



Contents

- PH Information Network Pre-Conference Workshop
- CDC/CSTE Applied Epidemiology Fellowship
- 2006 CSTE Annual Conference New Member/Fellow Reception
- CDC/CSTE Development of Applied Epidemiology Competencies
- 2006 Epidemiology Capacity Assessment
- Kevin Fenton, M.D., Ph.D. Named Director for the National Center for HIV, STD and TB Prevention
- Occupational Health
- Environmental Health
- EPI-X Notification Proficiency Test
- Introducing WECCI – the Workgroup on External Cause Coding
- Staff Directory
- Executive Committee

PH Information Network Pre-Conference Workshop

The CDC National Center for Public Health Informatics and CSTE are hosting a full day workshop on June 4, prior to the CSTE conference, to gather functional requirements for two functional areas: Public Health Surveillance and Analysis, Visualization and Reporting.

These functional areas add to the work that has been done over the past several years through the Public Health Information Network (PHIN) initiative to improve the capacity of public health to respond to bioterrorism and other public health challenges. PHIN functional requirements describe the functionality needed for information systems to support public health practices and are used to guide assessments to determine appropriate information systems. The requirements are used to measure progress by CDC-funded grantees toward implementing information systems that will support detection, response to and evaluation of expected and unexpected public health events.

Recent events and feedback from state and local public health partners underscore the need to approach emergency response preparation by strengthening routine ongoing activities. Consequently, the perspective for gathering the requirements will emphasize supporting day-to-day operations in a way that is robust and flexible enough to detect, respond to and evaluate an urgent public health event

General information about the PHIN initiative is available at <http://www.cdc.gov/phinf/>.



CALLING ALL MEMBERS

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

sclinton@cste.org.

Save the Date

2006

CSTE Annual Conference

Translating Data into Knowledge to Meet New Challenges

June 4 – 8, 2006

Anaheim, California

for more information

SEE OUR WEB SITE
www.cste.org



Council of State and Territorial Epidemiologists

CDC/CSTE Applied Epidemiology Fellowship

CSTE congratulates Class I graduates and Welcomes Class III to the Fellowship

Jamie Snow, DVM, MPH
Wyoming Department of Health



Mentor: Tracy Murphy, MD

Jamie was an Infectious Disease Fellow at the Wyoming Department of Health. Her major projects included the design of the Rabies post exposure prophylaxis surveillance system and the evaluation for Chronic Wasting Disease surveillance system. Jamie's projects and contributions to the health department centered on the area of fish consumption and infection control practices of Wyoming Vets. Jamie's work on the Infections Control Practices of Veterinarians in Wyoming will be published in the Northwestern Journal of Public Health. Jamie is currently working at the Wyoming Department of Health as the Wyoming State Public Health Veterinarian.

Tanya Bobo, MPH
Virginia Department of Health



Mentors: Suzanne Jenkins, DVM
Susan Fischer-Davis, MD

Tanya was an Infectious Disease Fellow at the Virginia Department of Health. Her primary responsibilities included surveillance for and investigation of human illnesses caused

by arbovirus and water-borne pathogens. She was also involved in a number of activities including an evaluation of Virginia's non-tuberculosis mycobacteria surveillance system and an investigation of West Nile Virus (WNV) infection in wildlife rehabilitators. Tanya also described the long-term health effects and functional outcomes of reported cases of WNV in Virginia and enhanced the surveillance systems for arboviruses and non-cholera Vibrio cases. Tanya is currently working at the Virginia Department of Health as a contract employee until she continues her education this fall to pursue a DrPH, or a PhD in Epidemiology.

Barbara Frohnert, MPH
Minnesota Department of Health



Mentors: John Oswald, PhD, MPH
Myron Falken, PhD, MPH

Barbara was a Birth Defects and Developmental Disabilities Fellow working at the Minnesota Department of Health. During her fellowship, Barbara worked on a variety of important projects that contributed greatly to the health department. She designed the Birth Defects Information System for the CDC Grant proposal, and evaluated the Birth Defects Surveillance pilot study and the Newborn Hearing Screening program. Barbara presented her findings at many local and national meetings over the two years of her fellowship. Barbara is currently working at the Minnesota Department of Health as an Epidemiologist with the Pregnancy Risk Assessment Monitoring System.

CDC/CSTE Applied Epidemiology Fellowship

(continued)

Michelle Payne, MPH

North Carolina Department of Health



Mentors: Douglas Campbell, MD, MPH
Rick Langley, MD, MPH

Michelle was an Environmental Health Fellow at the North Carolina Department of Community Health. Her fellowship included a variety of projects at the health department, including a possible cluster investigation involving Mixed Connective Tissues Disease and a descriptive health study on children removed from clandestine methamphetamine labs. In addition, Michelle worked on the creation of a temporary Carbon Monoxide Surveillance Aide, which increased surveillance capabilities and helped with the introduction of ABLES. Michelle also had unique and memorable experience as an epidemiologist for a mobile hospital in Waveland, Mississippi during Hurricane Katrina response activities. Michelle will be continuing her public health work as an Epidemiologist at the Metro County Health Department in Nashville, Tennessee.

Welcome Class III to the CSTE/CDC Applied Epidemiology Fellowship



Front Row: (Left to Right) **Kristen Moore**, New York City Department of Health and Mental Hygiene; **Christina Felsen**, Miami Quarantine Station/Miami Dade Health Department; **Rachel Jervis**, San Francisco Quarantine Station/California Department of Health; **Laurin Kasehagen**, Oregon State Department of Health, **Caroline Stampfel**, Virginia Department of Health. *Second Row:* **Marina COUNTER**, CDC Seattle Quarantine Station/Seattle & King County Public Health; **Margaret Blabey**, Alaska Department of Health; **Jackie McClain**, CSTE; **Kathryn Hughes**, Washington State Department of Health; **Adrienne Gil**, CSTE. *Third Row* (Left to Right) **Erica Cofield**, Colorado State Department of Health, **David Goodman**, Florida State Department of Health; **Jeff Pollet**, Michigan Department of Community Health; **Ashley Chin**, Louisiana Department of Health; **Catherine Brown**, New York State Department of Health. *Last Row:* **Jeffrey Bethel**, CDC San Diego Quarantine/San Diego County Health Department; **Pat McConnon**, CSTE.

Not Shown: **Lydia Sharp**, Georgia Department of Health.

2006 CSTE Annual Conference New Member /Fellowship Reception

This event is designed to familiarize new members of the Council of State and Territorial Epidemiologists with the services and benefits of CSTE membership, and to answer your burning questions about the organization. Executive Committee, Welcome Committee and CSTE National Office staff will be available to discuss how to get the most out of CSTE membership and to answer your questions.

If you have recently become a member of CSTE, or if you are a first-time conference attendee or just still feeling new to CSTE, please attend the New Member Reception on Sunday night June 4 from 6 to 7:30 pm at the Hyatt Regency Orange County. This is your opportunity to become more familiar with CSTE; learn about activities and benefits associated with the organization; get acquainted with people serving on the Executive Committee; and meet other new members.

CDC/CSTE Development of Applied Epidemiology Competencies

The Centers for Disease Control and Prevention (CDC), along with CSTE, has convened an expert panel to define competencies for applied epidemiology for local, state and federal public health epidemiologists. This panel has representation from state and local health agencies, academia, private industry, and from across CDC. The panel, convened by Denise Koo, MD, MPH, from the Office of Workforce and Career Development at CDC, and Matt Boulton, MD, MPH, from the School of Public Health at the University of Michigan, first met in October 2004. Gus Birkhead, MD, MPH, of the New York State Department of Health, and Kathleen Miner, Ph.D., MPH, C.H.E.S., from the Rollins School of Public Health at Emory University, co-chair the expert panel.

The expert panel has completed a full draft of competencies for epidemiologists at all levels of

practice that reflect those needed for the effective practice of epidemiology in the governmental public health setting, and CSTE has completed a public review process for all tiers of the competencies. **The complete draft of the CDC/CSTE Applied Epidemiology Competencies is available at www.cste.org.** The final set of the CDC/CSTE Applied Epidemiology Competencies will be available beginning June 2006.

We sincerely appreciate the extensive effort put forward by the members of the Expert Panel in developing the complete draft of the applied epidemiology competencies. We also greatly appreciate the interest of the public health and epidemiology communities across the country.

Questions and comments may be directed to competencies@cste.org.

2006 Epidemiology Capacity Assessment

The Council of State and Territorial Epidemiologists will be conducting an Epidemiology Capacity Assessment (ECA) of epidemiologists working in state and territorial health departments beginning April 2006. All states and territories will receive information on how to complete the online assessment.

The previous assessment in 2004 was used to measure the current status of core epidemiologic capacity and training needs in the U.S. and territories and, whenever possible, to compare the data with baseline data collected prior to the distribution of an increase of nearly \$2 billion in federal bioterrorism funds. The results are compiled in a report entitled "2004 National Assessment of Epidemiologic Capacity: Findings and Recommendations" and is available on the CSTE Website at www.cste.org. The 2006 ECA will capture updated capacity information including the number of epidemiologists; training capacity and needs; and recruitment and retention of epidemiologists within state and territorial health agencies.

The final report will be available online at www.cste.org later this year. If you have any further questions, please contact John Abellera (jabellera@cste.org) or Jennifer Lemmings (jlemmings@cste.org) by e-mail.

Kevin Fenton, M.D., Ph.D. Named Director of the National Center for HIV, STD and TB Prevention



Kevin Fenton, M.D., Ph.D., was named director of the National Center for HIV, STD, and TB Prevention (NCHSTP) in November 2005. Dr. Fenton has served as chief of CDC’s National Syphilis Elimination Effort since January 2005. He has worked in research, epidemiology, and the prevention of HIV and other STDs since 1995 and was previously the Director of the HIV and STI Department at the United Kingdom’s Health Protection Agency. Dr Fenton has spearheaded the development of a number of national HIV, STD and behavioral surveillance and research programs in the U.K. and Western Europe, including the National Chlamydia Screening Programme in England, the 2nd British National Survey of Sexual Attitudes and Lifestyles, and the European Surveillance of STI (ESSTI) Network.

Dr. Fenton will be addressing CSTE at the 2006 Annual Conference on Sunday June 4 from 3:45 to 4:15 pm as part of the Sunday training session being held by

the HIV/AIDS Core and Incidence Surveillance and Coordinators. You are invited to join the session to meet Dr. Fenton and hear his remarks.

Occupational Health

The Occupational Health Workgroup held their annual spring meeting on March 1-2 in Alexandria, Virginia. The first day of this meeting was devoted to discussing the Bureau of Labor Statistics’ (BLS) Survey of Occupational Injuries and Illness (SOII) data, which provide annual estimates of the numbers and incidence rates of work-related injuries and illnesses at the state and national level. The SOII data provide important surveillance information to states and are used to generate several of CSTE’s Occupational Health Indicators. Participants included BLS, the Occupational Safety and Health Administration (OSHA) and industry and academic

experts, who reviewed SOII data collection methods and approaches to data quality control and discussed recent research findings regarding underreporting/underestimation of occupational injuries and illness at the national and state level. This meeting provided a unique opportunity for all participants to better understand SOII data issues and explore opportunities for ways in which state surveillance programs can work with BLS to improve the estimates of non-fatal occupational injuries and illnesses. The Workgroup plans to publish a white paper to summarize the meeting and delineate specific recommendations.

Environmental Health

In February, CSTE hosted a meeting in Scottsdale, Arizona to further the development of the indicators that were first described by the CDC/CSTE Environmental Public Health Indicators (EPHI) project in 2000. This meeting supported the efforts of the State Environmental Public Health Indicators Collaborative (SEHIC), which was established by Environmental Public Health Tracking grantees in 2004 to begin developing EPHIs for use within state-level environmental health practice and assist in supporting a national network for environmental health surveillance. Since then, SEHIC has expanded to include additional states

and environmental agencies. Currently, SEHIC is piloting three EPHIs related to air quality, asthma and drinking water. To date, nine preliminary measures were identified and developed within these topic areas, along with “how to” guides for replicating the methods of deriving the measure in a standard way. Future goals include evaluating preliminary findings and refining indicator templates and piloting additional EPHIs in other topic areas. You can learn more about the EPHIs during the CSTE Annual Conference in June.

EPI-X Notification Proficiency Test

CSTE is planning to work with CDC's *Epi-X* staff to conduct its annual proficiency test. This test is a role-specific *Epi-X* Notification Proficiency Test for all available State Epidemiologists and is being planned for August. This test will take place on a weekday, between 8 a.m. and 5 p.m. eastern time, and should only take a few minutes to complete. We ask your cooperation during this important preparedness exercise, which is designed to evaluate the effectiveness of *Epi-X* emergency notification and identify ways to improve it.

In preparation for the August test, please do the following:

During June:

1. Log on to *Epi-X* and review your profile and contact information at <https://epix.cdc.gov/Profile.asp>. Be sure to provide complete and accurate information so that you can be contacted during the test. Then take the notification self test to ensure that your locating devices are contacting you properly.

2. If you need to refresh your *Epi-X* skills, sign up for online training with the *Epi-X* team's training coordinator, Amanda Evanson, to learn more about the features of *Epi-X* and how to prepare for and respond to an emergency. All training requests will likely be accommodated in July. Amanda can be contacted at aevanson@cdc.gov.
3. Ensure that you have saved a copy of your digital certificate and have installed it on your work, home and laptop computers. For assistance, contact the *Epi-X* Help Desk at 1-877-GET EPIX.

If you have any other questions about this exercise, please contact John Abellera at the National Office at jabellera@cste.org or 770-458-3811.

Introducing WECCI – the Workgroup on External Cause Coding Improvement

Back in 1991, the ICEHS developed an American Public Health Association (APHA) Policy Statement on "Use of E Codes in Hospital Discharge Data," which was subsequently approved by APHA. In 1992 an APHA mini grant to the section was used to develop the widely disseminated brochure "E Codes the Missing Link in Injury Prevention." A flurry of activities followed, resulting in the adoption of an E code mandate for uniform hospital discharge data by 22 states and the appearance of a voluntary field for an E code on the billing form for Medicaid and Medicare reimbursement. Yet little has happened since that time to move the improvement of external cause coding ahead.

In 1997 the ICEHS led the way for a survey of state coding practices and distributed its findings in a report entitled "How states are collecting and using cause of injury data." A 2004 update to the 1997 report was initiated by the Council of State and Territorial Epidemiologists (CSTE) and published early last year. The report indicated that:

- 26 states have a mandate for external cause coding on the uniform hospital discharge data set.
- States with laws or mandates requiring external-cause-of-injury coding continue to have a higher percentage of completeness of injury-related data.
- In states that have evaluated their systems, only 43.8% of hospital discharge data sets and 54.5% of hospital emergency department data sets have more than 90% of injury records E-coded.

A number of recommendations have resulted from both of these reports. In an effort to have a driver to address these

recommendations, WECCI has been formed.

WECCI, the Workgroup for External Cause Coding Improvement, is comprised of CSTE, the Association of State and Territorial Health Officials (ASTHO), the State and Territorial Injury Prevention Directors Association (STIPDA), the Children's Safety Network National Injury and Violence Prevention Resource Center (CSN) and APHA. Sue Gallagher is representing ICEHS on WECCI because of her previous work in this area.

Since January, WECCI has conducted monthly conference calls. The immediate charge is to address a recommendation from the CSTE survey report: "A "toolbox" of techniques to improve E-coding without mandating it should be compiled and promoted to state injury prevention programs to help states improve E-coding in these data systems." As such, the workgroup is planning to survey state injury prevention directors to identify and share best practices for improving the quality of external cause coding.

Other WECCI activities center on:

- exploring ways to get a mandate on the billing form for Medicare and Medicaid reimbursement.
- developing a comprehensive agenda to improve external cause coding.
- identifying and working with other partners to help improve external cause coding.

If you think your organization would like to be a partner, please contact John Abellera at jabellera@cste.org.

Staff Directory

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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, MPH Council of State and Territorial Epidemiologists	