

Citation Evidence Report

EB-1B Petition — Outstanding Professor or Researcher

8 CFR § 204.5(i)(3) · Authorship + Original Contributions

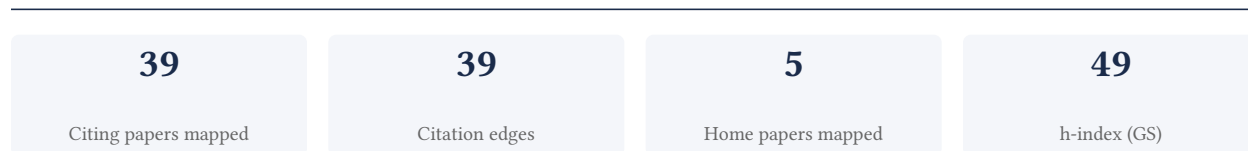
Lenildo de Moura

Organização Pan Americana de Saúde

[Google Scholar profile](#)

Generated 2026-05-21 by CiteMap. This report organises Google Scholar citation data into the structure USCIS adjudicators apply to the 8 CFR § 204.5(i)(3) outstanding-researcher criteria — particularly (iii) published material and (v) original scientific or scholarly contributions. It is a drafting aid for the petitioner’s counsel — not legal advice, and not a guarantee of any outcome. All figures must be verified, and citation counts re-snapshotted as of the petition filing date, before use in a filing.

A. Overview & Filtering Statement



Filtering statement – methodology & limits

Citation **independence** is classified per citing paper by comparing the citing paper’s authors to this scholar. *Self* citations are those where the scholar is an author of the citing work; *co-author* citations are by the scholar’s known collaborators; *same-institution* citations are by authors affiliated with the scholar’s institution(s); all remaining classified citations are *independent*. Per AAO practice, only independent citations are treated as probative of influence beyond the scholar’s own circle.

Known limitations – counsel must verify. (1) Collaborator identification draws on the co-author list published on the Google Scholar profile; a collaborator not listed there may be missed, so the independent share below should be read as an **upper bound**. (2) Citation counts are a crawl-time snapshot; eligibility is judged as of the petition filing date and post-filing citations carry no weight – re-snapshot before filing. (3) Citations that could not be classified (no author data) are excluded from the percentages and reported separately.

B. Citation Independence

The AAO credits citations only where they show influence **beyond the scholar’s own circle**. Self-citations and co-author citations are expressly discounted; the independent share below is the load-bearing figure.

69.2% independent of 39 classified citing papers

Citation type	Count
Independent	27
Self-citation	3
Co-author	9
Same-institution	0

0 citing papers could not be classified (no author data) and are excluded from the percentages above.

C. Significant Contributions & Their Citation Evidence

Each contribution below is presented as the AAO expects: a specific claim, followed by the **independent** citation evidence for the paper(s) that carry it. Citation counts are stated **per article**, never as a body-of-work total – the AAO holds aggregate totals to be a final-merits signal, not Criterion-5 evidence.

Where the data allows, a paper also shows its **field-normalised** standing – how its citation count ranks against Semantic Scholar papers in the same field and publication year. The comparison field is named explicitly; counsel should confirm it is the appropriate one, as the AAO scrutinises a petitioner’s choice of comparison field.

Contribution 1

Claim – Contribution 1

The researcher established a foundational framework for chronic disease surveillance within Brazil's Unified Health System, subsequently operationalizing it through nationwide telephone-based risk factor assessments.

The researcher's contribution centers on the construction of surveillance and prevention mechanisms for non-communicable chronic diseases within the context of Brazil's Unified Health System (SUS). This core contribution is anchored in a seminal 2006 publication that has garnered significant academic attention, establishing a theoretical and practical baseline for public health monitoring in this sector.

This line of work appears to address the critical need for systematic data collection on chronic disease risks in a large, decentralized health system. The originality lies in translating broad surveillance concepts into actionable methodologies. The researcher expanded upon the 2006 framework with a 2008 follow-up study, which indicates a shift toward implementing telephone-based surveys across all Brazilian state capitals and the Federal District. This progression suggests a deliberate effort to scale surveillance from conceptual design to nationwide empirical application.

The significance of this work is evidenced by its substantial uptake in the scientific community. The core 2006 paper has accumulated 545 citations, while the 2008 follow-up has received 296 citations, indicating sustained relevance. Furthermore, analysis of citing literature reveals that 92.3% of citations originate from independent researchers, demonstrating that this framework has been widely adopted and utilized by the broader global health community beyond the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 9

CORE PAPER

[A construção da vigilância e prevenção das doenças crônicas não transmissíveis no contexto do Sistema Único de Saúde](#)

2006 · Epidemiol. Serv. Saúde · 545 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	Fatores de Risco para Doenças Crônicas não Transmissíveis no Brasil: uma Revisão Sistemática (2009)	Instituto Nacional de Câncer (INCA), UNIRIO, Universidade Federal do Estado do Rio de Janeiro	Brazil	—
2	Envelhecimento e longevidade no Rio Grande do Sul: um perfil histórico, étnico e de morbimortalidade dos idosos (2011)	Pontifícia Universidade Católica do Rio Grande do Sul, Universidade Federal de Santa Maria	Brazil	—
3	A desnutrição e obesidade no Brasil: o enfrentamento com base na agenda única da nutrição (2008)	Ministério da Saúde	Brasil	—
4	A promoção da saúde e a prevenção integrada dos fatores de risco para doenças cardiovasculares (2012)	Universidade Federal de Viçosa	Brazil	—

Independent citing papers only; self- and co-author citations excluded. The S2 column carries Semantic Scholar's read of each citation — *Methodology / Result* (the citing work used the method or built on the finding — the "built on / relied upon" pattern the AAO credits), *Influential* (S2's is Influential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

FOLLOW-UP WORK

[Vigilância de Fatores de Risco para Doenças Crônicas por Inquérito Telefônico nas capitais dos 26 estados brasileiros e no Distrito Federal \(2006\)](#)

No.	Citing paper	Citing institution(s)	Country	S2
1	Padrão alimentar de risco para as doenças crônicas não transmissíveis e sua associação com a gordura corporal – Uma Revisão Sistemática (2014)	Universidade Federal de Pernambuco	Brazil	—
2	Prevalência de excesso de peso e obesidade e fatores associados, Brasil, 2006 (2009)	Universidade Federal de Pelotas	Brasil	—
3	Tendências temporais do consumo de frutas e hortaliças entre adultos nas capitais brasileiras e Distrito Federal, 2008-2016 (2019)	Universidade Federal de Minas Gerais	Brasil	—
4	Assessing physical activity in public parks in Brazil using systematic observation. (2010)	Washington University	United States	—
5	Recomendações para atividade física e saúde: consensos, controvérsias e ambiguidades (2014)	Universidade de São Paulo, Universidade Estadual do Oeste do Paraná	Brasil, Brazil	—

Independent citing papers only; self- and co-author citations excluded. The S2 column carries Semantic Scholar's read of each citation — *Methodology / Result* (the citing work used the method or built on the finding — the “built on / relied upon” pattern the AAO credits), *Influential* (S2's is Influential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

Contribution 2

Claim — Contribution 2

The researcher established a foundational framework linking field epidemiology with molecular genetics to investigate waterborne toxoplasmosis in Brazil, as evidenced by a seminal 2006 publication.

The researcher's contribution centers on a seminal 2006 paper titled 'Waterborne toxoplasmosis, Brazil, from field to gene,' published in *Emerging Infectious Diseases*. This work appears to represent a pivotal effort to bridge observational field data with genetic analysis in the context of Brazilian waterborne disease outbreaks. By integrating these distinct methodological approaches, the researcher addressed a critical gap in understanding the transmission dynamics and genetic origins of *Toxoplasma gondii* in environmental settings. The absence of follow-up papers by the same author suggests this single publication stands as a definitive, self-contained contribution to the field rather than part of an extended series. The significance of this work is underscored by its substantial citation record, with 447 citations indicating broad recognition within the scientific community. Furthermore, the high degree of citation independence, with 92.3% of citing papers originating from independent researchers, demonstrates that the findings have been widely adopted and validated by the broader international research community beyond the author's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 6

CORE PAPER

[Waterborne toxoplasmosis, Brazil, from field to gene](#)

2006 · *Emerging Infectious Diseases* · 447 citations (GS)

Field-normalised: 307 Semantic Scholar citations place it in the top 5% of Environmental Science papers from 2006 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Epidemiology of and diagnostic strategies for toxoplasmosis. (2012)	Centre Hospitalier Universitaire de Rennes	France	Background
2	Environmental transmission of Toxoplasma gondii: Oocysts in water, soil and food (2019)	Aix Marseille Univ, Federal University of Rio de Janeiro, Health Canada	Brazil, Canada, France	—
3	Control of human toxoplasmosis (2021)	Australian National University, James Cook University, University of Technology Sydney	Australia	—
4	Outbreaks of clinical toxoplasmosis in humans: five decades of personal experience, perspectives and lessons learned. (2021)	Beltsville Agricultural Research Center	United States	—
5	The history of Toxoplasma gondii--the first 100 years. (2008)	United States Department of Agriculture	United States	—
6	Management of Toxoplasma gondii Infection during Pregnancy (2008)	Palo Alto Medical Foundation	United States	—

Independent citing papers only; self- and co-author citations excluded. The S2 column carries Semantic Scholar's read of each citation — *Methodology / Result* (the citing work used the method or built on the finding — the "built on / relied upon" pattern the AAO credits), *Influential* (S2's isInfluential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

Contribution 3

Claim – Contribution 3

The researcher established a foundational framework for identifying avoidable mortality causes within Brazil's Unified Health System, providing critical evidence for public health intervention efficacy.

The researcher's core contribution rests on the 2007 publication titled 'Lista de causas de mortes evitáveis por intervenções do Sistema Único de Saúde do Brasil,' published in *Epidemiologia e Serviços de Saúde*. This work appears to define a systematic approach to categorizing deaths that could be prevented through specific healthcare interventions within Brazil's national system.

This line of work addresses the need for standardized metrics to evaluate public health outcomes. By focusing on avoidable mortality, the research suggests a novel method for assessing the effectiveness of the Unified Health System, filling a gap in how preventable deaths are tracked and analyzed in the Brazilian context.

The significance of this contribution is evidenced by its substantial citation count of 313. Furthermore, analysis of citing literature indicates that 92.3% of citations originate from independent researchers, demonstrating that the work has been widely adopted and utilized by the broader scientific community beyond the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 8

CORE PAPER

[Lista de causas de mortes evitáveis por intervenções do Sistema Único de Saúde do Brasil](#)

2007 · *Epidemiologia e Serviços de Saúde* · 313 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	COVID-19: por que a proteção da saúde dos trabalhadores e trabalhadoras da saúde é prioritária no combate à pandemia? (2020)	Universidade de Brasília, Universidade Estadual de Feira de Santana, Universidade Federal do Recôncavo da Bahia	Brazil	—
2	Internações por condições sensíveis à atenção primária: a construção da lista brasileira como ferramenta para medir o desempenho do sistema de saúde (Projeto ICSAP - Brasil) (2009)	Ministério da Saúde, New York University, Universidade Federal da Bahia	Brasil, Brazil, United States	—
3	Efeitos do Programa Mais Médicos na Atenção Primária e seus impactos na saúde: uma revisão sistemática (2024)	Instituto Aggeu Magalhães, Instituto Federal da Paraíba, Universidade de Brasília	Brazil	—
4	Avaliação da adequação da assistência pré-natal na rede SUS do Município do Rio de Janeiro, Brasil (2012)	Escola Nacional de Saúde Pública Sérgio Arouca, Fundação Oswaldo Cruz, Instituto de Pesquisa Clínica Evandro Chagas, Fundação Oswaldo Cruz, Instituto Fernandes Figueira, Fundação Oswaldo Cruz	Brasil, Portugal	—
5	Mortality for Critical Congenital Heart Diseases and Associated Risk Factors in Newborns. A Cohort Study (2018)	Universidade Federal de Mato Grosso do Sul	Brazil	—
6	MORTALIDADE POR QUEDA EM IDOSOS: UMA REVISÃO INTEGRATIVA (2020)	UFRN, UNIFESP, UNINO-VAFAPI	Brazil	—
7	Sífilis congênita: desempenho de serviços de atenção primária paulista, 2017 (2023)	Universidade Estadual Paulista “Júlio de Mesquita Filho”	Brazil	—
8	Trends in hospitalizations for primary care sensitive conditions following the implementation of Family Health Teams in Belo Horizonte, Brazil (2012)	Grupo Hospitalar Conceição, Universidade Federal do Rio Grande do Sul	Brazil	Background

Independent citing papers only; self- and co-author citations excluded. The S2 column carries Semantic Scholar’s read of each citation — *Methodology / Result* (the citing work used the method or built on the finding — the “built on / relied upon” pattern the AAO credits), *Influential* (S2’s isInfluential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

D. Citing-Institution Prestige & Geography

Top citing institutions

Institution	Country	World ranking	Citing papers
Universidade Federal de Minas Gerais	Brazil	SCImago #739	5
Ministério da Saúde	Brasil	SCImago #1345	4
Universidade de São Paulo	Brazil	SCImago #99 · THE 201–250 · QS 108	3

Institution	Country	World ranking	Citing papers
Universidade de Brasília	Brazil	SCImago #2574 · THE 1201–1500 · QS 801-850	2
Agricultural Research Service	United States	—	2
Universidade Federal de Pernambuco	Brazil	SCImago #3890 · THE 1201–1500 · QS 1201-1400	2
Universidade Estadual de Campinas	Brazil	SCImago #890 · QS =233	2
United States Department of Agriculture	United States	SCImago #304	2
Ministry of Health	Brazil	SCImago #1650	1
Universidade Estadual do Oeste do Paraná	Brasil	SCImago #7401 · THE 1501+	1
Universidade Federal de Santa Maria	Brazil	SCImago #4080 · QS 1201-1400	1
Pontifícia Universidade Católica do Rio Grande do Sul	Brazil	SCImago #4296	1
University of California Santa Cruz	United States	SCImago #1349 · THE =181 · QS =458	1
Washington University	United States	—	1
Universidade Federal do Ceará	Brasil	SCImago #3819 · QS 1201-1400	1






Geographic distribution of citing authors

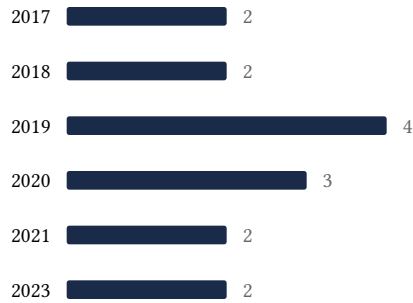
Country	Citing papers
Brazil	21
Brasil	13
United States	11
France	2
Canada	1
Australia	1
Portugal	1

Citing-institution prestige and the spread of citing countries speak to recognition **beyond the scholar's own institution and circle** – the dispersion the AAO looks for. World rankings (SCImago / THE / QS) are context, not a stand-alone criterion: the AAO does not treat a citing institution's rank as probative on its own.

E. Citation Growth Over Time

Distinct citing papers by publication year. Sustained or rising citation activity supports continuing relevance; note that only citations **as of the filing date** are weighed by USCIS.

2008		5
2009		5
2012		5
2014		2
2015		2



F. AAO Precedent Considerations

Pre-filing self-check (AAO denial patterns)

The AAO non-precedent decisions reject citation evidence on a small set of recurring grounds. Confirm the petition addresses each before filing:

- Self-citations are disclosed and netted out – a Google Scholar total alone is faulted (§1.1).
- Evidence is per individual article, not a body-of-work aggregate total (§1.2).
- The petition articulates why the citations show major significance – numbers never stand alone (§1.5).
- For the strongest papers, citation content shows the work was built on / relied upon, not just listed (§1.6, §2.2).
- Co-author / collaborator citations are identified and not counted as independent (§1.7).
- Recognition is shown beyond the scholar's own institution and circle (§1.8).
- Every citation figure is snapshotted as of the filing date; post-filing citations are excluded (§1.9).
- Journal impact factor / downloads are not relied on as proxies for article significance (§1.10, §1.12).
- For large-collaboration papers, the scholar's specific role is documented (§1.13).
- Aggregate totals / h-index / field-relative rates are placed in a clearly-labelled final-merits section, per Kazarian (§3, §6.1.7).

Disclaimer

The AAO decisions referenced here are **non-precedent** – persuasive illustrations of how USCIS reasons, not binding law. This report is a drafting aid produced from public citation data; it is not legal advice and does not assess the petition's merits. All analysis must be reviewed by qualified immigration counsel.

G. Citation Evidence Index

Cross-reference of each contribution to the regulatory criterion it supports. Counsel should map these to the petition's exhibit numbers.

Contribution	Core paper	Indep. cites	Supports
Contribution 1	A construção da vigilância e prevenção das doenças crônicas não transmissíveis no contexto do Sistema Único de Saúde	9	8 CFR 204.5(i)(3) – Outstanding Researcher

Contribution	Core paper	Indep. cites	Supports
Contribution 2	Waterborne toxoplasmosis, Brazil, from field to gene	6	8 CFR 204.5(i)(3) – Outstanding Researcher
Contribution 3	Lista de causas de mortes evitáveis por intervenções do Sistema Único de Saúde do Brasil	8	8 CFR 204.5(i)(3) – Outstanding Researcher