COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS

CSTE update

Fall *2006*

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 members,

As the new president of CSTE, I want to thank you all for the fantastic turnout at this year's annual conference. This was one of the largest CSTE conferences ever in terms of attendance and participation; we were joined by members from all over the country and numerous guests from the CDC and other public health organizations.

Our pre-meeting workshops on pandemic flu, epidemiology training, and occupational and environmental health had many participants, and various CSTE workgroups were able to use the time to their advantage as well. It is great to see that our conference meetings are true working meetings, with members taking advantage of the opportunities to meet face to face, work together and learn from each other.

It was also wonderful to see the results from one of the areas to which CSTE has been strongly committed over the past few years – the development of new public health practitioners and epidemiologists. The second class of fellows in the CDC/CSTE Applied Epidemiology Fellowship program has graduated, and all of them attended the conference, making poster and breakout session presentations.

The members of both program classes have been extremely successful in finding permanent placements within public health organizations, and are now taking their experiences as fellows into the "real world" of public health practice and research. It is exciting to realize that through this and other CSTE programs, we are truly helping build the pipeline of expertise that is so needed to support excellence and growth in public health efforts throughout the country.

Through our workgroups, the fellows program and our overall membership philosophy, CSTE continues to create opportunities for members to participate at a variety of levels, and to take on leadership roles within the organization.

Our membership growth is at an all time high and we now have nearly 1,100 members – levels of achievement illustrated by the success of the conference. One of the positive outcomes of such organizational growth is the need to take a new look at how CSTE is structured. During the conference, members of the HIV/AIDS Surveillance and Coordinators group made a request that we consider the possibility of creating formal section designations for the various groups within CSTE – infectious disease, occupational health, HIV/AIDS, etc. We did not make a resolution concerning this at the conference, but a working committee will be formed to investigate the issue. We'll keep you updated.

Thank you again for your support of CSTE and all you do to make this organization thrive. I look forward to working with you all as we continue to make CSTE even better.

Robert Harrison

CSTE Executive Director's Message

Greetings!

CSTE has been hard at work this year, and we're already planning for 2007. We will be hosting a workforce summit in Atlanta in January. The meeting will include all past CSTE presidents, the current executive committee and several CSTE staff members, as well as representatives from CDC, APHA, ASTHO, NACCHO and ASPH. With such a variety of perspectives on workforce planning and initiatives in epidemiology, the summit promises to be very exciting and productive.

During the two-day summit, we will work to outline the highest priority programs and activities for CSTE to focus on for the next three years. Guests including Georges Benjamin, APHA, Pat Libbey, NACCHO, Harrison Spencer of ASPH, Paul Jarris of ASTHO and Steve Thacker of CDC will help provide National, Academic, State, Local and Federal public health perspectives to the group. We will deliberate on workforce planning from all these angles to help us focus CSTE's priorities going forward.

From our first workforce summit in 2003, we created priorities that have served CSTE well over the past few years: developing leadership training and an epidemiology fellowship program, performing epidemiology capacity assessments every two years, and developing applied epidemiology competencies to assist state and local health departments in their development of epidemiologist-targeted training.

If you have ideas or topics that should be considered for discussion during the 2007 workforce summit, please contact me at **pmcconnon@cste.org.**

Pat McConnon

Welcome New CSTE Staff Members

Amy Patel recently joined CSTE as the new Associate Research Analyst at the National Office in Atlanta. Amy completed her Bachelor's degree in Social Work in 2005 and recently graduated with an M.P.H. degree from Georgia State University with a focus on health promotion and epidemiology.

Before coming to CSTE, Amy spent six months at the Centers for Disease Control and Prevention as a research assistant working on a national health communication campaign regarding antimicrobial resistance, and became more interested in epidemiology as a result of her work in analyzing data for a survey regarding antimicrobial-resistant pathogens. Her interest in epidemiology led her to this position, and she is now working with CSTE's environmental and occupational health workgroups. She looks forward to becoming involved with new projects and working with CSTE.

Molly Wray came to work with CSTE in July. In her new position as the Workforce and Fellowship Coordinator, she will focus primarily on coordinating the Fellowship. However, she will also play a supporting role in the Maternal and Child Health and Chronic Disease divisions of CSTE.

Previously, Molly worked as a health educator with Georgia Tech for four years, gaining lots of diverse experience in the field of public health. She has an undergraduate degree from Appalachian State University in North Carolina, and an M.P.H. in Community Health Education from the University of North Carolina at Greensboro. She has always had a keen interest in epidemiology, and is excited about being part of an organization that was developed to improve the epidemiologic capacity of our nation.

Katherine Cooper recently joined CSTE as the new Part-time Administrative at the National Office in Atlanta. She completed her Bachelor's degree in Political Science in 2003 and is currently working on her MBA at Georgia State University. Before coming to CSTE, she was an Executive Assistant at Association of Schools of Public Health in Washington, DC. Her interest in public health led her to this position, and she is looking forward to learning more.

Kimberly Glenn recently joined CSTE as the new Infectious Disease Intern at the National Headquarters in Atlanta. After obtaining her Bachelor's degree in Health Sciences from James Madison University in 2005, Kimberly continued to Georgia State University where she is currently pursuing her Master of Public Health degree. Previously, she worked as a graduate research assistant to grant-funded projects such as the Policy Leadership for Active Youth and Accountable Communities: Healthy Together. Her strong interest in epidemiology and background in microbiology led her to this position. She is excited to become a part of CSTE and looks forward to working hard for the organization.

Tanja Walker recently joined CSTE as an Associate Research Analyst in the National Office in Atlanta. Tanja received her Bachelor's degree in Chemistry from Spelman College, and in August 2006 she received her Master of Public Health degree with a concentration in epidemiology from the University of Alabama.

2006 Pumphandle Award Winner
Guthrie S. Birkhead, M.D., M.P.H.

The Pumphandle Award of the Council of State and Territorial Epidemiologist is awarded annually for outstanding achievement in the field of applied epidemiology.

As it seems to be with many epidemiologists, when Dr. Gus Birkhead got his medical degree, he didn't necessarily plan on using it to work in public health. But while working in a hospital clinic not long after he got his start in internal medicine, he began thinking about the importance of prevention. Then he had the opportunity to spend nearly a year as a physician for a Thai refugee camp. "In Thailand I saw what a large difference population medicine can make," he says. "Helping with simple things like water, food and vaccinations is as important as working in a hospital."

After returning to the U.S. from Thailand, Birkhead pursued his master's degree in public health, and went on to work with the Centers for Disease Control and Prevention as an Epidemic Intelligence Service officer in the Vermont Department of Health. During this time, he was first introduced to CSTE by his supervisor, Richard Vogt, who was CSTE president from 1985 to 1987. "I'm lucky, because I got to get involved with the group early in my public health career. CSTE was a different organization then," says Birkhead. "I think then it was basically a box of files that got moved from one president to the next. It's amazing to see how it has changed and grown."

Birkhead has played a strong role in that growth, serving as CSTE president in 1997, and working to further public health's goals and effectiveness. During his tenure as president, CSTE held its first executive committee meeting in Washington, D.C., and met for the first time as an organization with groups like the Department of Health and Human Services. "We were trying to become visible on a national level and began a formal strategic planning process," he says. "Now CSTE staff and members are on the phone with congressional staffers, and we really have a voice."

In the past few years, that voice has been particularly important, according to Birkhead, because of the pressures put on public health to prepare for bioterrorism and pandemic influenza. "Of course, it's always a 'glass half full, glass half empty' situation with these things," he says. "We were catapulted into the limelight and there was much increased funding. But we haven't been able to achieve the basic public health infrastructure we need, and now the funding is going back down."

Along with making sure public health has "a place at the table" and steady funding, Birkhead is very interested in workforce planning for the future. In addition to his current roles as Director of the AIDS Institute and the Center for Community Health for the New York State Department of Health, where he was recruited by Dale Morse, he is an associate professor of epidemiology at the University at Albany (NY). "We definitely need to keep working on the pipelines, helping train good people for work in public health and epidemiology," he says. With Kathy Minor of Emory University, he co-chaired the recent development of applied epidemiology competencies, which were rolled out at the last annual meeting.

Birkhead believes these "pipelines" are so important because time and again over the years, he has seen firsthand the impact public health makes. But in public health, you need to be patient. "Unlike in an emergency room, where you might save someone's life in an instant, in public health the saves can come over a really long time," he says.

For example, as Director of New York's AIDS Institute, Birkhead oversaw an initiative in the late 1990s designed to reduce perinatal transmission of HIV. The state began requiring that delivering mothers be tested for HIV or take AZT before giving birth. At the time, there were 400 to 500 cases in New York each year of HIV transmitted from mother to child. To date this year, there have been only three. He says, "In public health, sometimes it takes years before you see results. But it's worth it."

CSTE congratulates Dr. Gus Birkhead on his recognition as the 2005 Pumphandle Award winner.

2006 Jonathan Mann Memorial Lecturer

CSTE President's Banquet
June 6, 2006

Dr. Michael T. Osterholm, PhD, MPH

Dr. Osterholm is director of the Center for Infectious Disease Research and Policy (CIDRAP), associate director of the Department of Homeland Security's National Center for Food Protection and Defense (NCFPD), and professor in the School of Public Health, University of Minnesota. He is also a member of the Institute of Medicine (IOM) of the National Academy of Sciences. In June 2005 Dr. Osterholm was appointed by Michael Leavitt, Secretary of the Department of Health and Human Services (HHS), to the newly established National Science Advisory Board on Biosecurity.

From 2001 through early 2005, Dr. Osterholm, in addition to his role at CIDRAP, served as a Special Advisor to then–HHS Secretary Tommy G. Thompson on issues related to bioterrorism and public health preparedness. He was also appointed to the Secretary's Advisory Council on Public Health Preparedness. On April 1, 2002, Dr. Osterholm was appointed by Thompson to be his representative on the interim management team to lead the Centers for Disease Control and Prevention (CDC). With the appointment of Dr. Julie Gerberding as director of the CDC on July 3, 2002, Dr. Osterholm was asked by Thompson to assist Dr. Gerberding on his behalf during the transition period. He filled that role through January 2003.

Previously, Dr. Osterholm served for 24 years (1975-1999) in various roles at the Minnesota Department of Health (MDH), the last 15 as state epidemiologist and chief of the Acute Disease Epidemiology Section. While at the MDH, Osterholm and his team were leaders in the area of infectious disease epidemiology. He has led numerous investigations of outbreaks of international importance, including foodborne diseases, the association of tampons and toxic shock syndrome (TSS), the transmission of hepatitis B in healthcare settings, and human immunodeficiency virus (HIV) infection in healthcare workers. In addition, his team conducted numerous studies regarding infectious diseases in child-care settings, vaccine-preventable diseases (particularly Haemophilus influenzae type b and hepatitis B), Lyme disease, and other emerging infections. They were also among the first to call attention to the changing epidemiology of foodborne diseases.

Dr. Osterholm has been an international leader on the critical concern regarding our preparedness for an influenza pandemic. His recent invited papers in the journals Foreign Affairs, the New England Journal of Medicine, and Nature detail the threat of an influenza pandemic and steps we must take to better prepare for that event. Dr. Osterholm has also been an international leader on the growing concern regarding the use of biological agents as catastrophic weapons targeting civilian populations. In that role, he served as a personal advisor to the late King Hussein of Jordan. Dr. Osterholm provides a comprehensive and pointed review of America's current state of preparedness for a bioterrorism attack in his New York Times best-selling book, Living Terrors: What America Needs to Know to Survive the Coming Bioterrorist Catastrophe.

The author of more than 300 papers and abstracts, including 20 book chapters, Dr. Osterholm is a frequently invited guest lecturer on the topic of epidemiology of infectious diseases. He serves on the editorial boards of five journals, including Infection Control and Hospital Epidemiology and Microbial Drug Resistance: Mechanisms, Epidemiology and Disease, and he is a reviewer for 24 additional journals, including the New England Journal of Medicine, the Journal of the American Medical Association, and Science. He is past president of the Council of State and Territorial Epidemiologists (CSTE) and has served on the CDC's National Center for Infectious Diseases Board of Scientific Counselors from 1992 to 1997. Dr. Osterholm currently serves on the IOM Forum on Emerging Infections. He has served on the IOM Committee on Emerging Microbial Threats to Health in the 21st Century and the IOM Committee on Food Safety, Production to Consumption, and he was a reviewer for the IOM Report on Chemical and Biological Terrorism. As a member of the American Society for Microbiology (ASM), Dr. Osterholm serves on the Public and Scientific Affairs Board (where he chairs the Public Health Committee), the Task Force on Biological Weapons, and the Task Force on Antibiotic Resistance. He is a frequent consultant to the World Health Organization (WHO), the National Institutes of Health (NIH), the Food and Drug Administration (FDA), the Department of Defense, and the CDC. He is a fellow of the American College of Epidemiology and the Infectious Diseases Society of America (IDSA).

Dr. Osterholm has received numerous honors for his work, including an honorary doctorate from Luther College; the Pump Handle Award, CSTE; the Charles C. Shepard Science Award, CDC; the Harvey W. Wiley Medal, FDA; the Squibb Award, IDSA; and the Wade Hampton Frost Leadership Award, American Public Health Association. He also has been the recipient of five major research awards from the NIH and the CDC.

Injury Update: WECCI Survey

In August 2006, WECCI, the Workgroup for External Cause Coding Improvement, sent a web-based survey to state injury prevention directors, injury epidemiologists and data managers to identify best practices used to improve the access to and quality of external cause codes in hospital discharge data. This was a follow-up to a CSTE 2004 survey of state and territorial injury prevention directors. Results and conclusions from the survey will be shared at the annual State and Territorial Prevention Directors Association (STIPDA) and American Public Health Association (APHA) meetings this fall.

WECCI is composed of individuals representing CSTE, STIPDA, the Injury Control and Emergency Health Services Section of APHA, the Association of State and Territorial Health Officials, and the Children's Safety Network National Injury and Violence Prevention Resource Center.

National Violent Death Reporting System Releases Data on Homicide and Suicide, 2003-2004

The National Violent Death Reporting System (NVDRS) is a surveillance system of all deaths due to suicide, homicide, accidental firearm injury, legal intervention or undetermined manner. Currently, 17 states (AK, CA, CO, GA, KY, MA, MD, NC, NJ, NM, OK, OR, RI, SC, UT, VA and WI) are funded by the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, to collect data from multiple sources including coroner/medical examiner reports, death certificates, law enforcement records and crime laboratory reports.

One of the greatest strengths of NVDRS is its ability to gather information to elucidate the circumstances surrounding violent deaths. CDC recently published an article in MMWR that described homicide and suicide in the six states that collected data in 2003 and 2004 and the seven states that collected data in 2004. Mental health disorders and intimate partner problems were the most common circumstances associated with suicide deaths. Intimate partner conflicts were also important contributing factors to homicide deaths, as were felony crimes.

For more information on suicide and homicide rates and circumstances, visit http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5526a1.htm.

Data Creep: Review of NEDSS and Legacy Messages

Prior to the development of the National Electronic Disease Surveillance System (NEDSS), states shared data with the Centers for Disease Control and Prevention (CDC) via the National Electronic Telecommunications Surveillance System and paper forms. Since the implementation of NEDSS, states have noted that additional data are being requested by CDC without state input. In response to this situation, CSTE's Surveillance Policy Committee and Public Health Informatics Team members have advised CDC that CSTE and its membership would like to have input into what data fields are requested in the NEDSS message.

This issue was raised during the 2005 CSTE Annual Conference in Albuquerque, N.M. Since then, CDC has prepared and provided to CSTE a comparison of NEDSS and legacy message variables for hepatitis, lead, tuberculosis, vaccine preventable disease and varicella. Other comparisons (e.g., foodborne diseases) are forthcoming.

The focus of CDC's NEDSS and legacy message variable comparison is to reach consensus between CDC and CSTE regarding which variables should be messaged from states to CDC for inclusion in CDC program-specific Data Marts. To access these reviews, please go to the CSTE website and click on "Review: NEDSS and legacy message variables." For each comparison, there will be an opportunity for your program staff to provide input.

When you are evaluating the appropriate program area, we would like you to determine how feasible these new data elements are for your state and whether you are requesting any changes to the content or required/optional attribute of the variables. You can provide comments at the bottom of each page. This will help us ensure that both your needs and CDC needs are being met.

If you have additional questions, please feel free to contact John Abellera at **jabellera@cste.org**.

CSTE's International Travelers

As part of efforts to prepare for the next possible pandemic, CSTE is working in conjunction with CDC to identify short-term technical consultants who can provide training to develop and enhance influenza surveillance around the world. The primary focus of this effort is to provide regional or in-country technical training in establishing and implementing national, provincial, township and village-level surveillance to support identification and reporting of human and avian influenza. Consultants provide technical expertise to help integrate laboratory and epidemiology efforts and develop short-term and comprehensive influenza plans for prevention and control of influenza.

This year, two CSTE members participated in this program: Kathleen Gensheimer traveled to Thailand and Harry Hull to Uganda.

Kathleen Gensheimer

On a "regular" day, Kathleen Gensheimer serves as the state epidemiologist for Maine's Bureau of Health. Last July, Gensheimer went quite a long way from Maine to help train others about pandemic influenza and how to prevent and respond to it. As part of CSTE's international traveler program, she headed to Bangkok, Thailand for a five-day "Avian Influenza Rapid Response Team Training of Trainers Workshop."

Gensheimer served as CSTE's lead consultant on panflu for many years, so she was excited to head around the world for this effort. "It's so important to think about the global implications of a disease," she said. "If we don't, we'll never understand or make a dent in these diseases." Her interest in panflu in particular stems from a long-term interest in seasonal flu and how to enhance and strengthen seasonal surveillance capacity and programs. She has worked to get or develop programs to help public health focus on influenza planning. "It has never received the attention it deserved or the surveillance or the money," she said.

With the traveler program, Gensheimer says CSTE can make great strides in this area. "CSTE understands that we're all in this together," she said. "Panflu potentially impacts public health collaborations on a global basis, so working together on prevention and preparedness just makes sense. It's a lot more effective, too."

Although she was in Thailand officially to train others, Gensheimer is quick to mention how much she learned as well. "Other parts of the world can offer us lots to benefit by," she said. "Working with country teams from China and Myanmar and other places was fascinating. They had a lot to offer, and the power of their first-hand experiences was amazing – a humbling experience. They've done the real tabletop exercise when it comes to panflu."

Learning from global public health partners held another aspect for Gensheimer as well. "We need ambassadors from public health and from the U.S. who can improve relations on a small scale," she said. Sharing her perspectives and experiences as part of CSTE's international traveler program is a good start.

Harry Hull

Minnesota's state epidemiologist, Harry Hull, also traveled the globe this year, making his trek to Uganda last May. Having worked in West Africa and Bangladesh with the CDC and around the world with the WHO polio eradication initiative, Hull was eager to participate when he learned about CSTE's international traveler program. "I immediately volunteered when the information about the program was posted," he said. "I have a background working overseas, and this was another opportunity to help others around the world."

Hull participated in a joint planning workshop with the CDC and WHO to help African countries plan to respond to an outbreak of pandemic influenza. They reviewed the public health situation to see what kind of plan is needed and can be implemented. "I was very impressed with the people who attended the workshop and the level of planning that was already under way," he said. He believes a big part of what CSTE can offer with the international traveler program is the knowledge and experience of its members in state health departments, who are ideal for helping with global panflu planning. "State people have nuts and bolts experience with developing and delivering immunization programs and in developing surveillance systems," he said.

Hull also says that getting a different perspective from others in public health around the world is vital to his job here. "It's an important concept in infectious disease control," he said. "Diseases know no boundaries, so helping others is indirectly helping Minnesota. If developing countries can stop diseases like panflu sooner, it's less likely to get here at all."

Part of what excited Hull about CSTE's program is that it not only provides aid to public health practitioners in other countries, but also offers growth and learning opportunities for members. "If people are interested in working in international health, they need experience. With limited travel funds in most departments, this program is a great opportunity," he said.

To learn more about the CSTE international traveler program, contact the national office at 770-458-3811.

Call for Papers for *Public Health Reports*

Competency-Based Epidemiologic Training in Public Health Practice

The Centers for Disease Control and Prevention (CDC), the Council of State and Territorial Epidemiologists (CSTE) and Public Health Reports (PHR), which is the journal of the U.S. Public Health Service (published bi-monthly in partnership with the Association of Schools of Public Health), are calling for papers related to Competency-Based Epidemiologic Training in Public Health Practice, to be published in a supplement in late 2007.

Education based on competencies — the knowledge, skills and abilities that pertain to the practice of epidemiology, particularly in governmental public health settings — are the central theme of this *PHR* supplement.

Manuscripts are sought that are either analytic or descriptive in format, including implications for practice, policy analyses, innovative partnerships, intervention comparisons and evaluations, and training case studies.

Important themes of interest include, but are not limited to, evidence for and against the following:

- development of competencies for applied epidemiologists;
- competency-based applied epidemiology training programs;
- epidemiologic competency assessment;
- innovative partnerships between academia and practice to train applied epidemiologists by using competencies mapped to the Applied Epidemiology Competencies developed by CDC and CSTE (available at http://www.cste.org); and
- evaluation of epidemiology training programs.

Manuscript Requirements: All manuscripts selected for publication will be peer-reviewed.

Research articles: PHR seeks to publish research that is fully developed and original. To avoid redundant publishing, PHR does not accept preliminary reports or reports of studies that are only incrementally different from previously published research. Include a structured synopsis (Objectives, Methods, Results, and Conclusions) of up to 250 words.

Practice articles: PHR publishes articles describing innovative public health programs and initiatives, their current status and documented outcomes. Include a 150-word unstructured synopsis.

Viewpoints and commentaries: Viewpoints and commentaries present the current status of a subject area and implications for policy, practice or future research.

Supplement Editors: Denise Koo, MD, MPH, Centers for Disease Control and Prevention; Gus Birkhead, MD, MPH, New York State Department of Health and CSTE; Art Reingold, MD, University of California, Berkeley.

File Format: Please submit manuscripts electronically in Microsoft Word or WordPerfect.

Deadline for Submission: January 31, 2007.

Submit Manuscripts to Robert Rinsky, Editor, PHR, at robert.rinsky@cchmc.org. Please include "Attention: Epidemiology Competencies" in the subject line of the e-mail. An acknowledgement of receipt of the manuscript will be sent within 48 hours.

Council to Improve Foodborne Outbreak Response

The Council of State and Territorial Epidemiologists (CSTE) and the National Association of County and City Health Officials (NACCHO) are co-chairing the Council to Improve Foodborne Outbreak Response (CIFOR) to develop guidelines, a repository for resources and tools, and performance measures for response to enteric illness.

CIFOR includes representatives from CSTE, NACCHO, CDC, the Association of State and Territorial Health Officials (ASTHO), National Environmental Health Association (NEHA), Association of Public Health Laboratories (APHL), Food and Drug Administration (FDA), and United States Department of Agriculture (USDA).

Expected Outcomes

CIFOR has initially targeted the following products:

- **Program guidelines;**
- **An online clearinghouse of resources and tools for foodborne outbreak detection and response;**
- **Program performance evaluation indicators; and**
- **Guidelines for responding to multijurisdictional outbreaks, integrating those that have already been created.**

For updates, please visit www.cste.org or contact Jennifer Lemmings at jlemmings@cste.org.

Executive Committee 2006–2007

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CSTE Applied Epidemiology Fellows – Class IV

CSTE welcomed the Class IV Applied Epidemiology Fellows for a successful orientation the week of September 11-15, 2006. Class IV is comprised of 16 Fellows, with the following specializations and assignment locations:

Global Migration and Quarantine
Michelle Sandoval; El Paso, Texas
Krista Kornylo; Atlanta, Georgia
Janelle Anderson; New York City

Maternal and Child Health
Adam Allston; Harrisburg, Pennsylvania
Katherine Hutchinson; Olympia, Washington

Birth Defects
Jeannette Sample; St. Paul, Minnesota

Environmental Health
Jennifer Boyce; Madison, Wisconsin
Kathleen Fitzsimmons; Richmond, California

Chronic Disease
Lauren Wooley; Boston, Massachusetts
Shannon DeVader; Augusta, Maine

Injury
Heidi Purcell; Portland, Oregon
Carrie Huisingh; Boston, Massachusetts

Infectious Disease
Ryan Burke; New York City
Aimee Ferraro; Harrisburg, Pennsylvania
Erin Chester; Shoreline, Washington
Katherine Sheline; Lansing, Michigan

CSTE is looking forward to continuing to improve the epidemiology workforce capacity at the state and local level by working with and supporting the fourth Applied Epidemiology Fellowship class.

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Executive Committee 2006 – 2007

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 2006-2007 Executive Committee members are:

Office	Name and State	Term Expiration
President	Robert Harrison, MD, MPH California	2007
President- Elect	Eddy Bresnitz, MD, MS New Jersey	2007
Vice President	C. Mack Sewell, DrPH, MS New Mexico	2007
Secretary -Treasurer	Perry Smith, MD New York	2008
Members-At-Large	Melvin Kohn, MD, MPH Oregon	2007
	Allen S. Craig, MD Tennessee	2008
	Jo Hofmann, MD Washington	2009
Environmental /Occupational/ Injury Epidemiology	David Johnson, MD, MS Florida	2009
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	

CSTE Annual Meeting Atlantic City, New Jersey

The following is a note from Eddy Bresnitz, CSTE President Elect and Chair of the 2007 Program Planning Committee:

I would like to extend a warm invitation to all CSTE members to attend the 2007 CSTE annual meeting scheduled to be held at the Sheraton Hotel and Atlantic City Convention Center in Atlantic City, New Jersey from June 24 to 28. This hotel in Atlantic City is one of the few that is a non-gambling, non-smoking hotel located near the Atlantic City boardwalk. In addition to the excellent program this year, Atlantic City and the surrounding areas offer many attractions and diversions for those who plan to attend the meeting with their families and/or spend some extra time in New Jersey. This is a real option given the dates of the meeting in June.

Here are just a few of the attractions your family can enjoy either in Atlantic City or within an easy driving distance.

Atlantic City Boardwalk and Beaches (5 minutes)

Surfing (5 minutes)

Deep Sea Fishing (30 minutes)

Other Jersey Shore Beaches (e.g., Cape May) (1 hour)

Brigantine Wildlife Preserves (20 minutes)

New Jersey Pinelands (30 minutes)

Philadelphia (1 hour)

Consider bringing your families with you to the meeting. It is a great weather time of year to visit and there are terrific restaurants and lots to do.