2008-2009

ANNUAL REPORT

CSTE

Alaska
Hawaii
Territories
Puerto Rico
U.S. Virgin Islands

Council of State and Territorial Epidemiologists

COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS

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FINANCIAL STATEMENTS & AUDITORS REPORTS

INDEPENDENT AUDITOR'S REPORT

Executive Committee
Council of State and Territorial Epidemiologists, Inc.
Atlanta, Georgia

We have audited the accompanying statement of financial position of the Council of State and Territorial Epidemiologists, Inc. (a nonprofit organization) as of September 30, 2009 and the related statements of activities, functional expenses and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes, examining on a test basis, evidence supporting the amounts and disclosures in the financial statement. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Council of State and Territorial Epidemiologists, Inc. as of September 30, 2009 and the changes in net assets and its cash flows for the year then ended in conformity with generally accepted accounting principles.

In accordance with *Government Auditing Standards*, we have also issued our report dated December 4, 2009, on our consideration of Council of State and Territorial Epidemiologists, Inc, internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, and grants, agreements and other matters.

The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and important for assessing the results of our audit.

Our audit was performed of the purpose of forming an opinion of the basic financial statements of Council of State and Territorial Epidemiologist, Inc. taken as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by U.S. Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations," and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

Coun & Company, LLC

December 4, 2009
Atlanta, Georgia

2008-2009

FINANCIAL STATEMENTS & AUDITORS REPORTS

COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS, INC.
STATEMENT OF FINANCIAL POSITION
SEPTEMBER 30, 2009

ASSETS	
CURRENT ASSETS	
Cash and Cash Equivalents	$ 284,276
Certificates of Deposit	524,582
Accounts Receivable	31,344
Grants Receivable	631,649
Accrued Interest Receivable	4,723
Prepaid Expenses	43,732
TOTAL CURRENT ASSETS	1,520,306
PROPERTY AND EQUIPMENT	
Computers and Software	85,964
Furniture and Equipment	52,705
Less: Accumulated Depreciation	(84,542)
TOTAL PROPERTY AND EQUIPMENT	54,127
OTHER ASSETS	
Deposits	3,153
TOTAL ASSETS	$1,577,586
LIABILITIES AND NET ASSETS	
CURRENT LIABILITIES	
Accounts Payable	$ 271,426
Accrued Expenses	422,704
Deferred Revenue	325
TOTAL CURRENT LIABILITIES	694,455
NET ASSETS	
Unrestricted	883,131
Temporarily Restricted	-0-
Permanently Restricted	-0-
TOTAL NET ASSETS	883,131
TOTAL LIABILITIES AND NET ASSETS	$1,577,586

See Accompanying Notes to Financial Statements

COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS, INC.
STATEMENT OF FINANCIAL ACTIVITIES
YEAR ENDED SEPTEMBER 30, 2009

CHANGE IN UNRESTRICTED NET ASSETS:	
Revenues and Gains	
Support from Grants	$6,025,842
Memberships	120,750
Annual Meeting	317,264
Interest Income	20,946
Miscellaneous	1,250
Total Revenues and Gains	6,486,052
Expenses	
Program Services	5,731,207
General Supporting Expenses	370,842
Total Expenses	6,102,049
INCREASE IN UNRESTRICTED NET ASSETS	384,003
NET ASSETS, BEGINNING OF YEAR	499,128
NET ASSETS, END OF YEAR	$ 883,131

See Accompanying Notes to Financial Statements

FINANCIAL STATEMENTS & AUDITORS REPORTS

COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS, INC.
STATEMENT OF CASH FLOWS
YEAR ENDED SEPTEMBER 30, 2009

CASH FLOW FROM OPERATING ACTIVITIES	
Change in Net Assets	$ 384,003
Adjustment to Reconcile Change in Net Assets to Net Cash Provided by Operating Activities:	
Depreciation	22,474
(Increase) Decrease in Operating Assets:	
Grant Funds Receivable	(257,591)
Accounts Receivable	48,023
Accrued Interest Receivable	(824)
Prepaid Expenses	88,655
Increase (Decrease) in Operating Liabilities:	
Accounts Payable	(237,275)
Refundable Advances	(161,283)
Accrued Expenses	182,642
Deferred Revenue	(4,675)
NET CASH PROVIDED BY OPERATING ACTIVITIES	64,149
CASH FLOWS FROM INVESTING ACTIVITIES	
Disposal of Certificates of Deposit	9,615
Purchase of Property and Equipment	-
NET CASH (USED) BY INVESTING ACTIVITIES	9,615
NET INCREASE IN CASH AND CASH EQUIVALENTS	73,764
CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR	210,512
CASH AND CASH EQUIVALENTS AT END OF YEAR	$ 284,276
SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION	
Cash Paid During the Year For:	
Interest	$ -0-
Income Taxes	$ -0-

See Accompanying Notes to Financial Statements

FINANCIAL STATEMENTS & AUDITORS REPORTS

COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS, INC.
STATEMENT OF FUNCTIONAL EXPENSES
YEAR ENDED SEPTEMBER 30, 2009

Program Services

	1U38HM000414 Focus Areas							CDC	CDC
	Chronic	Core	Environmental	Epidemiology	FoodSafety	HIV	Infectious	CCU007278	Foundation
Annual Meeting Expense	0	0	0	0	0	0	0	0	0
Consultants	250	9,497	13,052	35,284	20,580	1,875	250	55,470	63
Contracts	250	1,590	313	200,248	0	0	250	187,082	63
Fringe	6,278	98,426	10,363	37,673	8,005	4,888	12,055	2,096	595
General & Administrative	49,564	293,501	81,041	132,699	31,634	13,200	75,875	165,895	13,212
Other	7,014	98,539	40,096	460,559	52,320	17,683	23,312	639,715	11
Personnel	27,184	395,757	43,858	151,142	35,857	21,754	45,887	7,643	2,394
Postage and Delivery	98	1,748	143	2,239	8,463	0	207	834	18
Printing and Reproduction	2,413	3,432	88	1,318	8,352	75	87	1,607	17
Staff Travel	3,619	31,770	2,486	17,442	4,425	3,163	1,423	2,337	10
Supplies	40	4,012	344	1,836	43,074	105	40	-1,319	0
Telephone	0	703	0	395	65	3,386	1,328	0	0
Trainee Expense	182,453	596,500	242,252	202,211	253	0	288,584	139,279	44,016
Total Expense	279,163	1,535,475	434,036	1,243,046	213,028	66,129	449,298	1,200,639	60,399

Program Services

	Michigan	Michigan Quarantine	New York City	Occupational Capacity	Occupational Conference	Occupational WestOn	RWJF Award	RWJF Tribal	NonFed	Total Expenses
Annual Meeting Expense	0	0	0	0	0	0	0	0	247,494	247,494
Consultants	0	0	63	-596	0	0	0	12,873	0	148,661
Contracts	0	0	63	0	0	0	0	0	35,000	424,859
Fringe	101	484	635	3,731	844	0	0	-7	1,656	187,823
General & Administrative	149	389	13,910	29,088	0	0	129	515	33,193	933,994
Other	0	0	82	38,188	57,138	4,470	1,000	0	21,716	1,461,843
Personnel	353	2,745	2,828	24,159	3,668	1,282	0	-63	25,359	791,807
Postage and Delivery	0	11	19	-442	59	73	0	0	0	13,470
Printing and Reproduction	0	0	18	0	0	0	0	0	3,350	20,757
Staff Travel	0	0	10	5,401	0	690	0	0	2,687	75,463
Supplies	0	0	0	-97	-9	0	78	0	387	48,491
Telephone	0	0	0	0	0	0	0	0	0	5,877
Trainee Expense	0	0	45,962	0	0	0	0	0	0	1,741,510
Total Expense	603	3,629	63,590	99,432	61,700	6,515	1,207	13,318	370,842	6,102,049

COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS, INC.
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED SEPTEMBER 30, 2009

1. ORGANIZATION AND NATURE OF ACTIVITIES.

The Council of State and Territorial Epidemiologists, Inc. (CSTE) (a nonprofit organization) is organized to promote effective public health, promote epidemiology practice, and facilitate effective epidemiology training in state and territorial health agencies. As a professional association of public health epidemiologists, CSTE and governmental agencies such as Centers for Disease Control and Prevention, Federal Drug Administration, and Environmental Protection Agency work cooperatively on capacity surveys, surveillance, and epidemiology best practices, and disease reporting requirements. These activities are initiated by CSTE, but of mutual interest to government public health partners. CSTE also provides many technical and scientific consultancies each year to support the public health efforts of such organizations as Centers for Disease Control and Prevention, The Association of State and Territorial Health Officials, National Association of County and City Health Officials, Association of Public Health Laboratories, and Institute of Medicine.

CSTE also supports general membership service activities through non-federal resources. One of the primary activities is the employment of a consultant whose main responsibility is to report activities occurring within the federal government which may impact public health Non-federal resources are provided by individuals, states, and other territories who are members of the council.

The significant accounting policies followed are described below to enhance the usefulness of the financial statements to the reader.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Functional Allocation of Expenses.
The costs of the various programs and other activities have been summarized on a functional basis in the Statement of Functional Expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefitted.

Cooperative Agreements.
The Organization receives the majority of its revenue in the form of cooperative agreements from the Public Health Service, Centers for Disease Control, a division of the U. S. Department of Health and Human Services. The Organization has various cooperative agreements authorized in the amount of $6,603,896 for the year ended September 30, 2009. For the year ended September 30, 2009 the Organization received disbursements on these agreements in the amount of $5,59O,140.

COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS, INC.
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED SEPTEMBER 30, 2009

Cash and Cash Equivalents:
Cash and cash equivalents consist of short-term, highly liquid investments which are readily convertible into cash within ninety (90) days of purchase.

Property and Equipment:
Property and equipment are recorded at cost and all property and equipment purchased greater than $5,000 is capitalized. Repairs and maintenance costs are expensed as incurred. Depreciation is provided on the straight line balance method of depreciation over the estimated useful life of the related asset. The estimated useful life of the assets range from five to seven years.

Estimates:
The preparation of financial statements in accordance with generally accepted accounting principles generally accepted in the United States of America require management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actua1 results could differ from those estimates.

Income Taxes:
The organization is exempt from income taxes under Section 501 (c)(06) of the Internal Revenue Code. Accordingly, no income taxes have been considered in the accompanying financial statements.

3. NONCANCELABLE LEASE COMMITMENTS:

The Organization leases its offices and certain equipment under leases that are considered operating leases. Total rent expense was $144,345 and equipment rent was $21,198 the year ended September 30, 2009. Future minimum lease payments under these noncancelable operating leases as of September 30, 2009 are as follows:

Year Ended September 30,	
2010	$161,738
2011	159,527
2012	165,233
2013	56,566
Thereafter	0
	$543,064

COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS, INC.
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED SEPTEMBER 30, 2009

4. PROFIT SHARING PLAN:

The Organization has a 401(k) profit sharing plan covering substantially all employees.The Organization's contribution to the plan is 6% of each participant's earnings. The Organization's total contribution for the year ended September30, 2009 was $65, 376.

5. CONCENTRATION OF CREDIT RISK:

The Organization maintains in a single financial institution certain cash balances which at time may exceed federally insured limits. Management works hard to avoid exceeding the federally insured limit. The Organization hasnot experienced any losses in such accounts.

Approximately ninety-two percent (92%) of the Organization's support was from federal governmental grant assistance for the year ended September 30, 2009.

6. EFFECT OF CURRENT ECONOMIC CONDITIONS ON GRANTS:

CSTE depends primarily on grants for its revenue. The ability of grantors to continue giving amounts comparable with prior years may be dependent upon current and future overall economic conditions. The Organization's ability to continue its programs, and the extent to which such programs continue are dependent on the above factors, In addition, grants require fulfillment of certain conditions as set forth in the grant agreement. Failure to fulfill the conditions could result in the revoking of funds by the grantor. However, management deems this contingency unlikely, since by accepting the grant and its terms, the Organization has agreed to fulfill its obligation pursuant to the provisions of the grant.

COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS, INC.
SCHEDULE OF FEDERAL AWARDS
YEAR ENDED SEPTEMBER 30, 2009

Fed Grantor/ Pass-through Grantor Prog Title/ Reference#	Federal CFDA Number	Budget Period	Program or Award Amount	Federal Expenditures
U.S. Dept. of Health & Human Services- Center for Disease Control & Prevention. Development of State Level Surveillance Systems and Epidemiology Training Programs				
U60/ccu007277-15-WI	93.283	9/30/2007-5/31/2009	$ -	$1,200,639
U.S. Dept. of Health & Human Services-Center for Disease Control & Prevention. Improving Epidemiology Practice Surveillance Systems & Disease Reporting.				
IU 38 8HM000414-01	93.283	6/01/2008-5/31/2009	$5,702,651	$2,283,580
IU 38 8HM000414-02	93.283	6/01/2009-5/31/2010	$6,452,356	$1,936,595
U.S. Dept. of Health & Human Services-Center for Disease Control & Prevention. State based Occupational Health based Surveillance Meeting.				
IR 13 OH008565-04	93.262	8/01/2008-7/31/2009	$ 59,600	$ 61,484
IR 13 OH008565-05	93.262	8/01/2009-7/31/2010	$ 39,600	$ 216
U.S. Dept. of Health & Human Services-Center for Disease Control & Prevention. State based Occupational Capacity.				
IR 25 0H008802-03	93.262	7/01/2008-6/30/2009	$ 121,463	$ 88,382
SR25 0H008802-04	93.262	7/01/2009-6/30/2010	$ 100,000	$ 12,728
U.S. Dept. of Health & Human Services-Center for Disease Control & Prevention. Western States Occupational Network Meeting.				
IR 130H009753-01	93.262	8/01/2009 - 7/31/2010	$ 11,940	$ 6,515

See Accompanying Notes to Financial Statements

2008-2009

FINANCIAL STATEMENTS & AUDITORS REPORTS

COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS, INC.
SCHEDULE OF FEDERAL AWARDS
YEAR ENDED SEPTEMBER 30, 2009

A. BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards includes the federal grant activity of Council of State and Territorial Epidemiologists, Inc. and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of OMB Circular A-133, *Audits of States, Local Govemments and Non-Profit Organizations*. Therefore, some amounts presented in this schedule may differ from amount presented in, or used is the preparation of the basis financial statements.

B. AWARD AMOUNT

The Program awarded amounts shown are for informational purposes only; they do not represent amounts awarded only in the year ended September 30, 2009.

See Accompanying Notes to Financial Statements

REPORT ON COMPLIANCE AND ON INTERNAL CONTROL OVER FINANCIAL REPORTING BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

Executive Committee
Council of State and Territorial Epidemiologists, Inc.
Atlanta, Georgia

We have audited the financial statements of Council of State and Territorial Epidemiologists, Inc. (CSTE) (a nonprofit organization) as of and for the year ended September30, 2009, and have issued our report thereon dated December4, 2009. We conducted our audit in accordance with generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

INTERNAL CONTROL OVER FINANCIAL REPORTING

In planning and performing our audit, we considered CSTE's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the effectiveness of CSTE's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over financial reporting.

A control deficiency exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect misstatements on a timely basis. A significant deficiency is a control deficiency, or combination of control deficiencies, that adversely affects the organization's ability to initiate, authorize, record, process, or report financial data reliably in accordance with generally accepted accounting principles, such that there is more than a remote likelihood that a misstatement of the organization's financial statements that is more than in consequential will not be prevented or detected by the organization's internal control.

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that a material misstatement of the financial statements will not be prevented or detected by the organization's internal control.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weakness, as defined above.

2008-2009

FINANCIAL STATEMENTS & AUDITORS REPORTS

REPORT ON COMPLIANCE AND ON INTERNAL CONTROL OVER FINANCIAL REPORTING BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

COMPLIANCE AND OTHER MATTERS

As part of obtaining reasonable assurance about whether Council of State and Territorial Epidemiologists, Inc.'s financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance that are required to be reported under *Government Auditing Standards.*

This report is intended for the information and use of management, the Executive Board, others within the entity, the Board of Trustees, and federal awarding agencies and pass-through entities and is not intended to be and should not be used by any one other than these specified parties.

Coun & Company, LLC

December 4, 2009
Atlanta, Georgia

REPORT ON COMPLIANCE WITH REQUIREMENTS APPLICABLE TO EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULARA-133

Executive Committee
Council of State and Territorial Epidemiologists, Inc.

COMPLIANCE

We have audited the compliance of the Council of State and Territorial Epidemiologists, Inc. (CSTE) (a nonprofit organization) with the types of compliance requirements described in the "U.S. Office of Management and Budget (OMB) CircularA-I33 Compliance Supplement" that are applicable to each of its major federal programs for the year ended September 30, 2009. CSTE's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs. Compliance with the requirements of laws, regulations, contracts, and grants applicable to each of its major federal programs is the responsibility of CSTE's management. Our responsibility is to express an opinion on CSTE's compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; and OMB Circular A-133 , "Audits of States, Local Governments, and Non-Profit Organizations." Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about CSTE's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination of CSTE's compliance with those requirements.

In our opinion, CSTE complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal programs for the year ended September 30, 2009.

INTERNAL CONTROL OVER COMPLIANCE

The management of CSTE is responsible for establishing and maintaining effective internal control over compliance with the requirements of laws, regulations, contracts, and grants applicable to federal programs. In planning and performing our audit, we considered CSTE's internal control over compliance with requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance, but not for expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of CSTE's internal control over compliance.

REPORT ON COMPLIANCE WITH REQUIREMENTS APPLICABLE TO EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULARA-133

A control deficiency in an entity's internal control over compliance exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect noncompliance with a type of compliance requirement of a federal program on a timely basis. A significant deficiency is a control deficiency, or combination of control deficiencies, that adversely affects the entity's ability to administer a federal program such that there is more than a remote likelihood that noncompliance with a type of compliance requirement of a federal program is more than inconsequential will not be prevented or detected by the entity's internal control.

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that material noncompliance with a type of compliance requirement of a federal program will not be prevented or detected by the entity's internal control.

Our consideration of the internal control over compliance was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies in internal control over compliance that we consider to be a material weaknesses, as defined above.

This report is intended solely for the information and use of management, Executive Board, others within the entity, Board of Trustees, and federal awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties

Coun & Company, LLC

December4, 2009
Atlanta, Georgia

COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
YEAR ENDED SEPTEMBER 30, 2009

SUMMARY OF AUDIT RESULTS

1. The auditor's report expresses an unqualified opinion on the financial statements of Council of State and Territorial Epidemiologists, Inc.
2. No material weaknesses or reportable conditions were identified during the audit of the financial statements.
3. No instances of noncompliance material to the financial statements of Council of State and Territorial Epidemiologists, Inc. were disclosed during the audit.
4. No material weaknesses or reportable conditions were identified during the and it of the major federal awards programs.
5. The auditors report on compliance for the major federal award programs for Council of State and Territorial Epidemiologists, Inc. expresses an unqualified opinion.
6. The programs tested as major programs included:
   a) Development of state level surveillance systems and epidemiology training programs. CFDA number 93.283.
   b) State based occupational health capacity CFDA number 93.262.
7. The threshold for distinguishing Types A and B programs was $300,000.
8. Council of State and Territorial Epidemiologists, Inc. qualified as a high risk auditee because of the size of their largest grant.

FINDINGS-FINANCIAL STATEMENTS AUDIT

None

FINDINGS AND QUESTIONED COSTS-MAJOR FEDERAL AWARD PROGRAMS AUDIT

None

2008-2009

EXECUTIVE BOARD

PRESIDENT

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Term Expiration 2009

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Term Expiration 2009

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Term Expiration 2009

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Term Expiration 2011

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Term Expiration 2009

2008-2009

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Term Expiration 2010

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Term Expiration 2011

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Term Expiration 2009

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Term Expiration 2010

SEPTEMBER 2008-2009

CSTE STAFF

Ed Chao
Associate Research Analyst
Employed since June 2008

Beverly Christner
Director of Operations
Employed since March 1999

Stephen Clay
Webmaster
Employed since October 2004

Shundra Clinton
Member Services Coordinator
Employed since July 2000

Tarajee Curry
Administrative Assistant
Employed since August 2003

Lisa Ferland
Associate Research Analyst
Employed since June 2007

Kevin Gibbs
Applications Programmer
Employed since October 2003

Jennifer Lemmings
Epidemiology Program Director
Employed since January 2004

Amber Leonard
Administrative Assistant
Employed since January 2008

Amanda Masters
Workforce and Fellowship Coordinator
Employed since November 2008

Patrick McConnon
Executive Director
Employed since August 2002

Ryan O'Neill
Part Time Information Technology
Employed since April 2008

LaKesha Robinson
Deputy Director
Employed since January 2001

Lauren Rosenberg
Associate Research Analyst
Employed since June 2008

MarySue Shulin
Business Manger
Employed since December 2002

Erin Simms
Associate Research Analyst
Employed since October 2007

Shannon Whittington
Part Time Accountant
Employed since February 2008

2009

ANNUAL CONFERENCE SUMMARY

THEME ▸ EVIDENCE-BASED PUBLIC HEALTH IN CHALLENGING TIMES

LOCATION ▸ BUFFALO, NEW YORK
BUFFALO NIAGARA CONVENTION CENTER

DATES ▸ JUNE 7 - 11

TOTAL ATTENDEES ▸ 721

PROGRAM SUMMARY

WORKSHOPS

- Epidemiology Training
- Environmental Health
- Healthcare Associated Infections
- Influenza Surveillance Coordinators
- National Association of State Public Health Veterinarians
- Occupational Health
- Public Health Information Network (PHIN)
- Reformatted Position Statements

DAY ONE PLENARY ▸ Public Health as First Responders – Challenges and Opportunities

DAY TWO PLENARY ▸ Using Epidemiology for Prevention

DAY THREE PLENARY ▸ The Health Care Environment: A Microcosm of the Community

2009

ANNUAL CONFERENCE SUMMARY

PLANNING COMMITTEE

Melvin Kohn
Committee Chair

Kristy Bradley
NASPHV Representative

Ed Chao
Staff

Beverly Christner
Staff

Lisa Ferland
Staff

Jeff Engel
Infectious Disease Committee Chair

Kitty Gelberg
Occupational Lead

Holly Hedegaard
Injury Lead

Sara Huston
Chronic Disease/MCH/Oral Health Committee Chair

Michael Landen
Cross Cutting Committee Co-Chair

Jennifer Lemmings
Staff

Elizabeth Lewis-Michl
Environmental Lead

Laurene Mascola
Committee

Stephen Ostroff
Committee

LaKesha Robinson
Staff

Tom Safranek
Cross Cutting Committee

Erin Simms
Staff

Perry Smith
President

Martha Stanbury
Environmental/Occupational/Injury Committee Chair

Duc Vugia
Cross Cutting Committee Co-Chair

2009

BUSINESS MEETING MINUTES

THURSDAY, JUNE 11, 2009

ROLL CALL

PRESENT: Alabama, Alaska, Arizona, California, Colorado, District Columbia, Florida, Georgia, Guam, Hawaii, Iowa, Idaho, Kansas, Kentucky, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin and Wyoming.

ABSENT: American Samoa, Arkansas, Connecticut, Federated States of Micronesia, Illinois, Indiana, Louisiana, Maine, New Hampshire, North Dakota, Northern Mariana Island, Puerto Rico, Rhode Island, Virgin Islands.

Perry Smith called the meeting to order at 8:15 a.m.

The roll call of the States and Territories was conducted by Patrick McConnon, Executive Director.

CSTE ACKNOWLEDGES THE LOSS OF ONE OF OUR STATE EPIDEMIOLOGISTS, DR. CARL ARMSTRONG, VIRGINIA

On March 5 of this year, Carl Armstrong succumbed to cancer after a valiant seven-year battle. He was serving as the state epidemiologist in Virginia and was involved in decision making and advising his staff up to the week of his death. Carl will be remembered as a man of integrity who had strong skills in epidemiology and was a good friend to his colleagues. *Submitted by Diane Woolard*

2009
BUSINESS MEETING MINUTES

THURSDAY, JUNE 11, 2009

STATE OF CSTE ADDRESS

TOTAL BUDGET

- 5.7 million dollars
- Comprised of three federal grants, state and individual dues
- 1000+ Active and Associate members
- All 50 states paid state dues in 2008
- Supports
    - Membership Services
    - National Office and 17 staff
    - Many projects and consultation

MEMBERSHIP SERVICES ACTIVITIES

- Over 100 formal consultations to CDC, ASTHO, APHL, AHIC, IOM, etc.
- Member and state communications
- Maintained and distributed CSTE newsletter
- Refined CSTE Web site
- Improved mechanisms for online surveys
- Provided support for all Cooperative Agreement projects

MAJOR ACCOMPLISHMENTS

- Reformatted over 70 position statements
- Completed development of CIFOR Guidelines
- Expanded the CDC/CSTE Fellowship Program to include 35 new Fellows in 25 states and cities
- Contributed to the development and introduction of a National Surveillance Bill (SAPHSA)
- Development and distribution of 12 member assessments
- Distributed Applied Epidemiology Competencies (AEC) Toolkit
- Increased communication of issues to and involvement of the CSTE membership
- Updated membership structure and profile

2009

BUSINESS MEETING MINUTES

THURSDAY, JUNE 11, 2009

INFECTIOUS DISEASE STEERING COMMITTEE UPDATES

- Infectious Subcommittee
  - Avian Influenza Rapid Response Trainings
  - Super Sentinel
  - Advancing Strategies to Improve Influenza Surveillance
- Food Safety Subcommittee
  - Outbreak Response Guidelines
  - Evaluation of Cluster Definitions for Outbreak Investigations
  - Epidemiology/Laboratory Integrated Reporting Pilot
  - Foodborne Outbreak Training
- HIV/AIDS Surveillance Subcommittee
  - Surveillance Coordinator Orientation Manual
  - Surveillance Capacity Assessment Report
- NASPHV
  - Support for Compendiums

ENVIRONMENTAL/OCCUPATIONAL/INJURY STEERING COMMITTEE UPDATES

- Development of Environmental PH Indicators
- Environmental Health Workforce and Consultation Programs
- ALS Surveillance Assessment

OCCUPATIONAL STEERING COMMITTEE

- Occupational Health Indicators (OH)
- Promotes state, regional, national collaboration

INJURY STEERING COMMITTEE

- Injury Surveillance Workgroup
- Injury Prioritization Assessment
- Workgroup for External Cause Coding Improvement

CHRONIC DISEASE/MCH/ORAL HEALTH STEERING COMMITTEE UPDATES

- Distribution of CD State Profiles
- Development of CD Epidemiology Capacity Indicators and Assessment
- Expanding MCH Epidemiology Subcommittee with CSTE

2009

BUSINESS MEETING MINUTES

THURSDAY, JUNE 11, 2009

SURVEILLANCE/INFORMATICS STEERING COMMITTEE UPDATE

- Public Health Informatics Subcommittee
  - Reviewing/revising the CDC National Biosurveillance Strategy for Human Health
  - Participating in the CDC Public Health Information Network's Communities of Practice
  - Assessing state programs that monitor and assess healthcare resources in emergencies
- Surveillance Coordination Subcommittee
  - 2009 State Reportable Conditions Assessment (SRCA)
  - Drafting a strategic roadmap for the Knowledgebase of State Reportable and Nationally Notifiable Conditions
  - Reviewing and reformatting Notionally Notifiable Conditions
- Surveillance Policy Subcommittee
  - Collaboration with CDC to determine transmission of information to CDC on disease deemed "immediately notifiable"
  - Revising/reviewing the Biosense Strategic Plan

CROSS-CUTTING STEERING COMMITTEE UPDATES

- Workforce Development
  - CSTE/CDC Applied Epidemiology Fellowship Program
  - 2009 Epidemiology Capacity Assessment
  - Defining and Measuring Epidemiology Capacity
  - National and International Epidemiology Consultations
- Tribal Epidemiology
  - Investigating data sharing policies
  - Analyzing state regulations that authorize or limit the sharing of identifiable public health data
  - Recommend revisions to state-specific laws with regards to data sharing for those eight states
- Other
  - Substance Abuse Epidemiology Capacity Assessment

2009

BUSINESS MEETING MINUTES

THURSDAY, JUNE 11, 2009

ORGANIZATIONAL CHALLENGES GOING FORWARD

- Membership Growth and Expansion
  - How Large
- New Emerging PH Threats - The CSTE Role?
  - Disparities
- Federal Resource Allocation and Implications on State Budgets
  - Funding
  - Education vs. Lobbying

SECRETARY-TREASURER REPORT

Steve Ostroff presented the financial statements to the membership. The report was based on the audited financial statements from Sept. 30, 2007 to Sept. 30, 2008, conducted by the independent auditor Conn and Company from Atlanta, Ga. The report included no material weaknesses, and no reportable conditions were identified. No instances of non-compliance material to the financial statements were disclosed, and CSTE qualified as a low risk auditee.

A motion to accept the financial statements for the period Sept. 30, 2007 to Sept. 30, 2008 was accepted from the floor and seconded. The membership voted to accept the financial statement as record.

BUSINESS MEETING MINUTES

Minutes from the 2008 Business Meeting were reviewed. A motion to accept the 2008 Denver, Colorado, Business Meeting minutes was brought from the floor and seconded by the membership. A vote was taken, and the 2008 Business Meeting Minutes were approved.

ANNUAL REPORT

The Annual Report is now available and contains work done by CSTE in 2008. The Annual Report is available on the CSTE Web site.

2009

BUSINESS MEETING MINUTES

THURSDAY, JUNE 11, 2009

EXECUTIVE BOARD ELECTIONS

Each state or territory shall be able to vote for as many candidates as there are positions to be filled. Only one vote per state or territory shall be allowed. There are a total of 42 states and territories attending the meeting. A majority vote shall be required to elect board members. If no candidate receives a majority vote on the first electronic ballot, the candidate for the office in question receiving the smallest number of votes shall be dropped after each ballot in succession until a majority vote is obtained.

CSTE introduced a new Electronic Voting System to the membership. Each state received a handheld electronic clicker. CSTE Staff instructed the membership on how the electronic clickers worked. A mock vote was done to ensure that each state electronic clicker was working.

Steve Ostroff called for the election of open positions on the Executive Board. The appointed tellers were: Patty Quinlisk and Gil Chavez.

Steve Ostroff called for the membership to vote for the **President-Elect** position. The names placed on the ballot were **Stephen Ostroff** and **Tom Safranek**. There was a call for additional nominations from the floor. None were put forward. The members cast their electronic vote and **Stephen Ostroff** was elected to the **President-Elect** position.

Steve Ostroff called for the membership to electronically cast their ballots for the **Environmental/Occupational/Injury Chair**. The names on the ballot were **Carina Blackmore** and **Martha Stanbury**. There was a call for additional nominations from the floor. None were put forward. A motion was called to close the nomination, and seconded. **Martha Stanbury** was elected to the **Environmental/Occupational/Injury Chair**.

Steve Ostroff called for the membership to electronically cast their ballots for the **Infectious Disease Chair**. The names placed on the ballot were **Bernadette Albanese** and **Laurene Mascola**. With no nomination from the floor, a motion was called to close the nomination, and seconded. **Laurene Mascola** was elected to the **Infectious Disease Chair.**

Steve Ostroff called for the membership to electronically cast their ballots for the **At-Large Position Three Year Term**. The names placed on the ballot were **Elquemedo Oscar Alleyne, Richard Danila, Cortland Lohff and Robert Rolfs. Robert Rolfs** was elected to the **At-Large position**.

Steve Ostroff called for the membership to electronically vote for the **Secretary-Treasurer** position. The nominations were called from the floor. The names placed on the ballot from the floor were **Duc Vugia** and **Tom Safranek**. A motion was called to close the nominations and seconded. Steve Ostroff announced the results that **Tom Safranek** was elected to the Secretary-Treasurer position.

2009

BUSINESS MEETING MINUTES

THURSDAY, JUNE 11, 2009

POSITION STATEMENTS

Prior to the Business Meeting, the CSTE members had discussed each position statement in committee and proposed a consent calendar to the CSTE membership. The consent calendar represented the position statements about which the membership had no concerns as written.

2009 POSITION STATEMENT CONSENT CALENDAR

TITLE	AUTHOR	COMMITTEE ASSIGNMENT
INFECTIOUS DISEASE STEERING COMMITTEE STATEMENTS		
Public Health Reporting and National Notification for HIV Infection	Zapata	09-ID-01
Public Health Reporting and National Notification for Waterborne Disease Outbreaks	Matyas	09-ID-02
Public Health Reporting and National Notification for Vibrio Cholorae (Cholera)	Matyas	09-ID-03
Public Health Reporting and National Notification for Cyclosporiasis	Morse	09-ID-04
National Surveillance for Diphtheria	Cieslak	09-ID-05
Enhancing state-based surveillance for invasive pneumococcal disease	Cieslak	09-ID-06
Public Health Reporting and National Notification for Infection Caused by Chlamydia trachomatis	Lohff	09-ID-08
Public Health Reporting and National Notification for Yellow fever	Tengelsen	09-ID-09
National Surveillance for Anthrax	Hahn	09-ID-10
National Surveillance for Severe Acute Respiratory Syndrome (SARS-CoV)	Hahn	09-ID-11
Public Health Reporting and National Notification for Animal Rabies	Sun	09-ID-12
Public Health Reporting and National Notification for Psittacosis	Sorhage	09-ID-13
Public Health Reporting and National Notification for Brucellosis	Kazmierczak	09-ID-14
Public Health Reporting and National Notification for Ehrlichiosis and Anaplasmosis	Engel	09-ID-15
Spotted Fever Rickettsiosis (including Rocky Mountain spotted fever)	Engel	09-ID-16
Public Health Reporting and National Notification for Hantavirus pulmonary syndrome	Ettestad	09-ID-17
National Surveillance for Viral Hemorrhagic Fever (VHF) due to Ebola, Lassa, or Marburg virus	Rolfs	09-ID-18
Improving Detection and Reporting of Dengue Virus Infections: Designating Dengue a Nationally Notifiable Disease	Marfin	09-ID-19
Public Health Reporting and National Notification for California serogroup virus disease	Blackmore	09-ID-23
Public Health Reporting and National Notification for Eastern Equine Encephalitis Virus Disease	Blackmore	09-ID-24

2009
BUSINESS MEETING MINUTES

THURSDAY, JUNE 11, 2009

2009 POSITION STATEMENT CONSENT CALENDAR (Continued)

TITLE	AUTHOR	COMMITTEE ASSIGNMENT
INFECTIOUS DISEASE STEERING COMMITTEE STATEMENTS (Continued)		
Public Health Reporting and National Notification for Powassan Virus Disease	Blackmore	09-ID-25
Public Health Reporting and National Notification for SLEV Disease	Blackmore	09-ID-26
Public Health Reporting and National Notification for Western Equine Encephalitis Virus Disease	Blackmore	09-ID-27
Public Health Reporting and National Notification for West Nile Virus Disease	Blackmore	09-ID-28
National Surveillance for Botulism	Engel	09-ID-29
Public Health Reporting and National Notification for Escherichia coli, Shiga toxin-producing (STEC)	Matyas	09-ID-30
Public Health Reporting and National Notification for Chancroid	Lohff	09-ID-31
Public Health Reporting and National Notification for Cryptosporidiosis	Matyas	09-ID-32
Public Health Reporting and National Notification for invasive *Haemophilus influenzae* type b (Hib) Infection	Cieslak	09-ID-33
Public Health Reporting and National Notification for Giardiasis	Gibson	09-ID-34
Public Health Reporting and National Notification for Gonorrhea	Lohff	09-ID-35
Public Health Reporting and National Notification for Hemolytic Uremic Syndrome (post-diarrheal)	Matyas	09-ID-37
Public Health Reporting and National Notification for Hepatitis A	Heseltine	09-ID-39
Public Health Reporting and National Notification for Acute Hepatitis C	Heseltine	09-ID-40
Public Health Reporting and National Notification for Chronic Hepatitis C	Heseltine	09-ID-41
Public Health Reporting and National Notification for Meningococcal Disease	Hahn	09-ID-42
Public Health Reporting and National Notification for Novel Influenza	Gensheimer	09-ID-43
Public Health Reporting and National Notification for Pediatric Influenza-Associated Mortality	Gensheimer	09-ID-44
Public Health Reporting and National Notification for Legionellosis	Smith	09-ID-45
Public Health Reporting and National Notification for Listeriosis	Matyas	09-ID-46
Public Health Reporting and National Notification for Malaria	Soyemi	09-ID-47
Public Health Reporting and National Notification for Measles	Cieslak	09-ID-48
National Surveillance for Smallpox	Engel	09-ID-49
Public Health Reporting and National Notification for Mumps	Cieslak	09-ID-50
National Surveillance for Pertussis	Cieslak	09-ID-51
Public Health Reporting and National Notification for Plague	Engel	09-ID-52

THURSDAY, JUNE 11, 2009

2009 POSITION STATEMENT CONSENT CALENDAR (Continued)

TITLE	AUTHOR	COMMITTEE ASSIGNMENT
INFECTIOUS DISEASE STEERING COMMITTEE STATEMENTS (Continued)		
National Surveillance for Paralytic Poliomyelitis and Nonparalytic Poliovirus Infection	Cieslak	09-ID-53
Public Health Reporting and National Notification for Q fever	Engel	09-ID-54
Public Health Reporting and National Notification for Rubella	Cieslak	09-ID-55
Public Health Reporting and National Notification for Salmonellosis	Matyas	09-ID-56
Public Health Reporting and National Notification for Shigellosis	Matyas	09-ID-57
Public Health Reporting and National Notification for Staphylococcus aureus infection/colonization with intermediate susceptibility to vancomycin (VISA)	Kainer	09-ID-58
Public Health Reporting and National Notification for Staphylococcus aureus infection/colonization resistant to vancomycin (VRSA)	Kainer	09-ID-59
Public Health Reporting and National Notification for streptococcal toxic shock syndrome (STSS)	Kirschke	09-ID-60
Public Health Reporting and National Notification for Congenital Rubella Syndrome	Cieslak	09-ID-61
Public Health Reporting and National Notification for Syphilis	Lohff	09-ID-62
Public Health Reporting and National Notification for Tetanus	Cieslak	09-ID-63
Public Health Reporting and National Notification for Trichinellosis	Matyas	09-ID-64
Public Health Reporting and National Notification for Tuberculosis	Montero	09-ID-65
National Surveillance for Tularemia	Rolfs	09-ID-66
Public Health Reporting and National Notification for Typhoid Fever	Matyas	09-ID-67
Public Health Reporting and National Notification for Varicella	Morse	09-ID-68
Public Health Reporting and National Notification for Vibriosis	Matyas	09-ID-69
National Surveillance for Human Rabies	Sun	09-ID-70
OCCUPATIONAL HEALTH STEERING COMMITTEE STATEMENTS		
Public Health Reporting and National Notification for Elevated Blood Lead Levels	Stanbury	09-OH-02
Public Health Ascertainment and National Notification for Acute pesticide-related illness and injury	Stanbury	09-OH-03
CROSS CUTTING STEERING COMMITTEE STATEMENTS		
Refugee Health Care: Improving overseas and domestic health assessment and management of U.S.-bound refugees	Chavez	09-CC-01
Access to Student Health Data for Public Health Practice	Patrick	09-CC-02
CHRONIC DISEASE STEERING COMMITTEE STATEMENTS		
Public Health Reporting and National Notification for Cancer Incidence and Mortality	Hylton	09-CD-01

2009

BUSINESS MEETING MINUTES

THURSDAY, JUNE 11, 2009

2009 POSITION STATEMENT CONSENT CALENDAR (Continued)

TITLE	AUTHOR	COMMITTEE ASSIGNMENT
SURVEILLANCE/INFORMATICS STEERING COMMITTEE STATEMENTS		
Common Core Data Elements for Case Reporting and Laboratory Result Reporting	Macdonald	09-SI-01
Electronic Laboratory Reporting in the US: Underfunded and Under Potential, or, Recommendations for the Implementation of ELR in the US	Magnuson	09-SI-03

POSITION STATEMENTS THAT WERE DISCUSSED AND ADOPTED AT THE BUSINESS MEETING:

Recommendation to remove invasive group A Streptococcus (GAS) from the CSTE list of nationally notifiable diseases	Kirschke	09-ID-07
Public Health Ascertainment and National Notification for Silicosis	Stanbury	09-OH-01

POSITION STATEMENTS THAT WERE DISCUSSED AND AMENDED AT THE BUSINESS MEETING:

Common Core Data Elements for Case Reporting and Laboratory Result Reporting	Macdonald	09-SI-01
Expectations of State Epidemiologists and their staffs as part of the national notification process for nationally notifiable conditions that are immediately notifiable	Hopkins	09-SI-04

POSITION STATEMENT THAT WAS DISCUSSED AND NOT ADOPTED AT THE BUSINESS MEETING:

Public Health Reporting and National Notification for Hansen's Disease	Ratard	09-ID-36

2010 ANNUAL CONFERENCE

The next CSTE Annual Meeting will take place in Portland, Oregon.

ADJOURNMENT

The meeting adjourned at 11:30 a.m. as President Perry Smith handed the gavel to new CSTE President Melvin Kohn.

2009

BALLOT AND RESULTS

2009 ELECTION OF PRESIDENT-ELECT

__X__ Stephen Ostroff, MD
Director of the Bureau of Epidemiology
Pennsylvania Department of Health

_____ Tom Safranek, MD
State Epidemiologist
Nebraska Department of Health and Human Services

2009 ELECTION OF ENVIRONMENTAL/OCCUPATIONAL/INJURY CHAIR (3 YEAR TERM)

_____ Carina Blackmore, DVM, PhD
State Public Health Veterinarian, State Environmental Epidemiology
Florida Department of Health

___X__ Martha Stanbury, MSPH
State Administrative Manager
Michigan Department of Community Health

2009 ELECTION OF INFECTIOUS DISEASE CHAIR (2 YEAR TERM)

_____ Bernadette Albanese, MD, MPH
Medical Director
El Pasco County Department of Health and Environment

__X___ Laurene Mascola, MD, MPH
Chief of Acute Communicable Disease Control Program
Los Angeles County Department of Public Health

2009

BALLOT AND RESULTS

2009 ELECTION OF AT-LARGE POSITION (3 YEAR TERM)

_____ Elquemedo Oscar Alleyne, MPH
Epidemiologist, Rockland County Department Health

_____ Richard Danila, PhD, MPH
Acute Disease Investigation and Control Section Manager
Minnesota Department of Health

_____ Cortland Lohff, MD, MPH
Medical Director
Chicago Department of Public Health

__X___ Robert Rolfs, MD, MPH
State Epidemiologist, Utah Department of Health

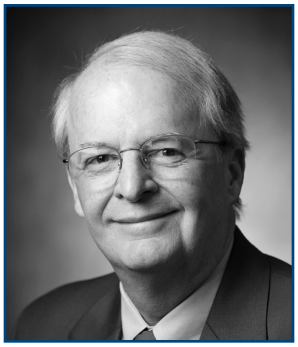
2009 ELECTION OF SECRETARY-TREASURER (2 YEAR TERM)

__X___ Tom Safranek, MD
State Epidemiologist
Nebraska Department of Health and Human Services

_____ Duc Vugia, MD, MPH
Chief Infectious Disease Branch
California Department of Public Health

2009

JONATHAN MANN MEMORIAL LECTURER



JAMES M. HUGHES, M.D

To view or download a complete PowerPoint presentation of Dr. Hughes' lecture, "The Microbes are Trying to Help: Are We Paying Attention?" visit www.cste.org and click on Annual Conference, 2009 Annual Conference Archive, and Jonathan Mann Memorial Lecturer.

James M. Hughes, M.D., is Professor of Medicine and Public Health with joint appointments in the School of Medicine and the Rollins School of Public Health at Emory University in Atlanta, Ga. He serves as the Executive Director of the Southeastern Center for Emerging Biologic Threats; Director of the Emory Program in Global Infectious Diseases; Senior Advisor, Emory Center for Global Safe Water; and Senior Scientific Advisor for Infectious Diseases, International Association of National Public Health Institutes (IANPHI).

Prior to joining Emory in June 2005, Dr. Hughes worked for the Centers for Disease Control and Prevention (CDC), serving as Director of the National Center for Infectious Diseases (NCID) and as Rear Admiral and an Assistant Surgeon General in the U.S. Public Health Service. He first joined CDC as a member of the Epidemic Intelligence Service in 1973. He served as Director of CDC's Hospital Infections Program from 1983 to 1988, as NCID Deputy Director from 1988-1992, and as NCID Director from 1992-2005.

Dr. Hughes received his B.A and M.D. from Stanford University and completed his postgraduate training and board certification in internal medicine (University of Washington), infectious diseases (University of Virginia), and preventive medicine (CDC). He is a member of the Institute of Medicine (IOM) as well as numerous other national and international professional Societies. He served on the Board of Directors of the Infectious Diseases Society of America (IDSA) from 2004-2007 and is currently a member of the Council of the American Society for Tropical Medicine and Hygiene and Vice-President of IDSA. Among his honors and awards are the Council of State and Territorial Epidemiologists Certificate of Recognition; the Distinguished and Meritorious Service Medals and the Surgeon General's Exemplary Service Award from the U.S. Public Health Service; The Secretary's Open Forum Distinguished Public Service Award from the Department of State; the CDC Lifetime Scientific Achievement Award; and the Gen–Probe Joseph Award from the American Society for Microbiology for "exemplary leadership and service in the field of public health."

2009

PUMPHANDLE AWARD WINNER

KATHLEEN GENSHEIMER, MD, MPH

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

The 2009 Pumphandle Award winner, Dr. Kathleen Gensheimer, has seen many changes in public health over the years, from the creation of a state epidemiologist position in Maine – the last state to have one – to the influx of money and attention to public health in a post-9/11 world. One of the things that has improved over time, Gensheimer says, is the recognition government officials and the public have for the work done by public health practitioners.

"If you talked about public health many years ago, nobody knew what you meant," said Gensheimer. "After the anthrax issues in 2000, more people began to understand. For so long, many of us had to work so hard to define our roles, but it is getting better over time."

Gensheimer's role in public health came when she "stumbled on [it] through the back door." She says that she always wanted to be a physician, but also wanted to give back to the community at large. The opportunity to do so came when she learned about a residency in public health and then the CDC's Epidemic Intelligence Service. She was based in Maine as an EIS officer and has served as the State Epidemiologist at the Maine Center for Disease Control, Department of Health and Human Services since 1981.

Even as public health's visibility has increased, it has been challenging to gain support, says Gensheimer, especially for programs that require funding. "It's difficult to prove you've saved money by preventing something from happening. And you can't really demonstrate positive effects that might be coming down the road, taking years even," she said.

Gensheimer says that working with organizations like CSTE helps public health practitioners connect with others in the field to collaborate and share. "When you are in a smaller state, working with such an organization allows you to work and think together with others, and think about what has to be done in a certain situation," she said. "It offers that wonderful cadre of professionals that are doing the same work, who can provide camaraderie and support as well as information."

This network of dedicated, hard working professionals is especially important with the potential globalization of public health, says Gensheimer. "We're all seeing that you can't work effectively trying to stay in some sort of geographical boundaries," she said. "Or if you have only an America-centric approach to things. We have to think about the wider, global aspects of public health.

"In public health, we don't operate in a vacuum," she said. "The whole world around us changes all the time, as disease changes so quickly. So we have to try to use science to influence policy to ensure that policy is as well informed as it can be."

CSTE congratulates Dr. Kathleen Gensheimer on her recognition as the 2009 Pumphandle Award winner.

COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS

2009 STATE DUES

	PAID	UNPAID
Alabama	✓	
Alaska	✓	
American Samoa	✓	
Arizona	✓	
Arkansas	✓	
California	✓	
Colorado	✓	
Connecticut	✓	
Delaware	✓	
District of Columbia	✓	
Federated States of Micronesia		✓
Florida	✓	
Georgia	✓	
Guam	✓	
Hawaii	✓	
Idaho	✓	
Illinois	✓	
Indiana	✓	
Iowa	✓	
Kansas	✓	
Kentucky	✓	
Louisiana	✓	
Maine	✓	
Maryland	✓	
Massachusetts	✓	
Michigan	✓	
Minnesota	✓	
Mississippi	✓	

	PAID	UNPAID
Missouri	✓	
Montana	✓	
Nebraska	✓	
Nevada	✓	
New Hampshire	✓	
New Jersey	✓	
New Mexico	✓	
New York	✓	
North Carolina	✓	
North Dakota	✓	
Northern Mariana Island		✓
Ohio	✓	
Oklahoma	✓	
Oregon	✓	
Pennsylvania	✓	
Puerto Rico		✓
Rhode Island	✓	
South Carolina	✓	
South Dakota	✓	
Tennessee	✓	
Texas		√
Utah	✓	
Vermont	✓	
Virgin Islands		√
Virginia	✓	
Washington	✓	
West Virginia	✓	
Wisconsin	√	
Wyoming	√	

Texas is being Processed 6/11/09

2008-2009
POSITION STATEMETS

Copies can be downloaded from the CSTE website (www.cste.org)

TITLE	AUTHOR	COMMITTEE ASSIGNMENT
INFECTIOUS DISEASE STEERING COMMITTEE STATEMENTS		
Public Health Reporting and National Notification for HIV Infection	Zapata	09-ID-01
Public Health Reporting and National Notification for Waterborne Disease Outbreaks	Matyas	09-ID-02
Public Health Reporting and National Notification for Vibrio Cholorae (Cholera)	Matyas	09-ID-03
Public Health Reporting and National Notification for Cyclosporiasis	Morse	09-ID-04
National Surveillance for Diphtheria	Cieslak	09-ID-05
Enhancing state-based surveillance for invasive pneumococcal disease	Cieslak	09-ID-06
Recommendation to remove invasive group A Streptococcus (GAS) from the CSTE list of nationally notifiable diseases	Kirschke	09-ID-07
Public Health Reporting and National Notification for Infection Caused by Chlamydia Trachomatis	Lohff	09-ID-08
Public Health Reporting and National Notification for Yellow fever	Tengelsen	09-ID-09
National Surveillance for Anthrax	Hahn	09-ID-10
National Surveillance for Severe Acute Respiratory Syndrome (SARS-CoV)	Hahn	09-ID-11
Public Health Reporting and National Notification for Animal Rabies	Sun	09-ID-12
Public Health Reporting and National Notification for Psittacosis	Sorhage	09-ID-13
Public Health Reporting and National Notification for Brucellosis	Kazmierczak	09-ID-14
Public Health Reporting and National Notification for Ehrlichiosis and Anaplasmosis	Engel	09-ID-15
Spotted Fever Rickettsiosis (including Rocky Mountain spotted fever)	Engel	09-ID-16
Public Health Reporting and National Notification for Hantavirus pulmonary syndrome	Ettestad	09-ID-17
National Surveillance for Viral Hemorrhagic Fever (VHF) due to Ebola, Lassa, or Marburg virus	Rolfs	09-ID-18
Improving Detection and Reporting of Dengue Virus Infections: Designating Dengue a Nationally Notifiable Disease	Marfin	09-ID-19
Public Health Reporting and National Notification for California serogroup virus disease	Blackmore	09-ID-23
Public Health Reporting and National Notification for Eastern Equine Encephalitis Virus Disease	Blackmore	09-ID-24

POSITION STATEMETS

Copies can be downloaded from the CSTE website (www.cste.org)

TITLE	AUTHOR	COMMITTEE ASSIGNMENT
INFECTIOUS DISEASE STEERING COMMITTEE STATEMENTS (Continued)		
Public Health Reporting and National Notification for Powassan Virus Disease	Blackmore	09-ID-25
Public Health Reporting and National Notification for SLEV Disease	Blackmore	09-ID-26
Public Health Reporting and National Notification for Western Equine Encephalitis Virus Disease	Blackmore	09-ID-27
Public Health Reporting and National Notification for West Nile Virus Disease	Blackmore	09-ID-28
National Surveillance for Botulism	Engel	09-ID-29
Public Health Reporting and National Notification for Escherichia coli, Shiga toxin-producing (STEC)	Matyas	09-ID-30
Public Health Reporting and National Notification for Chancroid	Lohff	09-ID-31
Public Health Reporting and National Notification for Cryptosporidiosis	Matyas	09-ID-32
Public Health Reporting and National Notification for invasive *Haemophilus influenzae* type b (Hib) Infection	Cieslak	09-ID-33
Public Health Reporting and National Notification for Giardiasis	Gibson	09-ID-34
Public Health Reporting and National Notification for Gonorrhea	Lohff	09-ID-35
Public Health Reporting and National Notification for Hemolytic Uremic Syndrome (post-diarrheal)	Matyas	09-ID-37
Public Health Reporting and National Notification for Hepatitis A	Heseltine	09-ID-39
Public Health Reporting and National Notification for Acute Hepatitis C	Heseltine	09-ID-40
Public Health Reporting and National Notification for Chronic Hepatitis C	Heseltine	09-ID-41
Public Health Reporting and National Notification for Meningococcal Disease	Hahn	09-ID-42
Public Health Reporting and National Notification for Novel Influenza	Gensheimer	09-ID-43
Public Health Reporting and National Notification for Pediatric Influenza-Associated Mortality	Gensheimer	09-ID-44
Public Health Reporting and National Notification for Legionellosis	Smith	09-ID-45
Public Health Reporting and National Notification for Listeriosis	Matyas	09-ID-46

2008-2009
POSITION STATEMETS

Copies can be downloaded from the CSTE website (www.cste.org)

TITLE	AUTHOR	COMMITTEE ASSIGNMENT
INFECTIOUS DISEASE STEERING COMMITTEE STATEMENTS (Continued)		
Public Health Reporting and National Notification for Malaria	Soyemi	09-ID-47
Public Health Reporting and National Notification for Measles	Cieslak	09-ID-48
National Surveillance for Smallpox	Engel	09-ID-49
Public Health Reporting and National Notification for Mumps	Cieslak	09-ID-50
National Surveillance for Pertussis	Cieslak	09-ID-51
Public Health Reporting and National Notification for Plague	Engel	09-ID-52
National Surveillance for Paralytic Poliomyelitis and Nonparalytic Poliovirus Infection	Cieslak	09-ID-53
Public Health Reporting and National Notification for Q fever	Engel	09-ID-54
Public Health Reporting and National Notification for Rubella	Cieslak	09-ID-55
Public Health Reporting and National Notification for Salmonellosis	Matyas	09-ID-56
Public Health Reporting and National Notification for Shigellosis	Matyas	09-ID-57
Public Health Reporting and National Notification for *Staphylococcus aureus* infection/colonization with intermediate susceptibility to vancomycin (VISA)	Kainer	09-ID-58
Public Health Reporting and National Notification for *Staphylococcus aureus* infection/colonization resistant to vancomycin (VRSA)	Kainer	09-ID-59
Public Health Reporting and National Notification for streptococcal toxic shock syndrome (STSS)	Kirschke	09-ID-60
Public Health Reporting and National Notification for Congenital Rubella Syndrome	Cieslak	09-ID-61
Public Health Reporting and National Notification for Syphilis	Lohff	09-ID-62
Public Health Reporting and National Notification for Tetanus	Cieslak	09-ID-63
Public Health Reporting and National Notification for Trichinellosis	Matyas	09-ID-64
Public Health Reporting and National Notification for Tuberculosis	Montero	09-ID-65
National Surveillance for Tularemia	Rolfs	09-ID-66
Public Health Reporting and National Notification for Typhoid Fever	Matyas	09-ID-67
Public Health Reporting and National Notification for Varicella	Morse	09-ID-68

2008-2009
POSITION STATEMETS

Copies can be downloaded from the CSTE website (www.cste.org)

TITLE	AUTHOR	COMMITTEE ASSIGNMENT
INFECTIOUS DISEASE STEERING COMMITTEE STATEMENTS (Continued)		
Public Health Reporting and National Notification for Vibriosis	Matyas	09-ID-69
National Surveillance for Human Rabies	Sun	09-ID-70
OCCUPATIONAL HEALTH STEERING COMMITTEE STATEMENTS		
Public Health Ascertainment and National Notification for Silicosis	Stanbury	09-OH-01
Public Health Reporting and National Notification for Elevated Blood Lead Levels	Stanbury	09-OH-02
Public Health Ascertainment and National Notification for Acute pesticide-related illness and injury	Stanbury	09-OH-03
CROSS CUTTING STEERING COMMITTEE STATEMENTS		
Refugee Health Care: Improving overseas and domestic health assessment and management of U.S.-bound refugees	Chavez	09-CC-01
Access to Student Health Data for Public Health Practice	Patrick	09-CC-02
CHRONIC DISEASE STEERING COMMITTEE STATEMENTS		
Public Health Reporting and National Notification for Cancer Incidence and Mortality	Hylton	09-CD-01
SURVEILLANCE/INFORMATICS STEERING COMMITTEE STATEMENTS		
Common Core Data Elements for Case Reporting and Laboratory Result Reporting	Macdonald	09-SI-01
Electronic Laboratory Reporting in the US: Underfunded and Under Potential, or, Recommendations for the Implementation of ELR in the US	Magnuson	09-SI-03
Expectations of State Epidemiologists and their staffs as part of the national notification process for nationally notifiable conditions that are immediately notifiable	Hopkins	09-SI-04

09-CC-01

COMMITTEE: CROSS CUTTING

TITLE: REFUGEE HEALTH CARE: Improving overseas and domestic health assessment and management of U.S.-bound refugees

DEPARTMENT OF HEALTH & HUMAN SERVICES

RECEIVED
OCT 13 2009
BY: TC

ADMINISTRATION FOR CHILDREN AND FAMILIES
370 L'Enfant Promenade, S.W.
Washington, D.C. 20447

September 29, 2009

Patrick J. McConnon, MPH
Executive Director
Council of State and Territorial Epidemiologists
National Headquarters
2872 Woodcock Boulevard, Suite 303
Atlanta, GA 30341

Dear Mr. McConnon:

Thank you for your letter to Secretary Kathleen Sebelius conveying a copy of the Council of State and Territorial Epidemiologists (CSTE) position statement 09-CC-01 entitled "Refugee Health Care: Improving overseas and domestic health assessment and management of U.S.-bound refugees" adopted at the CSTE Annual Conference, June 11, 2009. Secretary Sebelius forwarded your letter to me because the Office of Refugee Resettlement (ORR) has responsibility over refugee assistance programs within the Administration for Children and Families.

ORR funds medical screening through state governments and through this responsibility we have become keenly aware of the physical and mental conditions of refugees when they enter the United States. CSTE's position statement reflects many of our concerns for refugee health care.

The recommended actions outlined in your letter are appropriate. Since refugees destined to the U.S. are served in a network of government and private sector agencies overseas and in resettlement, it is most reasonable to approach these action steps in the multi-agency working group as was suggested in your letter.

Thank you for sharing your position with us. I appreciate the care and interest expressed by your letter in these matters and look forward to collaborating in the future.

Sincerely,

Eskinder Negash
Director
Office of Refugee Resettlement

09-CC-02
COMMITTEE: Cross Cutting
TITLE: Access to Student Health Data for Public Health Practice

NACCHO
National Association of County & City Health Officials

August 26, 2009

Pat McConnon
Executive Director
Council of State and Territorial Epidemiologists (CSTE)
2872 Woodcock Blvd. Suite 303
Atlanta GA 30341

Via Email

Dear Mr. McConnon:

Thank you for sharing the Council of State and Territorial Epidemiologists' (CSTE) position statement, "Access to Student Health Data for Public Health Practice." Our interests in this issue are closely aligned. NACCHO's Board of Directors recently approved a similar position statement at our annual conference in July, a copy of which is attached for your review.

I am committed to NACCHO participating as an active partner in moving forward the desired action outlined in your position, namely to "work together with CSTE [and other governmental public health national partners] to seek congressional support for amending the Family Education Rights and Privacy Act (FERPA) to include language that parallels the provisions in HIPAA for the release of information for us by public health authorities."

I look forward to hearing your thoughts about next steps for our collaboration.

Sincerely,

Robert Pestronk
Executive Director

1100 17th Street, NW, Second Floor, Washington, DC 20036 P (202) 783 5550 F (202) 783 1583 www.naccho.org

Public Health
Prevent. Promote. Protect.

09-CC-02 (Continued)

COMMITTEE: Cross Cutting

TITLE: Access to Student Health Data for Public Health Practice

NACCHO
National Association of County & City Health Officials

09-07

STATEMENT OF POLICY

Protecting Student Health through Access To School-Based Data

Policy

Local health departments (LHDs) should be allowed access to health information from education records, by law or agreement, for the purpose of data collection for public health surveillance and other programs. The U.S. Department of Education and the U.S. Department of Health and Human Services should develop a mechanism for state and local health departments to access school health data or Congress should amend the Family Education Rights Privacy Act (FERPA) to specifically authorize the disclosure of school health information to state and local health department officials. Electronic sharing of password-protected data allows multiple uses of data within an LHD while protecting privacy and security.

Justification

FERPA was enacted in 1974 to protect the education privacy rights of students and their families and is administered by the Family Policy Compliance Office (FPCO) of the US Department of Education.[1] School health records maintained by federally funded schools are covered by FERPA, not the Health Insurance Portability and Accountability Act (HIPAA). Information covered by HIPAA can be shared for public health purposes without a written authorization to release information.[2]

FERPA does not allow information sharing for public health purposes without written authorization from parents or students over the age of 18. Recent U.S. Department of Education memorandums issued in response to inquiries by public health agencies clearly state that identifiable student health information in education records may not be shared for surveillance and immunization compliance purposes, contrary to earlier practice. FERPA has no specific exception for public health purposes other than for emergencies.[3] Recent and anticipated surveillance for the spread of Novel Influenza A (H1N1) highlights the need for uniform national policy allowing for general access to school-held student health information, including absenteeism data, for public health practice.

Collecting data from schools would also enable LHDs to do the following:

- Detect emerging infectious disease health events, such as outbreaks of staph infections or community acquired methicillin-resistant *Staphylococcus aureus* (MRSA) infections;
- Identify and evaluate environmental exposures related to health outcomes, such as exposure to lead or other toxic substances;
- Track immunization coverage to verify immunization status, reduce duplicate vaccinations, and prevent outbreaks of infectious diseases;

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09-CC-02 (Continued)

COMMITTEE: Cross Cutting

TITLE: Access to Student Health Data for Public Health Practice

NACCHO
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- Determine immunization coverage to identify populations and geographic areas with low coverage and target scarce resources to those at greatest risk for underimmunization and for acquiring vaccine-preventable diseases;
- Identify trends in chronic and environmental diseases in children and adolescents, such as the prevalence of autism, developmental disabilities, and asthma;
- Target health promotion and disease prevention programs and identify specific health needs within population sub-groups; and
- Track long-term health outcomes and evaluate public health programs for effectiveness.

There are few mechanisms for systematically monitoring the health of U.S. children and adolescents. Lack of access for LHDs to school health data impedes their ability to effectively assess the health of students in their jurisdictions and make effective health recommendations.

Record of Action
Approved by NACCHO Board of Directors
July 2009

1. U.S. Department of Education. Family Educational Rights and Privacy Act (FERPA). Available at http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html. Accessed July 8, 2009.
2. Standards for Privacy of Individually Identifiable Health Information. 45 CFR Part 160 and Subparts A and E of Part 164. Available at: www.hhs.gov/ocr/hipaa. Accessed July 8, 2009.
3. American Public Health Association, November 2007. Promoting School Information Sharing for Public Health Purposes. Available at http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1353. Accessed July 8, 2009.

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Public Health
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09-SI-03

COMMITTEE: SURVEILLANCE/INFORMATICS

TITLE: RECOMMENDATIONS FOR THE IMPLEMENTATION OF ELECTRONIC LABORATORY REPORTING IN THE UNITED STATES

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control and Prevention (CDC)

December 17, 2009

Patrick J. McConnon, MPH
Executive Director
Council of State and Territorial Epidemiologists
National Headquarters
2872 Woodcock Boulevard, Suite 303
Atlanta, GA 30341

Dear Pat:

Thank you for your letter to Dr. Thomas Frieden conveying a copy of the Council of State and Territorial Epidemiologists (CSTE) position statement 09-SI-03, "Recommendations for the Implementation of Electronic Laboratory Reporting in the United States." The Centers for Disease Control and Prevention (CDC) is aware of the many issues impacting electronic laboratory reporting (ELR), and we are committed to working with our partners to enable electronic laboratory information exchange among all public health providers.

Over the course of the years, the CDC's National Electronic Disease Surveillance System (NEDSS) program has committed resources to address ELR nationally by setting policy and developing standards, as well as providing tools, technical assistance, training, and funding to state and local health departments implementing electronic data exchange of laboratory reports.

In addition, the NEDSS project, along with other national initiatives (BioSense, National Healthcare Safety Network, Public Health Interoperability Project, etc.), has included ELR as part of its strategic plan. Each of these programs recognizes the need to work together in a coordinated effort to succeed in implementing ELR nationally.

However, we realize that there is more work to be done, and we do agree with the points made in the position statement regarding strategic planning, workforce capacity, funding, and technological solutions. In the next few months, the new Office of Surveillance, Epidemiology, and Laboratory Services (OSELS) will work with CDC programs (i.e., Biosurveillance Coordination Unit, BioSense, NEDSS, and Infectious and Non-Infectious programs) and public health partners to establish a task force to develop an improved strategy on ELR activities, including defining meaningful use of the ELR.

Thank you for sharing your position with us. I appreciate CSTE's interest in these matters and look forward to collaborating in the future.

Sincerely,

Steve

Stephen B. Thacker, M.D., M.Sc.
Acting Deputy Director for Surveillance, Epidemiology and Laboratory Service

09-SI-04

COMMITTEE: SURVEILLANCE/INFORMATICS

TITLE: PROCESS STATEMENT FOR IMMEDIATELY NATIONALLY NOTIFIABLE CONDITIONS

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control and Prevention (CDC)

December 18, 2009

Patrick J. McConnon, MPH
Executive Director, CSTE
2872 Woodcock Boulevard, Suite 3030
Atlanta, GA 30341

Dear Pat:

Thank you for your letter dated December 4, 2009 regarding the Council of State and Territorial Epidemiologists (CSTE) adoption of position statement #09-SI-04, "Process Statement for Immediately Nationally Notifiable Conditions." This position statement defines the method and timeline for communication of information regarding immediately nationally notifiable cases between states and territories and CDC. I understand that the position statement was developed from a collaborative CSTE and CDC working group effort and agree that its adoption is critical because it supports state, national, and international public health surveillance priorities.

CDC staff are currently working to implement procedures and processes required to support position statement #09-SI-04. The National Notifiable Diseases Surveillance System (NNDSS) staff have worked with CDC Emergency Operations Center (EOC) staff to ensure that the EOC Watch Officers understand the immediate nationally notifiable condition (INNC) process. The EOC will be responsible for documenting the notification information that is received by phone and will relay this information to the appropriate Subject Matter Experts (SMEs) within CDC. The EOC will implement this improved process for receiving INNCs beginning on Monday, January 4, 2010. As of that date, state or territorial Epidemiologists will need to report that they are calling about the INNCs, which will inform the EOC Watch Officers of the protocol to be followed.

NNDSS staff have also worked with the CDC technical and informatics staff to ensure that electronic data from multiple sources (e.g., National Electronic Telecommunications System for Surveillance [NETSS], National Electronic Disease Surveillance System [NEDSS] Base System master message, HL7-case notifications) will be reviewed in near real-time to identify when an electronic notification of an INNC has been received at CDC and trigger an email alert to the appropriate Subject Matter Experts (SMEs). Alerts to SMEs will indicate that electronic notifications have been received at CDC and are ready for review. To ensure appropriate communication within CDC, NNDSS staff are in the process of confirming the SMEs responsible for receiving the INNC notifications. Once confirmed, NNDSS staff will educate the SMEs about the INNC process, inform them about the alerting system being established, and determine their preferred method of accessing the electronic records so appropriate mechanisms for access can be established.

CDC and CSTE share a long history of collaboration on important public health issues. We look forward to working with you on the implementation of this initiative and others that are important to public health surveillance.

Sincerely,

Steve

Stephen B. Thacker, M.D., M.Sc.
Acting Deputy Director for Surveillance, Epidemiology and Laboratory Service

09-CD-01

COMMITTEE: CHRONIC

TITLE: PUBLIC HEALTH REPORTING AND NATIONAL NOTIFICATION FOR CANCER AND CENTRAL NERVOUS SYSTEM TUMOR INCIDENCE AND MORTALITY

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control and Prevention (CDC)
Atlanta GA 30341-3724

September 4, 2009

Mr. Patrick McConnon, MPH
Executive Director
Council of State and Territorial Epidemiologists
2872 Woodcock Boulevard, Suite 303
Atlanta, Georgia 30341

Dear Mr. McConnon:

I am responding to your letter to Dr. Thomas Frieden regarding the Council of State and Territorial Epidemiologists (CSTE) position statement "Public Health Reporting and National Notification for Cancer and Central Nervous System Tumor Incidence and Mortality."

The Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion, has reviewed the above mentioned position statement and offer the following comments:

- Page 3, paragraph 1 and Page 6, Section VII.A., Paragraph 2: The sentences that state where cases should be transmitted currently read "… to the appropriate central cancer registry, or the state health department or its designee." This seems to imply that it's either the central cancer registry (CCR) or the state health department. CCRs may not always be in health departments where public health reporting typically occurs. Suggest changing sentences to read: "… to the appropriate central cancer registry (health department or its designee)."

- Page 3, *Data to be collected*: Add at the end of the 1st sentence " … as specified in Title III of the Public Health Service Act, Section 399H." Also, please add a 5th bullet "To the extent such information is available in source records, information on the industrial or occupational history of the individual." This requirement is specified in the PHS Act.

- Pages 5 and 6: Suggest deleting the following sentences as the criteria in the tables have been in use for some time by registries for receiving data from reporters so there should be no reason to evaluate before general implementation.
  - Page 5, Table VI-B, delete: "The following criteria are proposed for evaluation before general implementation. For purposes of currently implementing reporting the narrative description in VI-A, should be used."
  - Page 6, Table VII-B, delete: "The following criteria are proposed for evaluation before general implementation. For purposes of current notification, the narrative description in VII-A, should be used."

09-CD-01 (Continued)

COMMITTEE: CHRONIC

TITLE: PUBLIC HEALTH REPORTING AND NATIONAL NOTIFICATION FOR CANCER AND CENTRAL NERVOUS SYSTEM TUMOR INCIDENCE AND MORTALITY

Page 2 – Mr. Patrick McConnon, MPH

- Page 6 (top of page), Section VI. Criteria for Reporting, C. Disease Specific Elements, please add the following paragraph: "If available, the data elements "usual occupation" and "usual industry" are required for cancer registry reporting to CDC-NPCR but are challenging to collect in the current environment. Incorporation of these data elements and associated software tools into the Electronic Health Record (EHR) will help cancer registries and other public health domains collect more complete and better quality information on patients' occupation and industry. This position statement supports the development of EHR standards for collection of these data elements to improve data quality and completeness."

- Page 7, IX Data sharing/release and print criteria, 1st sentence: "Notification to CDC of confirmed cases of cancer is recommended." Suggest changing the word "recommended" to "required" as it is a requirement.

We appreciate the opportunity to review the CSTE position statement and look forward to our continued collaboration.

Sincerely,

Marcus Plescia, M.D., M.P.H.
Director
Division of Cancer Prevention and Control
National Center for Chronic Disease Prevention
and Health Promotion

09-ID-06

COMMITTEE: INFECTIOUS DISEASES

TITLE: ENHANCING STATE-BASED SURVEILLANCE FOR INVASIVE PNEUMOCOCCAL DISEASE

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control and Prevention (CDC)

December 2, 2009

Patrick J. McConnon, MPH
Executive Director
Council of State and Territorial Epidemiologists
2872 Woodcock Boulevard, Suite 303
Atlanta, GA 30341

Dear Pat,

Thank you for your letter dated August 24, 2009 regarding the effort the Council of State and Territorial Epidemiologists (CSTE) has undertaken to reformat position statements for nationally notifiable conditions (NNCs), in collaboration with subject matter experts in the States and at CDC. I appreciate your interest in keeping me informed about work funded through the CDC-CSTE Cooperative Agreement and stimulated by a charge from the American Health Information Community (AHIC) to identify uniform standards and criteria to support prompt case-detection and case-reporting from electronic clinical and laboratory information systems. CSTE is leading an effort that will help transform the way public health surveillance is conducted in the United States. This work will likely support more timely and complete surveillance data being reported to States and from States to CDC in the future, as implementation occurs.

CDC is committed to working collaboratively with CSTE and other partners to support strong surveillance infrastructure. We understand that significant progress has been made on the reformatted position statements for the NNCs, and that additional steps remain to ensure validation and successful application of these important surveillance tools. It is our understanding that the following are still in process:

- The format and content of the condition-specific data elements listed in the June 2009 position statements are still to be finalized. CSTE and CDC staff are working together to list and define the data elements (e.g., vaccine history, travel history) more uniformly across conditions.

- The Logical Observation Identifiers Names and Codes (LOINC), Systematized Nomenclature of Medicine (SNOMED), and other codes and algorithms were to be provided in technical implementation guides, as supplements to the June 2009 position statements. CSTE colleagues have indicated that the process for developing and validating these guides is under discussion.

Collaboration between CSTE and CDC is essential to support the following activities that are critical for the remaining steps of the project:

- CDC/CSTE sponsored Case Report Standardization Workgroup will review and make recommendations for condition-specific data elements across nationally notifiable

09-ID-06 (Continued)

COMMITTEE: INFECTIOUS DISEASES

TITLE: ENHANCING STATE-BASED SURVEILLANCE FOR INVASIVE PNEUMOCOCCAL DISEASE

conditions. In addition, the Workgroup is planning to sponsor a case report symposium on December 5, 2009 in association with the annual International Society for Disease Surveillance conference in Miami, Florida. One of the goals of the symposium is to address key components of the position statements (e.g., case report and classification criteria).

- Staff from the Public Health Information Network (PHIN) Vocabulary Access and Distribution System (VADS) are working on a project to enable storage and retrieval of case definitions of public health interest for state reportable and nationally notifiable conditions. The relational data base that interfaces with PHIN VADS will have tables for storing the case definition, laboratory criteria, and LOINC and SNOMED codes. PHIN VAD users will be able to browse the laboratory criteria for notifiable conditions as well as the LOINC and SNOMED codes associated with the laboratory criteria. An authoring tool for PHIN VADS will be developed so owners of the case definitions can modify the criteria in their case definitions. In addition, an informatics tool is being developed to help assess how existing or proposed laboratory criteria map to LOINC and SNOMED codes and to identify whether requests for new codes for laboratory criteria need to be submitted to standards development organizations

- CDC and CSTE collaborators for the Knowledgebase of State Reportable and Nationally Notifiable Conditions project are in the initial phases of requirements gathering and propose to develop the infrastructure to store and distribute detailed information in human- and machine-readable formats about public health reporting requirements (e.g., what is reportable, by whom, when, how) within jurisdictions; case-reporting criteria and algorithms; case definitions; and data elements for case-reporting and case notification.

- CDC staff are reviewing all approved 2009 CSTE position statements and are developing implementation plans for these policies. Implementation often requires development of new procedures. For example, implementation and accommodation of immediate notification will require coordination between the CDC Emergency Operations Center (EOC) and other CDC staff to develop alerts and to establish immediate data provisioning when the electronic data are received from states.

The CDC organizational improvement process currently underway provides an excellent opportunity to strengthen these collaborative activities. As we move forward, it would be beneficial to convene a CDC-CSTE discussion with appropriate staff and partners, to define and plan for the next phases of this important effort.

We look forward to collaborating with CSTE on these surveillance activities and other issues of public health importance.

Sincerely,

Steve

Stephen B. Thacker, M.D., M.Sc.
Acting Deputy Director
Office of Surveillance, Epidemiology and Laboratory Services

09-ID-06 (Continued)

COMMITTEE: INFECTIOUS DISEASES

TITLE: ENHANCING STATE-BASED SURVEILLANCE FOR INVASIVE PNEUMOCOCCAL DISEASE

APHL ASSOCIATION OF PUBLIC HEALTH LABORATORIES

December 7, 2009

Patrick McConnon, MPH
Executive Director
Council of State and Territorial Epidemiologists (CSTE)
2872 Woodcock Boulevard, Suite 303
Atlanta, GA 30341

Dear Mr. McConnon,

On behalf of the President of the Association of Public Health Laboratories (APHL) and the members of the Infectious Diseases Committee of APHL, I am pleased to respond to your request for technical assistance with the transfer of *Streptococcus pneumoniae* molecular serotyping technology from the Centers for Disease Control and Prevention (CDC) to public health laboratories. This technology transfer was specifically recommended in the CSTE position statement, 09-ID-06 "Enhancing State-Based Surveillance for Invasive Pneumococcal Disease."

The committee agrees that timely and accurate diagnosis and characterization of *Streptococcus pneumoniae* and other vaccine preventable diseases (VPDs) is critical to identify and control outbreaks as well as provide information that is essential for improving vaccines and vaccination programs. Laboratory testing is an important component of the VPD surveillance system and quality laboratory data is crucial to ensure that surveillance goals are achieved. While laboratory testing for VPDs is highly desirable, the current capability of public health laboratories to conduct testing for vaccine preventable diseases varies from state to state, and helping to improve this capability is an important goal of APHL.

APHL has recently received funding through the American Recovery and Reinvestment Act for training and quality improvement activities to enhance testing for VPDs. The support received from this grant will allow APHL and CDC to collaborate in order to improve the VPD diagnostic testing and strain characterization capabilities of PHLs. A VPD steering committee has been formed to oversee the project activities, provide technical expertise for training program content, and assist in developing a Quality Improvement strategy. A recent survey designed to assess the training needs of public health laboratories has recently been launched to state public health laboratories, and information gathered from this survey will be used to inform the development of training content.

We hope that this comprehensive approach to enhancing laboratory testing for VPDs will lay the foundation for the implementation of molecular technology for serotyping of

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09-ID-06 (Continued)

COMMITTEE: Infectious Diseases

TITLE: Enhancing state-based surveillance for invasive pneumococcal disease

Streptococcus pneumonaie in public health laboratories. We will keep you apprised of our progress and look forward to collaborating with CSTE on this and other infectious disease issues.

Sincerely,

Joanne M. Bartkus

Joanne M. Bartkus, PhD, D(ABMM)
Chair APHL Infectious Disease Committee

09-ID-01, 09-ID-02, 09-ID-03, 09-ID-04, 09-ID-05, 09-ID-06, 09-ID-07, 09-ID-08, 09-ID-09, 09-ID-10, 09-ID-11, 09-ID-12, 09-ID-13, 09-ID-14, 09-ID-15, 09-ID-16, 09-ID-17, 09-ID-18, 09-ID-19

COMMITTEE: INFECTIOUS DISEASES

The Centers for Disease Control and Prevention's Comments Regarding the 2009 Council of State and Territorial Epidemiologists' (CSTE) Position Statements

CSTE Position Statement 09-ID-01
Title: Public Health Reporting and National Notification for HIV Infection*
**HIV infection includes what was formerly referred to as HIV-not AIDS and AIDS*

Statement of the desired action to be taken:
CSTE requests that CDC adopt this standardized reporting definition for HIV infection and the classification of stages of HIV disease to facilitate more timely, complete, and standardized local and national reporting of this condition. Where CSTE has identified potential changes needed in CDC's current case definitions, such proposed changes and clarifications are noted.
CSTE recommends that implementation of the reporting standards outlined in this document be conducted in conjunction with the state or territorial HIV surveillance program to ensure consistency with local laws and regulations.

CDC Comments: ***Concurs with the position statement.***

CSTE Position Statement 09-ID-02
Title: "Public Health Reporting and National Notification for Waterborne Disease Outbreaks"

Statement of the desired action to be taken:
CSTE requests that CDC adopt this standardized reporting definition for waterborne disease outbreaks to facilitate timelier, complete, and standardized local and national reporting of this condition.

CDC Comments:
CDC concurs with and fully supports CSTE's recommendation to revise case definition of waterborne disease outbreaks to include outbreaks associated with drinking water, recreational water and water not intended for drinking. CDC worked with state health officials and CSTE on this revision to the case definition which is consistent with the case definition used by state and territorial jurisdictions.

CSTE Position Statement 09-ID-03
Title: "Public Health Reporting and National Notification for *Vibrio cholerae* (Cholera)"

Statement of the desired action to be taken:
CSTE requests that CDC adopt this standardized reporting definition for Vibrio cholerae (Cholera) to facilitate more timely, complete, and standardized local and national reporting of this condition.

09-ID-01, 09-ID-02, 09-ID-03, 09-ID-04, 09-ID-05, 09-ID-06, 09-ID-07, 09-ID-08, 09-ID-09, 09-ID-10, 09-ID-11, 09-ID-12, 09-ID-13, 09-ID-14, 09-ID-15, 09-ID-16, 09-ID-17, 09-ID-18, 09-ID-19

COMMITTEE: INFECTIOUS DISEASES

CDC Comments:
CDC concurs with and fully supports the CSTE recommendation.

CSTE Position Statement 09-ID-04
Title: "Public Health Reporting and National Notification for Cyclosporiasis"

Statement of desired action to be taken:
CSTE requests that CDC adopt this standardized definition for cyclosporiasis to facilitate more timely, complete, and standardized local and national reporting of this condition.

CDC Comments:
CDC concurs with and fully supports CSTE's recommendation to revise the case definition (including the clinical description, laboratory criteria for diagnosis, and case classification) of cyclosporiasis for the purposes of reporting cyclosporiasis cases to CDC via the Nationally Notifiable Diseases Surveillance System. CDC worked with state health officials and CSTE on this revision. Outbreaks of cyclosporiasis in the United States have broad implications for food safety and international commerce. Therefore, CDC supports a more standardized case classification of cyclosporiasis cases as well as more timely reporting and notification of cyclosporiasis cases. *Cyclospora* is an emerging foodborne pathogen in the true sense of the word, and as a result methods for the diagnosis of human *Cyclospora* infection are still evolving. Therefore, CDC also approves of broadening the laboratory criteria for diagnosis so that cases diagnosed in the future using newly developed but widely accepted diagnostic methods and procedures will not fail to meet the laboratory criteria for diagnosis.

CSTE Position Statement 09-ID-05
Title: National Surveillance for Diphtheria

Statement of the desired action to be taken:
CSTE and NCIRD recognize the need to develop an official list of nationally notifiable conditions and a standardized reporting definition for each condition on the official list. Further, each definition should comply with American Health Information Community-recommended standards to support automated case reporting from electronic health records or other clinical care information systems.

CDC Comments:
NCIRD concurs with and fully supports this position statement which was written to request that CSTE members adopt this standardized reporting definition and that CDC adopt the standardized notification criteria for diphtheria to facilitate more timely, complete, and standardized local reporting and national notification of this condition. NCIRD will provide necessary programmatic input into the continuing process for implementing this position statement, including revision and clarifications to Tables VI-B and VII-B, development of technical implementation guides, and validation of the implementation and impact of the components of this standardization process.

2008-2009
POSITION STATEMET AGENCY RESPONSES

09-ID-01, 09-ID-02, 09-ID-03, 09-ID-04, 09-ID-05, 09-ID-06, 09-ID-07, 09-ID-08, 09-ID-09, 09-ID-10, 09-ID-11, 09-ID-12, 09-ID-13, 09-ID-14, 09-ID-15, 09-ID-16, 09-ID-17, 09-ID-18, 09-ID-19

COMMITTEE: INFECTIOUS DISEASES

CSTE Position Statement 09-ID-06
Title: Enhancing state-based surveillance for invasive pneumococcal disease (IPD)

Statement of the desired action to be taken:
The purpose of this position statement is to enhance surveillance to provide baseline and ongoing national data for assessment of disease burden and immunization program effects.

CDC Comments:
NCIRD concurs with and fully supports CSTE recommendations to: 1.) create a message mapping guide for transmitting standardized national notification data for IPD, 2.) unify IPD notifications into one event code, 3.) clarify notification for IPD among all ages so that one event code is used for a case defined by isolation of S. pneumoniae from a normally sterile body site, with notifications to include all epidemiologically important data, and 4.) transfer technology of PCR-based serotyping to state and territorial public health laboratories. To support technology transfer, NCIRD will provide technical guidance as well as detailed protocols for the PCR assay, working with APHL to ensure training, quality assurance, and proficiency. NCIRD will also work with other CDC colleagues to support the necessary coding changes and MMWR publication modifications needed to implement this position statement. These activities are necessary to provide baseline and ongoing data to track and monitor IPD burden and immunization program effects. NCIRD will provide necessary programmatic input into the continuing process for implementing this position statement, including revision and clarifications to Tables VI-B and VII-B, development of technical implementation guides, and validation of the implementation and impact of the components of this standardization process.

CSTE Position Statement 09-ID-07
Title: Recommendation to remove invasive group A *Streptococcus* (GAS) from the CSTE list of nationally notifiable diseases.

Statement of the desired action to be taken:
The purpose of this position statement is to recommend that GAS be removed from the list of nationally notifiable diseases at least until such a time as there are more widespread public health interventions related to case reports or FDA approval of a vaccine against GAS becomes imminent.

CDC Comments:
NCIRD concurs with and fully supports this position statement and CSTE recommendations. The recommendation will decrease the work load on local and state health departments with minimal impact to their ability to intervene to control GAS disease.

CSTE Position Statement 09-ID-08
Title: Public Health Reporting and National Notification for Infection Caused by *Chlamydia trachomatis*

09-ID-01, 09-ID-02, 09-ID-03, 09-ID-04, 09-ID-05, 09-ID-06, 09-ID-07, 09-ID-08, 09-ID-09, 09-ID-10, 09-ID-11, 09-ID-12, 09-ID-13, 09-ID-14, 09-ID-15, 09-ID-16, 09-ID-17, 09-ID-18, 09-ID-19

COMMITTEE: INFECTIOUS DISEASES

Statement of the desired action to be taken:
CSTE requests that CDC adopt this standardized reporting definition for *Chlamydia trachomatis*
to facilitate more timely, complete, and standardized local and national reporting of this condition.
Additionally, CSTE requests a change of the case definition to "*Chlamydia trachomatis* Infection." No other changes to the case definition are being requested.

CDC Comments: ***Concurs with the position statement.***

CSTE Position Statement 09-ID-09
Title: Public Health Reporting and National Notification for Yellow Fever

Statement of the desired action to be taken:
CSTE requests that CDC adopt this standardized reporting definition for yellow fever to facilitate timely, complete, and standardized local and national reporting of this condition.

CDC Comments:
CDC concurs with and fully supports CSTE's recommendation to have immediate notification of cases in the position statement for yellow fever. Humans are a reservoir of yellow fever, developing an adequate level of viremia to infect susceptible mosquito vectors. While yellow fever virus is not endemic to the United States, mosquitoes that can sustain human-to-mosquito-to-human transmission are found in many locations within the country. A viremic traveler returning from an endemic area could import the virus and cause an urban outbreak of the disease. Given this risk, immediate notification is warranted. Since the majority of state health departments have laws or regulations requiring immediate reporting of yellow fever and cases are rarely imported, revising the notification status to include immediate reporting does not place any undue burden on state health departments. Finally, yellow fever is also of importance to International Health Regulations (IHR) as the use of the vaccine is specifically covered in the updated 2005 IHR. The importance of yellow fever in IHR was removed from the position statement which is likely the result of discussions at the 2009 CSTE meeting.

CSTE Position Statement 09-ID-10
Title: "National Surveillance for Anthrax"

Statement of the desired action to be taken:
CSTE requests that CDC adopt these standardized reporting and case classification definitions for anthrax to facilitate more timely, complete, and standardized local and national surveillance of this condition.

CDC Comments:

09-ID-01, 09-ID-02, 09-ID-03, 09-ID-04, 09-ID-05, 09-ID-06, 09-ID-07, 09-ID-08, 09-ID-09, 09-ID-10, 09-ID-11, 09-ID-12, 09-ID-13, 09-ID-14, 09-ID-15, 09-ID-16, 09-ID-17, 09-ID-18, 09-ID-19

COMMITTEE: INFECTIOUS DISEASES

CDC concurs with and fully supports CSTE's recommendation to revise the anthrax case definition and to develop a standardized reporting definition and notification requirements for anthrax. CDC worked with state health officials and CSTE on the revisions of the case definition and the Case Notification Request (CNR) statement. These revisions expand the case classification strategy to include suspect, probable and confirmed cases, dependent upon strength of laboratory and epidemiologic evidence, and establish two levels for immediate notification requirements for anthrax. The revisions to the case definition and CNR are expected to improve the accuracy of case classification and the timeliness of case notification to CDC, with subsequent improvements in response and assistance at all levels.

CSTE Position Statement 09-ID-011
Title: National Surveillance for Severe Acute Respirator Syndrome (SARS-CoV)

Statement of the desired action to be taken:
CSTE and NCIRD recognize the need to develop an official list of nationally notifiable conditions and a standardized reporting definition for each condition on the official list. Further, each definition should comply with American Health Information Community-recommended standards to support automated case reporting from electronic health records or other clinical care information systems.

CDC Comments:
NCIRD concurs with and fully supports this position statement which was written to request that CSTE members adopt this standardized reporting definition and that CDC adopt the standardized notification criteria for SARS-CoV to facilitate more timely, complete, and standardized local reporting and national notification of this condition. NCIRD will provide necessary programmatic input into the continuing process for implementing this position statement, including revision and clarifications to Tables VI-B and VII-B, development of technical implementation guides, and validation of the implementation and impact of the components of this standardization process.

CSTE Position Statement 09-ID-12
Title: "Public Health Reporting and National Notification for Animal Rabies"

Statement of the desired action to be taken:
CSTE requests that CDC adopt this standardized reporting definition for animal rabies to facilitate timely, complete, and standardized local and national reporting of this condition.

CDC Comments:
CDC concurs with and fully supports the CSTE recommendation.

CSTE Position Statement 09-ID-13

09-ID-01, 09-ID-02, 09-ID-03, 09-ID-04, 09-ID-05, 09-ID-06, 09-ID-07, 09-ID-08, 09-ID-09, 09-ID-10, 09-ID-11, 09-ID-12, 09-ID-13, 09-ID-14, 09-ID-15, 09-ID-16, 09-ID-17, 09-ID-18, 09-ID-19

COMMITTEE: INFECTIOUS DISEASES

Title: Public Health Reporting and National Notification for Psittacosis

Statement of the desired action to be taken:
CSTE and NCIRD recognize the need to develop an official list of nationally notifiable conditions and a standardized reporting definition for each condition on the official list. Further, each definition should comply with American Health Information Community-recommended standards to support automated case reporting from electronic health records or other clinical care information systems.

CDC Comments:
NCIRD concurs with and fully supports this position statement which was written to request that CSTE members adopt this standardized reporting definition and that CDC adopt the standardized notification criteria for psittacosis to facilitate more timely, complete, and standardized local reporting and national notification of this condition. NCIRD will provide necessary programmatic input into the continuing process for implementing this position statement, including revision and clarifications to Tables VI-B and VII-B, development of technical implementation guides, and validation of the implementation and impact of the components of this standardization process.

CSTE Position Statement 09-ID-14
Title: "Public Health Reporting and National Notification for Brucellosis"

Statement of the desired action to be taken:
CSTE requests that CDC adopt this standardized reporting definition for brucellosis to facilitate timely, complete, and standardized local and national reporting of this condition.

CDC Comments:
CDC concurs with and fully supports CSTE's recommendation to revise the brucellosis case definition and to develop a standardized reporting definition for brucellosis. CDC worked with state health officials and CSTE on the revision of the case definition, and establishing the criteria for routine and immediate notification of brucellosis.

CSTE Position Statement 09-ID-15
Title: "Public Health Reporting and National Notification for Ehrlichiosis and Anaplasmosis"

Statement of the desired action to be taken:
CSTE requests that CDC adopt this standardized reporting definition for ehrlichiosis and anaplasmosis to facilitate timely, complete, and standardized local and national reporting of this condition.

CDC Comments:
CDC concurs with and fully supports the CSTE recommendation.

CSTE Position Statement 09-ID-16

POSITION STATEMET AGENCY RESPONSES

09-ID-01, 09-ID-02, 09-ID-03, 09-ID-04, 09-ID-05, 09-ID-06, 09-ID-07, 09-ID-08, 09-ID-09, 09-ID-10, 09-ID-11, 09-ID-12, 09-ID-13, 09-ID-14, 09-ID-15, 09-ID-16, 09-ID-17, 09-ID-18, 09-ID-19

COMMITTEE: INFECTIOUS DISEASES

Title: "Public Health Reporting and National Notification for Spotted Fever Rickettsiosis (including Rocky Mountain spotted fever)"

Statement of the desired action to be taken:
CSTE requests that CDC adopt this standardized reporting definition for Spotted Fever Rickettsiosis (including Rocky Mountain spotted fever) to facilitate timely, complete, and standardized local and national reporting of this condition.

CDC Comments:
CDC concurs with and fully supports the CSTE recommendation.

CSTE Position Statement 09-ID-17
Title: "Public Health Reporting and National Notification for Hantavirus pulmonary syndrome"

Statement of the desired action to be taken:
CSTE requests that CDC adopt this standardized reporting definition for hantavirus pulmonary syndrome to facilitate timely, complete, and standardized local and national reporting of this condition.

CDC Comments:
CDC has worked closely with state health officials and CSTE on this adopted revision. CDC concurs with and fully supports the CSTE recommendation.

CSTE Position Statement 09-ID-18
Title: "Add Viral Hemorrhagic Fever (VHF) caused by Ebola or Marburg viruses, Lassa virus, new world Arenaviruses (Guanarito, Machupo, Junin, Sabia), or Crimean-Congo hemorrhagic fever to the Nationally Notifiable Condition list"

Statement of the desired action to be taken:
1) Viral hemorrhagic fever caused by Ebola or Marburg viruses, Lassa virus, new world Arenaviruses (Guanarito, Machupo, Junin, Sabie), or Crimean-Congo hemorrhagic fever should be added to the Nationally Notifiable Condition list.
2) CSTE requests that CDC adopt this standardized reporting definition for viral hemorrhagic fever to facilitate timely, complete, and standardized local and national reporting of this condition.

CDC Comments:
CDC has worked closely with state health officials and CSTE on this adopted revision. CDC concurs with and fully supports the CSTE recommendation.

CSTE Position Statement 09-ID-19
Title: "Add Dengue Virus Infections to the Nationally Notifiable Conditions List"

Statement of the desired action to be taken:

09-ID-01, 09-ID-02, 09-ID-03, 09-ID-04, 09-ID-05, 09-ID-06, 09-ID-07, 09-ID-08, 09-ID-09, 09-ID-10, 09-ID-11, 09-ID-12, 09-ID-13, 09-ID-14, 09-ID-15, 09-ID-16, 09-ID-17, 09-ID-18, 09-ID-19

COMMITTEE: INFECTIOUS DISEASES

1) Designate dengue a nationally notifiable condition by adding it to the National Notifiable Disease Surveillance System list of nationally notifiable conditions.
2) Update the existing 1996 dengue case definition and standardize laboratory diagnostic criteria.

CDC Comments:
CDC concurs with and fully supports CSTE's recommendation to add dengue virus infections to the National Notifiable Diseases Surveillance System list of nationally notifiable infectious diseases. CDC worked with state health officials and CSTE on this position statement to make dengue a nationally notifiable infectious disease. CDC will provide necessary technical assistance and guidance to state health department as well as training and standard protocols to those public health laboratories who wish to implement diagnostic testing for dengue. Because dengue is a re-emerging infectious disease of international importance, CDC supports timely reporting and standard notification of dengue cases to federal authorities and understands that specifics of reporting were addressed under CSTE position statement 09-ID-19.

09-OH-02

COMMITTEE: Occupational and Environmental Health

TITLE: Public Health Reporting and National Notification for Elevated Blood Lead Levels

U.S. Department of Labor

Assistant Secretary for
Occupational Safety and Health
Washington, D.C. 20210

SEP 29 2009

RECEIVED
OCT 5 2009
BY:

Patrick J. McConnon, MPH
Executive Director
Council of State and Territorial Epidemiologist (CSTE)
National Headquarters
2872 Woodcock Boulevard, Suite 303
Atlanta, Georgia 30341

Dear Dr. McConnon,

Thank you for your letter dated July 21, 2009 requesting an OSHA response to the Council of State and Territorial Epidemiologist position statement 09-OH-02, "Public Health Reporting and National Notification for Elevated Blood Lead Levels". This position statement included a newly revised definition for elevated blood levels (BLL) in adults and a recommendation that laboratories report all elevated BLL results to public authorities. The revised definition for an elevated BLL in adults would lower the current definition of 25 µg/dL or greater to 10 µg/dL or greater.

The purpose of these changes are to strengthen surveillance activities at the state and local level and support The National Notifiable Disease Surveillance System. The position statement also recommends that the adult blood lead data be shared with OSHA to help target the National Emphasis Program on Lead.

OSHA has no objections to this position statement.

Sincerely,

Jordan Barab
Acting Assistant Secretary

POSITION STATEMET AGENCY RESPONSES

09-OH-01

COMMITTEE: Occupational and Environmental Health

TITLE: Public Health Ascertainment and National Notification for Silicosis

09-OH-03

COMMITTEE: Occupational and Environmental Health

TITLE: Public Health Ascertainment and National Notification for Acute pesticide-related illness and injury

U.S. Department of Labor

Assistant Secretary for
Occupational Safety and Health
Washington, D.C. 20210

RECEIVED
OCT 5 2009
BY:

SEP 29 2009

Patrick J. McConnon, MPH
Executive Director
Council of State and Territorial Epidemiologist (CSTE)
National Headquarters
2872 Woodcock Boulevard, Suite 303
Atlanta, Georgia 30341

Dear Dr. McConnon:

This is to acknowledge receipt of your letters dated July 21, 2009, notifying OSHA of the following Council of Sate and Territorial Epidemiologist position statements:

- 09-OH-01 "Public Health Ascertainment and National Notification of Silicosis.
- 09-OH-03 "Public Health Ascertainment and National Notification for Acute Pesticide related illness and injury.

We have received these position statements. In your correspondence, you requested a response to position statement 09-OH092 concerning public health reporting of elevated lead levels. An OSHA response to this position statement will follow.

Thank you for this notification.

Sincerely,

Jordan Barab
Acting Assistant Secretary

2008-2009

POSITION STATEMET AUTHOR PROGRESS REPORTS

09-SI-03

COMMITTEE: Surveillance/Informatics

TITLE: Recommendations for the Implementation of Electronic Laboratory Reporting in the United States

Progress is underway for the 2009 Position Statement, 09-SI-03, "*Electronic Laboratory Reporting in the US: Underfunded and Under Potential, or, Recommendations for the Implementation of ELR in the US.*"

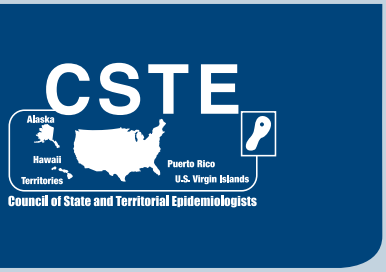
SINCE THE RESOLUTION HAS BEEN PASSED:

- CDC responded to the position statement on January 5, 2010
- CSTE replied with a request for a conference call to better collaborate on the items highlighted in the position statement and the CDC formal reply.
- CDC appointed several individuals to pursue development of an ELR Taskforce.
- A National Roadmap for ELR document was drafted specifying the steps for addressing the position statement goals and desired action items for the taskforce that are currently under development.
- The inaugural ELR Taskforce meeting is scheduled to be held at the CSTE Annual Conference in Portland, OR during the PHIN preconference workshop on June 6, 2010.
- Participants for an Executive Committee and a general taskforce have been identified.

POSITIVE ACTION/OUTCOME:

- Improved communication between CDC, CSTE and the ELR community
- Progress by establishing a Taskforce
- Meeting dates planned

Author: J.A. Magnuson



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