COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS

CSTE update

Winter 2006

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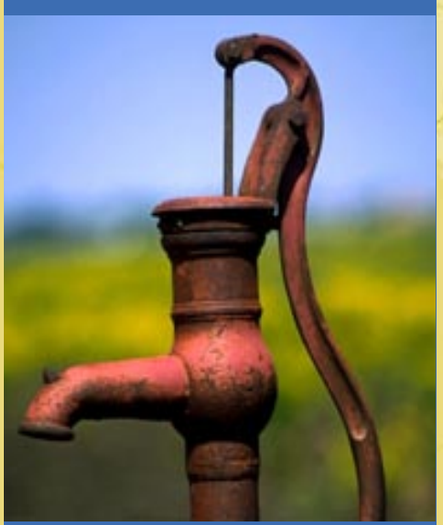


CALLING ALL MEMBERS

We would appreciate your feedback about the newsletter. Please e-mail Shundra Clinton with comments, ideas or suggestions; **sclinton@cste.org.**

Letter from the President

Fellow CSTE Members:

Happy New Year and here's hoping that you had a joyous holiday season! The Executive Committee has been busy on behalf of CSTE members over the last several months. In late September, the committee met with several senior leaders at CDC. Unfortunately, Dr. Gerberding was unable to meet with us, but she has since agreed to meet with us in a conference call. We met with some individuals familiar to many in CSTE (Ed Thompson, Mitch Cohen, Steve Cochi and Rima Khabbaz) and met some of CDC's new leadership as well. Committee members were pleased overall with the spirit of cooperation and common understanding of public health needs expressed by CDC's leadership team.

The Executive Committee and the CSTE National Office have written several letters to members of Congress on the proposed pandemic influenza legislation. Concern was expressed over proposed funding levels, especially to state and local health departments, liability protections for manufacturers, and compensation for vaccine injury. Copies of these letters are available from the National Office.

The committee has also been concerned about the deployment of the federal BioSense initiative. BioSense is a national surveillance system being established in more than 120 city hospital emergency departments throughout the country. This effort has been developed (and in some cases deployed) without state or local health department involvement. We have been assured that states will be involved in the future; however, CSTE remains concerned about the size and concept of the initiative and the diversion of surveillance resources away from state and local health departments. Allen Craig (TN), who heads up CSTE's Surveillance Policy Group, has taken the lead on this issue for CSTE and is working closely with CDC leadership to ensure state and local input as the program is implemented further.

The CSTE National Office has received and responded to several requests for representation at meetings on expanding recommendations for seasonal influenza vaccination and at several other meetings relating to seasonal and pandemic influenza.

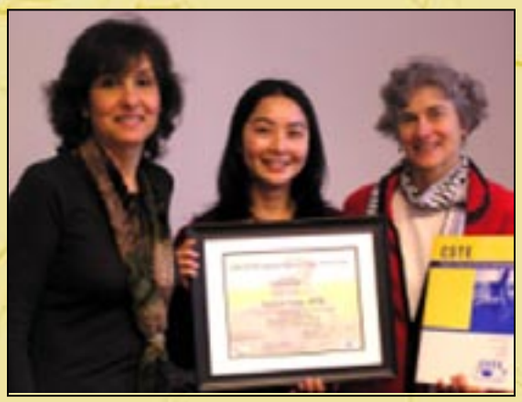
I understand that plans are moving forward nicely for June's annual meeting in Anaheim. Thanks to Bob Harrison and the planning committee for their efforts. I look forward to seeing all of you in June.

C. Mack Sewell, DrPH, MS

CDC/CSTE Applied Epidemiology Graduates

Three members of the first class of the CDC/CSTE Applied Epidemiology Fellowship graduated recently. Thanks to our mentors for providing successful fellowships! The remaining fellows of Class I will graduate within the next couple of months. We look forward to providing CSTE members with an update on their career plans..

Nguyet Tran, M.P.H.
Washington State Department of Health



Mentors:
Juliet Van Eenwyk, Ph.D., and Amira El-Bastawissi

Nguyet was a Chronic Disease Fellow in the Washington State Department of Health. Her fellowship projects included a cancer cluster investigation and report involving firefighters, a population-based linkage study examining socioeconomic and demographic factors in the treatment for colorectal cancer, and designing a surveillance system for assessing healthcare quality for treating chronic illnesses. Nguyet is currently working at the Washington State Department of Health as a full time Epidemiologist 2 with the Tobacco Prevention and Control Program.

Robbie Madera, M.P.H.
Michigan Department of Community Health

Mentor: Mary Grace Stobierski, D.V.M, M.P.H.

Robbie was an Infectious Disease Fellow in the Michigan Department of Community Health. During her fellowship, Robbie was responsible for routine surveillance of foodborne diseases and participated in numerous outbreak investigations. She also evaluated the Shigella spp. surveillance system and conducted active surveillance of Shiga Toxin E. coli (STEC) in Michigan from 2001-2004. Robbie is currently working at the Philadelphia Department of Health as a full time Epidemiologist with the Division of Disease Control.

TaTisha McCainey, M.P.H.
Michigan Department of Community Health

Mentor: Corinne Miller, Ph.D, D.D.S.

TaTisha was a Chronic Disease Fellow with the Michigan Department of Community Health. Her fellowship included projects that fostered collaboration between various units for the health department. For example, she explored the rate of mortality and birth defects among infants born to women in a diabetes management program using data from the Michigan Diabetes Outreach Network, and evaluated the feasibility of adding family history to the cancer registry as an effort to incorporate genomics into existing state level surveillance systems. TaTisha is currently employed by the Michigan Department of Community Health as a full time Project Manager working with the state's Sickle Cell Program.

HIV/AIDS Surveillance Coordinators' Work Group

Beginning in June 2003, 65 HIV/AIDS surveillance coordinators from 50 states, the District of Columbia, six separately funded local jurisdictions and eight territories organized into the CSTE HIV/AIDS Surveillance Coordinators' Work Group (HASCWG), which is situated within CSTE's Infectious Diseases Team. Combining the work group under the auspices of a national epidemiology organization with a compatible mission followed many years of discussion. CSTE has given the group the organizational structure and staff support to allow the surveillance coordinators to communicate regularly and increase their cohesiveness.

HASCWG conducts a monthly conference call and has a CSTE-supported listserve that is used for internal communications. In addition, the work group has a discussion board on the CSTE Web site to post surveillance summaries, epidemiologic reports, news items, topics for discussion, etc. They also maintain a contact board on the CSTE site that provides names and contact information for the various surveillance and epidemiology functions available within each jurisdiction.

While there is a lot of variety among the different project areas with regard to morbidity levels, geographical state size, population size, training level and staff experience, as well as regulatory differences – such as the method of HIV reporting (by name, code or name-to-code) – there are also many common areas of concern. The group allows coordinators to share expertise and technical assistance and to talk about how they conduct surveillance. They have used the group to speak as one voice to CDC on issues of concern and have invited staff from CDC to participate in the conference calls when they request an update or need CDC input on a topic.

Last year, when CDC updated the surveillance guidelines for HIV/AIDS Surveillance Programs' policies and procedures, CDC used the HASCWG to request state/local staff participation in the surveillance guideline work groups and to provide input to the CDC staff tasked with writing the guidelines. This state/local participation allowed development of guidelines that were feasible and useful to frontline HIV/AIDS surveillance staff. Several of these guidelines were presented to the HIV/AIDS surveillance coordinators at a day long meeting during the 2005 annual meeting in New Mexico. Plans are underway to conduct another training at the 2006 annual meeting in California. Future plans include setting up a process whereby new HIV/AIDS surveillance coordinators can draw on the expertise of their peers to help with management of their surveillance program. They will also conduct regional trainings on the new surveillance guidelines.

When CDC needs HIV/AIDS surveillance expertise at various consultations, they draw on this group. Two examples of this from fall 2005 are consultations to revise the AIDS case definition and to revise the Recommendations for HIV Screening of Adults, Adolescents and Pregnant Women in Health Care Settings.

HIV/AIDS has become such a large part of health department activities that HASCWG members find that having a group dedicated to surveillance allows them to focus on the ongoing challenges presented to surveillance by changes in law, CDC recommendations and other external forces (e.g., the reauthorization of the Ryan White CARE Act). While the need to keep a work group focused on surveillance continues, we have become increasingly aware that there are many other HIV-related policy issues that need to be discussed. Our public health HIV programs deal with a host of difficult issues in our prevention and Ryan White Care activities – many that interact with, but are different from, surveillance issues. These problems range from review of prevention education campaigns and materials, PEMS (Program Evaluation and Monitoring System, CDC's new on-line software to capture HIV prevention planning and intervention data), HIV counseling and testing recommendations, rapid testing policy, Data Use Guidelines, erosion of our prevention budgets, and Ryan White CARE Act reauthorization.

We also need to give attention to some longer-term questions, such as how we use our surveillance data to target and continually improve our prevention and care programs. We are all under pressure these days to demonstrate the effectiveness and cost-effectiveness of our prevention activities and the optimal impact of our Ryan-White dollars. Many CSTE members have responsibility for managing or evaluating these programs, yet our HIV work group has spent little time on these issues recently. While the quarterly NASTAD HIV/AIDS Surveillance conference calls deal with many of these issues, they do not always include the unique CSTE view that the group needs.

We are proposing, therefore, a separate conference call, perhaps bimonthly (six times a year), to focus on these prevention and care questions of interest to our members. We could begin in January if there is enough interest, and have chosen several topics to begin with. We can take responsibility for getting these started, but hope that other members will find these useful and join in organizing them. Please email Jerry Gibson at Gibsonjj@dhec.sc.gov if this looks potentially useful to you!

The current chair of the work group is Eve Mokotoff from Michigan, and the Vice Chair is Douglas Frye from Los Angeles. Jerry Gibson from South Carolina and Eve Mokotoff are the current HIV/AIDS Consultants for CSTE. Gus Birkhead is a past HIV Consultant and continues to stay involved in, and provide input for, HIV related issues for CSTE.

CSTE Members Present at APHA Meeting

CSTE members presented at the 133rd APHA Annual Meeting and Exposition Dec. 10-14 in Philadelphia. We have included a brief description of each presentation below for your information. Congratulations to all the presenters!

Approaches and tools for guiding evidence-based practice
by Cate Bohn, MPH; Priti Irani, MS; Michael Medvesky, MPH

Description: This presentation focused on approaches and tools for guiding evidence-based practices from an assessment perspective. Through examples, the presentation illustrated that evidence of effective assessment can be found in (1) Review of assessment reports; (2) performance management measures; (3) Follow-up of training participants six to 12 months after they complete the training; (4) Data utlilizaton; and (5) Stakeholder feedback surveys, and demonstrated how this evidence was utilized to modify practice. This presentation also illustrated that planning and policy development are applications of assessments, and that to date there have been no systematic reviews of effective community health assessments.

Presenter: Priti Irani
New York State Department of Health
Empire State Plaza
Albany, NY 12237

Alcohol-Related Disease Impact (ARDI) software, a demonstration (www.cdc.gov/alcohol)

Description: The Centers for Disease Control and Prevention (CDC) released a new version of Alcohol-Related Disease Impact (ARDI) software in 2004. The software calculates or provides alcohol-attributable fractions (AAFs) for 54 alcohol-related conditions, and then uses these AAFs to generate estimates of alcohol-attributable deaths (AADs) and years of potential life lost (YPLL) for the U.S. and for states. The software also allows users to input data for specific geographic locations (e.g., a county) to produce sub-state estimates of AADs and YPLLs. In 2001, there were approximately 75,000 AADs and 2.3 million YPLL, or approximately 30 years of life lost per death, attributable to excessive alcohol consumption in the U.S. Approximately 4,500 (6%) of these 75,000 AADs involved persons under age 21, which resulted in approximately 270,000 YPLL. Of these deaths, 4,320 (96%) were due to injuries, most of which were caused by motor-vehicle traffic crashes (47%), homicide (27%), or suicide (11%). States averaged 1,485 AADs and 45,586 YPLL, ranging from 138 AADs and 3,769 YPLL in Vermont to 8,654 AADs and 254,087 YPLL in California.

Presenter: Mandy Stahre
ORISE Fellow
Alcohol Team
CDC Chronic Disease Center
4770 Buford Hwy NE
MS K-67
Atlanta, GA 30341

HIV epidemic among African immigrants in Minnisota

Description: This presentation summarized Minnesota's experience to date in recognizing and responding to the living in the state. In 2001 Minnesota Department of Health (MDH) HIV surveillance staff identified a dramatic increase in the number and percentage of annual HIV diagnoses among African-born persons in Minnesota (21% [65/305] of annual HIV cases in the state by 2002).

Together with African community leaders, MDH and its governmental partners began a planning process to respond to the new pattern of disease. Lessons learned were presented and the following recommendations made based on the state's experience: When possible, HIV surveillance should consistently collect country of birth data and incorporate into routine data analysis; surveillance and prevention programs within health departments should maintain regular contact - Refugee Health Programs may be another valuable partner. Addressing HIV in local international communities requires repeated contact with community leaders and culturally-appropriate approaches.

Presenter: Tracy Sides
Infectious Disease Epidemiology
Minnesota Department of Health
P.O. Box 64975
St. Paul, MN 55164

SAMHSA/CSAP's State Epidemiological Workgroups (SEW)

Description: This session (with Johanna Birckmayer and Julia Spencer) detailed SAMHSA/CSAP's State Epidemiological Workgroups (SEW), a recent effort to build state capacities to understand and apply outcome data to enhance substance abuse prevention decision-making. The SEW is a network of agencies and individuals that identifies epidemiological data needs, gathers and interprets data, and applies data implication to State and community planning, implementation, and monitoring activities. This session clarified and illustrated a statewide data driven process for enhancing the use of prevention resources by first a) understanding the prevalence and patterns of substance-related consequences, consumption, and the intervening factors that contribute to them; and then b) aligning appropriate and effective strategies to address identified problems.

Presenter: Rennee I. Boothroyd
Research Scientist
Pacific Institute for Research and Evaluation
11710 Beltsville Drive, Suite 300
Calverton, MD 20705

CSTE Members Present at APHA Meeting

Evaluation of Leading Causes of Death among Children in Maryland

William K. Adih, MD, DrPH, Maureen Edwards, MD, MPH

Description: Childhood deaths are a major public health problem. The most common causes of death in children and adolescents are frequently related to preventable factors. Provision of data that describes the extent, distribution and risk factors of childhood deaths is vital to policy makers, health professionals and communities to enable them make decisions about allocation of resources and institution of effective strategies to prevent future child fatalities, and to monitor progress.

Although child deaths and death rates are declining in Maryland, the state's childhood homicide rate and motor vehicle-related deaths are a leading concern, with disparities an issue of particular interest.

We analyzed 2001-2003 Maryland vital statistics data to investigate the causes of death among children ages 1-17 years. Findings showed significant differences by race and gender ($p<.05$): African-American, and male children were at an increased risk of dying from all causes. Injuries were the leading cause of death in children, comprising 33% of all childhood deaths, followed by homicides (15%), malignant neoplasms (10%), cardiovascular diseases (5%) and suicides. These findings have shown that interventions should be targeted at risk factors that cause the most childhood deaths and are preventable.

Presenter: William K. Adih, MD, DrPH
Center for Maternal and Child Health
Maryland Department of Health and Mental Hygiene
201 West Preston Street, Room 309
Baltimore, MD 21201

Adverse Events Associated with Receiving HIV or STARHS Results

Gary Goldbaum, Linda Oakley, Susan Buskin

Description: Background: A modified HIV enzyme-linked immunosorbant assay, STARHS, identifies some recently infected people and permits incidence estimates based on cross-sectional (rather than cohort) testing. Because STARHS is an investigational test without clinical application, consent is required and returning results to participants is discouraged. We sought to determine if receiving STARHS results in addition to HIV results leads to additional adverse outcomes compared with receiving only HIV results.

Methods: We interviewed persons who had tested positive for HIV at publicly-funded testing sites in King County, Washington.

Results: Of 27 seropositive participants, 26 were men who have sex with men and one was male-to-female transgender. Seventeen (63%) had been STARHS tested and 10 (37%) had not. All six who had a "recent" STARHS result reported receiving a "recent" result, whereas only one (9%) of 11 who had an "indeterminate" STARHS result reported receiving an "indeterminate" result. Participants reported that depression, partner violence, and other adverse events were no more likely after receiving their HIV+ results than before receiving them. The participants who reported receiving "recent" STARHS results when they received their HIV+ results were more likely than other participants to have tested anonymously, but less likely to report being depressed or suicidal after receiving their HIV results. No participants attributed adverse effects to receiving STARHS results.

Conclusions: In this limited survey of persons tested for HIV in publicly funded sites, receiving HIV-infection notification with or without STARHS results did not lead to immediate adverse outcomes.

Presenter: Gary Goldbaum
Public Health Seattle and King County
Senior Medical Epidemiologist
400 Yesier Way, 3rd Floor
Seattle, WA 98104

Cotinine levels in Northern Plains Indian infants

Elaine Gunter, CDC and Thomas K. Welty, Aberdeen Area Tribal

Description: Background: Rates of tobacco use among American Indians and Alaska Natives are the highest of all racial groups in the United States. Studies have shown that prenatal and childhood environmental tobacco smoke (ETS) exposure can cause problems such as low birth weight, Sudden Infant Death Syndrome (SIDS), otitis media, childhood asthma, and other respiratory problems.

Methods: While conducting a case control study about infant mortality in the Northern Plains, we obtained blood specimens from 58 infants (seven deceased case infants and 51 living control infants). The reference range for ETS exposure is < 5 ng/ml, no exposure; 5-15 ng/ml exposed; > 15 ng/ml, equivalent to active smoker.

Results: The highest cotinine level was 38.76 ng/ml in a postmortem sample. Of the 58 infants, 29 (50.0%) had levels less than 5 ng/ml, 12 (20.7%) had levels between 5-15 ng/ml, and nine (15.5%) had levels over 15 ng/ml. Levels were unavailable for eight (13.8%) because of insufficient blood samples.

Conclusions: Over 1/3 of the infants studied had cotinine levels indicating significant exposure to cigarette smoke, and over 15 % of the infants had cotinine levels similar to those seen in active smokers.

Public Health Implications: Cigarette smoke exposure for these infants could ultimately pose a risk for SIDS and impact their long-term health, resulting in respiratory ailments. Previous studies have shown that parents who reduce their infants' and children's exposure to smoke decrease their cotinine levels; educational efforts should be directed at eliminating or reducing smoke exposure to all infants and children.

Presenter: Leslie Randall
MCH Epidemiologist
Northwest Portland Area Indian Health Board
527 SW Hall Suites 300
Portland, OR 97201

CSTE Members Present at APHA Meeting

Aircraft Cabin Air Quality Trends Relative to Ground Level Standards

Description: Aircraft cabins are a uniquely challenging environment. Aircraft cabins have the smallest available airspace per person of any current social environment, and occupants of a fully loaded aircraft typically have about 35*70 ft3 (1*2 m3) of available airspace per person, approximately 1/10th that of a typical office worker or a spectator in an auditorium.

Aircraft cabin air quality issues were summarized recently by a U.S. National Academy of Sciences Committee. Ventilation of aircraft requires control measures that are seldom of concern for occupied space at ground level. The principal of these are the need to compensate for the substantial difference between cabin and outside pressures, the much lower available space per occupant in aircraft cabins, and the need for coping with more extreme external temperatures than are common at ground level.

Existing ground level air quality standard-setting agencies including FAA, OSHA, EPA, ACGIH and ASHRAE, as well as US Navy and NASA, will be evaluated for their strengths and weaknesses in potentially setting aircraft air quality standards. Types of possible contaminants and the limits that have been set by several of these agencies for many of these potential contaminants were discussed. In addition recent measured aircraft cabin concentrations of key cabin air contaminants were discussed. Previous history of the development of the small number of existing FAA air quality standards, and particularly the experience of regulating tobacco smoking in cabins were discussed. Recommendations for development of future air quality standards aboard aircraft were presented.

Presenter: Jim Cone, MD, MPH
Environmental and Occupational Disease Epidemiology
New York City Department of Health and Mental Hygiene
253 Broadway, Room 402, CN34-C
New York, NY 10007

Flavored cigarette and cigar use in Oklahoma

Description: This study compared the characteristics of students who stated their cigarettes or cigars are flavored to those who stated their cigarettes or cigars are not flavored.

Evaluation of tobacco prevention school nurse program

Description: This study focused on the changes in attitudes and behaviors of the students in these schools. Although there had been significant changes in prevalence, expected changes had not occurred in attitudes.

Presenter: Joyce Morris
Tobacco Use Prevention Service
Oklahoma State Department of Health
1000 NE 10th Street
Oklahoma City, OK 73117

Nail Salons – A Public Health Perspective

Description: Technicians who apply artificial nails are exposed to a wide variety of toxic substances. Nail technicians, as well as customers, are at risk from exposure to chemicals that can cause nervous system, reproductive and skin damage, respiratory illness and cancer. While complaints to enforcement and public health authorities are sometimes made, and there have been reports of work-related illnesses (such as asthma), few studies of nail technicians' work-related health have been performed. Immigrant nail technicians are a particularly vulnerable group.

The health hazards in nail salons are addressed by all levels of government. State governments have regulatory bodies that license and inspect salons, usually with an emphasis on customer health. Local boards of health often respond to complaints from both neighboring businesses and salon customers. At the federal level, OSHA has several regulations that apply, in principle, to the salon work environment; however, OSHA rarely makes such inspections. In addition, rarely do chemical exposures in salons exceed the (long-outdated) OSHA exposure limits. The FDA has very little authority to regulate cosmetics.

In some locations, university, community and labor organizations have collaborated to improve the health and safety conditions of immigrant nail salon workers. In California, Massachusetts, New York and elsewhere, such groups have conducted outreach and training programs for the Vietnamese and Korean communities.

Based on interviews with enforcement agencies, public health authorities and community and labor representatives, we will discuss ideas for an improved public health response through regulation, toxics use reduction, training and worker/community organizing.

Presenter: Richard Rabin
Lead Registry Coordinator
Massachusetts Division of Occupational Safety
1001 Watertown St.
Newton, MA 02465

Active and Passive Smoking Among Asthmatic Missourians: Implications for Health Education

Description: Using the Missouri County-level Behavioral Risk Factor Survey data, we found a high proportion of asthmatic Missourians smoked or were exposed to secondhand smoke. Of the asthmatic current smokers who had visited a physician in the past 12 months, 30.0% were not advised by health care professionals to quit smoking. The study suggests that asthma intervention programs should strengthen smoking cessation components, and should educate healthcare professionals about the importance of advising asthmatic patients to quit smoking.

CSTE Members Present at APHA Meeting

Modifiable risk factors among women with previous gestational diabetes

Description: The study found that women with previous gestational diabetes are more likely to have modifiable risk factors for developing diabetes than women without diabetes. More attention to this issue is needed from healthcare providers and public health officials to encourage the promotion of healthy lifestyles during and following pregnancy.

Presenter: Shumei Yun, MD, PhD
Chronic Disease Epidemiologist
Division of Community and Public Health
Missouri Department of Health and Senior Services
920 Wildwood Dr.
Jefferson City, MO 65107

Disease Outbreak Detection Using ED Syndromic Surveillance in Los Angeles County

Background: The Los Angeles County Syndromic Surveillance System was designed for the early detection of intentional or unintentional disease outbreaks. Several outbreaks and illness clusters were examined to evaluate the system's performance.

Method: An active semi-automated, SAS-based surveillance system was established to monitor daily emergency room chief complaints for four syndromes – rash, respiratory, neurological or gastrointestinal. A thirty-day baseline was established for each syndrome and each hospital. A syndrome count that exceeded its baseline was deemed a signal and reviewed by clinical and epidemiological staff. Signal magnitude, geographic clustering of cases, and line listings were reviewed. If there was clustering of complaints indicating potentially unusual medical events, hospital staff were contacted and patient charts were reviewed.

Results: Between November 2003 and November 2004 there were 84 signals reported by the system. Twenty-seven of these signals were gastrointestinal, 16 neurological, eight rash, and 33 respiratory. Seventy-eight signals were internally investigated and closed by epidemiological staff and six led to follow-up hospital chart review. The majority of signals were reviewed and closed within 24 hours and the remaining were closed within 72 hours. The system allowed early detection of increases in viral meningitis, influenza, rotavirus, scabies, and gastritis among children. The system also detected increases in respiratory complaints during the LA Marathon.

Conclusion: The quick detection and response times to these outbreaks and illness clusters exemplifies the utility of the LA County syndromic surveillance system as a complement to traditional infectious disease surveillance.

Presenter: Curtis Croker, MPH
LADHS
ACDC Program, BT Unit
313 N. Figueroa St #222
Los Angeles, CA 90012

A Pertussis Outbreak Among Vaccinated Adolescents: Symptoms, School Attendance and Implications for a Booster Vaccine

KA Ritger, J Yoder, D Robinson, SM Borchardt, GO Polyak, MS Dworkin

Description: A pertussis outbreak primarily among adolescents occurred in a suburban Chicago community in late 2004, and IDPH assisted with outbreak management and examined characteristics of adolescent cases. Thirty-seven adolescent (aged 10-19 years) cases were identified. Of 31 cases with available information, 31 (100%) reported paroxysmal cough, 18 (58%) posttussive vomiting, and 16 (52%) inspiratory whoop. Ninety-seven percent (33/34) reported receipt of *3 doses of pertussis-containing vaccine.

Pertussis vaccine coverage was substantial among cases, indicating that waning immunity might account for the substantial incidence of pertussis among adolescents and supporting the need for a booster vaccine for this population.

Presenter: Kathy Ritger, MD, MPH
Epidemic Intelligence Service Officer
Illinois Department of Public Health
Division of Infectious Diseases
160 N. LaSalle St., 7th Floor South
Chicago, IL 60601

Underage Tobacco Use among Florida's Youth and Tobacco Law Related Issues

Objectives: The minimum legal age of tobacco use in Florida is 18 years old. The laws that restrict tobacco use among youth have been enforced to ensure compliance in Florida. The purpose of this study is to illustrate the importance of reinforcing tobacco law education in reducing underage tobacco usage.

Methods: Florida Youth Tobacco Survey (FYTS) data were analyzed to examine the current situation of tobacco use among Florida's youth who were under 18 years of age, their perceptions of tobacco laws, and retailers' compliance of tobacco laws.

Results: 11.7% of Florida public middle and high school students under 18 years old were current smokers in 2004. Among them, 79.3% knew the legal age of smoking in Florida, 30.4% knew their licenses could be suspended if they are younger than 18 years old and caught with tobacco, 48.2% knew that anyone under age 18 could be punished for having tobacco products in their possession. Among underage current smokers, 13.9% got their cigarettes from an adult and 10.7% bought cigarettes from a store. For those underage current cigarette smokers who tried to buy cigarettes in a store in the past 30 days, 36.7% were asked to show proof of age, 40.1% were refused because of age, and 22.7% of them used fake ID to obtain cigarettes.

CSTE Members Present at APHA Meeting

Conclusion: Underage tobacco use remains a challenge to youth tobacco control programs. Educating youth of tobacco laws to diminish their motivation to use tobacco needs to be supported by community actions.

Presenter: Zhaohui Fan
4052 Bald Cypress Way, Bin A12
Tallahassee, FL 32399-1720

Pregnancy-smoking quitting rates by the second pregnancy among women who smoked during first pregnancy

Objectives: To determine the pregnancy-smoking quit rates by the second pregnancy among women who smoked during their first pregnancy and to identify the factors that are associated with not smoking during the second pregnancy.

Methods: The data was extracted from matched birth certificates for white and black women who were residents of Kansas City, Missouri, who had two singleton births between 1994 and 2003, and who smoked during their first pregnancy. Variables of interest included race, age, education, marital status, prenatal care, birth interval, weight gain, Medicaid status, and number of cigarettes smoked per day. Univariate analysis and logistic regression were used to identify characteristics that were associated with pregnancy-smoking cessation.

Results: Data on 563 women were included in the analyses, representing 1,126 pregnancies. Of these, 24.9 percent did not smoke during their second pregnancy. On univariate analysis, education, birth interval, non-Medicaid status, weight gain, prenatal care, and number of cigarettes smoked per day were significantly associated with pregnancy-smoking cessation. On logistic regression, light smoking during the first pregnancy (odds ratio [OR] 2.50, 95% confidence interval [CI] 1.49, 4.07), and non-Medicaid status during the subsequent pregnancy (OR 1.80, 95% CI 1.08, 2.91) predicted smoking cessation by the second pregnancy.

Conclusions: Light smokers are more likely to have quit pregnancy-smoking by the second pregnancy if they smoked during their first pregnancy. Heavy smoking and Medicaid use are markers for risk of repeat pregnancy-smoking; these women should be selectively targeted for intensive anti-pregnancy-smoking interventions.

Presenter: Gerald L Hoff, PhD, FACE
Epidemiologist & Manager
Office of Epidemiology & Community Health Monitoring
Kansas City, Missouri, Health Department
2400 Troost Street Suite 4000
Kansas City, MO 64108

Highway Repair: The Case For Silicosis

Description: The presentation was on using occupational disease surveillance data to identify silicosis in a new industry. Information presented included highway repair and other concrete construction methods, highway and road repair statistics, and industrial hygiene air sampling data at construction sites.

Presenter: David J. Valiante
New Jersey Department of Health and Senior Services
Trenton, NJ 08625

Development and Utilization of Applied Epidemiology Competencies

Gus Birkhead and Denise Koo, along with Kathy Miner (Emory School of Public Health)

Description: There was strong positive feedback and engagement among attendees of the session, as well as among ASPH Epi/Biostats Council and APHA Epidemiology Section members.

Presenter: Denise Koo, MD, MPH; CAPT, USPHS
Director, Career Development Division
Office of Workforce and Career Development
Centers for Disease Control and Prevention

Workforce development: an assessment of public health epidemiologists in Tennessee, 2005

Background and Significance: A 2003 report from the Institute of Medicine (IOM), Who Will Keep the Public Healthy? Educating Public Health Professionals in the 21st Century, reinforced the need to assess the public health workforce. In 2004, the Council of State and Territorial Epidemiologists (CSTE) affirmed this stance by urging health departments to periodically assess their epidemiology capacity. Workforce development is a key element to maintaining and improving public health capacity, especially considering the substantial changes to the role of public health after September 11, 2001.

In response to increased funding for bioterrorism preparedness, the Tennessee Department of Health (TDOH) vastly increased its epidemiologic capacity. Prior to the bioterrorism grant, most formally trained epidemiologists in Tennessee were centrally hired, and provided epidemiological support to local health departments on an emergency or as-needed basis. The bioterrorism grant allowed the placement of additional epidemiologists into metropolitan and rural regional health departments, greatly increasing the ability of local and regional health departments to collect and analyze data, evaluate programs, and support the information needs of their communities. There are now more than 70 individuals functioning as public health epidemiologists in Tennessee.

Objectives, Methods and Results: This project addresses the first strategic element for public health workforce development – "Monitor workforce composition," with a goal of enhancing epidemiology workforce development in Tennessee. It represents the first comprehensive assessment of the epidemiologist workforce composition, utilization and job satisfaction levels in Tennessee since the influx of epidemiologists hired under the bioterrorism grant.

Drawing upon the experience of recent surveys from national public health workforce sources, two surveys were developed – one for Tennessee public health epidemiologists and one for their immediate supervisors. The surveys were designed to collect information for Tennessee public health policy makers, identify workforce development priorities for epidemiologists, and compare the perceptions of epidemiologists and supervisors on a range of topics related to workforce development.

CSTE Members Present at APHA Meeting

Analysis found that Tennessee's epidemiologist workforce is young (62% under the age of 40), and has a female majority (58%). Ninety percent of epidemiologists in Tennessee have advanced degrees – 58% in public health. Nine percent are current or former EIS officers. Overall, epidemiologists spend 24% of their time conducting surveillance. Top program areas are Sexually Transmitted Diseases (13.5%), Emergency Response/Preparedness (13.2 %) and Environmental Health (12.3%). Sixty-one percent of epidemiologists are satisfied with their current position. On a scale of 1 to 5 – with 5 being very important – job duties (4.5), geographic location (4.2), and work environment (4.1) are the most important factors when seeking a position.

There were significant differences in the level of overall job satisfaction between TDOH central office epidemiologists and regional epidemiologists, particularly the rural regional epidemiologists. Central office epidemiologists were more than three times more likely to be highly satisfied with their jobs than the regional epidemiologists in general [OR=3.15 (95% CI 1.12-8.83]; and were nearly five times more likely to be highly satisfied than their rural region counterparts [OR=4.86 (95%CI 1.15-20.6)].

High satisfaction with job duties, advancement opportunities, accomplishments over the past year, level of effectiveness in job, and how much the current job situation aligns with what the individual really wants to do were highly predictive of overall job satisfaction.

Comparing the epidemiologist and manager responses, managers ranked the importance of job characteristics similarly, with a few exceptions. Managers felt that geographic location and advancement opportunities were much less important to the epidemiologists than the epidemiologists reported, and managers thought salary was more important than did the epidemiologists.

Presenters: Mark McCalman and Allen Craig
Sullivan County Regional Health Department
154 Blountville By Pass
Blountville, TN 37604

External cause of injury coding in state-based hospital and emergency department discharge databases

Description: Presented on the CSTE-sponsored survey about the extent and quality of external cause of injury coding in state-based hospital and emergency department discharge databases. The survey was an update of a survey done by the APHA Injury Control Section in 1997. The report based on this survey is available on the CSTE Web site.

Presenter: Melvin Kohn
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Using epidemiological methods to assess and cultivate bioterrorism preparedness in a diverse urban population

Abstract: The general public is the most critical component in the success or failure of emergency response plans, especially those for bioterrorism. To accurately assess the educational efforts and subsequent emergency preparedness status of the local population, the City of Fort Worth Public Health Department conducted a comprehensive Community Needs Assessments (CNA) in part to assess emergency preparedness throughout the population. Factors examined included knowledge of emergency contingencies, preparation of survival packs, access to emergency information and level of self-perceived preparedness. Extent of preparedness was further stratified by socio-economic status, educational level, race/ethnicity, geopolitical boundaries, income and other variables that provided additional evaluation of the efficacy of educational interventions.

These data provided insight into preparedness disparities within the community and among specific cross-sections of the population. Respondents often did not demonstrate a level of preparedness commensurate with their self-perceived level of knowledge and security. CNA data indicated a population-wide contrast between perceived and actual preparedness. The first two years of a multidisciplinary, multi-medium bioterrorism preparedness educational program indicate that over 65% of the city's households have been exposed to emergency preparedness education. The CNA indicates, however, that less than a third of households have engaged in behavior indicative of a minimal level of preparedness. Historically, public health initiatives have required constant maintenance to ensure long-term success. Therefore, for reliable analysis and insight into the emergency preparedness of a particular community, a CNA or other epidemiological sampling method is recommended to accurately help assess the educational impact and needs of the community.

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IT CORNER

Got a question about CSTE? Need current CSTE Conference information? Look no further than the CSTE Web site. Sure phones are fun, but why hassle with waiting on hold? The CSTE Web site will feature all the latest conference updates as well as loads of content concerning the agenda, hotels, transportation, activities and so much more.

As our organization grows and evolves, we have continued to seek the input of many of our members to expand the amount of relevant information available on our Web site. To get the latest info, simply click one of the Annual Conference links on the homepage or on the main navigation bar on the left.

Be sure to check back often as CSTE is always on the go!

MEMBERSHIP CORNER

CSTE is very excited to announce that we have reached a milestone in our history. Our 1,000th member – Kelly Weidenbach, surveillance epidemiologist for the Wyoming Department of Health – joined CSTE in 2005.

CSTE is a great way for public health professionals to find support and information that will help them do their jobs more effectively and efficiently. It also helps members get the message out about the importance of public health for everyone. According to Weidenbach, "I joined CSTE because I wanted to support an organization that promotes public health and epidemiology at the state and local levels. I feel that the promotion of public health and epidemiology is especially important in rural states such as Wyoming where public health infrastructure is deficient. CSTE offers venues for epidemiologists and other public health professionals to share valuable knowledge on the use of epidemiologic data and surveillance techniques."

Welcome to Kelly and to our other new members. And thanks to all our members for your continued support of CSTE.

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Executive Committee 2005 – 2006

CSTE is governed by a 10-member Executive Committee. Four members serve as officers, three as Members-at-Large, and three represent Infectious Disease Epidemiology, Chronic Diseases Epidemiology, and Environmental/ Occupational/Injury Epidemiology. The 2005-2006 Executive Committee members are:

Office	Name and State	Term Expiration
President	C. Mack Sewell, DrPH, MS New Mexico	2006
President- Elect	Robert Harrison, MD, MPH California	2006
Vice President	Christine Hahn, MD Idaho	2006
Secretary -Treasurer	Eddy Bresnitz, MD, MS New Jersey	2008
Members-At-Large	Melvin Kohn, MD, MPH Oregon	2007
	Allen S. Craig, MD Tennessee	2008
	Gail R. Hansen, DVM, MPH Kansas	2006
Environmental /Occupational/ Injury Epidemiology	David Johnson, MD, MS Florida	2006
Chronic Disease/MCH/ Oral Health Epidemiology	Mark Baptiste, PhD New York	2007
Infectious Disease Epidemiology	Ellen Mangione, MD, MPH Colorado	2008
Executive Director	Patrick J. McConnon Council of State and Territorial Epidemiologists	