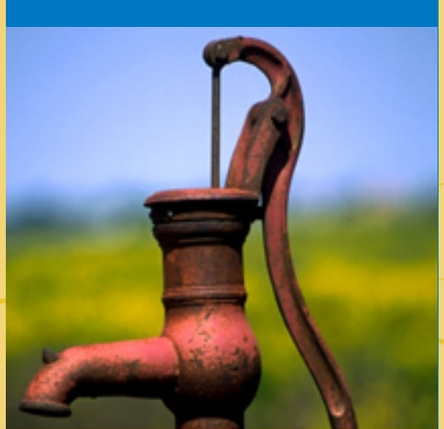
COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS

CSTE update

Spring *2008*

Contents



CALLING ALL MEMBERS

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

CSTE President's Message

Dear Colleagues,

Time passes quickly with a busy agenda, and the CSTE agenda has been very full. First and foremost, the Program Planning Committee has been working hard, under the leadership of President-Elect Perry Smith with support from CSTE staff, to develop an outstanding program. We had about 500 abstracts submitted for consideration, a record for our annual meeting. Approximately 350 have been accepted for presentation in either a breakout or poster session. Once again, we have a full day of pre-conference workshops and three outstanding plenary sessions scheduled for the meeting. And Denver and its environs promise to be a great host for our membership, which has grown to about 1,100 individuals. Early registration will end on April 4.

The Executive Committee (EC) met at the conference hotel in January for its quarterly meeting, as well as a leadership retreat. Check the CSTE Web site for committee reports that give a concise summary of the many activities/projects in which members are actively engaged. I speak for all the EC members when I say it's hard to keep up with all that is going on. The EC acknowledged the great service of Allen Craig, former Tennessee State Epidemiologist, who resigned as a Member-at-Large to take a CDC international position in Africa. Best of luck, Allen. We also welcome Sarah Patrick (MO), John Horan (GA), Tim Jones (TN), and Ken Gershman (CO) in their new roles as state epidemiologists. We hope to provide them with our new state epidemiologist's orientation manual before the annual meeting.

The CSTE retreat on organization growth/change included the current EC, eight Past Presidents and CSTE staff and was facilitated by Kristine Moore, former EC member. Kris did a fabulous job in focusing and leading the group in discussing key questions organized under the headings of Response to a Changing Environment, Role of Local Epidemiologists within CSTE, Management of Specialty Areas within CSTE, and Composition and Functions of the EC. She has also drafted a retreat summary with a list of action items that the EC discussed at its quarterly meeting in DC in early March. We will share the final document with you later in the spring. Suffice it to say, it was a very productive retreat with lots of great ideas that will provide a roadmap as CSTE advances into the 21st Century.

Speaking of DC, there is good and bad news. First the bad news: the President's proposed budget. To borrow a phase: it would be funny if it wasn't so bad. Without elaborating, all of us in public health are disappointed and angry but not shocked by the continued underfunding of Public Health programs. But the President's proposal is only the opening salvo of a fight we wage annually to ramp up funding, and CSTE will be in the thick of the fight. March 4 was our Hill Day and Maria Mabee, our legislative liaison, lined up important meetings with key staffers on the various committees to advocate our issues.

Finally, in early February, a CSTE/ASTHO delegation met with officials in the U.S. Department of Education to discuss issues related to the current implementation of the Federal Educational Rights and Privacy Act (FERPA), which has been a barrier to the practice of Public Health in schools in many states. The meeting was informative and useful to both parties, and the delegation is developing an action plan to address the limitations of the statute. We hope to have a discussion of that at the annual meeting.

Clearly, we are busy (not to mention our paying day jobs), and I want to express my thanks to all who are making CSTE a vibrant and active leader in the Public Health arena. In my next newsletter message, I'll talk more on the retreat's action plan, which will set the tone for our annual business meeting. Enjoy what's left of the winter and the lengthening days ahead and don't hesitate to contact me, any of the EC members or CSTE staff if you have ideas, concerns or just want to pitch in.

Eddy Bresnitz

CSTE Executive Director's Message

As most of you are likely aware, CSTE is growing rapidly – our membership nearly tripled between 2002 and 2007, and we currently have more than 1,100 active and associate members. At the business meeting during last year's annual conference, we received recommendations to address this growth and its potential effects head on.

In response, a retreat was held Jan. 16 and 17 in Denver, Colo. to examine the effects of the organization's growth and determine if any changes are needed in the mission, structure or operations of CSTE to accommodate and manage this growth effectively. Attendees included CSTE staff members and current Executive Committee members, as well as past presidents and other senior epidemiologists including Henry Anderson, Gus Birkhead, Jerry Gibson, Richard Hoffman, John Middaugh, Patricia Quinlisk, Mack Sewell and Rick Vogt. The meeting was facilitated by Kristine Moore.

During our discussions, we focused on three main areas: the role of local epidemiologists in CSTE, management of specialty areas within the organization, and the composition and function of the Executive Committee.

Key items for immediate action in each of these areas were identified, as follows:

- Engaging Local Epidemiologists – We are engaged with leaders among local epidemiologists to develop strategies that will make CSTE more inclusive and welcoming to local epidemiologists as full and active members.
- Management of Specialty Areas – Participants came out of the retreat with a commitment to promote the development of future leaders and ensure the flexibility needed for leadership development within specialty areas.
- Composition and Function of Executive Committee – With oversight from the Executive Committee, a small workgroup has developed a comprehensive set of organizational changes to address the growth and expansion of CSTE.

A proposal will be sent to Active Members prior to the annual meeting for their consideration. At the business meeting in June, members will have the opportunity to discuss and voice their response to the proposal recommendations on organizational changes, including to the constitution and by-laws.

For more details on action items and in-depth information from the retreat, you can view the full report, CSTE Retreat on Organization Growth/Change, on the CSTE Web site.

Pat McConnon

Membership Corner

Please join us in welcoming all our new Members to CSTE!

The following individuals have recently joined CSTE:

Naomi Anderson, WA
Stacey Anderson, WY
D.Femin Arguello,PRI
Kathryn Arnold, GA
Rebecca Baer, WA
Fred Bamfo, UT
Daina Barauskas, CT
Shatrughan Bastola, NY
Peter Belinsky, RI
Jennifer Beyer, CA
Rachel Birk, ND
Jane Blank, PA
Kathrin Brown, TN
Betty G. Brown, AZ
Dawn Castillo, WV
Myra Ching Lee, HI
H. Chung, CA
Leslie Clinkenbeard, OK
Neculai Codru, NY
Ashley Conley, PA
Michelle Cook, NM
Mary Dahn, MI
Pamela Drew, MO
Kevin Durand, CO
Sharon Edwards, AS
Gary Euler, GA
Jay Fiedler, MI
Anthony Fione, GA
Rose Foster, MO
Tom Gallagher, WY
Hudson Garrett Jr, GA
William Glezen, TX
Marilyn Goss Haskell, VA
Mandy Green, TN
Alice Green, TN
Ken Gereshman, CO
Wayne Hachey, VA
Susan Hardman, NY
Margaret Huffman, CO
Jennifer Hunter, CA
Bonnie Jameson, SD
David Johnson, PA
Tim Jones, TN
Sarah Jordan, NY
Carrianne Jung, DC
Lauren Karam, OR
Bryant Karras, WA
Alison Keyser, NE
David Kirschke, TN
Rachel Klos, WI
Kathryn Koelemay, WA
Michael Kucab, MI
Anita Kuriani, TX
Maureen Lichtveld, LA
Jasie Logsdon, KY
Elizabeth Lutzker, MA
Victor MacIntosh, MD
Julie Morita, IL
Sharon Minnick, CA
Shelia Medina, CA
Janice McCoy, KS
Candance McCall, TX
Vandana, Malik, FL
Arvind Nath, CA
Randell Nett, ID
R. David Parker, SC
Jeffrey Partridge, VA
Lisa Pealer, GA
Ruby Phelps, GA
Drew Pratt, MO
Tara Richardson, FL
Scott Roberts, TX
Alice Robinson, CT
Stanley See, TX
Damon Smith, MD
Mark Stenger, WA
Christopher Sullivan, MN
Medina Tipton, KY
Kathryn Turner, ID
Sylvia Turner, II
Susan Vagasky, MI
Michael Vernon, IL
Richard Vogt, CO
Eduardo Vivas, CA
Jaime Walter, OR
Deborah Wexler, MN
Robin Williams, NE
Charles Woernle, AL
Arthur Wozniak, SC

We also welcome New State Epidemiologists in:

American Samoa,
Sharon Edwards

Colorado,
Ken Gershman

Georgia,
John Horan

Missouri,
Sarah Patrick

Tennessee,
Tim Jones

CSTE's Role in Improving Foodborne Outbreak Response – an Update on CIFOR Activities

The Council to Improve Foodborne Outbreak Response (CIFOR) is composed of nine member organizations, including CSTE (co-chair). Members of CIFOR include representation from:

- **AFDO** (Association of Food and Drug Officials)
- **APHL** (Association of Public Health Laboratories)
- **ASTHO** (Association of State and Territorial Health Officials)
- **CDC** (Centers for Disease Control and Prevention: National Center for Zoonotic, Vector-Borne and Enteric Diseases, and the National Center for Environmental Health)
- **CSTE** (Council of State and Territorial Epidemiologists, Co-Chair)
- **FDA** (Food and Drug Administration)
- **NACCHO** (National Association of County and City Health Officials, Co-Chair)
- **NEHA** (National Environmental Health Association)
- **USDA** (United States Department of Agriculture)

CIFOR's mission is to improve methods and processes at the local, state, and federal levels to detect, investigate, control, and prevent foodborne disease outbreaks. Current projects that CIFOR is undertaking are guidelines for multi-jurisdictional foodborne illness investigations and performance indicators for detection and investigation effectiveness. Both of these documents will be incorporated into a comprehensive set for foodborne disease outbreak response guidelines (Guidelines) that will be open for public comment in 2008 and published in 2009. The Guidelines will describe the overall approach to foodborne disease outbreaks, including preparation, detection, investigation, control and follow-up. The Guidelines will also describe the roles of all key organizations in foodborne disease outbreaks.

In February, members of CIFOR, including representatives from CSTE (Tim Jones, TN; Bill Keene, OR; and Bela Matyas, MA) met in New Orleans to discuss current and future CIFOR projects. Several projects have been identified as a priorities by CIFOR. Of these, CSTE will be taking an active role in working with partner organizations in three new projects:

Evaluation of Cluster Definitions for Foodborne Outbreak Investigations: The purpose of this project will be to define the key factors that drive the success or lack of success of "local cluster" investigations for specific organisms from a state perspective in model states and from a national perspective for multi-state clusters. The goal of this project is to develop a series of agent-specific cluster definitions that can reduce the need to investigate spurious collections of sporadic infections and increase the likelihood of identifying a common source for cluster investigations that are conducted.

Regular Epidemiology/Laboratory Integrated Reporting Pilot: The purpose of this project is to identify information that will be useful for a shared epidemiology/laboratory database program. The Minnesota (MN) Department of Health epidemiologists receive daily reports from their public health laboratory, including a line-list of new reportable isolates, with associated serotype, PFGE and demographic data, including historical PFGE information to facilitate appropriate interpretation. This health department has a history of identifying and successfully investigating a high proportion of multistate foodborne disease outbreaks in the country, as well as in-state outbreaks. These daily reports aid in this rapid recognition. Most state health departments have independent epidemiologic and laboratory information management systems, and in some cases multiple systems within those units, with no means of associating data amongst them rapidly into a single usable report. This project is intended to identify pilot sites to replicate regular reports similar to the MN system.

Increase Availability of Foodborne Disease Outbreak Training: Several organizations have identified training in infectious disease outbreak response as a high priority. Because of this, the purpose of this project is to conduct an inventory of foodborne disease outbreak training courses currently in use at the local, state, and federal levels, analyze components of successful/robust courses, and recommend actions to increase the number of local and state staff who have access to quality foodborne disease outbreak training courses.

Updates on ongoing and future CIFOR projects will be available on the CSTE Web site and a soon-to-be-released CIFOR Web site. For more information, please contact Jennifer Lemmings at jlemmings@cste.org.

CSTE Members Present at APHA Meeting

CSTE members presented at the 135th APHA Annual Meeting and Exposition Nov. 3-7 in Washington, D.C. We have included a brief description of each presentation below for your information. Congratulations to all the presenters!

International Health Regulations: A State Perspective

Summary: The revised International Health Regulations (IHR-2005) came into force in the U.S. in July 2007. Under the revised Regulations, Member States must notify the WHO Director-General of public health emergencies of international concern (PHEICs), and better identify and respond to these events. IHR-2005 contains an analytic tool to guide decisions about what constitutes a PHEIC. In order for CDC to report events to WHO, state health agencies will need to report all PHEICs to CDC. Analysis of Washington State policy and practice provides a case study: WA rules have some broad non-specific provisions, such as required reporting of "rare diseases of public health significance"; of the 67 Nationally Notifiable Infectious Diseases (NNIDs), 16 are not specifically listed in WA rules; WA rules include 12 infectious diseases not on NNID list (no case data routinely sent to CDC); and, WA rules include seven non-infectious conditions (case data sent for CDC for four of these). DOH routinely sends case data electronically to CDC for NNIDs included in rule, but for state-reportable conditions which are not nationally-notifiable to CDC, DOH would be expected to apply the WHO Decision Tool. Similarly, for conditions not on state-reportable list, DOH would be expected to apply the WHO Decision Tool. Some challenges exist, for example: IHR-2005 PHEICs include other biological, radiological, or chemical events, and it is unlikely that the state-reportable conditions rules broad provisions would be adequate to cover these types of events.

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Non-Suicidal Self-Injury and Suicidal Ideation: What is the Connection?

Authors: Shannon DeVader, Erika Lichter, Katie Meyer, Cheryl DiCara

Summary: Non-suicidal self-injury (NSSI) is relatively common among adolescents, ranging from 16% to 40% in community samples, and evidence suggests the prevalence is increasing. Several studies have shown an association between NSSI and suicidal ideation (SI). However, very few have examined the overlap between these two risky behaviors using statewide, representative samples. In 2005, Maine added a self-injury question to the high school Youth Risk Behavior Survey (YRBS). We defined NSSI as past year intentional self-harm without wanting to die and SI as considering suicide, making a plan to attempt suicide, or attempting suicide in the past year. Students were grouped as: (1) neither NSSI nor SI; (2) NSSI alone; (3) SI alone; or (4) both NSSI and SI. We examined the association between these groups and demographic characteristics and risk behaviors, including depression, bullying, and sexual assault. One in five Maine high school students engaged in NSSI and 18.0% reported SI. Half of those with NSSI also reported SI. Those who reported both reported higher rates of cigarette, alcohol, and drug use and sexual activity. They also reported higher rates of depression, lack of parental support, and past physical assault by dating partner. One in three of those who reported both NSSI and SI did not receive help when feeling depressed compared to 9.5% of those reporting neither. High school students reporting non-suicidal self-injury should be screened for suicidal ideation and the presence of other unhealthy behaviors.

Presenter:
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CSTE Members Present at APHA Meeting (continued)

Analysis of Florida Pool Drowning Deaths in Young Children

Authors: Patricia D. Ragan, PhD, MPH, PA-C, Joann M. Schulte, DO, MPH, Michael Lo, MSPH, and Lisa Vanderwerf-Hourigan, MS,

Summary: Florida has the highest drowning death rate in the U.S. for children ages 1-4 years (8.9/100,000) and during 1999-2003 recorded 356 unintentional drowning deaths among children in this age group. In children under age 5, swimming pool drownings are most common (68%). This study reports information about 58 swimming pool deaths in children ages 1-4 based on data collected from investigations completed by the Consumer Product Safety Commission during 2003-2006. The goal of the authors is to identify key factors for prevention messages.

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Impact of Air Quality Index Awareness on Outdoor Activity Levels

Authors: Jennifer C. Boyce, MPH; Kristen Malecki, PhD; Ronald E. Gangnon, PhD; Marni Y.V.Bekkedal, PhD; Henry A. Anderson, MD

Summary: This project examined Air Quality Index (AQI) awareness and its impact on outdoor activity levels. A four question state-added module was added to the 2005 Behavioral Risk Factor Surveillance Survey (BRFSS) in eight states (N=29,655). Modifying factors included: demographics, chronic diseases, disabilities, and advice from a health professional. Significant risk factors for not being aware of the AQI included, less educated, low income, older age, females, Whites, individuals with hypertension, heart attack, stroke, and arthritis. Significant risk factors for not reducing activity when the air quality is bad included, males, those with hypertension, and myocardial infraction. The results showed that sensitive populations are receiving the AQI and are modifying behavior to some extent. Physician advice yielded increased awareness and behavior change. Intervention strategies by federal, state, and local governments to improve AQI awareness should target high risk populations.

Presenter:
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New Staff Members Join CSTE

CSTE recently added two new staff members. Please join us in welcoming them!

Amber Leonard, Administrative Assistant

Amber Leonard recently relocated from Rochester, NY, where she was working in Administration at a Direct Marketing Firm, and has joined the CSTE staff at the National Office in Atlanta. "I was looking for change in my life and was granted the opportunity to work with CSTE. I am looking forward to my stay here in Atlanta as well, minus all the snow," she said. Amber also holds a degree in Information Technology from a private college in New York.

Erin Simms, Associate Research Analyst

Erin Simms recently joined CSTE as an Associate Research Analyst at the National Office in Atlanta. After obtaining her Bachelor's degree in Biological Anthropology from Emory University in 2005, Erin continued to the Rollins School of Public Health of Emory University, where she obtained her MPH in Global Environmental Health in May 2007. While at Rollins, Erin worked as a research assistant in the Department of Global Health, where she worked for a research team focused on conducting Norovirus clinical trials. She is now working with CSTE's occupational health, environmental health, and injury workgroups. Erin is excited to work with state and local epidemiologists in these program areas.

The CDC/CSTE Applied Epidemiology Fellowship Enters its Fifth Year

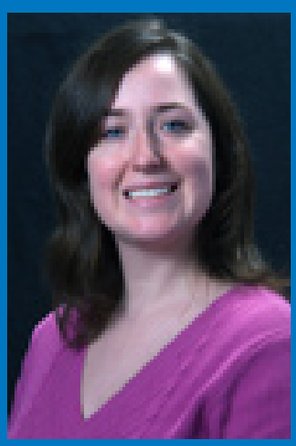
The CDC/CSTE Applied Epidemiology Fellowship, a workforce initiative developed to train competent Applied Public Health Epidemiologists, is continuing to grow each year. A total of 67 fellows have started the Applied Epidemiology Fellowship program since its inception. CSTE welcomed the fifth class of CDC/CSTE Applied Epidemiology Fellows in September 2007. Seventeen new CSTE Fellows, the largest class since the Fellowship's inception, began their journey into Public Health this past year. Class V Fellows are serving within the public health disciplines of Maternal and Child Health, Birth Defects, Infectious Disease, Chronic Disease, and Environmental Health. The Fellows were assigned for two years to various health departments throughout the country, including New Mexico, California (San Diego Quarantine Station), Washington State, Florida (Miami Quarantine Station and the State of Florida), Georgia (CDC Influenza Division, Global Migration and Quarantine Headquarters and the State of Georgia), Texas, Massachusetts, North Carolina, New York State, New York City, New Jersey, Alaska, and Virginia. Class V is comprised of nine Infectious Disease Epidemiology Fellows: Maryann Delea, Tina Arcomone, Rebekah Kunkel, Melissa Wong, Kimberly Yousey-Hindes, Kimberly Glenn, Rebecca Greeley, Christina Dao, and Cara Person. There are two Environmental Health Epidemiology Fellows in Class V: Jessica Hagan and Daniel Rubado. Three Fellows in the fifth class, Danielle Broussard, Paola Gilsanz, and Emily Locke, are focusing on Maternal and Child Health Epidemiology during their two years in the Fellowship. Two Chronic Disease Epidemiology Fellows, Elizabeth Levin and Nicole Standberry, are among the new class of Fellows. Andrea Alvarez is a Class V Fellow working with Birth Defects and Developmental Disabilities Epidemiology. CSTE is pleased to welcome this distinguished new class of CDC/CSTE Applied Epidemiology Fellows.

Fellow Spotlight

Nicole Standberry, MPH, a Class V Fellow, entered the Fellowship in July 2007. She is placed with the North Carolina Division of Public Health working in Chronic Disease Epidemiology. Ms. Standberry received her Master's degree in Public Health in Epidemiology in 2007 from Emory University. She chose to enter the CDC/CSTE Applied Epidemiology Fellowship because it provides "the opportunity to gain applied epidemiology experience through cross-cutting projects under the umbrella of well-qualified and established epidemiologists who share my interests."

Presently, Ms. Standberry is conducting an evaluation of the North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC-DETECT) for potential use as a Chronic Disease surveillance system. She is also conducting an assessment that compares characteristics of hypertensive children (ages 0-17) from the Child Health Assessment and Monitoring Program (CHAMP) database with the health of adults from the same household utilizing the Behavioral Risk Factor Surveillance System (BRFSS). CSTE is pleased to have Ms. Standberry as a distinguished member of fifth class of CDC/CSTE Applied Epidemiology Fellows.

Fellow Spotlight (continued)

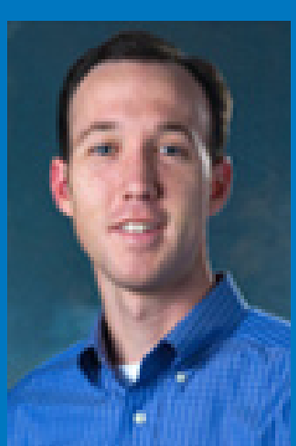


Andrea Alvarez, MPH, entered the Fellowship in August 2007, and is working in Birth Defects and Developmental Disabilities Epidemiology with the Virginia Department of Health. Ms. Alvarez chose the Fellowship because it "offers an unparalleled opportunity for the Fellow to develop personally and professionally through the acquisition and expansion of applied epidemiologic skills via a mentorship model." Currently, she is working with the Virginia Assessment Initiative Program, a cooperative program between the Virginia Department of Health and Centers for Disease Control and Prevention (CDC). The purpose of this program is to improve access to data, improve skills to interpret and understand data, and improve the use of data so that assessment findings drive program development and policy decisions. Ms. Alvarez's major project is writing a health disparities report for publication for the state of Virginia. CSTE is pleased to have Andrea Alvarez as a distinguished member of fifth class of CDC/CSTE Applied Epidemiology Fellows.

CDC/CSTE Applied Epidemiology Fellowship Graduates

The 15 members of the third class of Fellows, who began their Fellowships in 2005, graduated during the summer of 2007. The class distinguished themselves as CSTE Fellows and as members of the health departments in which they were placed. Class III was comprised of six Infectious Disease Epidemiology graduates: Marina Counter, Jeffrey Bethel, Rachel Jervis, Christina Felsen, Kristen Moore, and Catherine Brown. There were six Maternal and Child Health epidemiology Fellows and one Birth Defects and Developmental Disabilities Epidemiology Fellow: David Goodman, Caroline Stampfel, Margaret Blabey, Ashley Chin, Laurin Kasehagen, Erica Cofield, and Jeffrey Pollet. Lydia Clarkson and Kathryn Hughes focused on Chronic Disease Epidemiology during their Fellowships. Nine of the graduates are presently working as epidemiologists at the state, local, or federal level. Three Fellows have entered PhD programs in epidemiology. Three Class III graduates are currently working as epidemiologists in the university setting. CSTE is proud of the Fellows' high level of achievement during their time in the program and their contributions made to their host site agencies.

Fellow Spotlight



Jeffrey Bethel, PhD, a Class III Fellow, entered the Fellowship program in August 2005 as an Infectious Disease Applied Epidemiology Fellow. Dr. Bethel received his PhD in Epidemiology from the University of California, Davis. His position was a joint position, located at the Centers for Disease Control and Prevention San Diego Quarantine Station and the San Diego County Office of Public Health. For Dr. Bethel's major project, he was the Principal Investigator for the Hispanic Health Awareness and Practice Survey (HHAPS), which was an assessment of the knowledge, attitude, and awareness regarding health related issues to Hispanics in San Diego County. The results from the study were presented to various programs within the San Diego Office of Public Health, which used the results to modify and enhance the existing outreach and education efforts within the Hispanic community. While at the San Diego Quarantine Station, Dr. Bethel was involved in Influenza-Like-Illness (ILI) surveillance on cruise ships, and he served as the lead in developing the protocol to pilot passive ILI surveillance on cruise ships.

Fellow Spotlight (continued)

Dr. Bethel reported a positive experience in the Fellowship, stating that "the CSTE Applied Epidemiology Fellowship was an extremely positive experience and provided a strong foundation for me to begin my career as a public health epidemiologist." He reported that the "close working relationship between CDC and the San Diego County Office of Public Health allowed me to experience many aspects in public health and applied epidemiology. This Fellowship has been a tremendous experience and has prepared me for a long and productive career in public health." Dr. Bethel graduated in the summer of 2007, and is currently working as a Quarantine Public Health Officer at the Centers for Disease Control and Prevention (CDC) San Diego Quarantine Station.

Margaret Blabey, MPH, a Class III Fellow, entered the Fellowship program in July 2005 as a Maternal and Child Health Epidemiology Fellow. Ms. Blabey received her Master's degree in Public Health with a concentration in International Health and Development from Tulane University. Her Fellowship appointment was with the State of Alaska Division of Public Health.

During her Fellowship, Ms. Blabey's major project was the Alaska Childhood Understanding Behaviors Survey (CUBS), which is a two-year follow-up survey to the Pregnancy Risk Assessment Monitoring System (PRAMS). She spearheaded the design and implementation of this new surveillance program in Alaska. This major study provided the opportunity for Ms. Blabey to achieve several major competencies required of the Fellowship program. She stated that serving "in this role provided me with experience designing a questionnaire to address health problems, creating a database for a health data set, distinguishing between public health research and public health practice, and evaluating a surveillance system and knowing the limitations of surveillance system data."

To fulfill the outbreak investigation requirement of the Fellowship, Ms. Blabey traveled with an epidemiology investigation team to investigate an outbreak of gastrointestinal symptoms among a group of children at a camp in the town of Wasilla. She had other opportunities to travel to remote villages to assist in several research studies being conducted in the Southwest region of Alaska. Her work created a positive impact on the Alaska Division of Public Health. Without her contribution and leadership in starting the CUBS program, it would have not been implemented.

Ms. Blabey reported that her experience in the Fellowship was very positive. She stated, "My training objectives were definitely achieved through the Fellowship. During the past two years I have had hands-on experience with epidemiologic research and programs, and as a result, I feel more confident in my overall epidemiology skills and knowledge." Ms. Blabey is currently working as a permanent Maternal and Child Health epidemiologist with the Alaska Division of Public Health. She serves as the coordinator of the CUBS program and the primary Epidemiologist/Analyst for infant mortality analyses and the MIMR program.

Fellow Spotlight (continued)

Other Fellows are working hard and contributing to their host sites while gaining invaluable experience. Some of the projects that Fellows are undertaking or have recently completed are listed below:

- Conducting a comparison of infectious disease surveillance at U.S. ports of entry before and after the Quarantine Activity Reporting System (QARS) Standardization
- Evaluating the Methicillin-resistant Staphylococcus Aureus (MRSA) surveillance system in Tennessee
- Linking birth defects certificate data with a subset from the Diabetes Outreach Network database
- Conducting biomonitoring for depleted uranium in urine of active duty military personnel and veterans who participated in the Persian Gulf War or in the current Iraq or Afghanistan conflicts
- Designing a module to address worksite health promotion activities and attitudes about worksite emergency preparedness activities for the Behavioral Risk Factor Surveillance System of Georgia (BRFSS)
- Conducting an evaluation of the Georgia Comprehensive Cancer Registry (GCCR)
- Utilizing the Perinatal Periods of Risk (PPOR) technique to decompose and assess the rates of infant mortality to help elucidate disparities in infant mortality in Pennsylvania
- Assessing the impact of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) on access to prenatal health services and the risk of adverse perinatal outcomes among low income women in Pennsylvania
- Examining the impact of Florida's new birth certificate changes on first trimester prenatal care entry
- Conducting an analysis to determine whether elevated rates of diabetes and dialysis in Africa-Americans can explain the disparity between African American and White rates of Methicillin-resistant Staphylococcus Aureus (MRSA)
- Linking the special supplemental nutrition program for women, infants, and children (WIC) data with vital records certificates of live births
- Designing the evaluation plan for the Virginia Congenital Anomalies Tracking and Prevention Improvement Project II
- Evaluating an HIV-exposure and partner notification surveillance system

Overall, a total of 35 Fellows have graduated from the CDC/CSTE Applied Epidemiology Fellowship program since the program's initiation. All graduates are working as epidemiologists or furthering their education in epidemiology, thereby contributing to the applied epidemiology workforce. They are all excelling and distinguishing themselves in their current positions while working to improve the epidemiology capacity at the state, local, and federal levels and contributing to improving the health of the nation. Class IV and Class V fellows are gaining valuable experience while working hard at their host sites. CSTE is currently selecting the sixth class of Fellows. CSTE looks forward to another year of training the nation's future leaders in epidemiology and to continuing to strengthen

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Executive Committee 2007 – 2008

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 2007-2008 Executive Committee members are:

Office	Name and State	Term Expiration
President	Eddy Bresnitz, MD, MS New Jersey	2008
President - Elect	Perry Smith, MD New York	2008
Past President	Robert Harrison, MD, MPH California	2008
Secretary - Treasurer	Melvin Kohn, MD, MPH Oregon	2008
Members-At-Large	Michael Landen, MD, MPH New Mexico	2010
	Tom Safranek, MD Nebraska	2009
Environmental /Occupational/ Injury Epidemiology	Martha Stanbury, MSPH Michigan	2009
Chronic Disease/MCH/ Oral Health Epidemiology	John Horan, MD, MPH Georgia	2010
Infectious Disease Epidemiology	Gail Hansen, DVM, MPH Kansas	2008
Executive Director	Patrick J. McConnon, MPH Council of State and Territorial Epidemiologists	

C S T E

2008 Annual Conference

Save the Date

June 8 – 12, 2008
Denver, Colorado

More information available on the CSTE website at

www.cste.org