhance links between epidemiologists in Latin America and the Caribbean, and forge partnerships with the international epidemiological community. As a consequence, I hope that my term as IEA Councilor will contribute to a great sense of identity and friendship between Latin American and Caribbean epidemiologists, and increase our participation in the international epidemiological scenario.

Eastern Mediterranean **Hassan E. El-Bushra**

I would like to hereby outline the activities that I hope will further develop and strengthen the IEA activities within the Eastern Mediterranean Region (EMR). Plans are already underway for the 6th IEA/EMR regional scientific meeting to be held December, 2003 at the Ahwaz University of Medical Sciences, Ahwaz, Iran (details for this meeting are listed under the Upcoming Regional Meetings heading in this Newsletter). The 7th regional meeting is planned to be held in Riyadh, Saudi Arabia during October, 2004. The latter is expected to be a special event as it coincides with the 50th anniversary of the IEA.

I also hope to encourage IEA/EMR members to participate in the scientific meetings of other societies to discuss related epidemiologic issues. I will attempt to put the concept of "volunteerism" advocated by IEA into effect to promote epidemiology in the Region. Efforts will be made to seek the support of and pursue cooperation with the Regional Office of the World Health Organization (WHO/EMRO) and other related national and international organizations to: a) help authors from the EMR countries develop their scientific papers to facilitate their acceptance for publication through workshops on scientific writing within the region; and b) document the expertise in epidemiology available in EMR by publishing a triennial statistical report for the Region. Finally, the proposed regional constitution will be revised, and hopefully be approved during the 6th

IEA/EMR Meeting at Ahwaz, Iran. This is expected to be followed by creation of a Regional Committee for IEA/ EMR.

Europe **Miquel Porta**

With this message I would like to share with you both some exciting news of the Toledo meeting and some personal qualms about epidemiological scientific meetings. As you may know, the Joint Scientific Meeting of the International Epidemiological Association European Epidemiology Federation (IEA EEF) and the Spanish Society of Epidemiology will be held in Toledo on 1-4 October 2003 (www.euroepi2003.org).

If you surf the Toledo meeting website you will notice several innovations that the Scientific Committee is implementing. We think that those which prove successful could become part of the "modus operandi" at future editions of what we may call the "European Congress of Epidemiology". In my view, there are 2 novelties that deserve, in particular, to be underlined: 1) a greater role is offered to the national societies of epidemiology and their individual members in shaping the scientific programme; and 2) all epidemiologists are invited to act as External Scientific Reviewers.

It is hence a pleasure to report not only that Toledo received over 510 abstracts, but 11 proposals for sessions as well. Also, 74 colleagues volunteered to act as external scientific reviewers to assist the Scientific Committee in reviewing abstracts.

What do we need 'real' epidemiological scientific meetings for?

Sharing the results of research on epidemiological and statistical methods is an important reason to get together, and this is an area that we will continue to strengthen at the EEF annual scientific meeting.

Meetings also have good reason to exist if they enable an indepth discussion of the social, sanitary, clinical or biological relevance of the findings achieved through studies with an epidemiological component. Meetings can also help further the discussion of the public health and health

policy implications of studies. Meetings can be of practical help to epidemiological researchers and public health practitioners.

Yet, I think that the reasons for having epidemiological scientific meetings, today, are not obvious at all.** They exist, surely: but they are not easy to fulfil. And yet, I believe that we now need meetings more than ever: 1) if they encourage unhurried presentation and critical analysis of top-quality research; 2) if they are useful to public health practice and teaching; 3) if they help provide high-quality, independent assessments on health matters to social organisations and policy makers; 4) if they contribute to our professional growth; 5) if we enjoy them...

To achieve these aims requires fast adaptation to the new organisational procedures and virtual *communication technologies* (websites, webcams, CDs, etc). It also requires adaptation to the new *cultural scientific environment*, so that meetings provide better spaces to the scientifically most productive members of the scientific societies. Chauvinisms and parochialisms of all sorts should be abandoned in favour of truly international and transdisciplinary meetings where the best scientific evidence is presented.

**The above ideas are developed in a paper just published in the European Journal of Epidemiology 2003; 18: 101-103.

For information on the activities of the IEA European Epidemiology Federation: www.dundee.ac.uk/iea/euro_Contents.htm.

Please let us know your thoughts through the representative of your national society in the Board of the IEA EEF. Kindest regards.

North America **Eduardo Franco**

I feel privileged to join the IEA Council. My mission as Council Member for North America is to divulge the principles and goals of the IEA to the professional community in the US and in Canada. As a liaison between the IEA and the two main professional associations in my region, the Society for Epidemiologic Research and the

Canadian Society of Epidemiology & Biostatistics, my role is to foster an international engagement and focus for North American epidemiologists and students through the IEA. I work closely with Council in providing a platform for discussion of our emerging concerns on issues related to research funding, teaching, ethics, scientific conduct, and new directions for the profession.

South-East Asia
Babu L. Verma

Past Activities And Future Programmes: I had taken over as Councillor of the Association for South East Asia in September 1999 at Florence, Italy. During 1999-2002, I have pursued some of the Association's activities in the Region. Besides enrolling new members, updating existing regional membership and creating a short data – base of epidemiologists, biostatisticians and other professionals working in epidemiology. Major activities of the Region included holding the **Regional Congress on Epidemiology** at Jhansi (U.P.) India on 24-27 February 2002, under the theme of "From Preventing Disease to Promoting Health & Quality of Life." which was attended by 229 participants with 49 from abroad, and included 112 presentations (54 oral and 58 posters). In addition, a **Regional Workshop on "Status of Medical Biostatistics in South East Asia"** was held during the World Congress of Epidemiology, at Montreal (Canada) on 25 August 2002, which included 5 presentations from 4 countries of the Region, namely: India, Nepal, Thailand and South Korea. The workshop recommended that biostatistics should be developed as inter-disciplinary discipline (e.g. Epidemiology and Biostatistics) and agencies like IEA, WHO and INCLEN etc should work to promote it through capacity building measures.

Conferment of IEA Honorary Membership: The Association elects Honorary Members to the senior and eminent epidemiologists, based on their life long contributions in epidemiology and to the cause of IEA. This time SEA Region nominated Professor N.S. Deodhar, Pune (India) for this rare honour.

Planned Future Activities: Besides routine activities-enrolling new members and updating existing ones, planned future regional activities of the Region include: creation of an email directory of professionals working in epidemiology, preparation of a proposal for submission to IEA, based on Montreal 2002 Regional Workshop for the strengthening capacity – building in South East Asian Countries to promote status of biostatistics, as well as organizing another Regional Scientific Meeting of the Association in India during 2004 (please see details on page 8).

Western Pacific
Takesumi Yoshimura

During the current triennium, I plan to establish an IEA network of Western Pacific Region epidemiologists, expand the IEA membership in the region. In addition, I plan to recruit representative epidemiologists in each member state by September 2003. Through these key representatives I would like to get comments on the role of IEA in the region and to encourage them to boost membership in the area. Also, I hope that this network plays an important role to stimulate IEA regional activities, such as organizing and holding regional meetings. Since 1990, three regional meetings were held in Japan (Nagoya, Tokyo and Kitakyushu). Therefore I am currently searching for a suitable candidate to organize a regional meeting, possibly during 2004, at a location outside Japan.

XVI World Congress of Epidemiology
Montreal, 2002

During the period of August 18-22, 2002, Montreal hosted the XVI International Scientific Meeting of the IEA, now officially named **World Congress of Epidemiology**. This triennial meeting once again confirmed its reputation of being the largest gathering of epidemiologists from around the world. Over 1200 epidemiologists and colleagues from allied professions were in attendance at the centrally located Montreal Congress Centre, a truly stellar, which gave delegates the tempo for discussions around the chosen theme, "Epidemiology and modern public health."

The first day provided the opportunity for delegates to attend 2 pre-conference workshops and one course. The opening ceremony later in the day featured a keynote address by Stephen Lewis, the United Nations Special Envoy for AIDS in Africa. Mr. Lewis' speech conveyed a powerful message that pleaded for a more engaged role of our profession in the fight against AIDS and poverty in developing nations.

Four plenary sessions provided the framework for discussions about the conference themes: Global Health Concerns for Epidemiology; International Health & International Epidemiology; Epidemiology as a Trans-disciplinary Science; Molecular and Genetic Epidemiology, opinions at odds. These sessions were complemented by 21 symposia and 5 satellite sessions that covered a wide range of substantive and methodological areas in epidemiology. The conference showcased the importance of epidemiology and epidemiologists in contributing knowledge in the entire continuum from societal dimensions to the role of molecular markers in disease causation. Delegates also contributed hundreds of communications that were distributed in an additional 24 oral sessions and in a centralized poster display area.

The main innovation of the Montreal meeting was the creation of region-specific workshops. Four such sessions were held: **Latin America** with the theme of "Control of Chagas' disease", the **Eastern Mediterranean** region focussed on tobacco control in its member countries, the **Southeast Asian** region chose to review the status of biostatistics teaching, while the **Africa** session dealt with AIDS. The topics of these sessions were chosen by the regional councillors of the IEA, who served as chairs for the workshops.

The organizers are indebted to the following agencies for their financial sponsorship of the congress and its scientific program: Canadian Institutes of Health Research, The Robert Wood Johnson Foundation, U.S. National Institutes of Health, National Cancer Institute of Canada, Fonds de la Recherche en Santé du Québec, Ministère de la Recherche, Science et Technologie du Québec, Health Canada, Association des Epidemiologistes de Langue Française.

Eduardo Franco
Chair, Local Organizing Committee
XVI IEA World Congress of Epidemiology

UPCOMING IEA MEETINGS & COURSES **European Educational Programme in** **Epidemiology** **23 June - 11 July 2003**

The course is taught by lecturers from European universities and research institutes, and is co-sponsored by the International Agency for Research on Cancer, the WHO European Centre for Environment and Health, the European Union, the International Epidemiological Association, the Italian Association of Epidemiology, the Health Authorities and the Regional Health Agency of Tuscany in Italy.

It will be offered in English, includes three general modules on current developments in epidemiological study design and statistical analysis of epidemiological data. Six special modules cover topics of current public health relevance, ranging from study design and analysis in genetic epidemiology to the impact of changes in the global environment on health (students can choose from among them). The morning and afternoon sessions include lectures, computer based analyses (using the Stata package), exercises and discussion sessions. To follow the course profitably, students are expected to possess some knowledge of epidemiological and statistical methods at an introductory level as well a working knowledge of spoken English.

Course director: Rodolfo Saracci, National Research Council, Pisa, Italy.

Guest Lecturer: Sir Richard Doll

For further information, please contact or write to: EEPE, c/o International Agency for Research on Cancer, 150, cours Albert-Thomas, F-69008 Lyon, France
Tel: (33) 4 72 73 84 85; Fax: (33) 4 72 73 83 20; email: EEPE@IARC.fr

Upcoming Regional Meetings

Joint Scientific Meeting of the International Epidemiological Association - European Epidemiology Federation (IEA - EEF) and the Spanish Society of Epidemiology
Toledo, Spain, 1-4 October 2003. For further details, please visit:

The city of Toledo is a symbol of multicultural blending and has been considered World Heritage of Mankind by UNESCO. There, epidemiologists from many different countries and fields will share their latest research findings and exchange their views about a myriad of issues within the scope of epidemiology.

The two official languages of the Meeting will be English and Spanish.

Pre-Congress Course: "Methods for Causal Inference in Epidemiology"

Professor: Miguel A. Hernán, Department of Epidemiology, Harvard School of Public Health, Boston, USA. September 30th. 4-8 pm and October 1st. 10 am - 2 pm.

<http://www.euroepi2003.org>

South East Asia Regional Scientific Meeting, 2004, India The South East Asia Region of the International Epidemiological Association will organize its Regional Scientific Meeting in January 2004 in India (in northern part of the country States of Uttar Pradesh / Madhya Pradesh) . The venue and dates of this 4-day Meeting are presently being worked out and will be announced soon to the Members. Besides entertaining contributions on different aspects of epidemiology and biostatistics as free papers, some of the priority topics being considered include: burden of disease indicators , Cochrane collaboration, evidence-based medicine, bioterrorism in health practice, HIV & AIDS, as well as epidemiological research, quality of life, health impact indicators, health economics, Internet & epidemiology and capacity strengthening in epidemiology & biostatistics. Suggestions from IEA members are invited on inclusion of priority topics in the scientific programme and on other aspects of the Meeting . More details

about the Meeting could be obtained from:
Dr. Babu L Verma, e-mail:
epidcong@rediffmail.com

6th IEA Eastern Mediterranean Regional Scientific Meeting December, 2003, Ahwaz University of Medical Sciences, Ahwaz, Iran
<http://www.6iea-emr.com>

The meeting is organized by the International Epidemiological Association/Eastern Mediterranean Region, Ahwaz University of Medical Sciences and the Iranian Epidemiological Association (IrEA) in collaboration with the Ministry of Health and Medical Education of I.R. of Iran and the World Health Organization/EMR

The main theme of the meeting is: "Epidemiology and Health Services" while specific themes are: 1. Bioethics in Health Research, 2. Communicable Diseases, 3. Disease Elimination / Eradication, 4. Genomic & Epidemiology in the 21st Century, 5. Health Information System, 6. Health System Research, 7. Lifestyle & Disease, 8. Monitoring & Evaluation, 9. Noncommunicable Disease, 10. PHC Reform, 11. Screening Programs, 12. Surveillance

Abstracts should be submitted to Mrs. Samire Rahim, Ahwaz University of Medical Sciences, P O Box 61355-45, Ahwaz, Iran, on or before 15 May, 2003. For more information, please contact Dr. Hamid Soori at: Tel: 98 611 3332368 ; Fax: 98 611 3361655 or 3367562 or Email: info@6iea-emr.com

XVII World Congress of Epidemiology Bangkok, Thailand, August 2005

Information will be provided in future newsletters and on our web-site at www.ieaweb.org.

OTHER NON-IEA MEETINGS & COURSES

Survival Analysis Course, Porto, Portugal, 12-16 May, 2003
http://higiene.med.up.pt/cursosurv_eng.htm

Fetal and early childhood origin of diseases in humans Use of data from the Danish National Birth Cohort, 2 June, 2003
<http://www.bsmb.dk>

Canadian Society for Epidemiology and Biostatistics (CSEB), Halifax, Nova Scotia, Canada, 8-11 June, 2003
<http://www.cseb.ca/en/meeting/index.htm>

Mediterranean School of Epidemiology and Statistical Methods in Biomedical Research Siracusa, Italy, June, 2003
<http://www.itba.mi.cnr.it/epidemiology/medschool.html>

14th International Summer School of Epidemiology, University of Ulm, Germany, 30 June – 4 July, 2003
<mailto:Daniela.oesterle@medizin.uni-ulm.de>

11th International Congress on Twin Studies - Odense, Denmark, 2-4 July, 2004
<http://www.icts2004.sdu.dk>

An introduction to infectious disease modelling and its applications, London, UK, 7-18 July, 2000
<http://www.lshtm.ac.uk/ideu/ModellingShortCourse.htm>

Advanced Level Epidemiology Program, University of Heidelberg, 14-18 July, 2003
<mailto:Brenner@dzfa.uni-heidelberg.de>

ISEE Conference, Perth, Western Australia, 24 -26 September, 2003
<http://www.eventedge.com/isee>

Results of elections of the 2002-2005 Council (August 2002)

Executive Councillors

*President - Chitr Sitthi-Amorn
Secretary - Ahmed Mandel
Treasurer - David H. Wegman
President-Elect - Jørn Olsen*

Regional Councillors

*Africa - Champak C. Jinabhai
Central & South America -
Mauricio L. Barreto
Eastern Mediterranean -
Hassan E. El Bushra
Europe - Miquel Porta
North America - Eduardo Franco
Southeast Asia - Babu L. Verma
Western Pacific - Takesuma Yoshimura*

Bids for XVIII World Congress of Epidemiology (2008)

Interested societies, agencies and organizations which wish to host the XVII World Congress of Epidemiology during August, 2008, are kindly requested to visit the IEA website (www.IEAWeb.org) and carefully review the rules and regulations of hosting such meetings, included in the IEA Council Handbook 2002, pages 29 - 33. Bids should be mailed in the name of the IEA Secretary, to the address mentioned below (under Council listings).