

**UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF TENNESSEE**

Favian Busby and Michael Edgington, *on  
their own behalf and on behalf of those  
similarly situated*;

Petitioners-Plaintiffs,

v.

Floyd Bonner, Jr., *in his official capacity*,  
Shelby County Sheriff, and the Shelby County  
Sheriff's Office,

Respondents-Defendants.

Case No. \_\_\_\_\_

**DECLARATION OF DR. MARIE GRIFFIN IN SUPPORT OF  
PETITIONERS-PLAINTIFFS' MOTION  
FOR A TEMPORARY RESTRAINING ORDER**

I, Marie Griffin, certify under penalty of perjury that the following statement is true and correct pursuant to 28 U.S.C. § 1746:

1. I over the age of 18 and am competent to make this declaration.

2. I am a Professor of Medicine and Health Policy at Vanderbilt University in Nashville, Tennessee, where I am a specialist in epidemiology and internal medicine. I have been elected to the American Epidemiology Society and the American Association of Physicians. At the Vanderbilt University Medical Center, I currently direct the Master of Public Health program and do epidemiologic research. I obtained my medical degree from Georgetown University; my master's degree in public health from Johns Hopkins University; and completed my medical residency at Emory University. I trained in epidemiology at the Centers for Disease Control and Prevention ("CDC"), Johns Hopkins University, and the Mayo Clinic. During my two-year epidemiology training at CDC, I served on the New Jersey State Health Department, so I am familiar with outbreak investigations and public health infrastructure. I am a member of the Vanderbilt University Public Health Advisory Task Force which is responsible for advising the University on its COVID-19 response. I am also a member of the University's Department of Health Policy COVID-19 Advisory Panel, and in that role, I have helped prepare advisory memos for use by public health professionals and officials. Attached as Exhibit A is a copy of my curriculum vitae.

3. COVID-19 is an infection caused by SARS-COV-2, a novel zoonotic coronavirus. SARS-COV-2 originated in Wuhan, China in December 2019 and caused a viral outbreak.<sup>1</sup> On March

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<sup>1</sup> WORLD HEALTH ORGANIZATION, *WHO Timeline - COVID-19* (Apr. 27, 2020), <https://www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19>.

12, 2020, the World Health Organization declared that COVID-19 was a global pandemic.<sup>2</sup> As of May 19, 2020, there are 4,731,458 confirmed cases of COVID-19 worldwide; COVID-19 has caused 316,169 deaths.<sup>3</sup> Outbreaks have occurred within the United States in regions like New York, New Jersey, Louisiana, Michigan, and Illinois. As of May 19, 2020, there are 1,477,516 confirmed cases of COVID-19 and 89,272 COVID-19 related deaths within the United States.<sup>4</sup>

4. There is no vaccine for COVID-19 and no known cure. There is no known effective antiviral medication currently available to prevent or treat infection. The only way to reduce the risk of injury or death from COVID-19 is to prevent individuals from being infected with the virus in the first place. One known effective way to reduce the risk of infection is to practice “social distancing” (remaining physically separated, approximately six feet apart from other people), and good hygiene, including washing with soap and water and disinfecting commonly used surfaces. In addition, appropriate public health measures include isolating any person with confirmed or suspected COVID-19 and using quarantine for close contacts of suspected/confirmed cases and all persons with high-risk exposures.

5. COVID-19 can cause flu-like symptoms including fever, cough, and shortness of breath. The virus can cause severe illness requiring hospitalization, the need for mechanical ventilation, and death. Some groups of people are particularly vulnerable to severe illness as a result of COVID-19. People aged over 50 are at higher risk of severe illness, and those aged over 65 are at serious risk. The CDC lists the following conditions that people of any age at high risk for serious illness from COVID-19: chronic lung disease or moderate to severe asthma; serious heart

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<sup>2</sup> WORLD HEALTH ORGANIZATION, *WHO Director-General’s opening remarks at the Mission briefing on COVID-19* (Mar. 12, 2020), <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-mission-briefing-on-covid-19---12-march-2020>.

<sup>3</sup> WORLD HEALTH ORGANIZATION, *Coronavirus disease (COVID-19) Situation Report – 116* 14 (May 15, 2020), [https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200515-covid-19-sitrep-116.pdf?sfvrsn=8dd60956\\_2](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200515-covid-19-sitrep-116.pdf?sfvrsn=8dd60956_2).

<sup>4</sup> *Id.* at 7.

conditions; conditions that can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications; severe obesity (body mass index [BMI] of 40 or higher); diabetes; chronic kidney disease requiring dialysis; and liver disease.<sup>5</sup> Pregnancy in the era of COVID-19 also requires special consideration because of risks of transmission and potential needs for isolation and quarantine.

6. The case fatality rate associated with COVID-19 infection is much higher than that associated with seasonal influenza, and has been estimated to be about 10-fold higher. About 15% of those with COVID-19 illness are hospitalized, about 6% require intensive care, and 1% to 5% die. These proportions may be 2-4 times higher among those with high risk conditions.

7. Many people in the vulnerable groups who suffer from severe illness as a result of COVID-19 will require more advanced medical support including mechanical ventilation and, in extreme cases, extracorporeal membrane oxygenation. This heightened level of care is extremely resource intensive. It requires specialized equipment, the supply of which is limited. It also requires an entire team of healthcare providers, including 1:1 or 1:2 nurse to patient ratios, intensive care physicians, and respiratory therapists. The level of support required can quickly exceed the capacity of local healthcare facilities if many cases occur simultaneously.

8. COVID-19 can cause severe damage to lung tissue, which may require an extensive period of rehabilitation. In some cases, it can cause a permanent loss of respiratory capacity. There is evidence that the virus can target the heart muscle, causing myocarditis (inflammation of the heart muscle). Myocarditis can affect the heart muscle and electrical system, reducing the heart's ability to pump. This can lead to rapid or abnormal heart rhythms in the short term, and heart failure in

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<sup>5</sup> CENTERS FOR DISEASE CONTROL AND PREVENTION, *People Who Are at Higher Risk for Severe Illness* (May, 14 2020), <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>.

the longer term. Further, there is evidence that the virus can cause cytokine release syndrome, which is an overproduction of immune cells and their activating compounds—cytokines—causing further damage to organs, and in some cases organ shutdown.

9. Vulnerable patients who do not die can undergo a long recovery requiring intensive rehabilitation, as a result of profound deconditioning, loss of respiratory capacity, neurologic damage, and other effects of severe illness.

10. The period between infection and the development of symptoms is known as the incubation period. The incubation period for COVID-19 can range between two and 14 days, and is typically around five days. However, some infected individuals never develop symptoms at all. There is evidence that the virus can be transmitted by infected individuals who have not yet developed symptoms, and by infected individuals who never develop symptoms. Aggressive testing for the presence of the virus, SARS-COV-2, among those with symptoms, is required, especially in institutional settings. In these settings, the virus can spread quickly and the ability to isolate suspected cases and quarantine those exposed is needed. Testing of asymptomatic individuals may be advised in some situations. Even if no individuals within a community or institution have presented with symptoms and/or tested positive, asymptomatic infected individuals may be present within the community or institution, potentially infecting others on an ongoing basis.

11. Congregate settings pose particularly high risks of virus transmission. Congregate settings are environments where a large number of people live or gather. During the pandemic, very high person-to-person transmission rates for COVID-19 have occurred in congregate settings, including nursing homes (for example, in New Jersey and Washington), on cruise ships and, recently, at the Marion Correctional Facility in Ohio. According to the Department of Rehabilitation and

Correction, approximately 2,011 inmates tested positive (out of 2,500 total inmates at the facility).<sup>6</sup> 154 employees from a reported staff of about 350 have also tested positive.<sup>7</sup> Another outbreak occurred at the Rikers Island jail complex in New York City. The number of confirmed cases among inmates increased from one to nearly 200 within 12 days.<sup>8</sup> At the beginning of April, the rate of infection observed at the Rikers Island jail complex was over eight times the rate of infection observed in New York City.<sup>9</sup> These outbreaks are consistent with the spread of other viruses within populations in congregate settings. During the 2009 H1N1 influenza epidemic, serious viral outbreaks occurred in jails and prisons.

12. COVID-19 will continue to rapidly spread in prisons and jails. People who live in prisons and jails cannot take basic measures to protect themselves from infection. They do not have sufficient space to engage in social distancing, and often have limited ability to practice proper hygiene. They cannot protect themselves from known infected individuals. Further, people constantly enter these facilities from the wider community (for example, new inmates or staff who reside outside the facility), which means that there is a constant threat that the virus is being introduced. Even where the facility conducts symptom screening, it is possible that infected individuals who are asymptomatic or not yet presenting symptoms will be allowed to enter and infect others within the facility.

13. For the foregoing reasons, it is my opinion that that people aged over 50 and people of any age with certain medical conditions (including the high risk conditions listed above) who are living

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<sup>6</sup> New York Times Editorial Board, *No One Deserves to Die of Covid-19 in Jail*, N.Y. TIMES (Apr. 23, 2020), <https://www.nytimes.com/2020/04/23/opinion/coronavirus-prisons.html>.

<sup>7</sup> *Id.*

<sup>8</sup> Miranda Bryant, *Coronavirus spread at Rikers is a 'public health disaster', says jail's top doctor*, THE GUARDIAN (Apr. 1, 2020), <https://www.theguardian.com/us-news/2020/apr/01/rikers-island-jail-coronavirus-public-health-disaster>.

<sup>9</sup> Legal Aid Society, *Analysis of COVID-19 Infection Rate in NYC Jails* (Apr. 3, 2020), [https://legalaidsoc.org/wp-content/uploads/2020/04/4\\_3\\_Analysis-of-COVID-19-Infection-Rate-in-NYC-Jails-1.pdf](https://legalaidsoc.org/wp-content/uploads/2020/04/4_3_Analysis-of-COVID-19-Infection-Rate-in-NYC-Jails-1.pdf)

in congregate settings such as prisons or jails, with limited ability to physically distance themselves from others, limited access to adequate hygiene facilities, and who are exposed to potentially infected individuals from the community, are at grave risk of severe illness and death from COVID-19.

14. I have read the declaration of Josh Spickler regarding Favian Busby. I understand that Mr. Busby is currently being treated for diabetes mellitus and hypertension. It is my opinion that he is at high risk of serious illness from COVID-19. As described above, the CDC's guidelines state that diabetes is an underlying medical condition that puts people of any age at high risk of serious illness from COVID-19.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed this 20th day in May 2020 in Nashville, Tennessee.

/s/Marie Griffin  
Marie Griffin

Marie R. Griffin M.D. M.P.H.  
Department of Health Policy  
Vanderbilt University Medical Center  
Village at Vanderbilt  
1500 21st Ave  
Room / Suite 2600  
Nashville, Tennessee 37212  
(615) 322-2037  
marie.griffin@vanderbilt.edu

# Exhibit A



May 2020

## CURRICULUM VITAE

**NAME:** Marie R. Griffin, MD, MPH

**OFFICE ADDRESS:** Department of Health Policy  
Vanderbilt University Medical Center  
Village at Vanderbilt  
1500 21<sup>st</sup> Ave South, Suite 2100  
Nashville, TN 37212  
[Marie.griffin@vumc.org](mailto:Marie.griffin@vumc.org)

**OFFICE PHONE NUMBER:** (615) 875-9605 **FAX NUMBER:** 615-343-0962

### LICENSURE AND CERTIFICATION:

State of Tennessee, February 1986  
American Board of Internal Medicine, September 1979  
American Board of Preventive Medicine, February 1984

### EDUCATION:

#### *College*

09/68–05/72 Immaculata College, Pennsylvania, A.B.

#### *Professional or Graduate*

07/72–06/76 Georgetown University School of Medicine, M.D.

07/81–05/83 Johns Hopkins School of Hygiene and Public Health, M.P.H.

#### *Postgraduate Training*

07/76–06/77 Medicine Internship, North Shore University Hospital (Cornell), Manhasset, NY

07/77–06/79 Medicine Residency, Emory University/Grady Memorial Hospitals, Atlanta, GA

07/79–06/81 Epidemic Intelligence Service (EIS) Officer, Centers for Disease Control, assigned to the New Jersey State Department of Health

07/81–12/82 Andrew W. Mellon Clinical Epidemiology Fellow, The Johns Hopkins Medical Institutions

### ACADEMIC APPOINTMENTS:

07/81–12/82 Instructor, Department of Medicine, Johns Hopkins University School of Medicine, Baltimore, MD

01/83–06/84 Research Associate, Department of Medical Statistics and Epidemiology, Mayo Clinic, Rochester, MN

07/84–06/85 Fellow, Internal Medicine, Mayo Clinic and Assistant Professor, Department of Medicine, Mayo Medical School, Rochester, MN

07/85–10/85 Assistant Professor, Department of Medical Statistics and Epidemiology, Mayo Clinic, Rochester, MN

01/86–06/90 Assistant Professor, Departments of Preventive Medicine and Medicine, Vanderbilt University School of Medicine, Nashville, TN

07/90–03/95 Associate Professor, Departments of Preventive Medicine and Medicine, Vanderbilt University School of Medicine, Nashville, TN

04/95-- Professor, Departments of Health Policy (formerly Preventive Medicine) and Medicine, Vanderbilt University School of Medicine, Nashville, TN

2002–2018 Staff Physician, GRECC VA Tennessee Valley Healthcare System

2019— Directorship, Public Health Research and Education

### HOSPITAL APPOINTMENTS:

Vanderbilt University Hospital, Nashville, TN

VA Tennessee Valley Healthcare System, Nashville, TN

### PROFESSIONAL ORGANIZATIONS:

Member, Society for General Internal Medicine

Member, Society for Epidemiologic Research

Member, American College of Epidemiology

**PROFESSIONAL ACTIVITIES:**

***Vanderbilt***

Patient Care Policy Committee- 1986-8  
Faculty Advisory Committee- 1987-8, 2004-8  
Institutional Review Board- 1989-92  
Women's Faculty Organization – Executive Board- 1992  
Medical Center Task Force on Research Needs- 1992-3  
Academic Program Committee- 1993-1997  
Chair, Nutrition Education Subcommittee 1993-1997  
Chair, Women's Health Subcommittee 1996-1997  
American Cancer Society, Institutional Grant Review Committee 1994-96  
Vice Chancellor Faculty Scholar Award Review Committee -1994-96  
Promotions and Tenure Committee, School of Medicine 2000-2002  
Faculty Senate 2003—2006  
Education Portfolio Standards for Promotion 2009  
Co-Director, Vanderbilt MPH program 1996-2005  
Chair, MPH Curriculum Committee 2005-13  
Director, Epidemiology Track, MPH program 2011-2013  
Executive Committee MPH Program 2011-  
Search Committee, Chair in Addiction Medicine 2011-2012  
Epidemiology PhD Admissions Committee 2011-2014  
Search Committee, Chair in Geriatrics 2012-2013  
Committee on Appointments and Promotion, Department of Medicine 2012-2014  
Faculty Appointments and Promotions Committee, School of Medicine 2012-2014  
Faculty Search Committee, Health Policy 2013-2018  
Director, MPH Program 2014-  
School of Medicine Honor Code Committee 2014  
School of Medicine, Medical School Entry Requirements Committee 2014  
Faculty Research Scholars Selection Committee 2014-2019  
Joint Post-Graduate Education Programs Committee 2014-2019  
School of Medicine, Admissions Committee 2018-2020  
Provost Public Health Advisory Taskforce on COVID-19 2020  
Department of Health Policy COVID-19 Advisory Panel 2020

***National***

*Institute of Medicine/National Academy of Science, Engineering and Medicine:*

Committee to Review Adverse Consequences of Pertussis and Rubella Vaccines 1990-1991  
Invited participant, Workshop on Research Strategies for Assessing Adverse Reactions to Vaccines 1993  
Reviewer, DPT Vaccine and Chronic Nervous System Dysfunction, A New Analysis  
Invited speaker, Forum on Adverse Events Associated with Vaccines 1996  
Invited speaker, Committee on Implementation of Antiviral Medication Strategies for an Influenza Pandemic 2007  
Clinical Effectiveness Research Innovation Collaborative 2009  
Committee to Review Long-Term Health Effects of Antimalarial Drugs 2019-2020

*American College of Physicians:*

Task Force on Adult Immunization, 1991-1996, 1999- 2002

*Centers for Disease Control and Prevention:*

Advisory Committee on Immunization Practices, 1994-99  
Invited Participant, Forum on Vaccines and Intussusception, 2000  
Invited Participant, Workshop on Antiviral Agents for Pandemic Influenza, 2001

Invited Participant, Committee to Review Study Design for Assessing Risk associated with Thimerosal Containing Vaccines, 2001  
Presentations to the Advisory Committee on Immunization Practices 2003, 2004  
Advisory Committee on Immunization Practices Work Group on RSV 2016-

*Food and Drug Administration:*

Arthritis Advisory Committee- Invited Speaker 1995  
Nonprescription Drugs Advisory Committee – Invited Speaker 2002  
Nonprescription Drugs Advisory Committee, 2006—2009  
Vaccine and Related Products Advisory Committee Temporary Voting Member 2017  
Drug Safety and Risk Management Advisory Committee 2018-

*Centers for Medicaid and Medicare Services:*

Medicare Evidence Development and Coverage Advisory Committee 2010-2012

*ATS/IDSA Community Acquired Pneumonia Guidelines Committee, 2015-2018*

*American Epidemiologic Society Membership Committee, 2013-17; Chair, 2017; President-Elect 2020*

*Association of Schools and Program of Public Health*

MPH Council 2017-

Council on Education in Public Health accreditation reviewer 2017-

*Study Sections:*

*Ad Hoc* Epidemiology study sections 1 and 2 (NIH), NIAID special study section (NIH) on pertussis vaccine trials, March of Dimes, Agency for Health Care Policy & Research, American Teachers of Preventive Medicine, NIDDK special study section on celiac disease 1999, NICHD special emphasis panel 2000, CDC K awards 2004, AHRQ CERT centers 2005

*Study Section Member* 2008-12 Health Care Research Training, Agency for Healthcare Research and Quality (AHRQ)

*Greenways for Nashville* Board Member 2016-

*Ad-hoc journal review:*

Annals of Internal Medicine, New England Journal of Medicine, Journal of the American Medical Association, American Journal of Epidemiology, American Journal of Cardiology, American Journal of Public Health, Journal of Pediatric Infectious Diseases, Pediatric Infectious Disease Journal, Journal of the American Geriatrics Society, Gastroenterology, Southern Medical Journal, Journal of Clinical Epidemiology, Pediatrics, Cancer, American Journal of Medicine, Epidemiology, Journal General Internal Medicine, Journal of Rheumatology, Arthritis and Rheumatism, Pediatrics, Journal of Infectious Diseases, Vaccine, PlosOne, PlosMedicine

***International (Invited participant):***

International Clinical Pharmacology Conference, Yokohama, Japan 1992

International Epidemiology Association, Sydney, Australia, 1993

Workshop on Risk of Major Complications with Individual NSAIDs, Newcastle, Australia, 1993

Taisho International Symposium on Gastroenterology, Hakone, Japan, 1994

International Agency for Research on Cancer (IARC) Review of Nonsteroidal Anti-inflammatory Drugs, Lyon, France, 1997

WHO Vaccines and Biologics Strategic Advisory Group of Experts (SAGE), Geneva, Switzerland, 2001

WHO Global Vaccine Safety Advisory Committee, Geneva, Switzerland, 2001

First Neonatal Vaccine Workshop, Washington DC 2004

3<sup>rd</sup> International Congress on Respiratory Viruses Chicago, Ill. April 2004

International Society for Pneumonia and Pneumococcal Disease, Plenary talk, Brazil March 2012

WHO workshop Geneva, Switzerland PCV Meeting: Short and Long-term Impact Evaluation Framework, September, 2013

International Society for Pneumonia and Pneumococcal Disease, Plenary talk, Hyderabad March 2014

Opponent of doctoral research thesis, Tampere, Finland March 2015

Health Research Board of Ireland –International Peer Review of grant June 2015

**ACADEMIC OR PROFESSIONAL HONORS:**

- 1981 Andrew W. Mellon Clinical Epidemiology Fellow
- 1986 Andrew Mellon Foundation New Faculty Award
- 1987 Burroughs Wellcome Scholar, Pharmacoepidemiology
- 1989 Fellow, American College of Physicians
- 1990 Elected to American Epidemiological Society
- 1994 AAMC Professional Development Seminar for Senior Women in Medicine
- 2003 Faculty Teaching Award for mentoring post-doctoral students
- 2004 Ronald D. Mann Best Paper Award, Pharmacoepidemiology and Drug Safety
- 2005 Elliot Newman Award for Excellence in Clinical Research, VUMC
- 2006 Grant W Liddle Award for Outstanding Contributions to Research, VUMC
- 2010 Outstanding Achievement in Healthcare Policy Research Using HCUP Data
- 2011 Five Star Excellence Award Quality of Doctor Care
- 2011 Gary D. Friedman Outstanding Paper Award (Kaiser Permanente Division of Research)
- 2013 American Academy of Physicians
- 2014 Association for Clinical and Translational Science Distinguished Investigator Award for Translation from Clinical Use into Public Benefit and Policy
- 2014 Ronald D. Mann Best Paper Award, Pharmacoepidemiology and Drug Safety (senior author)
- 2014 Five Star Excellence Award Quality of Doctor Care
- 2017 Mary Jane Werthan Award for Advancement of Women at Vanderbilt
- 2019 Endowed Directorship in Public Health Research and Education
- 2020 Robert Austrian Memorial Lecturer

**TEACHING ACTIVITIES:**

- Master of Public Health Program: 1996-2009, Course Director: Epidemiology 1  
 1996-2006 Course Director: Environmental Health  
 1996—present, thesis mentor  
 2007—2014, Course Director: Public Health Practicum  
 2011—2013 Director, Epidemiology Track  
 2011—present, Executive Committee  
 2014—present, Director  
 2018, Course Director: Public Health Practice
- Medical students: 1986-2005, lecturer, Preventive Medicine course  
 1986-1990, supervise students in outpatient practice  
 1995, preceptor, Microbial Topics  
 2006, emphasis program advisor  
 2013—2014, content advisor research curriculum  
 2014—2017, research area head, epidemiology section
- Medicine residents and students: 1990-2010 clinic supervision  
 1990-2018: inpatient attending, resident didactics

**RESEARCH SUPPORT:**

**Current Research support**

5R01AG043471-06 (Grijalva)	04/30/2016-05/31/2020	0.60 Calendar
NIH/NIA	\$187,190 (NCE)	
Opioid Selection and the Risk of Serious Infections in Older Adults		

Long-standing concerns that opioids increase the risk of infections are particularly relevant for older adults, who are commonly affected by pain and are at increased risk for infections. Identifying those opioids with the lowest risk of increasing infections is crucial to informing the selection of analgesics for older adults. Given the high prevalence of opioid use in older adults, determining and quantifying these risks is of great public health interest.

VUMC57393 /HHSF 22301400301T (Griffin) 09/22/2015-09/21/2019 0.60 Calendar  
 FDA Mini-Sentinel \$169,750

Infrastructure (task order 12) yr 5

The objective of this project is to select and test statistical methods appropriate for use when analyzing cross-sectional and longitudinal observational healthcare administrative, claims, and clinical data, with specific attention to clinical laboratory test results data when missing data are expected. Role: Project PI

VUMC 60868/ HHS2232014000421 (Griffin) 09/29/2016-09/28/2019 0.60 Calendar  
 Food and Drug Administration \$152,021

Task order Proposal 1164146-Evaluation of the Risk of Neural Tube Defects among Live Births Exposed to Maternal Prescription Opioids

A retrospective cohort design of pregnant women will be used to study the association of opioid use during pregnancy and neural tube defects (NTDs). Women will be included in the study if they had medical and prescription drug coverage and were clinically followed from 90 days before last menstrual period through delivery and delivered a live-birth. The study population of interest includes all women who delivered a live-born infant during the time period of 1/1/2001- 12/31/2015 and children born to these women. Role: Project PI

VUMC 07131 (U50CK000198) (Schaffner) 01/01/2012 – 12/31/2019 5.04 Calendar  
 CDC \$128,062

EIP Core Continuation Emerging Infections Program/ HPV and ABC

Comprehensive enhanced population-based public health surveillance for laboratory-confirmed invasive bacterial infections, influenza, encephalitis, human papillomavirus and pre-cancerous lesions. Dr. Griffin is the local lead for the multisite surveillance of HPV-related diseases, HPV-IMPACT.

VUMC 60397 (HHSF22301012T) (Griffin) 09/15/2016 – 09/14/2019 0.36 Calendar  
 FDA \$19,858

Maintenance and Operation for Medication Exposure in Pregnancy Risk Evaluation Program (MEPREP)

The Tennessee Medicaid database is routinely linked to birth certificates to allow study of exposures in pregnancy. FDA has supported this data infrastructure to be available to quickly address safety concerns relating to drugs and vaccines during pregnancy.

VUMC 64327/ HHSF223201710132C (Griffin) 01/01/2018 - 06/31/2020 0.60 Calendar  
 Food and Drug Administration \$30,018

A Reusable, Generalizable Method to Link Health Plan Claims Data with the National Death Index Plus to Examine the Association Between Men

VUMC52910 / (Grijalva) 10/19/2015 - 10/18/2019 0.60 Calendar  
 Campbell Collaboration \$1,065,405

Campbell Collaboration – Opioid PMR Consortium

Master Service Agreement between Campbell Alliance and VUMC. Scope of Work: PMR 2065-1B, Contribute to the revision and development of the final study protocol; Actively participate in the execution of the final study protocol, using available data from the TN Medicaid program and other

relevant data sources; Actively participate in the review and interpretation of study findings and the drafting of the study reports

1R01CA232516-01A1 (Tindle) 04/01/2019 - 03/31/2024 0.60 Calendar  
NCI \$410,528

Metabolism Informed Smoking Treatment in Medicaid and Medicare Patients: The MIST RCT  
The goal of this study is to test Metabolism-Informed Smoking Treatment (MIST), a precision approach that biologically tailors medication to nicotine metabolism, for Medicaid and Medicare (CMS) beneficiaries in the Mid-South who smoke. This testing will explore whether using information about speed of nicotine metabolism will help more people successfully quit smoking.

### Completed Research Support

VUMC42609 /R1306-04869 (Rothman) 03/11/14-03/09/19  
PCORI

The Mid-South CDRN Phase II

Conducting research will be the main focus of Phase II. Our CDRN has already collaborated on the planning and conduct of over 30 different research projects, including projects with CDRNs, PPRNs, researchers from academic institutions, and the health industry. We are also actively participating in the PCORI funded pragmatic trial on aspirin dosing, and planned PCORI observational studies on obesity. Phase II will focus on continued participation in a wide array of research activities including “pre-research” and complex queries, observation research, and interventional studies.

VUMC 59796 (HHSF22301007) (Griffin) 09/16/2015 – 10/30/2019  
FDA

Kawasaki Disease and PCV13 Vaccine Task order

Case reports of children who developed Kawasaki Disease following vaccination was the impetus for this observational study. Role: Project PI

VUMC 41717 / GR-15-43659 (Griffin) 09/30/2013 – 09/29/2017  
CDC

EIP Infrastructure

Dr. Griffin is working with State and CDC partners to build enhanced systems for disease surveillance. The focus of current activities is on creating a multisite database to monitor pneumonia incidence and address effectiveness of pneumococcal vaccines in changing the epidemiology of pneumonia. Role: Project PI

6R01AG043419-04 (Talbot) 07/01/2013 – 06/30/2017  
NIH/NIA

Effectiveness of the Influenza Vaccine in the Aging Population

This study is a secondary analysis of an existing database to determine influenza vaccine effectiveness in older adults. This database, an accumulation of three studies, will be used to determine if the current methodology of test-negative controls will actually control for the bias of frailty, will determine vaccine effectiveness in the very old, and will explore if vaccine manufacturing process impacts effectiveness.

VUMC41170 (Griffin) 08/23/2013-08/22/2016  
MedImmune

A Case Control Study of the Effectiveness of Q/LAIV Versus Inactive Influenza Vaccine and No Vaccine in Subjects 2-17 years

VUMC 61474 (Griffin) 05/30/2017- 12/31/2018

Reagan Udall Foundation

IMEDS Queries

This investigation uses the IMEDS Query Bundles to establish and maintain the administrative, intellectual, and technical capacity of research partners to participate in a distributed research network and respond to the Queries established by the IMEDS Master Agreement

11-IPA-1110211 (Griffin)

9/1/2011-8/31/2014

CDC

Evaluation of pneumococcal conjugate vaccine-13 on non-invasive *Streptococcal pneumonia* disease in children and adults using national and Tennessee State data.

5P60AR056116-02 (Stein)

8/1/2009-7/31/2013

NIH

No cost extension through 7/31/2015

Vanderbilt Multidisciplinary Clinical Research Center

This project is a multidisciplinary clinical research center in arthritis. Dr. Griffin's project addresses comparative safety of biologics and other disease modifying anti-arthritis drugs in rheumatoid arthritis. Using VA national VA data comparative effectiveness of specific opioids for treatment of pain in rheumatoid arthritis will be explored.

Thrasher (Grijalva)

5/1/2011-4/31/2013

Thrasher Foundation

This study will examine the role of influenza and other respiratory viruses, and pneumococcus on the development of several acute respiratory infections in young children living in rural areas of the Peruvian Andes.

VACREF Protocol: LTPS (CSP#403C) (Griffin, site PI)

9/1/2006-12/31/2013

Merck

Long Term Persistence of Zoster Vaccine (Zostavax) Efficacy in subjects 60 years or older

This project studies the efficacy of the Zoster Vaccine.

5T32 HS013833-07 (Griffin)

7/1/2008-6/30/2013

AHRQ

Vanderbilt Health Services Research Training Program

An institutional career development program, Vanderbilt Health Services Research Training Program.

200-2008-24624 (Griffin)

9/1/2011-12/31/12

RTI (Research Triangle Institute)

Effectiveness of Neuraminidase Inhibitors among Adults

This project will estimate the effectiveness of Neuraminidase Inhibitors among adults.

5UL1 RR024975-03 (Bernard)

9/17/2007-9/21/12

NCRR

The Vanderbilt Institute for Clinical and Translational Research (VICTR)

This project involves the Vanderbilt Institute for Clinical and Translational Research (VICTR).

Role: involvement in training activities

5U18 HS016974-03 (Ray)

9/01/2007-8/31/2012

AHRQ

Vanderbilt Center for Education/Research on Therapeutics

This project encourages optimal therapeutics in Medicaid and Veteran's Health Administration Populations, by conducting interdisciplinary projects.

5U18 P000184-02 (Griffin) Centers for Disease Control and Prevention Annual Estimates of Influenza Vaccine Effectiveness: Davidson County, TN Active population-based surveillance for laboratory confirmed influenza in adults and children to determine medical care visit rates in the county and estimate annual influenza vaccine effectiveness.	8/1/2008-7/31/2012
1R01 HS018454-01 (Hartert) AHRQ Tools to Reduce Infant RSV A study in the tools to reduce infant RSV morbidity and asthma.	9/30/09-7/31/12
1U18 HS17919-01 (Griffin, site PI) AHRQ Subcontract with University of Alabama Safety Assessment of Anti-TNF Agents Used in Autoimmune Disease Help the AHRQ, the FDA, drug manufacturers, physicians and patients identify those patient groups who are at increased risk for serious adverse events with biologic therapy.	10/1/2008-9/29/2011
TS-1494/APTR/CDC (Griffin) APTR Monitoring Pneumonia and other Pneumococcal Diseases in the United States Characterize the burden of pneumonia on the US health care system	10/1/2008-9/30/2011
HSA290-2005-0042-1-TO2-WA4 (Griffin) AHRQ Knowledge Gaps in Type 2 Diabetes Therapeutics: Comparative Effectiveness & Safety of Oral Antidiabetic Drugs Comparative effectiveness of first line treatments for type 2 diabetes on cardiovascular outcomes.	9/1/2008-4/30/2011
HSA290-2005-0042-I-TO2-WA#2 (Griffin through DEClDE) AHRQ Multi-Center, Observational Cohort Study to Assess the Cardiovascular Risks of Medications Prescribed for ADHD Assess the association between prescription use of medications for ADHD and adverse cardiovascular events, including sudden death, acute myocardial infarction, stroke and cardiac arrhythmias.	9/1/2007-4/30/2011
5R01 AI063200-05 (Sterling) NIH/NIAI Fluoroquinolone Resistance in M. Tuberculosis This project will analyze fluoroquinolone resistance in M. Tuberculosis	3/1/2006-2/28/2011
K01 (Grijalva) CDC Evaluating the Impact of a Large School-Based Influenza Immunization Campaign This study will be evaluating a large school-based influenza immunization campaign.	10/1/07-9/30/10
5T32 HL007411-30 (Sawyer) NIHLBI Cardiovascular Mechanisms: Training in Investigation This training grant will provide training in the study of the cardiovascular mechanism.	7/1/05-6/30/10



<p>5R03 AI068099-02 (Williams)                  NIAID                  Epidemiology and Clinical Features of Human Coronavirus</p>	<p>2/1/07-1/31/10</p>
<p>CRCOE – 04-CRCOE-002 (Griffin)                  VA                  Tennessee Valley VA Clinical Research Center of Excellence                  Infrastructure development for comparative effectiveness research and junior faculty development.</p>	<p>10/1/2004-9/30/2009</p>
<p>5U01 IP00022 (Edwards)                  CDC                  Enhanced Surveillance for Newly Vaccine Preventable Diseases                  This project performed surveillance for new vaccine preventable diseases.</p>	<p>9/30/04-9/29/09</p>
<p>1R03 AI068069 (Talbot)                  NIAFD                  Epidemiology and Clinical Features of Human Coronavirus                  This study evaluated epidemiology and the clinical aspects of human coronavirus.</p>	<p>12/1/07-9/30/09</p>
<p>5R03 HS016784-02 (Grijalva)                  AHRQ                  The Impact of the Pneumococcal Conjugate Vaccine on Pneumonia Hospitalizations                  Role: Mentor</p>	<p>3/1/2007-2/28/2009</p>
<p>U50 CCU300860 (Griffin)                  APTR                  Nationwide Impact of the Pneumococcal Vaccination Programs                  This study estimated the burden of invasive and non-invasive pneumococcal diseases related hospitalizations in the United States and evaluated the overall impact of pneumococcal conjugate vaccine on hospital admissions for pneumonia.</p>	<p>9/30/06-9/29/08</p>
<p>MedImmune, Inc. (Griffin)                  MedImmune                  Evaluation of the Knox County School-based Immunization Program                  The major goals of this project were to perform active surveillance for influenza associated illness among Knox County residents to evaluate the 2006-07 school-based immunization program.</p>	<p>9/14/06-9/13/08</p>
<p>Pfizer (Griffin)                  Pfizer                  Valdecoxib/coxibs Drug Utilization &amp; Stroke                  This study was a retrospective cohort study to determine whether specific NSAIDs, including coxibs, are associated with an increased risk of ischemic or hemorrhagic stroke</p>	<p>5/1/04-4/30/08</p>
<p>5R01 AI50884 (Hartert)                  NIH/NIAID                  Dietary antioxidants and Incidence of Adult-Onset Asthma                  The overall goal of this project was to investigate the role of oxidative stress in the incidence and pathogenesis of allergic asthma</p>	<p>8/1/03-1/31/08</p>

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#### **Editorials, Books, Book Chapters, Letters, Invited Articles**

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