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EXPERT REPORT RE MEDICAL QUARANTINE OF FRESNO COUNTY JAIL

Date of Report: February 2, 2020
Report Requested by: Eric H. Schweitzer, Esq.

Recently, I was asked to consider the question of whether the outbreak of mumps in the Fresno County Jail necessitates delaying trial for inmates through the implementation of quarantine. I was asked to provide for the court an expert report describing the public health control of mumps transmission and describing whether there are reasonable and accepted medical and public health measures that would enable most inmates to safely appear in court despite the presence of a mumps outbreak at the Fresno County Jail.

1. Summary

The available evidence indicates there is no valid medical or public health necessity for the implementation of quarantine among the Fresno County Jail inmates. The available evidence also indicates that, to the extent that the restrictions that have been imposed by the Fresno County Jail can be considered "quarantine", there have been numerous exceptions made which have likely obviated any public health benefit from the implementation of these restrictions. Quarantine – meaning the isolation of an individual without signs of symptoms of disease – is a decidedly odd public health control measure for the control of mumps in the modern vaccine era, and is without recent precedent outside of certain U.S. detention facilities, where the practice appears to have been increasingly adopted without the oversight or concurrence of expert public health authorities. Specifically, quarantine is not described in publications by either the U.S. Centers for Disease Control and Prevention (CDC) nor the California Department of Public Health (CDPH) as an accepted public health control measure for mumps in jail settings. Instead, these authorities recommend only isolation of those with evidence of disease. Such restrictions could be reasonably implemented at the Fresno County Jail without necessitating the delay of trial for most inmates affected by the implementation of the current quarantine.

2. Credentials, Qualifications, and Professional Experience

The following information is provided to briefly establish my credentials, qualifications, and professional experience in this area.

I earned a BSc (Honours) in Theoretical Physiology from the University of Toronto; an MD from the Uniformed Services University of the Health Sciences, where I was awarded the Captain Richard R. Hooper Award in Preventive Medicine; and an MPH, DrPH, and certificate in Pharmacoepidemiology and Drug Safety from the Johns Hopkins Bloomberg School of Public Health, where I was elected an Alumni Inductee of the Delta Omega Honor Society, Alpha Chapter, and was later recognized with an Outstanding Recent Graduate award.

I attended residency training in Preventive Medicine at the Walter Reed Army Institute of Research where I was awarded the George Miller Sternberg Award in Preventive Medicine. I also attended additional postdoctoral fellowship training in Occupational and Environmental Medicine at the Johns Hopkins Bloomberg School of Public Health.

I am licensed to practice medicine in the U.S. states of New York, Maryland, and Vermont, and am board certified in Occupational Medicine and Public Health and General Preventive Medicine by the American Board of Preventive Medicine. I am also Certified in Public Health by the U.S. National Board of Public Health Examiners.

During my 14-year career as a Preventive Medicine Officer in the U.S. military that included overseas service in Afghanistan and Africa, I was the chief architect of the U.S. Army's current Accession Screening and Immunization Program, which redesigned the U.S. Army's recruit immunization program to reduce redundant immunization of U.S. Army enlisted accessions through serologic screening for pre-existing immunity. As part of this redesign, I conceived of and directed several large-scale epidemiological studies to examine the possible effects of this policy change on mumps transmission in the U.S. military, including a \$20K study on measles, mumps, and rubella immunity concordance, and a \$4.5K study on mumps screening cost-effectiveness.

I have authored over 80 scientific and medical publications on various topics in public health, preventive medicine, and occupational medicine, including several specifically on the topic of mumps.

I am presently a consulting physician epidemiologist in private practice in White River Junction, Vermont, and an associate faculty member at the Johns Hopkins Bloomberg School of Public Health in Baltimore, Maryland.

A full curriculum vitae is enclosed.

3. Documents Reviewed

In response to this request, I have carefully reviewed the order of the Superior Court of California, County of Fresno Central Division, dated January 30, 2020 (herein simply referred to as the "order"), which finds that due to the implementation of quarantine at the Fresno County Jail, there is good cause for continuances, and that specifically, "for those inmates who have time-out dates for either a preliminary hearing or for trial set of January 31, 2020 up to and including February 7, 2020", that there "is good cause to exceed those time-out dates due to the *necessity* of the medical quarantine [emphasis added]".

I have also carefully reviewed the decision (People v. Tucker (2011) 196 Cal. App.4th 1313, 1317-1318) (herein referred to as "the decision") cited in this order.

I have also reviewed various contemporaneous media reports regarding this and recent outbreaks and have reviewed various articles in the medical and scientific literature and documents from various public health authorities on the public control of mumps outbreaks. These are cited where appropriate in the report that follows.

4. Chronology of Events

The documents that I have reviewed support the following concise chronology of events related to this case:

January 23, 2020: As subsequently reported ¹, the Fresno County Sheriff's Office "first became aware", "that the Mumps virus might be present in the North Annex Jail". As reported, "[a]t that time", jail staff and their medical providers "put several precautionary measures in place", including "the implementation of quarantining [approximately 300] inmates in specific areas to ensure there is no additional spread".

January 27, 2020: A media report in the *Fresno Bee* describes many inmates at the Fresno County Jail missing scheduled Monday court appearances ². The media report describes the cause of the missed appearances as the jail's implementation of a quarantine, which started *at the end of the last week* [emphasis

¹ See <https://www.co.fresno.ca.us/Home/ShowDocument?id=41233>, published online Thursday, January 30, 2020.

² See <https://www.fresnobee.com/news/local/crime/article239689913.html>, published online Monday, January 27, 2020 at 1:05 pm.

added]"³, in response to a "*suspected* outbreak of mumps [emphasis added]". The media report notes and that "11 people at the jail have contracted the contagious viral infection" and describes the Sheriff's office as stating "some inmates were being tested for the virus", but that results had not yet been returned. The media report also describes the Sheriff's office stating the "booking and release process" being unimpacted, and that inmates in the quarantined area were being allowed one visitation per week. However, the media report also describes the Sheriff's office as stating that "until the quarantine is lifted", "*the court* is not calling any of the quarantined inmates to the courthouse [emphasis added]".

January 28, 2020:

According to the order, the Court is notified by the Fresno County Sheriff's Department of "an outbreak of mumps... within the main jail inmate population"⁴, for which it has implemented a quarantine in six "pods" in the Fresno County Jail, North Annex⁵.

January 30, 2020

The Fresno County Department of Public Health issues an initial release⁶, confirming the presence of "eleven (11) cases of mumps in the Fresno County Jail", and that inmates "are being quarantined at this time to *ensure no further transmission of the disease to other inmates and jail staff* [emphasis added]". The Department subsequently issues a more detailed release⁷ providing additional details of the chronology of events and its management of the quarantine.

³ *Ibid.* By describing the implementation of quarantine as "at the end" of the last week, this media report is consistent with information in the subsequent release (see Note 1, *supra*), which indicates the quarantine was implemented Thursday, January 23, 2020.

⁴ It is not clear from the available evidence on what date the court first became aware of the presence of the quarantine. The order states that the court was "notified", "of an outbreak of mumps" on Tuesday, January 28, 2020, five days after the reported implementation of the quarantine at the Fresno County Jail in response to a suspected outbreak, and a day after inmates missed their scheduled court appearances, reportedly as a result of not being called by the court on the basis of the quarantine which, per the order, it was informed of the following day.

⁵ The order refers to "six pods in the North Jail", which presumably is referring to the "North Annex Jail", described as being located at 1265 M Street, Fresno, California, 93721, and having been built in 1993. See <https://www.fresnosheriff.org/jail.html>.

⁶ See <https://www.co.fresno.ca.us/Home/ShowDocument?id=41231>.

⁷ This release (see Note 1, *supra*) describes inmates "bring assessed daily", and "immunizations being offered to both inmates and jail staff".

5. Discussion

At issue is the central question of whether the implementation of quarantine may be considered a reasonable and accepted public health measure under the present circumstances, such that there may be considered to be good cause for the inmates subject to such quarantine to be delayed trial.

In the present circumstances, the decision to implement a quarantine appears to have been made on or about January 23, 2020, when the Fresno County Sheriff's Office "first became aware", "that the Mumps virus might be present in the North Annex Jail"⁸. Although not clear from the available evidence, it appears likely that on or about this date, one or more suspected cases of mumps were identified within the inmate population, in my opinion likely on the basis of clinical suspicion based on findings of characteristic signs and symptoms of the disease⁹, which include parotitis, a typically uncommon swelling of the parotid salivary glands¹⁰.

Although such signs and symptoms of mumps are fairly specific, such that an experienced clinician could be expected to predict the likely presence of disease based mainly on focused physical examination, because of the important public health implications of a diagnosis of mumps, typically the classification of a case of mumps disease, either as suspected, probable, or confirmed, requires that certain formal criteria be met. In the U.S., these criteria are set by the Council of State and Territorial Epidemiologists (CSTE).

Per the most current 2012 CSTE criteria for mumps¹¹, a "suspected" case of mumps is typically one in which the aforementioned swelling is identified. Such a case is typically considered "probable" where such swelling lasts at least two days. However, in order for such a case to be considered "confirmed", it is typically necessary to perform laboratory testing, typically through a test known

⁸ Note 1, *supra*.

⁹ The release, Note 1, *supra*, did not make clear how the Sheriff's Office "first became aware" of the possible presence of mumps within the inmate population. Possibilities include the Sheriff's Office being notified by an external party of the presence of one or more infected inmates, identification of the virus as a result of incidental laboratory testing of one or more inmates, or clinical suspicion based on the results of physical examination of one or more inmates. In my opinion, given that the release (Note 1, *supra*) indicated that there was "an ongoing investigation to try and determine who the original inmate is that contracted the Mumps virus", this suggests that it is unlikely that an external agency notified the Sheriff's Office of named inmates suspected of having the disease, such as may have occurred had several inmates been transferred from another facility experiencing an active mumps outbreak. Similarly, as laboratory testing for active mumps infection is very unlikely to be performed on a routine basis without cause, such as awareness of an active mumps outbreak, this also suggests that it is unlikely that the first suspected case or cases of mumps were initially identified on the basis of such incidental testing.

¹⁰ A media report (see Note 2, *supra*) describes a spokesman for the Fresno County Sheriff's Office noting that in light of past mumps outbreaks at California prisons, "local jail staffers recently received training in spotting [mumps] symptoms among inmates".

¹¹ See <https://wwwn.cdc.gov/nndss/conditions/mumps/case-definition/2012/>.

as reverse transcription polymerase chain reaction (RT-PCR), to detect the actual presence of the mumps virus in bodily fluids.

Although it is unclear when the first confirmed case of mumps was identified by RT-PCR among the Fresno County Jail inmates, based on the available evidence, it appears that on or about January 23, 2020, one or more suspected or probable cases of mumps had been identified through the previously-described methods, leading to additional case-finding efforts, and that likely as a result of subsequent laboratory testing of additional suspected or probable cases so identified, by January 30, 2020, eleven such cases had been reclassified as confirmed by RT-PCR.

It therefore appears likely that, within a matter of days after becoming aware of the presence of mumps virus within the inmate population, the Fresno County Sheriff's Office was able to effect both focused physical examination and RT-PCR laboratory testing of at least eleven inmates who were suspected of being exposed. It is not clear how many more inmates beyond these eleven were subject to focused physical examination and laboratory testing, such as which may have subsequently returned negative results, but it appears likely that such measures encompassed a larger number of inmates than those subsequently confirmed as having the disease.

In my opinion, the apparent ability of the Fresno County Sheriff's Office to conduct focused physical examination and RT-PCR laboratory testing of a significant portion of its inmates in a timely manner refutes any and all argument for the necessity of delaying trial for those with trial dates Monday, January 26, 2020 and beyond, as it demonstrates the ability of the Sheriff's Office to effectively identify the presence of mumps disease, and hence those at most significant risk of onwards transmission, among those with pending trial dates.

Specifically, at the time that a suspected or probable mumps infection was first identified within the inmate population on Thursday, January 23, 2020, if the Fresno County Sheriff's Office had simply identified those inmates with pending trial dates beginning on Monday, January 27, 2020, and subjected all of these inmates to focused physical examination for the presence of parotitis and other characteristic signs of mumps disease, the Sheriff's Office could have reasonably identified which, if any, inmates with pending trial dates would be classified as "suspected" or "confirmed" mumps cases by CSTE criteria, and thus might reasonably be subject to isolation and other control measures¹², as per current recommendations, and who would not be reasonably subject to such measures.

¹² The public health concept of "isolation" differs significantly that of "quarantine", in that, in the most general sense, isolation is applied to individuals with evidence of disease, particularly during its infectious stage, whereas quarantine is far more broadly applied to individuals with possible exposure, often in cases where testing for the presence of disease is either impossible or infeasible, where a highly infectious disease may be transmissible during a pre-clinical period

For example, current recommendations of the CDC recommend that only should an individual develop parotitis, that they be isolated and that standard droplet precautions be implemented for a period not exceeding five days. Of note, among those with any history of vaccination for mumps, the CDC in no way recommends any form of isolation or quarantine in anyone not showing the characteristic signs of mumps disease¹³, noting that "[s]erious consequences of mumps transmission" are rare, and noting "the relatively low infectiousness and transmission rate of mumps".

Only among those with no evidence of immunity, such as those rare individuals who had received no doses of the measles-mumps-rubella (MMR) vaccine, does the CDC recommend that healthcare workers (and healthcare workers only) exclude themselves from work, and only for certain specified periods.

As can be shown, even were such reasoning applied to the few inmates at the Fresno County Jail with pending trial dates and among whom no evidence of past mumps vaccination could be identified, such recommendations would not have served to imply a requirement for quarantine at the time of their scheduled court appearance¹⁴. Furthermore, among those inmates without evidence of past mumps vaccination, focused physical examination could have likewise served to identify signs of active disease, such as parotitis, and hence those at most significant risk of onwards transmission.

Although it is true that mumps may be transmitted for several days prior to the onset of parotitis¹⁵, no expert public health authorities appear to have considered this significant in informing recommendations for the control of mumps. Specifically, as described above, among those with at least some evidence of

prior to the onset of evidence of disease, or where no other practical control measures are available.

¹³ CDC. Updated recommendations for isolation of persons with mumps. *MMWR Morbidity and mortality weekly report*. 2008;57(40):1103-1105. <http://www.ncbi.nlm.nih.gov/pubmed/18846033>.

¹⁴ Specifically, the CDC recommends that only for those healthcare workers without evidence of immunity to mumps, they exclude themselves from work from "the 12th day after first exposure through the 26th day after last exposure". Although it is unclear when the first case of mumps at the jail began to manifest signs of parotitis, given that mumps is considered infectious mostly for only the first 5 days after the onset of parotitis, even had the first case of mumps been identified on January 23, 2020 on the fifth and final highly infectious day for which isolation would be warranted, after being first theoretically identifiable on January 19, 2020, there would be no cause, per CDC recommendations, to exclude any asymptomatic but unvaccinated inmates from appearing in court on Monday, January 27, 2020, as this would still have been at least three days in advance of the period for which CDC recommends unvaccinated healthcare workers exclude themselves from work.

¹⁵ Kutty PK, Kyaw MH, Dayan GH, et al. Guidance for isolation precautions for mumps in the United States: a review of the scientific basis for policy change. *Clinical infectious diseases*. 2010;50(12):1619-1628. This paper concludes that "[a]lthough mumps virus has been isolated from 7 days before through 8 days after parotitis onset, the highest percentage of positive isolations and the highest virus loads occur closest to parotitis onset and decrease rapidly thereafter. Most transmission likely occurs before and within 5 days of parotitis onset".

prior mumps vaccination, the CDC does not recommend any form of exclusion for asymptomatic individuals. Similarly, neither does the CDPH recommend any form of exclusion or quarantine during mumps outbreaks.

Specifically, as per CDC recommendations, the CDPH states that in "jail, prisons, military barracks or other congregate settings", that "[a]ction steps should include immediate testing and isolation of the suspected case", and does not mention quarantine or exclusion of asymptomatic individuals as a recommended public health action in such settings¹⁶.

Given that neither the CDC nor the CDPH recommends quarantine in the current situation, the motivations for the Fresno County Sheriff's Office implementing quarantine are decidedly unclear. Despite several recent examples of similar quarantine in U.S. detention facilities in recent months, for example in Los Angeles in December 2019¹⁷, and New Jersey in June 2019¹⁸, there have been no recent changes to expert recommendations to justify such unusual actions. In the published medical and scientific literature, the most recent publication describing an outbreak of mumps in a prison describes the application of measures comparable to those in current CDC and CDPH recommendations, and specifically notes that inmates "with appointments scheduled during the outbreak (e.g. court appearance) *were permitted to attend* provided they were not experiencing symptoms consistent with mumps [emphasis added]"¹⁹.

Although the Fresno County Sheriff's Office may argue it has particular concern for the possibility of onwards transmission of mumps virus by asymptomatic inmates to others, beyond it simply following current CDC and CDPH recommendations, which do not involve implementation of quarantine, such a possibility could be most reasonably reduced by performing RT-PCR testing of inmates with scheduled trial dates, and excluding from court only those found to be positive.

Given that the presence of mumps virus in saliva correlates with risk of onwards transmission, and that mumps virus is occasionally detectable at low levels in saliva by RT-PCT for several days prior to the onset of parotitis, there is at least some theoretical justification for such testing. Although the CDPH currently states that it declines to test specimens by RT-PCR from patients without parotitis and other "symptoms consistent with mumps"²⁰, this is presumably not an indication of an absolute inability of the CDPH to do so, such as if ordered to by a

¹⁶ www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/Mumps-Quicksheet.pdf

¹⁷ www.latimes.com/california/story/2019-12-18/mumps-outbreak-found-at-4-california-prisons

¹⁸ www.northjersey.com/story/news/new-jersey/2019/07/08/bergen-county-nj-jail-extends-quarantine-after-mumps-outbreak/1674856001/

¹⁹ Walkty A, Van Caesele P, Hilderman T, et al. Mumps in prison: description of an outbreak in Manitoba, Canada. *Canadian journal of public health*. 2011;102(5):341-344.

²⁰ www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Mumps_Testing_VRDL.pdf

competent legal authority, but is presumably merely further evidence that there is considered to be no medical or public health indication for such testing, consistent with the general absence of concern among expert public health authorities for the risks of transmission posed by asymptomatic individuals, including in prison settings.

However, were the Fresno County Sheriff's Office particularly concerned – indeed more so than either the CDC or CDPH – about the possibility of such onwards transmission of mumps virus from its inmates to others, presumably such concern would have also manifested through rigorous adherence to existing published recommendations for the control of mumps, to include ensuring the immunization of all of its inmates with at least two lifetime doses of MMR vaccine. As noted by the CDC, "[t]he best strategy for preventing mumps in the community... is promoting high levels of immunity by vaccination"²¹. Given the stated justification for the quarantine was described by the Fresno County Sheriff's Office as to "*ensure no further transmission of the disease to other inmates and jail staff [emphasis added]*", to the extent such that control measures may not have been previously implemented among the inmate population, this may be taken as evidence of an apparent lack of concern in this regard.

Indeed, to the extent that the inconsistent restrictions that have been imposed by the Fresno County Jail can even be considered "quarantine", there have been numerous exceptions to these restrictions which have likely obviated any public health benefit from the quarantine's implementation, and which have undermined its stated justification. For example, as described by the Fresno County Sheriff's Office, and as would be expected, "the release process is not being impacted by the virus", with "inmates going through the release process... given educational health materials", instead of being further detained as a control measure. Similarly, the Sheriff's Office notes that "[i]nmates in the quarantined area are currently being allowed one visitation per week"²².

Such exceptions to the "quarantine" would readily permit the possibility of exposed inmates, including those who have been exposed, and are infectious, but have yet to develop clinical signs and symptoms such as parotitis, interacting with the broader community, and contributing to the further transmission of disease, such as might be expected were such inmates to be transported to court for a scheduled trial. However, given that the risks posed by such situations are low, given what the CDC describes as "the relatively low infectiousness and transmission rate of mumps"²³, such possibilities appear to be considered acceptable by expert public health authorities, and do not indicate the necessity of further control measures.

²¹ See Note 13, *supra*.

²² See Note 1, *supra*.

²³ See Note 13, *supra*.

The available evidence indicates there is no valid medical or public health necessity for the implementation of quarantine among the Fresno County Jail inmates, and that reasonable and accepted medical and public health measures exist, including the isolation of suspected, probable, and confirmed cases, that would enable all other inmates to safely appear in court despite the presence of a mumps outbreak at the Fresno County Jail.

Short of reducing the possibility, by however slight and vanishing a margin, that a case of mumps would be transmitted by a rare infectious but pre-symptomatic inmate to the presumably highly-vaccinated population of court staff, it is not clear what the public health benefit is of the current situation of delaying trial for inmates through quarantine, beyond the benefit that would be achieved by a more limited policy of isolation, as is recommended by the CDC and CDPH.

Unsupported by published public health recommendations, the actions of the Fresno County Jail – which appear to have been developed by a junior public health official without the standard formal graduate training in epidemiology that is common in the field²⁴, and without obvious written support from higher level public health officials – appear capricious and arbitrary at face value. By similar reasoning as has been applied to justify the present quarantine, one could theoretically reduce the risk of transmission of tuberculosis to court staff through implementation of quarantine at the first identification of a case of latent tuberculosis among inmates. Likewise, one could then theoretically reduce the risk of transmission of viral gastroenteritis to court staff by quarantining inmates at the first onset of diarrhea among inmates, or reduce the risk of transmission of the common cold to court staff at the first evidence of an inmate with the sniffles. However, the universal application of such reasoning would be patently absurd, as it would necessitate the near-continuous quarantine of the inmate population.

Historical examples of quarantines described in the decision cited in the present order, for example, in cases of highly infectious diseases such as polio and smallpox, simply cannot be compared to the present situation. Likewise, the case at issue in the decision cited in the present order, which involved an inmate quarantined in 2009 for a highly novel and virulent H1N1 flu virus, for which an experimental vaccine had only just been developed, is similarly incomparable. In

²⁴ Available documents suggest David Luchini, Assistant Director of the Fresno County Department of Public Health, is the public health official behind the policy of quarantine. According to his LinkedIn profile, Mr. Luchini's professional qualifications are as a Public Health Nurse, with his education limited to a BS in Nursing from Saint Mary's College of California. In my opinion, such limited training does not provide appropriate preparation for recommending such sweeping public health control measures as are at issue in the present circumstances. Likewise, a recent current organization chart for the Fresno County Department of Public Health (<https://www.co.fresno.ca.us/home/showdocument?id=39620>) lists David Pomaville as Mr. Luchini's immediate supervisor. Mr. Pomaville's LinkedIn profile lists him as "Interim Director of Public Health" and does not list any public health qualifications. In my opinion, the possibility therefore cannot be excluded that the decision to recommend quarantine in this particular situation was not informed by appropriate education, training, and qualifications in public health.

such cases, not only do the quarantines appear valid at face value, but these appear to have followed and be consistent with then-current expert public health recommendations. Properly informed, in contrast, there is no good reason to conclude that a quarantine that is recommended by no expert public health authority is prudent, much less required, in order to deal with a few identified inmates in the Fresno County Jail who have, what are in contrast, fairly benign cases of the mumps.

6. Conclusions

The available evidence indicates there is no valid medical or public health necessity for the implementation of quarantine among the Fresno County Jail inmates in response to the current outbreak of mumps.

Quarantine is not described in publications by either the CDC nor the CDPH as an accepted public health control measure for mumps in jail settings. Instead, these authorities recommend only isolation of those with evidence of disease.

Such restrictions could be reasonably implemented at the Fresno County Jail among the few inmates identified as suspected, probable, or confirmed cases of mumps, without necessitating the delay of trial of other inmates affected by the broader implementation of the current quarantine.

7. Certifications

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

I certify under penalty of perjury under the laws of the State of Vermont that the foregoing is true and correct.

Signed on the 2nd day of February, 2020, at White River Junction, Vermont.



Remington Nevin, MD, MPH, DrPH

Board Certified in Public Health & General Preventive Medicine (ABPM)

Board Certified in Occupational Medicine (ABPM)

Certified in Public Health (NBPHE)

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Curriculum Vitae

February 2, 2020

Education and Professional Training

2016-2017	Johns Hopkins University Bloomberg School of Public Health Baltimore, MD	Postdoctoral Fellowship in Occupational and Environmental Medicine
2012-2016	Johns Hopkins University Bloomberg School of Public Health Baltimore, MD	DrPH in Mental Health
2012-2014	Johns Hopkins University Bloomberg School of Public Health Baltimore, MD	Certificate in Pharmacoepidemiology and Drug Safety
2003-2005	Walter Reed Army Institute of Research, Washington, DC	Residency in Public Health and General Preventive Medicine
2003-2004	Johns Hopkins University Bloomberg School of Public Health Baltimore, MD	MPH
2002-2003	Womack Army Medical Center Ft. Bragg, NC	Internship in Family Medicine
1998-2002	Uniformed Services University of the Health Sciences Bethesda, MD	MD
1995-1998	University of Toronto University College Toronto, Ontario, Canada	BSc (Hon) with High Distinction Majors in Physics & Physiology, Minor in Mathematics

Faculty Appointments

2019-	Johns Hopkins University Bloomberg School of Public Health Baltimore, MD	Faculty Associate (Part-Time) Department of Mental Health
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Professional Licensure

2017-	Medicine	Vermont License 42.0013908
2012-	Medicine and Surgery	Maryland License D73583
2003-	Medicine and Surgery	New York License 229259 (Inactive)

Medical Board Certifications

2018-	Occupational Medicine	American Board of Preventive Medicine
2006-	Public Health and General Preventive Medicine	American Board of Preventive Medicine

Other Board Certifications

2015-	Certified in Public Health	National Board of Public Health Examiners
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Academic Awards, Honors, and Scholarships

2014	Outstanding Recent Graduate Award Johns Hopkins University Alumni Association Dr. Ali Kawi Scholarship, Department of Mental Health Johns Hopkins University, Bloomberg School of Public Health Gordis Teaching Fellowship Johns Hopkins University, Zanvyl Krieger School of Arts and Sciences
2013	Dr. Ali Kawi Scholarship, Department of Mental Health Johns Hopkins University, Bloomberg School of Public Health Gordis Teaching Fellowship Johns Hopkins University, Zanvyl Krieger School of Arts and Sciences
2012	Dr. Ali Kawi Scholarship, Department of Mental Health Johns Hopkins University, Bloomberg School of Public Health
2011	Alumni Inductee, Delta Omega Honor Society, Alpha Chapter Johns Hopkins University, Bloomberg School of Public Health
2005	George Miller Sternberg Medal in Preventive Medicine Walter Reed Army Institute of Research
2002	Captain Richard R. Hooper Award in Preventive Medicine Uniformed Services University of the Health Sciences
2000	Distinguished Academic Performance Award in Preventive Medicine Uniformed Services University of the Health Sciences
1997	R. L. Burton Scholarship in Mathematics and Physical Sciences University of Toronto, University College

Teaching

- 2020 Johns Hopkins University, Zanvyl Krieger School of Arts and Sciences
Public Health and U.S. Military Policy. AS.280.213 (Winter Intersession).
Pending.
- 2019 Johns Hopkins University, Bloomberg School of Public Health
Current Issues in Military Mental Health. PH.330.659 (Summer Institute).
Johns Hopkins University, Zanvyl Krieger School of Arts and Sciences
Public Health and U.S. Military Policy. AS.280.213 (Winter Intersession).
- 2018 Johns Hopkins University, Zanvyl Krieger School of Arts and Sciences
Public Health and U.S. Military Policy. AS.280.213 (Winter Intersession).
- 2017 Johns Hopkins University, Bloomberg School of Public Health
Current Issues in Military Mental Health (with Peter Zandi).
PH.330.659 (Summer Institute).
Johns Hopkins University, Zanvyl Krieger School of Arts and Sciences
Public Health and U.S. Military Policy. AS.280.213 (Winter Intersession).
- 2016 Johns Hopkins University, Bloomberg School of Public Health
Current Issues in Military Mental Health (with Peter Zandi).
PH.330.659 (Summer Institute).
Johns Hopkins University, Zanvyl Krieger School of Arts and Sciences
Public Health and U.S. Military Policy. AS.280.213 (Winter Intersession).
- 2015 Johns Hopkins University, Bloomberg School of Public Health
Current Issues in Military Mental Health (with Peter Zandi).
PH.330.659 (Summer Institute).
- 2014 Johns Hopkins University, Zanvyl Krieger School of Arts and Sciences
U.S. Military Policy and Public Health. AS.280.406 (Fall Term).
Johns Hopkins University, Bloomberg School of Public Health
Current Issues in Military Mental Health (with Peter Zandi).
PH.330.659 (Summer Institute).
Johns Hopkins University, Zanvyl Krieger School of Arts and Sciences
U.S. Military Policy and Public Health. AS.280.406 (Spring Term).
- 2013 Johns Hopkins University, Zanvyl Krieger School of Arts and Sciences
U.S. Military Policy and Public Health: The Consequences of Conflict.
AS.280.406 (Fall Term).

Military and Non-Profit Service

- 2018- **Executive Director**
The Quinism Foundation, White River Junction, VT.
- 2010-2012 **Preventive Medicine Physician**
Bayne-Jones Army Community Hospital, Fort Polk, LA.

- 2008-2009 **Preventive Medicine Officer**
360th Civil Affairs Brigade, United States Africa Command, Combined Joint Task Force Horn of Africa (CJTF-HOA), Camp Lemonier, Djibouti.
- 2008 **Preventive Medicine Officer and Deputy Chief of Staff (Acting), Force Health Protection**
18th Medical Command, US Army Garrison Yongsan, Seoul, Korea.
- 2007-2008 **Preventive Medicine Officer and Program Manager (Acting), Defense Medical Surveillance System**
Armed Forces Health Surveillance Center, Silver Spring, MD.
- 2007 **Preventive Medicine Officer**
International Security and Assistance Force (ISAF) Regional Command East, Combined Joint Task Force 82 (CJTF-82), Bagram Airfield, Afghanistan.
- 2005-2006 **Preventive Medicine Officer**
Army Medical Surveillance Activity, Directorate of Epidemiology and Disease Surveillance, US Army Center for Health Promotion and Preventive Medicine, Washington, DC.

Invited Public Testimony

- 2019 Canadian Parliament. Standing Committee on Veterans Affairs. *Effects of Mefloquine Use Among Canadian Veterans*. Wednesday, May 1, 2019. The Wellington Building Room 420, Ottawa, Canada.
- 2018 Australian Senate. Foreign Affairs, Defence and Trade References Committee. *Use of the Quinoline Anti-malarial Drugs Mefloquine and Tafenoquine in the Australian Defence Force*. Thursday, October 11, 2018. Committee Room 2S1, Parliament House, Canberra, Australia. (By Video Teleconference).
- 2016 Canadian Parliament. Standing Committee on Veterans Affairs. *Mental Health and Suicide Prevention Among Veterans*. Tuesday, October 25, 2016. The Valour Building Room 228, Ottawa, Canada.
- 2015 UK Parliament. Defence Committee. *An Acceptable Risk? The Use of Lariam for Military Personnel*. Tuesday, December 8, 2015. The Wilson Room, Portcullis House, London, UK.
- 2012 U.S. Senate. Appropriations Defense Subcommittee. *Outside Witnesses: Mefloquine Research*. Wednesday, June 6, 2012. Dirksen Senate Office Building Room 162, Washington, DC.

Grants and Research Funding

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|------|----------|---|
| 2019 | \$18K | Royal Canadian Legion, Mefloquine Long-Term Effects |
| 2010 | \$264K | Department of Defense Fiscal Year 2010 Defense Medical Research Development Program, MDR1 Polymorphisms and Risk of Anxiogenic Mefloquine Adverse Events. MRMC #D61-I-10-J5-121 |
| 2006 | \$1.919M | Department of Defense Global Emerging Infectious Disease Surveillance and Response System (DoD-GEIS), Pandemic Influenza Surveillance Supplemental Funding. |

	\$20K	Department of Defense Military Vaccine Agency, Measles/Mumps/Rubella Immunity Concordance.
2005	\$4.5K	Department of Defense Military Vaccine Agency, Mumps Screening Cost-Effectiveness.
	\$20K	Department of Defense Military Vaccine Agency, Hepatitis A Seroprevalence.

Peer Review

2019	Journal Reviewer: American Journal of Public Health; Canadian Journal of Hospital Pharmacy; Clinical Case Reports; Environmental Research; Federal Practitioner; Military Medicine; Neurotoxicology. Abstract Reviewer: American College of Preventive Medicine, 2019 Annual Meeting.
2018	Journal Reviewer: American Journal of Tropical Medicine & Hygiene; BMJ Case Reports; Clinical Case Reports; Federal Practitioner; Journal of Medical Case Reports; Journal of Travel Medicine; Military Medicine.
2017	Journal Reviewer: American Journal of Infection Control; American Journal of Tropical Medicine and Hygiene; American Journal of Psychiatry; Biomedicine and Pharmacotherapy; BMJ Case Reports; Federal Practitioner; Journal of Medical Case Reports; Journal of Travel Medicine; Military Medicine. Abstract Reviewer: American College of Preventive Medicine, 2018 Annual Meeting.
2016	Journal Reviewer: American Journal of Tropical Medicine and Hygiene; Australasian Medical Journal; Disaster Medicine and Public Health Preparedness; PLOS ONE; Journal of Medical Case Reports; Military Medicine. Abstract Reviewer: American College of Preventive Medicine, 2017 Annual Meeting.
2015	Journal Reviewer: American Journal of Infection Control; American Journal of Preventive Medicine; American Journal of Public Health; American Journal of Tropical Medicine and Hygiene; Clinical Case Reports; Journal of Cerebral Blood Flow & Metabolism. Abstract Reviewer: American College of Preventive Medicine, 2016 Annual Meeting; International Society for Pharmacoepidemiology 2016 Mid-Year Meeting.
2014	Journal Reviewer: American Journal of Bioethics Neuroscience; American Journal of Infection Control; American Journal of Public Health; Military Medicine. Abstract Reviewer: American College of Preventive Medicine, 2015 Annual Meeting.
2013	Journal Reviewer: American Journal of Infection Control; American Journal of Tropical Medicine and Hygiene; Military Medicine; Paediatrics and International Child Health. Abstract Reviewer: American College of Preventive Medicine, 2014 Annual Meeting.
2012	Journal Reviewer: American Journal of Infection Control; American Journal of Public Health; Journal of the Neurological Sciences; Military Medicine. Abstract Reviewer: American College of Preventive Medicine, 2013 Annual Meeting.
2011	Journal Reviewer: American Journal of Infection Control; Journal of Infection and Public Health.

- 2010 **Journal Reviewer:** American Journal of Infection Control; American Journal of Tropical Medicine and Hygiene; BMC Medical Research Methodology; Emerging Infectious Diseases; The Lancet; Lancet Infectious Diseases.
- 2009 **Journal Reviewer:** American Journal of Public Health; American Journal of Tropical Medicine and Hygiene; Clinical Nursing Research; Military Medicine.
- 2008 **Journal Reviewer:** American Journal of Infection Control; American Journal of Public Health; American Journal of Tropical Medicine and Hygiene; Military Medicine.
- 2007 **Journal Reviewer:** American Journal of Public Health; Journal of Adolescent Health.
- 2006 **Abstract Reviewer:** International Society of Pharmacoeconomics and Outcomes Research, 11th International Meeting.

Publications

- 2019 Langston ME, Bhalla A, Alderete JF, **Nevin RL**, Pakpahan R, Hansen J, Elliott D, De Marzo AM, Gaydos CA, Isaacs WB, Nelson WG, Sokoll LJ, Zenilman JM, Platz EA, Sutcliffe S. Trichomonas vaginalis infection and prostate-specific antigen concentration: Insights into prostate involvement and prostate disease risk. Prostate. 2019;79(14):1622-1628.
- Marshall TM, Dardia GP, Colvin KL, **Nevin R**, Macrellis J. Neurotoxicity Associated with Traumatic Brain Injury, Blast, Chemical, Heavy Metal and Quinoline Drug Exposure. Altern Ther Health Med. 2019;25(1):28-34.
- 2018 Langston ME, Pakpahan R, **Nevin RL**, De Marzo AM, Elliott, DJ, Gaydos CA, Isaacs WB, Nelson WG, Sokoll LJ, ZenilmanJM. Sustained influence of infections on prostate-specific antigen concentration: An analysis of changes over 10 years of follow-up. Prostate. 2017;78(13):1024-1034.
- 2017 **Nevin RL**, Bernt J, Hodgson M. Association of Poultry Processing Industry Exposures with Reports of Occupational Finger Amputations: Results of an Analysis of OSHA Severe Injury Report (SIR) Data. J Occup Environ Med. 2017;59(10):e159.
- Milbrandt M, Winter AC, **Nevin RL**, Pakpahan R, Bradwin G, De Marzo AM, Elliott DJ, Gaydos CA, Isaacs WI, Nelson WG, Rifai N, Sokoll LJ, Zenilman JM, Platz EA, Sutcliffe S. Insight into infection-mediated prostate damage: contrasting patterns of C-reactive protein and prostate-specific antigen levels during infection. Prostate. 2017;77(13):1325-1334.
- Nevin RL.** A serious nightmare: psychiatric and neurologic adverse reactions to mefloquine are serious adverse reactions. Pharmacol Res Perspect. 2017;5(4):e00328.
- Summers MR, **Nevin RL.** Stellate Ganglion Block in the Treatment of Posttraumatic Stress Disorder: A Review of Historical and Recent Literature. Pain Pract. 2017;17(4):546-553.
- Nevin RL.** Screening for Symptomatic Mefloquine Exposure among Veterans with Chronic Psychiatric Symptoms. Fed Pract. 2017;34(3):12-14.

- Nevin RL**, Leoutsakos JS. Identification of a Syndrome Class of Neuropsychiatric Adverse Reactions to Mefloquine from Latent Class Modeling of FDA Adverse Event Reporting System Data. *Drugs R D*. 2017;17(1):199-210.
- 2016 Jain M, **Nevin RL**, Ahmed I. Mefloquine-associated dizziness, diplopia, and central serous chorioretinopathy: a case report. *J Med Case Rep*. 2016;10(1):305
- Nevin RL**, Ritchie EC. FDA Black Box, VA Red Ink? A Successful Service-Connected Disability Claim for Chronic Neuropsychiatric Adverse Effects from Mefloquine. *Fed Pract*. 2016;33(10):20-24.
- Nevin RL**, Anderson J. The Timeliness of the U.S. Military Response to the 2014 Ebola Disaster: a Critical Review. *Med Confl Surviv*. 2016;32(1):40-69.
- Anderson J, **Nevin RL**. Prohibiting Direct Medical Care by U.S. Military Personnel in Foreign Disaster Relief: Arguments from the Ebola Disaster. *Med Confl Surviv*. 2016;32(1):14-20.
- Nevin RL**, Byrd AM. Neuropsychiatric Adverse Reactions to Mefloquine: A Systematic Comparison of Prescribing and Patient Safety Guidance in the US, UK, Ireland, Australia, New Zealand, and Canada. *Neurol Ther*. 2016;5(1):69-83.
- Nevin RL**, Croft AM. Psychiatric Effects of Malaria and Anti-Malarial Drugs: Historical and Modern Perspectives. *Malar J*. 2016;15:332.
- Sutcliffe S, **Nevin RL**, Pakpahan R, Elliot DJ, Langston ME, De Marzo AM, Gaydos CA, Isaacs WB, Nelson WG, Sokoll LJ, Walsh PC, Zenilman JM, Cersovsky SB, Platz EA. Infectious Mononucleosis, Other Infections, and Prostate-Specific Antigen Concentration as a Marker of Prostate Involvement During Infection. *Int J Cancer*. 2016;138(9):2221-2230.
- Wicken C, **Nevin RL**, Ritchie EC. U.S. Military Surveillance of Mental Health Disorders, 1998-2013. *Psychiatr Serv*. 2016;67(2):248-251.
- 2015 **Nevin RL**. Rational Risk-Benefit Decision-Making in the Setting of Military Mefloquine Policy. *J Parasitol Res*. 2015;2015:260106.
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- Chase R, **Nevin RL**. Population Estimates of Undocumented Incident Traumatic Brain Injuries Among Combat-Deployed U.S. Military Personnel. *J Head Trauma Rehabil*. 2015;30(1):E57-64.
- 2014 **Nevin RL**. A Memoir of Mefloquine Amnesia: A Review of "The Answer to the Riddle is Me" by David Stuart MacLean. *AJOB Neurosci*. 2014;s5(4):88-91.
- Nevin RL**. Idiosyncratic Quinoline Central Nervous System Toxicity: Historical Insights into the Chronic Neurological Sequelae of Mefloquine. *Int J Parasitol Drugs Drug Resist*. 2014;4(2):118-125.

- 2013 Cosby MT, Pimentel G, **Nevin RL**, Ahmed SF, Klena JD, Amir E, Younan M, Browning R, Sebeny P. Outbreak of H3N2 influenza at a US military base in Djibouti during the H1N1 pandemic of 2009. PLOS One. 2013;8(12):e82089.
- Ritchie EC, Block J, **Nevin RL**. Psychiatric Side Effects of Mefloquine: Applications to Forensic Psychiatry. J Am Acad Psychiatry Law. 2013;41(2):224-235.
- 2012 Sutcliffe S, Pakpahan R, Sokoll LJ, Elliot DJ, **Nevin RL**, Cersovsky SB, Walsh PC, Platz EA. Prostate-Specific Antigen Concentration in Young Men: New Estimates and Review of the Literature. BJU Int. 2012;110(11):1627-1635.
- Nevin RL**. Mefloquine Gap Junction Blockade and Risk of Pregnancy Loss. Biol Reprod. 2012;87(3):65,1-9.
- Nevin RL**. Mass administration of the antimalarial drug mefloquine to Guantánamo detainees: A critical analysis. Trop Med Int Health. 2012;17(10):1281-1288.
- Nevin RL**. Limbic encephalopathy and central vestibulopathy caused by mefloquine: A case report. Travel Med Infect Dis. 2012;10(3):144-151.
- 2011 Eick AA, Faix DJ, Tobler SK, **Nevin RL**, Lindler LE, Hu Z, Sanchez JL, MacIntosh VH, Russell KL, Gaydos JC. Serosurvey of Bacterial and Viral Respiratory Pathogens among Deployed U.S. Service Members. Am J Prev Med. 2011;41(6):573-580.
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- Ollivier L, **Nevin RL**, Darar HY, Bougère J, Saleh M, Gidenne S, Maslin J, Anders D, Decam C, Todesco A, Khaireh BA, Ahmed AA. Malaria in the Republic of Djibouti, 1998-2009. Am J Trop Med Hyg. 2011;85(3):554-559.
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- 2010 Ollivier L, Decam C, Pommier de Santi V, Darar HY, Dia A, **Nevin RL**, Romand O, Bougère J, Deparis X, Boutin J. Gastrointestinal illnesses among French forces deployed to the Republic of Djibouti: French military health surveillance, 2005-2009. Am J Trop Med Hyg. 2010;83(4):944-950.
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- Nevin RL**. Mefloquine prescriptions in the presence of contraindications: prevalence among U.S. military personnel deployed to Afghanistan, 2007. Pharmacoepidemiol Drug Saf. 2010;19(2):206-210.

- 2009 **Nevin RL.** Low validity of self-report in identifying recent mental health diagnosis among U.S. service members completing Pre-Deployment Health Assessment (PreDHA) and deployed to Afghanistan, 2007: a retrospective cohort study. BMC Public Health. 2009;9:376.
- Nevin RL.** Epileptogenic potential of mefloquine chemoprophylaxis: a pathogenic hypothesis. Malar J. 2009;8:188.
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- Bobo WV, **Nevin R,** Greene E, Lacy TJ. The effect of psychiatric third-year rotation setting on academic performance, student attitudes, and specialty choice. Acad Psychiatry. 2009;33(2):105-111.
- 2008 **Nevin RL, Carbonell I, Thurmond V.** Device-specific rates of needlestick injury at a large military teaching hospital. Am J Infect Control. 2008;36(10):750-752.
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- 2007 Knapik JJ, Jones SB, Darakjy S, Hauret K, **Nevin R,** Grier T, Jones B. Injuries and injury risk factors among members of the United States Army Band. Am J Ind Med. 2007;50(12):951-961.
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- Nevin RL, Niebuhr DW.** Rising hepatitis A immunity in U.S. military recruits. Mil Med. 2007;172(7):787-793.
- 2006 Grabenstein JD, **Nevin RL.** Mass immunization programs: principles and standards. Curr Top Microbiol Immunol. 2006;304:31-51.
- Nevin R, Niebuhr D, Frick K, Grabenstein J.** Improving soldier care through outcomes research: The Accession Screening and Immunization Program. U.S. Army Medical Department Journal. 2006;30-38.
- 2000 Norwich KH, **Nevin R.** The information of a welcher Weg experiment. Il Nuovo Cimento. 2000;115B:1137-1147.

Book Chapters

- 2019 **Nevin RL.** Neuropsychiatric Quinism: Chronic Encephalopathy Caused by Poisoning by Mefloquine and Related Quinoline Drugs. In: Ritchie EC, Llorente M, eds. *Veteran Psychiatry in the US.* Cham, Switzerland: Springer; 2019:315-331.
- 2018 **Nevin RL, Ritchie EC.** Ethical Dilemmas in the Forensic Psychiatric Evaluation of Guantánamo Detainees Mass-Administered Mefloquine. In: Griffith EEH, ed. *Ethics Challenges in Forensic Psychiatry and Psychology Practice.* New York, NY: Columbia University Press; 2018:223-236.
- 2017 **Nevin RL.** To Squander the Fighting Strength? Personal Experiences with Preventive Psychiatry and the Dilemma of Wartime Public Mental Health. In: Ritchie EC, Warner CH, McLay R, eds. *Psychiatrists in Combat.* Cham, Switzerland: Springer; 2017:145-155.
- Nevin RL, Ritchie EC.** Toxic Exposures from Service in the US Military: Effects on Reproductive and Sexual Health. In: Ritchie EC, ed. *Intimacy Post-Injury: Combat Trauma and Sexual Health.* London, England: Oxford University Press; 2017:165-178.
- 2015 **Nevin RL, Ritchie EC.** The Mefloquine Intoxication Syndrome: A Significant Potential Confounder in the Diagnosis and Management of PTSD and Other Chronic Deployment-Related Neuropsychiatric Disorders. In: Ritchie EC, ed. *Post-Traumatic Stress Disorder and Related Diseases in Combat Veterans.* Basel, Switzerland: Springer; 2015:257-278.
- Nevin RL.** Mefloquine and Posttraumatic Stress Disorder. In: Ritchie EC, ed. *Forensic and Ethical Issues in Military Behavioral Health. Textbook of Military Medicine.* Washington, DC: Borden Institute Press; 2015:275-296.
- Nevin RL.** Issues in the Prevention of Malaria Among Women at War. In: Ritchie EC, Naclerio AL, eds. *Women at War.* London, England: Oxford University Press; 2015:93-119.
- 2006 Engler RJM, Martin BL, **Nevin RL,** Grabenstein JD. Immunizations for military trainees. In: DeKoning B, ed. *Textbook of Military Medicine: Recruit Medicine.* Washington, DC: Borden Institute Press; 2006:205-226.
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Letters

- 2019 **Nevin RL.** Narrow Therapeutic Window and Risk of Neurotoxicity in the Repurposing of Mefloquine for Gap Junction Inhibition, Re: "High-Content Screening Identifies New Inhibitors of Connexin 43 Gap Junctions" by Picoli et al. (Assay Drug Dev Technol. 2019;17:240-248). Assay Drug Dev Technol. 2019. *In press.*

- Nevin RL.** Symptomatic Mefloquine Exposure as a Common Data Element in Studies of Military-Related Post Traumatic Stress Disorder. Mil Med. 2019. *In press.*
- Nevin RL.** Mefloquine exposure as a cause of sleep disorders among US military personnel and veterans. Sleep. 2019;42(9):zsz183.
- Nevin RL.** Unexpectedly Low Rates of Neuropsychiatric Adverse Effects Associated with Mefloquine Repurposed for Treatment of Glioblastoma. Cancer. 2019;125(8):1384-1385.
- Nevin RL.** Threats to the validity of studies of PTSD from unmeasured symptomatic exposure to mefloquine. Br J Psych. 2019;214(4):237.
- Nevin RL.** Bias and Confounding in Studies of Chronic Mental Health Effects from Mefloquine Exposure. Am J Trop Med Hyg. 2019;100(2):476-477.
- 2018 **Nevin RL.** Measurement of mefloquine exposure in studies of veterans' sleep disorders. J Clin Sleep Med. 2018;14(7):1273–1274
- Nevin RL.** Considerations in the repurposing of mefloquine for prevention and treatment of osteoporosis. Bone. 2018;114(9):304-305.
- Nevin RL.** Re: “A Decade of War: Prospective Trajectories of Posttraumatic Stress Disorder Symptoms Among Deployed US Military Personnel and the Influence of Combat Exposure”. Am J Epi. 2018;187(7):1573-1574.
- Nevin RL.** Confounding by Symptomatic Mefloquine Exposure in Military Studies of Post-Traumatic Stress Disorder. Behav Med. 2018;44(2):171-172.
- Nevin RL.** A Rearguard Defence: Mefloquine, Tafenoquine, and the Australian Army Malaria Institute. J Mil Vet Health. 2018;26(1):6-7.
- 2017 **Nevin RL.** Mefloquine Exposure May Confound Associations and Limit Inference in Military Studies of Posttraumatic Stress Disorder. Mil Med. 2017;182(11/12):1754.
- Nevin RL.** Implications of Changes to the Mefloquine Product Monograph. Can J Hosp Pharm. 2017;70(4):323-324.
- Nevin RL.** Misclassification and Bias in Military Studies of Mefloquine. Am J Trop Med Hyg. 2017;97(1):305.
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- 2015 **Nevin RL.** Unexpected Pharmacological and Toxicological Effects of Tafenoquine. Occup Med. 2015;65(5):417.
- Nevin RL.** Organic Depersonalization as a Chronic Sequela of Mefloquine Intoxication. Psychosomatics. 2015;56(1):103.
- 2013 **Nevin RL, Ritchie EC.** Suicides Among Military Personnel. JAMA. 2013;310(23):2563-2564.

- Nevin RL.** Letter to the Editor regarding: The Incidence of and Risk Factors for Emergence Delirium in U.S. Military Combat Veterans. J Perianesth Nurs. 2013;28(6):334-336.
- Nevin RL, Caci J.** Letter to the Editor regarding: Medical evacuations from Afghanistan during Operation Enduring Freedom, active and reserve components, U.S. Armed Forces, 7 October 2001-31 December 2012. MSMR. 2013;20(8):24.
- 2012 **Nevin RL.** Confounding and Bias in Studies of DMSS Vaccination Data. Vaccine. 2012;30(50):7146.
- Nevin RL.** Falling Rates of Malaria Among U.S. Military Service Members in Afghanistan Substantiate Findings of High Compliance with Daily Chemoprophylaxis. Am J Trop Med Hyg. 2012;87(5):957-958.
- Nevin RL.** Neuropharmacokinetic Heterogeneity of Mefloquine in Treatment of Progressive Multifocal Leukoencephalopathy. Intern Med. 2012;51(16):2257.
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- Nevin RL.** Hallucinations and persecutory delusions in mefloquine-associated suicide. Am J Forensic Med Pathol. 2012;33(2):e8.
- Nevin RL.** Investigating Channel Blockers for the Treatment of Multiple Sclerosis: Considerations with Mefloquine and Carbenoxolone. J Neuroimmunol. 2012;243(1-2):106-107.
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- 2011 **Nevin RL.** Mefloquine Neurotoxicity and Gap Junction Blockade: Critical Insights in Drug Repositioning. Neurotoxicology. 2011;32(6):986-987.
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- 2010 **Nevin RL.** Reply to Authors: Active Tuberculosis and Recent Overseas Deployment in the U.S. Military. Am J Prev Med. 2010;39(6):e39-40.
- 2008 **Nevin RL, Silvestri JW, Hu Z, Tobler SK, Trotta RF.** Reply to Authors: Suspected Pulmonary Tuberculosis Exposure at a Remote U.S. Army Camp in Northeastern Afghanistan, 2007. Mil Med. 2008;173(12):xviii.
- 2005 Pablo KR, Rooks PD, **Nevin RL.** Benefits of Screening for Hepatitis B Immunity in Military Recruits. J Infect Dis. 2005;192(12):2180-2181.

Technical Publications

- 2005 **Nevin RL.** The U.S. Army Accession Screening and Immunization Program. Edgewood, MD: U.S. Army Center for Health Promotion and Preventive Medicine; November 18, 2005. Technical Guide #310.

Presentation and Poster Awards

- 2007 Finalist, TRICARE Innovations Awards. Demonstrating the feasibility and cost-effectiveness of serologic screening for recruit immunizations: The U.S. Army Accession Screening and Immunization Program General Leonard Wood Army Community Hospital (GLWACH) pilot implementation. 2007 TRICARE Conference; January 29, 2007; Washington, DC.
- 2006 Finalist, Captain Gregory Gray Award for Military Operational Research. An economic analysis of serologic screening prior to immunization of Navy enlisted accessions. 45th Navy Occupational and Preventive Medicine Workshop; March 18 to March 23, 2006; Norfolk, VA.

Posters

- 2018 **Nevin RL.** Historical insights into the neurotoxicity of the 8-aminoquinolines: Implications for effective post-marketing surveillance of adverse effects associated with tafenoquine. Poster presented at: Johns Hopkins 2018 World Malaria Day Conference; April 25, 2018; Baltimore, MD.
- 2014 **Nevin RL.** Historical insights into the neurotoxicity of the 8-aminoquinolines: Implications for the development of tafenoquine and for global malaria control efforts. Poster presented at: Johns Hopkins 2014 World Malaria Day Conference; April 25, 2014; Baltimore, MD.
- 2013 Maxwell NM, **Nevin RL**, Stahl T, Block J, Shugarts S, Wu A, Dominy S, Blanco M, Kappelman-Culver S, Lee-Messer, C, Maldonado J. A 16 Year old Girl with Acute and Prolonged Mental Status Changes following Chloroquine Toxicity and Polypharmacy: Utility of Personalized Pharmacogenetic Testing. Poster presented at: 2nd International Congress on Personalized Medicine; July 25 to July 28, 2013; Paris, France.
- 2011 **Nevin R.** Subcortical Encephalopathy and Central Vestibulopathy Associated With Prophylactic Mefloquine Use: A Case Report. Poster presented at: 60th Annual Meeting of the American Society of Tropical Medicine and Hygiene; December 4 to December 8, 2011; Philadelphia, PA.
- Scher A, Wu H, Tsao J, Blom H, Feit P, **Nevin R**, Schwab K. MTHFR C677T Genotype as a Risk Factor for Epilepsy in a Representative Military Cohort. Poster presented at: 63rd Annual Meeting of the American Academy of Neurology; April 9 to April 16, 2011; Honolulu, HI.
- 2009 Jordan N, **Nevin R**, Allen A, Irish V, Gaydos J. Review of sexual health visits and well-woman exams among female military members deployed to Afghanistan. Poster presented at: 18th International Society for STD Research Meeting; June 28 to July 1, 2009; London, UK.

- Jacobs Muhlen T, Gaydos C, Meyers M, Gaydos J, **Nevin R**, Foster A. Surveillance for Chlamydia trachomatis among female military personnel newly assigned to U.S. Forces Korea. Poster presented at: 18th International Society for STD Research Meeting; June 28 to July 1, 2009; London, UK.
- 2008 Eick A, Hu Z, **Nevin R**, Tobler S. Seroprevalence of influenza H1 and H3 antibody among U.S. military accessions. [Poster 32]. Presented at: 2008 International Conference on Emerging Infectious Diseases; March 16 to March 19, 2008; Atlanta, GA.
- 2007 **Nevin RL**, Carbonell IS, Miller SN, Thurmond VA, Tobler S. Device-specific rates of needlestick injury at Walter Reed Army Medical Center: Establishing baseline metrics for process improvement. Poster presented at: 10th Annual Force Health Protection Conference; August 7 to August 10, 2007; Louisville, KY.
- Nevin RL**, Means GE, Tobler S. Longer flight times as a risk factor for increased pain among deployed rotary-wing aviators. Poster presented at: 10th Annual Force Health Protection Conference; August 7 to August 10, 2007; Louisville, KY.
- Nevin RL**, Hu Z, Tobler S. Suspected pulmonary tuberculosis exposure at a remote U.S. Army camp in northeastern Afghanistan, 2007. Poster presented at: 10th Annual Force Health Protection Conference; August 7 to August 10, 2007; Louisville, KY.
- Hsu LL, Martin CB, **Nevin RL**, Tobler S. Trends in overweight and obesity among 18-year-old applicants for U.S. military service, 1995-2006. Poster presented at: 10th Annual Force Health Protection Conference; August 7 to August 10, 2007; Louisville, KY.
- Eick AA, Wang Z, Hu Z, **Nevin R**, Tobler SK. Serosurveillance for H5N1: Large-scale serological testing for H5N1 exposure among U.S. military service members deployed to Thailand, Indonesia, or Vietnam. Poster presented at: Options for the Control of Influenza VI Conference; June 17 to June 23, 2007; Toronto, Canada.
- Knapik JJ, Jones SB, Darakjy S, **Nevin R**, Hauret KG, Canham-Chervak M, Jones BH. Musical athletes: Injuries and injury risk factors in the United States Army Band. Abstract in: Med Sci Sports Exerc. 2007;39(5 Supplement):S395. Poster presented at: 54th Annual Meeting of the American College of Sports Medicine; May 30 to June 2, 2007; New Orleans, LA.
- Eick A, **Nevin RL**, Hu Z, Hughes H, Ford SM. Measles, mumps, and rubella immunity and concordance among U.S. military recruits, 2000-2004. Poster presented at: 46th Annual NEHC Occupational Health and Preventive Medicine Conference; March 17 to March 22, 2007; Norfolk, VA.
- Hughes H, **Nevin RL**, Ford SM, Anderson RG. An economic analysis of the U.S. Army Accession Screening and Immunization Program (ASIP). [Poster 152]. Presented at: 41st National Immunization Conference (NIC); March 5 to March 8, 2007; Kansas City, MO.
- Eick A, Wang Z, Hu Z, Tobler S, **Nevin R**, Rubertone M. Serosurveillance for avian and pandemic influenza: Utilizing the resources of the DoDSR

and AMSA. Poster presented at: 2007 Seasonal and Pandemic Influenza Conference; February 1 to February 2, 2007; Crystal City, VA.

Nevin RL. First-time episodes of mental health specialty care resulting from Post-Deployment Health Reassessments (PDHRA): Analysis of health care utilization following screening and referral. Poster presented at: 2007 TRICARE Conference; January 29, 2007; Washington, DC.

Nevin RL, Hughes H, Rooks P, Pablo K. Demonstrating the feasibility and cost-effectiveness of serologic screening for recruit immunizations: The U.S. Army Accession Screening and Immunization Program General Leonard Wood Army Community Hospital (GLWACH) pilot implementation. Poster presented at: 2007 TRICARE Conference; January 29, 2007; Washington, DC.

2006

Nevin RL, Hughes H, Ford SM, Anderson R, Eick A. Risk of mumps in foreign-born U.S. military recruits deferred MMR vaccination following serologic confirmation of measles and rubella immunity. [Poster 841]. Presented at: 44th International Meeting of the Infectious Diseases Society of America (IDSA); October 15, 2006; Toronto, Canada.

Nevin RL, Green DJ. Mental health specialty clinic referrals generated during the Post-Deployment Health Reassessment process: Numbers of referrals, referral completion rates, and resultant first-time use among active duty soldiers. Poster presented at: 9th Annual Force Health Protection Conference; August 5 to August 12, 2006; Albuquerque, NM.

Nevin RL, Agnew RP. Numbers of Post-Deployment Health Reassessment forms outstanding among deployed soldiers: Cost estimates and estimated credentialed health care provider time required for resolution. Poster presented at: 9th Annual Force Health Protection Conference; August 5 to August 12, 2006; Albuquerque, NM.

Nevin RL, Kong V, Taubman S, Ford SM. Rates of influenza-like illness among active duty servicemembers receiving live attenuated influenza virus vaccine-trivalent versus trivalent inactivated influenza vaccine during the 2005-2006 influenza season. Poster presented at: 9th Annual Force Health Protection Conference; August 5 to August 12, 2006; Albuquerque, NM.

Nevin RL, Gustave J, Ford SM. Mumps cases reported in the military healthcare system during the 2006 epidemic: Geospatial comparison of counts against historical baselines among active duty servicemembers and beneficiaries. Poster presented at: 9th Annual Force Health Protection Conference; August 5 to August 12, 2006; Albuquerque, NM.

Nevin RL. Economic analysis of Latent Tuberculosis (LTBI) screening in military recruits: QuantiFERON-TB Gold In-Tube (QFT-GIT) versus Tuberculin Skin Testing (TST). [Poster PIN4]. In: Contributed Poster Presentations. Value in Health. 2006;9(3):A154. Presented at: 11th International Meeting of the International Society for Pharmacoeconomics and Outcomes Research (ISPOR); May 21, 2006; Philadelphia, PA.

Rooks P, Pablo K, **Nevin R**. Demonstrating the feasibility and cost-effectiveness of serologic screening for recruit immunizations: The U.S. Army Accession Screening and Immunization Program General Leonard Wood Army Community Hospital pilot implementation. Poster presented

at: 34th Annual Meeting of the Society of Armed Forces Medical Laboratory Scientists; March 26 to March 30, 2006; Reno, NV.

Nevin RL. An economic analysis of serologic screening prior to immunization of Navy enlisted accessions. Poster presented at: 45th Annual NEHC Occupational Health and Preventive Medicine Conference; March 18 to March 23, 2006; Norfolk, VA.

Nevin RL, Rubertone MV. Enabling improved DoD pandemic influenza preparedness: Capabilities of the proposed Armed Forces Health Surveillance Center (AFHSC). Presented at the 45th Annual NEHC Occupational Health and Preventive Medicine Conference; March 18 to March 23, 2006; Norfolk, VA.

2005

Nevin RL, Niebuhr DW. Incremental cost-benefit of screening for Anti-HAV in mass screening and immunization programs: Results of a 2004 U.S. Army seroprevalence study. [Poster 176]. In: Abstracts. Am J Trop Med Hygiene. 2005;73(6 Supplement):59. Presented at: 54th Annual Meeting of the American Society of Tropical Medicine and Hygiene (ASTMH); December 13, 2005; Washington, DC.

Bennett JW, **Nevin RL**, Polhemus ME, Ogutu BR. Cost-effectiveness of empiric antimalarial treatment among febrile children aged 0-4 years in areas of high malaria endemicity. Poster presented at the DC Chapter of the American College of Physicians Meeting; November 4, 2005; Bethesda, MD.

Nevin RL, Niebuhr DW. Seroprevalence of hepatitis A antibodies among new enlisted accessions to the U.S. military in 2004. [Poster 1026]. Presented at: 43rd Annual Meeting of the Infectious Diseases Society of America (IDSA); October 8, 2005; San Francisco, CA.

Nevin RL, Niebuhr DW. Hepatitis A seroprevalence among young adults: Effects of ACIP immunization recommendations. [Poster #LB01]. In: Abstracts. Annals of Epidemiology. 2005;15(8):660. Accepted for presentation at: 2005 Meeting of the American College of Epidemiology (ACE); September 19, 2005; New Orleans, LA. (cancelled).

Nevin RL, Niebuhr DW, Frick KD. Mathematical modeling of occupational needlestick injury reduction in a U.S. Army mass immunization program through universal serologic screening for pre-existing immunity. [Poster 50443]. In: Poster Abstracts. American Journal of Infection Control. 2005;33(5):e139-140. Poster presented at: 32nd Annual Educational Conference and International Meeting of the Association for Professionals in Infection Control and Epidemiology (APIC); June 19, 2005; Baltimore, MD.

Nevin RL, Niebuhr DW, Frick KD. Cost-minimization analysis of serologic screening policy options for U.S. Army accession immunizations. [Poster PHP47]. In: Contributed Poster Presentations. Value in Health. 2005;8(3):436. Poster presented at: 10th International Meeting of the International Society for Pharmacoeconomics and Outcomes Research (ISPOR); May 16, 2005; Washington, DC.

1999

Norwich KH, **Nevin R.** The information of simple physical events. In: Proceedings of the 25th Canadian Medical and Biological Engineering Conference. London, Ontario, Canada; June 1999; p 72. Poster

presented at: 25th Canadian Medical and Biological Engineering Conference; June 1999; London, Ontario, Canada.

Presentations

- 2018 **Nevin RL**, Ritchie EC. A Clinician's Guide to Screening for Symptomatic Mefloquine Exposure and Evaluating Claims of Chronic Neuropsychiatric Effects from Mefloquine Poisoning. Presented at: 2018 Annual Meeting of the Association of Military Surgeons of the United States; November 29, 2018; National Harbor, MD.
- 2017 **Nevin RL**, Ritchie EC. A Clinician's Guide to Distinguishing Chronic Neuropsychiatric Effects from Mefloquine from Symptoms of PTSD/TBI. Presentation 9825. Presented at: 126th Annual Meeting of the Association of Military Surgeons of the United States; November 28, 2017; National Harbor, MD.
- Nevin RL**. Industry Sources of Population Risk Associated with Reports of Occupational Finger Amputations: Results of an Analysis of OSHA Severe Injury Report Data. Abstract 138. Presented at: 2017 American Occupational Health Conference; April 24, 2017; Denver, CO.
- 2015 **Nevin RL**, Ritchie EC. Mefloquine Intoxication In Clinical And Forensic Psychiatry. Workshop 1763. Presented at: 168th Annual Meeting of the American Psychiatric Association; May 20, 2015; Toronto, Canada.
- 2014 **Nevin RL**, Ritchie EC. Mefloquine and the U.S. Military. Presented at: 2014 Annual Continuing Educational Meeting of the Association of Military Surgeons of the United States; December 3, 2014; Washington, DC.
- Nevin RL**. Controversies Abound Around PTSD. Workshop 5576. Presented at: 167th Annual Meeting of the American Psychiatric Association; May 6, 2014; New York, NY.
- Nevin RL**. Anabolic Steroid and Supplement Use in the Military. Workshop 5054. Presented at: 167th Annual Meeting of the American Psychiatric Association; May 4, 2014; New York, NY.
- Nevin RL**. The Mefloquine Toxidrome in Clinical and Forensic Psychiatry. Workshop 5072. Presented at: 167th Annual Meeting of the American Psychiatric Association; May 3, 2014; New York, NY.
- 2013 **Nevin RL**. Mefloquine Neurotoxicity Plausibly Contributes to the Burden of PTSD, TBI, Suicide, and Violence within the U.S. Military. Workshop 57. Presented at: 166th Annual Meeting of the American Psychiatric Association; May 20, 2013; San Francisco, CA.
- Nevin RL**. Steroid Use and Consequences in the Military. Workshop 83. Presented at: 166th Annual Meeting of the American Psychiatric Association; May 20, 2013; San Francisco, CA.
- Nevin RL**. Controversies Around Posttraumatic Stress Disorder. Workshop 73. Presented at: 166th Annual Meeting of the American Psychiatric Association; May 20, 2013; San Francisco, CA.
- Nevin RL**. Violence and the American Soldier. Workshop 40. Presented at: 166th Annual Meeting of the American Psychiatric Association; May 19, 2013; San Francisco, CA.

- 2009 Jacobsmuhlen T, Gaydos C, Meyers M, Gaydos J, **Nevin R**, Foster A. Surveillance of chlamydia among female soldiers assigned to U.S. Forces Korea. Presented at: 2009 Force Health Protection Conference; August 18 to August 21, 2009; Albuquerque, NM.
- Sutcliffe S, **Nevin RL**, Pakpahan P, Bruzek DJ, Cole SR, DeMarzo AM, Gaydos CA, Issaacs WB, Nelson WG, Sokoll LJ, Zenilman JM, Cersovsky SB, Platz EA. Prostate involvement during sexually transmitted infections as measured by prostate specific antigen concentration. In: J.Urol 2009;181 Apr (4 Supplement 1):64. Presented at: 2009 Annual Meeting of the American Urological Association; April 25 to April 30, 2009; Chicago, IL.
- 2008 **Nevin RL**, Shuping EE, Frick KD, Gaydos JC, Gaydos CA. Cost-effectiveness of chlamydia screening policies among male military recruits. Presented at: 2008 International Conference on Emerging Infectious Diseases; March 16 to March 19, 2008; Atlanta, GA.
- 2007 Eick A, Wang Z, Hu Z, **Nevin RL**, Tobler S. Seasonal and avian influenza: Seroprevalence among deployed servicemembers and new accessions. Presented at: 10th Annual Force Health Protection Conference; August 7 to August 10, 2007; Louisville, KY.
- Nevin RL**, Eick A, Tobler S. Biobanking and biosurveillance: The biologic foundation for the future of armed forces health surveillance. Presented at: 10th Annual Force Health Protection Conference; August 7 to August 10, 2007; Louisville, KY.
- Nevin RL**, Tobler S, Caci J, Johnson J. Hepatitis E outbreak in eastern Afghanistan, 2007: Risk of seroconversion among U.S. personnel and implications for vaccine development. Presented at: 10th Annual Force Health Protection Conference; August 7 to August 10, 2007; Louisville, KY.
- Ford S, Hughes H, Nevin RL. Outcomes research for military vaccination policy: The U.S. Army Accession Screening and Immunization Program. Presented at: 12th International Meeting of the International Society for Pharmacoeconomics and Outcomes Research (ISPOR); May 21, 2007; Arlington, VA.
- 2006 **Nevin RL**, Shuping EE, Frick KD, Gaydos JC, Gaydos CA. Cost-effectiveness of chlamydia screening among male military recruits. In: Chlamydial Infections: Proceedings of the Eleventh International Symposium on Human Chlamydial Infections. International Chlamydia Symposium; San Francisco, CA; pp 477-480. Presented at: 11th International Symposium on Human Chlamydial Infections; June 18 to June 23, 2006; Niagara-on-the-Lake, Canada.
- Nevin RL**, Rubertone MV. Numbers and frequencies of specimens in the Department of Defense serum repository. Presented at: 2006 Annual Meeting of the International Society of Biologic and Environmental Repositories; May 1, 2006; Bethesda, MD.
- Nevin RL.** The U.S. Army Accession Screening and Immunization Program at Army training centers. Presented at: U.S. Army Training and Doctrine Command Initial Entry Training Soldier Care Conference; April 11, 2006; Hampton, VA.

- Nevin RL.** Improving the efficiency of accession medical processing: The MEPCOM role in screening. Presented at: 2nd Annual Joint Accessions Research & Best Practices Symposium; April 6, 2006; San Antonio, TX.
- Nevin RL.** An economic analysis of serologic screening prior to immunization of Navy enlisted accessions. Presented at: 45th Annual NEHC Occupational Health and Preventive Medicine Conference; 8th Operational Research Competition; March 18, 2006; Norfolk, VA.
- 2005 **Bennett JW, Nevin RL, Polhemus ME.** Cost-effectiveness of empiric antimalarial treatment among febrile children aged 0-4 years in areas of high malaria endemicity. Presented at: Army American College of Physicians Meeting; November 19, 2005; San Antonio, TX.
- Nevin RL.** The U.S. Army Accession Screening and Immunization Program: Implementation and directions for future research. Presented at: U.S. Army Accessions Command Accessions Research Consortium; October 20, 2005; Hampton, VA.
- Nevin RL.** Cost-effectiveness modeling of serologic screening policy options for U.S. Army accession immunizations: Implications for improving the efficiency of accession medical processing. Presented at: 1st Annual Accessions Training Research & Best Practices Symposium; August 25, 2005; Lincolnshire, IL.
- Nevin RL, Niebuhr DW, Frick KD.** Implementing cost-effective serologic screening for recruit immunizations: The U.S. Army Accession Screening and Immunization Program (ASIP) business plan. Presented at: 8th Annual U.S. Army Center for Health Promotion and Preventive Medicine Force Health Protection Conference; August 12, 2005; Louisville, KY.
- Nevin RL.** Improving the efficiency of military accession immunization programs through centralized screening for pre-existing immunity among Department of Defense applicants at military entrance processing stations: Variable cost modeling of policy options. Presented at: 8th Annual U.S. Army Center for Health Promotion and Preventive Medicine Force Health Protection Conference; August 12, 2005; Louisville, KY.

Invited Talks and Grand Rounds

- 2019 **Nevin RL.** Identifying and Evaluating Sources of Evidence of Quinism: A Novel Disease Affecting U.S. Veterans. Presentation to the National Academies of Sciences, Engineering, and Medicine Committee on Long-Term Health Effects of Antimalarial Drugs; January 28, 2019: Washington, DC.
- 2017 **Nevin RL.** The New “Great Imitator”: Chronic Neuropsychiatric Adverse Effects from Mefloquine. Mental Health Grand Rounds, Washington DC VA Medical Center; October 12, 2017: Washington, DC.
- Nevin RL.** The New “Great Imitator”: Chronic Neuropsychiatric Adverse Effects from Mefloquine. Grand Rounds Presentation to the Department of Medicine, Washington DC VA Medical Center; May 31, 2017: Washington, DC.
- 2014 **Nevin RL.** Central Nervous System Toxicity of Antiparasitic Quinolines. Presentation to the Johns Hopkins University School of Medicine, Department of Clinical Pharmacology; April 2, 2014: Baltimore, MD.

- 2013 **Nevin RL.** An Antimalarial Toxidrome? New Insights into the Psychiatric Adverse Effects of Mefloquine (Lariam®). Presentation to the Veterans Health Administration Northwest Mental Illness Research Education & Clinical Center; December 18, 2013. Online.
- Nevin RL.** Mefloquine and Special Forces: An Update. Presentation to the Green Beret Foundation Annual Board Meeting; November 9, 2013; Fayetteville, NC.
- Nevin RL.** Mefloquine limbic encephalopathy: a model of impulsive suicidality. Presentation to the James Kirk Bernard Foundation Science Planning Meeting; March 18, 2013; Denver, CO.
- Nevin RL.** Mefloquine neurotoxicity. Presentation to Food and Drug Administration, Office of the Commissioner/Office of Special Health Issues (OSHI); January 11, 2013; White Marsh, MD.
- 2011 **Nevin RL.** Neuropsychiatric adverse events associated with mefloquine. Presentation to the Special Operations Medical Association 2011 Annual Meeting; December 12, 2011; Tampa, FL.
- Nevin RL.** Neuropsychiatric adverse events associated with mefloquine. Presentation to the U.S. Army Special Operations Command Preventive Medicine Symposium; April 20, 2011. Fayetteville, NC.
- 2010 **Nevin RL.** Neuropsychiatric adverse events associated with mefloquine. Presentation to the Special Operations Medical Association 2010 Annual Meeting; December 16, 2010; Tampa, FL.
- Nevin RL.** The epidemiology of weaponized disease agent outbreaks. Presentation to the Uniformed Services Academy of Family Physicians 2010 Annual Meeting; February 24, 2010; New Orleans, LA.
- 2006 **Nevin RL.** Uses of the Department of Defense serum repository in support of vaccine-related studies: Case-control, cohort, and cross-sectional study designs. Presentation to the Johns Hopkins Bloomberg School of Public Health Department of International Health; October 5, 2006; Baltimore, MD.
- Nevin RL.** The U.S. Army Accession Screening and Immunization Program. Presentation to the Military Vaccine Agency (MILVAX) Annual Meeting; June 6, 2006; Arlington, VA.
- Nevin RL.** Advancing research in seroepidemiology: Visions for the future of the Department of Defense serum repository. Presentation to the National Institutes of Health Autoimmune Diseases Coordinating Committee, NIH; February 24, 2006; Rockville, MD.
- 2005 **Nevin RL.** The Department of Defense serum repository: Opportunities for seroepidemiologic research utilizing the world's largest serum repository. Presentation to the Johns Hopkins Bloomberg School of Public Health Department of Epidemiology; October 31, 2005; Baltimore, MD.

Acknowledgements

- 2016 Avilés-Santa ML, Hsu LL, Arredondo M, Menke A, Werner E, Thyagarajan B, Heiss G, Teng Y, Schneiderman N, Giachello AL, Gallo LC, Talavera GA, Cowie CC. Differences in Hemoglobin A1c Between

- Hispanics/Latinos and Non-Hispanic Whites: An Analysis of the Hispanic Community Health Study/Study of Latinos and the 2007-2012 National Health and Nutrition Examination Survey. Diabetes Care. 2016;39(6):1010-1017.
- 2012 Wang Z, Chen F, Ward M, Bhattacharyya T. Compliance with Surgical Care Improvement Project Measures and Hospital-Associated Infections Following Hip Arthroplasty. J Bone Joint Surg Am. 2012;94(15):1359-1366.
- 2011 Hutfless S, Matos P, Talor MV, Caturegli P, Rose NR. Significance of Prediagnostic Thyroid Antibodies in Women with Autoimmune Disease. J Clin Endocrin Metab. 2011;96(9):e1466-71.
- 2009 Ollivier L, Romand O, Marimoutou C, Michel R, Pognant C, Todesco A, Migliani R, Baudon D, Boutin J. Use of short message service (SMS) to improve malaria chemoprophylaxis compliance after returning from a malaria endemic area. Malar J. 2009;8:236.
- 2007 Army Medical Surveillance Activity. Concordance of measles and rubella immunity with immunity to mumps; enlisted accessions, U.S. armed forces, 2000-2004. MSMR. 2007;13(2):10-12.
- 2006 Munger KL, Levin LI, Hollis BW, Howard NS, Ascherio A. Serum 25-hydroxyvitamin D levels and risk of multiple sclerosis. JAMA. 2006;296(23):2832-8.
- Army Medical Surveillance Activity. Hepatitis A immunity among enlisted accessions to the U.S. Army, Fort Benning, GA, April-August 2006. MSMR. 2006;12(7):18-20.
- Army Medical Surveillance Activity. Incidence of mumps in relation to universal MMR vaccination versus vaccination after serological screening of U.S. military recruits, 2000-2004. MSMR. 2006;12(7):21-23.
- Army Medical Surveillance Activity. Hepatitis B immunity among U.S. Army basic trainees, Fort Leonard Wood, MO, July 2005-December 2005. MSMR. 2006;12(5):7-8.