2009-2010

ANNUAL REPORT

CSTE

Alaska
Hawaii
Territories
Puerto Rico
U.S. Virgin Islands

Council of State and Territorial Epidemiologists

COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS

TABLE OF CONTENTS

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, 2010 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 statements. 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, 2010 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 8, 2010, 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 forming an opinion of the basic financial statements of Council of State and Territorial Epidemiologists, Inc. taken as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by US. Office of Management and Budget Circular A-l33, "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 8, 2010
Atlanta, Georgia

2009-2010

FINANCIAL STATEMENTS & AUDITORS REPORTS

COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS, INC.
STATEMENT OF FINANCIAL POSITION
SEPTEMBER 30, 2010

ASSETS	
CURRENT ASSETS	
Cash and Cash Equivalents	$ 491,184
Certificates of Deposit	644,889
Grants Receivable	894,250
Accrued Interest Receivable	5,960
Prepaid Expenses	316,460
TOTAL CURRENT ASSETS	2,352,743
PROPERTY AND EQUIPMENT	
Computers and Software	78,059
Furniture and Equipment	52,705
Less: Accumulated Depreciation	(81,970)
TOTAL PROPERTY AND EQUIPMENT	48,794
OTHER ASSETS	
Deposits	3,153
TOTAL ASSETS	$2,404,690
LIABILITIES AND NET ASSETS	
CURRENT LIABILITIES	
Accounts Payable	$ 951,386
Accrued Expenses	470,603
TOTAL CURRENT LIABILITIES	1,421,989
NET ASSETS	
Unrestricted	982,701
Temporarily Restricted	-0-
Permanently Restricted	-0-
TOTAL NET ASSETS	982,701
TOTAL LIABILITIES AND NET ASSETS	$2,404,690

See Accompanying Notes to Financial Statements

COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS, INC.
STATEMENT OF FINANCIAL ACTIVITIES
YEAR ENDED SEPTEMBER 30, 2010

CHANGE IN UNRESTRICTED NET ASSETS:	
Revenues and Gains	
Support from Grants	$7,836,123
Memberships	124,260
Annual Meeting	501,646
Interest Income	13,446
Miscellaneous	675
Total Revenues and Gains	8,476,150
Expenses	
Program Services	7,891,515
General Supporting Expenses	485,065
Total Expenses	8,376,580
INCREASE IN UNRESTRICTED NET ASSETS	99,570
NET ASSETS, BEGINNING OF YEAR	883,131
NET ASSETS, END OF YEAR	$ 982,701

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, 2010

CASH FLOW FROM OPERATING ACTIVITIES	
Change in Net Assets	$ 99,570
Adjustment to Reconcile Change in Net Assets to Net Cash Provided by Operating Activities:	
Depreciation	23,040
(Increase) Decrease in Operating Assets:	
Grant Funds Receivable	(262,601)
Accounts Receivable	31,344
Accrued Interest Receivable	(1,237)
Prepaid Expenses	(272,727)
Increase (Decrease) in Operating Liabilities:	
Accounts Payable	679,960
Accrued Expenses	47,899
Deferred Revenue	(325)
NET CASH PROVIDED BY OPERATING ACTIVITIES	344,923
CASH FLOWS FROM INVESTING ACTIVITIES	
Purchase of Certificates of Deposit	(120,307)
Purchase of Property and Equipment	(17,708)
NET CASH (USED) BY INVESTING ACTIVITIES	(138,015)
NET INCREASE IN CASH AND CASH EQUIVALENTS	206,908
CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR	284,276
CASH AND CASH EQUIVALENTS AT END OF YEAR	$ 491,184
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, 2010

Program Services

	1U38HM000414 Focus Areas							
	Chronic	Core	Environmental	Epidemiology	FoodSafety	HIV	Infectious	ASTHO
Annual Meeting Expense	0	0	0	0	0	0	0	0
Consultants	0	21,510	1,950	38,566	75,078	0	0	2,400
Contracts	120	7,605	200	662,602	37,500	13,700	560	0
Fringe	7,230	116,271	13,857	64,891	10,278	7,265	16,150	704
General & Administrative	63,290	221,422	75,084	347,945	47,697	26,365	147,629	1,146
Other	181,550	133,866	79,259	1,590,786	69,275	89,057	92,012	0
Personnel	26,099	398,938	41,967	210,429	31,694	20,892	48,665	1,944
Postage and Delivery	132	1,977	232	1,690	263	0	111	25
Printing and Reproduction	33	11,774	2,428	364	2,081	0	144	0
Staff Travel	3,518	38,902	3,809	30,924	5,304	3,283	2,840	0
Supplies	35	930	58	583	0	34	152	0
Telephone	66	2,147	68	645	145	3,989	220	0
Trainee Expense	213,942	536,931	249,806	923,808	30,938	0	618,250	0
Total Expense	496,015	1,492,273	468,718	3,873,233	310,253	164,585	926,733	6,219

Program Services

	Occupational Conference	Michigan	NYC	Occupational Capacity	RWJF Award	WestOn	WestON 2010	NonFed	Total Expenses
Annual Meeting Expense	0	0	0	0	0	0	0	272,243	272,243
Consultants	0	0	0	0	0	0	0	3,500	143,004
Contracts	0	0	0	0	0	0	0	14,000	736,287
Fringe	1,375	35	109	7,098	323	357	1,361	3,753	251,057
General & Administrative	0	2,866	2,164	13,542	264	0	0	74,327	1,023,741
Other	33,167	0	0	21,564	1,000	3,251	6,403	28,742	2,329,932
Personnel	4,950	13	443	23,413	0	1,817	2,865	38,474	852,603
Postage and Delivery	0	588	32	188	0	0	0	614	5,852
Printing and Reproduction	0	12,187	0	67	0	0	0	23,623	52,701
Staff Travel	0	0	0	1,985	0	0	569	9,757	100,891
Supplies	0	0	0	0	77	0	0	16,033	17,902
Telephone	0	0	0	43	0	0	0	0	7,323
Trainee Expense	0	0	9,001	0	0	0	368	0	2,583,044
Total Expense	39,492	15,689	11,749	67,900	1,664	5,425	11,566	485,066	8,376,580

2009-2010

FINANCIAL STATEMENTS & AUDITORS REPORTS

COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS, INC.
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED SEPTEMBER 30, 2010

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 $13,658, 177 for the year ended September 30, 2010. For the year ended September 30, 2010 the Organization received disbursements on these agreements in the amount of $7,856,193.

COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS, INC.
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED SEPTEMBER 30, 2010

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, actual 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 $143,962 and equipment rent was $30,365 the year ended September 30, 2010. Future minimum lease payments under these noncancelable operating leases as of September 30, 2010 are as follows:

Year Ended September 30,	
2011	159,527
2012	165,233
2013	56,566
Thereafter	0
	$381, 326

COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS, INC.
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED SEPTEMBER 30, 2010

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 September 30, 2010 was $66,293.

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 has not 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, 2010.

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.

7. SUBSEQUENT EVENTS:

Subsequent events were evaluated thru December 10, 2010, the issuance date of this report.

COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS, INC.
SCHEDULE OF FEDERAL AWARDS
YEAR ENDED SEPTEMBER 30, 2010

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/				
5U60EP007277-15	93.283	9/30/2008-5/31/2009	$ -	$ 5,139.00
U.S. Dept. of Health & Human Services/ Center for Disease Control & Prevention/ Development of State-Level Surveillance Systems and Epidemiology Training Programs/				
5U38HM000414-002	93.524	9/30/2009-5/31/2010	$ -	$ 4,575,832.00
5U38HM000414-003	93.524	6/1/2010-5/31/2011	$ 13,528,177.00	$ 3,150,839.00
U.S. Dept. of Health & Human Services/ Center for Disease Control & Prevention/ State-Based Occupational Health Surveillance Meeting/ 5R13OH008565-05	93.262	8/1/2009-7/31/2010	$ -	$ 39,492.00
U.S. Dept. of Health & Human Services/ Center for Disease Control & Prevention/Building Capacity for State-Based Occupational Health Surveillance/				
5R25OH008802-04	93.262	7/1/2009-6/30/2010	$ 10,000.00	$ 53,990.00
5R25OH008802-05	93.262	7/1/2010-6/30/2011	$ 100,000.00	$ 13,910.00
U.S. Dept. of Health & Human Services/ Center for Disease Control & Prevention/ Western States Occupational Network Meeting/ 1R13OH009753-01	93.262	8/1/2009-7/31/2010	$ -	$ 5,425.00
U.S. Dept. of Health & Human Services/ Center for Disease Control & Prevention/ Western States Occupational Network Meeting/ 1R13OH009925-01	93.262	8/1/2010-07/31/2011	$ 20,000.00	$ 11,566.00
				$ 7,856,193.00

See Accompanying Notes to Financial Statements

COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS, INC.
NOTES TO SCHEDULE OF FEDERAL AWARDS
YEAR ENDED SEPTEMBER 30, 2010

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-I33, *Audits of States, Local Governments 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.

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 September 30,2010, and have issued our report thereon dated December 6, 2010. 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 inconsequential 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 identity 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.

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 anyone other than these specified parties.

Coun & Company, LLC

December 8, 2010
Atlanta, Georgia

REPORT ON COMPLIANCE WITH REQUIREMENTS APPLICABLE TO EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-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 "US. Office of Management and Budget (OMB) Circular A-I33 Compliance Supplement" that are applicable to each of its major federal programs for the year ended September 30, 2010. 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 OUI 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, 2010.

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 CIRCULAR A-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

December 8, 2010
Atlanta, Georgia

COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
YEAR ENDED SEPTEMBER 30, 2010

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 audit 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.
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

2009-2010

EXECUTIVE BOARD

PRESIDENT

Melvin Kohn, MD, MPH
Public Health Director
Oregon Department of Human Services
800 NE Oregon Street
Suite 730
Portland, OR 97232
971/673-1300 Phone
971/673-1361 Fax
Melvin.a.kohn@state.or.us

Term Expiration 2010

PAST PRESIDENT

Perry Smith, MD
State Epidemiologist
New York State Department of Health
Empire State Plaza
Corning Tower, Room 503 ESP
Albany, NY 12237
518/474-1055 Phone
518/473-2301 Fax
Psf01@health.state.ny.us

Term Expiration 2010

PRESIDENT ELECT

Stephen Ostroff, MD
Director, Bureau of Epidemiology
Pennsylvania Department of Health
Health and Welfare Building Room 933
625 Foster Street
Harrisburg, PA 17120
717/787-3550 Phone
717/787-6975 Fax
sostroff@state.pa.us

Term Expiration 2010

SECRETARY -TREASURER

Tom Safranek, MD
State Epidemiologist
Nebraska Department of Health and Human Services
301 Centennial Mall
Lincoln, NE 68509
402/471-0550 Phone
402/471-3601 Fax
Tom.Safranek@nebraska.gov

Term Expiration 2011

ENVIRONMENTAL/ OCCUPATIONAL/INJURY CHAIR

Martha Stanbury, MSPH
State Administrative Manager
Michigan Department of Community Health
201 Townsend St.
P.O. Box 30195
Lansing, MI 48909
517/335-8364 Phone
517/335-9775 Fax
Stanburym@michigan.gov

Term Expiration 2012

2009-2010 EXECUTIVE BOARD

CHRONIC DISEASE/MCH/ ORAL HEALTH CHAIR

Sara Huston, PhD
Cardiovascular Epidemiologist
Heart Disease and Stroke Prevention Branch
North Carolina Department of Health and Human Services
1915 Mail Service Center
Raleigh, NC 27699
919/707-5363 Phone
919/870-4082 Fax
Sara.huston@ncmail.net

Term Expiration 2010

INFECTIOUS DISEASE CHAIR

Laurene Mascola, MD, MPH
Chief of Acute Communicable Disease Control Program
Los Angeles County Department of Public Health
313 N. Figueroa Street, Room 212
Los Angeles, CA 90012
213/240-7941 Phone
213/482-4856 Fax
lmascola@ph.lacounty.gov

Term Expiration 2011

MEMBER AT-LARGE

Duc Vugia, MD, MPH
Chief, Infectious Disease Branch
California Department of Public Health
850 Marina Bay Parkway
Building P, 2nd Floor
Richmond, CA 94804
510/620-3434 Phone
510/620-3425 Fax
Duc.vugia@cdph.ca.gov

Term Expiration 2011

Michael Landen, MD, MPH
Deputy State Epidemiologist
New Mexico Department of Health
1190 St. Francis Dr. N 1320
Santa Fe, NM 87502
505/476-3575 Phone
505/827-0013 Fax
Michael.Landen@state.nm.us

Term Expiration 2010

Robert Rolfs, MD, MPH
State Epidemiologist
Utah Department of Health
P.O. Box 142104
Salt Lake City, UT 84114
801/538-6386 Phone
801/538-9923 Fax
rrolfs@utah.gov

Term Expiration 2012

SEPTEMBER 2009-2010

CSTE STAFF

Ashlyn Beavor
CSTE Intern
Employed since 2009

Angie Blocksom
Part-Time Accountant
Employed Since September 2010

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

Lisa Ferland
Associate Research Analyst
Employed since June 2007

Kevin Gibbs
Applications Programmer
Employed since October 2003

Tarajee Curry
Administrative Assistant
Employed since August 2003

Monica Huang
Associate Research Analyst
Employed Since June 2010

Robert Jones
Part Time Information Technology
Employed since August 2009

Jennifer Lemmings
Epidemiology Program Director
Employed since January 2004

Amber Leonard
Administrative Assistant
Employed since January 2008

Patrick McConnon
Executive Director
Employed since August 2002

Lauren Rosenberg
Associate Research Analyst
Employed since June 2008

LaKesha Robinson
Deputy Director
Employed since January 2001

Erin Simms
Associate Research Analyst
Employed since October 2007

MarySue Shulin
Business Manger
Employed since December 2002

Amanda Masters
Workforce and Fellowship Coordinator
Employed since November 2008

Shannon Whittington
Part Time Accountant
Employed since February 2007

2010

ANNUAL CONFERENCE SUMMARY

THEME ▸ HINDSIGHT IS 2020: LOOKING BACK AT THE LAST DECADE, LOOKING AHEAD TO THE NEXT

LOCATION ▸ PORTLAND, OREGON

DATES ▸ JUNE 6-10

TOTAL ATTENDEES ▸ 1180

PROGRAM SUMMARY

WORKSHOPS

- HIV Surveillance Coordinators Workshop
- Healthcare-associated Infections Training Workshop
- Occupational Health Workshop
- OutbreakNet Workshop
- Public Health Information Network Workshop
- Tribal Workshop
- Influenza Surveillance Coordinators Workshop
- NASPHV Business Meeting
- Substance Abuse Workshop
- Environmental Public Health Tracking Workshop
- Epidemiology Training Workshop
- Injury Workshop

SUNDAY SPECIAL PLENARY SESSION

- Climate Change Adaptation: The Public Health Response

MONDAY PLENARY

- The Past as Prelude: Federal and State Perspective on Public Health in the Coming Decade

TUESDAY PLENARY

- The Changing Landscape of Public Health: It's Impact on our Workforce, Our Information, and Our Environment
- We are What We Eat: Food Safety Update from our Federal Partners

WEDNESDAY PLENARY

- Lessons from the World Around Us: Global Threats, Global Health and Global Progress

2010

ANNUAL CONFERENCE SUMMARY

PLANNING COMMITTEE

Kristy Bradley
Committee

Ed Chao
CSTE Staff

Beverly Christner
CSTE Staff Lead

Jae Douglas
Committee

Lisa Ferland
CSTE Staff

Lauren Gallagher
Committee

Chris Hahn
Committee

Russ Hardgrave
Committee

Katrina Hedberg
Committee

Michael Heumann
Committee

Sara Huston
Chronic Disease/MCH/Oral Health Committee Chair

Mel Kohn
CSTE President

Michael Landen
Committee

Jennifer Lemmings
CSTE Staff

Lauren Mascola
Infectious Disease Committee Chair

John Middaugh
Committee

Lisa Millet
Committee

Steve Ostroff
Planning Committee Chair

Robert Rolfs
Surveillance/Informatics Committee Chair

Lauren Rosenberg
CSTE Staff

Erin Simms
CSTE Staff

Martha Stanbury
Environmental/Occupational/Injury Committee Chair

Duc Vugia
Cross Cutting Committee Chair

2010

BUSINESS MEETING MINUTES

THURSDAY, JUNE 10, 2010
PORTLAND, OREGON

Meeting called to order 8:15am Pacific

ROLL CALL

PRESENT: Alabama, Alaska, Arizona, California, Connecticut, District of Columbia, Florida, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin and Wyoming.

ABSENT: American Samoa, Arkansas, Colorado, Delaware, Federated States of Micronesia, Georgia, Guam, Louisiana, Mississippi, Missouri, Montana, North Dakota, Northern Mariana Island, South Dakota, Virgin Islands.

STATE OF CSTE ADDRESS

PRESIDENT: Mel Kohn

PRESENTATION: PowerPoint

CSTE MEMBERSHIP

- Grown from under 400 in 2002 to over 1,000 in 2010
- 70% active members
- 25% associate
- 5% student

2010
BUSINESS MEETING MINUTES

THURSDAY, JUNE 10, 2010

TOTAL BUDGET

- $10.6 Million
- Comprised of 3 Federal Grants, State and Individual Dues
- ~1000 Active and Associate Members
- All 50 States paid state dues in 2009
- Supports
  - Membership Services
  - National Office and 17 staff
  - And 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 website
- Improved mechanisms for online surveys
- Provided support for all Cooperative Agreement projects

MAJOR ACCOMPLISHMENTS

- Reformatted about 70 Position Statements
- Completed Development CIFOR Guidelines
- Supported 51 CSTE Fellows in 27 states and 7 large city health departments
- Facilitated key communications between States and CDC with regular H1N1 influenza messages related to vaccines, surveillance and epidemiology, and community measures
- Development and distribution of 11 National Assessments on Surveillance, Epidemiology and Workforce Issues
- Co-sponsored regional epidemiology meetings in Florida, Oregon and New Jersey
- Worked with other organizations to reinstate and secure funding increase for public health programs
- "Strengthening America Public Health Services Act" (SAPHSA) bill and Health reform
- Drafted priorities and coordinated visits with Congressional representatives and OMB
- State Cardiovascular Disease and Influenza Pilot Projects

2010

BUSINESS MEETING MINUTES

THURSDAY, JUNE 10, 2010

CSTE MEMBERSHIP STRUCTURE

INFECTIOUS DISEASE STEERING COMMITTEE

- Adult Immunization
- Child Immunization
- Enteric Infectious
- Disease/Food Safety
- HIV
- Healthcare Associated Infections & Antibiotic Resistance
- Influenza
- STD

CHRONIC DISEASE/MCH/ORAL HEALTH STEERING COMMITTEE

- Cancer
- Cardiovascular
- CD Epidemiology
- Capacity Building
- CD Indicators
- MCH
- Surveillance and Informatics

ENVIRONMENTAL/OCCUPATIONAL/INJURY STEERING COMMITTEE

- Climate Change
- Disaster Epidemiology
- Injury Surveillance and Control
- Environmental Epidemiology
- Environmental Health
- Indicators (SEHIC)
- Occupational Health
- Surveillance

SURVEILLANCE/INFORMATICS STEERING COMMITTEE

- Surveillance Policy
- Surveillance Practice and Implementation
- Indicators
- ELR

2010
BUSINESS MEETING MINUTES

THURSDAY, JUNE 10, 2010

CSTE MEMBERSHIP STRUCTURE *(Continued)*

CROSS-CUTTING STEERING COMMITTEE

- Disparities
- Workforce
- Border and International Health
- Public Health law

TRIBAL AND LOCAL EPIDEMIOLOGY STEERING COMMITTEE

- Alcohol
- Alcohol and Drugs-Surveillance
- Tribal Epidemiology
- Local Epidemiology
- Substance Abuse Epidemiology

INFECTIOUS DISEASE STEERING COMMITTEE UPDATES

- Influenza Subcommittee
  - Providing consultation to CDC during H1N1 Pandemic
  - Influenza Surveillance Pilots
  - Advancing Strategies to Improve Influenza Surveillance Pilot (Hospitalizations)
- Food Safety Subcommittee
  - Outbreak Response Guidelines (CIFOR)
  - Evaluation of Cluster Definitions for Outbreak Investigations
  - Epidemiology/Laboratory Integrated Reporting Pilot
  - Foodborne Disease Outbreak Training
- HIV/AIDS Surveillance Subcommittee
  - Support for Peer to Peer Consultations
  - Surveillance Capacity Assessment Report
- NASPHV
  - Support for Compendiums

THURSDAY, JUNE 10, 2010

CSTE MEMBERSHIP STRUCTURE *(Continued)*

ENVIRONMENTAL/OCCUPATIONAL/INJURY STEERING COMMITTEE UPDATES

- Environmental Surveillance Subcommittee
  - Development of Climate Change and Asthma Indicators
  - Core and essential functions of EH epidemiology in state health departments guidance
  - Disaster Epidemiology Subcommittee national meeting and white paper
  - Cancer cluster investigation guidelines

- Occupational Subcommittee
  - Tracking Occupational Health Indicators (OHI) in 17 states
  - Addressing the need for collection of occupational information in electronic health records
  - Completing joint publication with NIOSH on state occupational health and safety success stories
  - Promoting state, regional and national collaboration

- Injury Subcommittee
  - Participating on Injury Surveillance Workgroup on poisonings
  - Communicating the importance of External Cause Coding Improvement
  - Promoting the role of data in developing injury policy

CHRONIC DISEASE/MCH/ORAL HEALTH STEERING COMMITTEE UPDATES

- Distribution of Chronic Disease Epi Capacity State Profiles (2009)
- Cardiovascular Disease Surveillance Data Pilot Project
- Expanding MCH Epidemiology Subcommittee within CSTE

2010
BUSINESS MEETING MINUTES

THURSDAY, JUNE 10, 2010

CSTE MEMBERSHIP STRUCTURE *(Continued)*

SURVEILLANCE/INFORMATICS COMMITTEE UPDATES

- Surveillance Practice and Implementation Subcommittee
  - 2009 State Reportable Conditions Assessment (SRCA)
  - Developing the 2010 SRCA
  - Analyzing results from the 2010 National Electronic Disease Surveillance Systems (NEDSS) Assessment
  - Evaluating the Technical Implementation Guides for the nationally notifiable conditions
- Surveillance Policy Subcommittee
  - Data Sharing
  - Discussion of Healthcare Associated Infections governance
  - Gained support on public health action regarding the Family Education Rights and Privacy Act (FERPA) from >20 organizations

CROSS-CUTTING COMMITTEE UPDATES

- Workforce Development
  - Supported 51 CDC/CSTE Applied Epidemiology Fellows
  - Recruited 29 additional Fellows for June 2010 Placements
  - Reconstituted the Fellowship Advisory Committee
  - Hosted CDC Orientation for New State Epidemiologists
- Tribal Epidemiology
  - Deaths Related to 2009 Pandemic Influenza A (H1N1) Among American Indian / Alaska Natives
  - Analyzing state regulations that authorize or limit the sharing of identifiable public health data
  - Regional Tribal Epidemiology Center meeting of Tribal Health Directors, TEC and state health department epidemiologists
- Other
  - Substance Abuse Epidemiology Capacity Assessment

THURSDAY, JUNE 10, 2010

CSTE MEMBERSHIP STRUCTURE *(Continued)*

ORGANIZATIONAL CHALLENGES GOING FORWARD

- Build Partnerships
  - TFAH, ASTHO, NACCHO, NACDD
- Engage with health reform efforts
  - Chronic disease epi
- Improve communications
  - Media
  - Website

ACTION NEEDED: NONE

SECRETARY-TREASURER REPORT

DISCUSSION: Tom Safranek

HANDOUT: Annual Report

Conducted by the independent auditor Conn and Company from Atlanta, Georgia. 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 September 30, 2008 to September 30, 2009, was accepted from the floor and seconded. The membership voted to accept the financial statement as record.

ACTION NEEDED: NONE

2010
BUSINESS MEETING MINUTES

THURSDAY, JUNE 10, 2010

BUSINESS MEETING MINUTES

DISCUSSION: Tom Safranek

HANDOUT: Annual Report

Minutes from the 2009 Business Meeting were reviewed. A motion to accept the 2009 Buffalo, New York, Business Meeting minutes was brought from the floor and seconded by the membership. A vote was taken, and the 2009 Business Meeting Minutes were approved.

ACTION NEEDED: NONE

ANNUAL REPORT INFORMATION ONLY

HANDOUT: Annual Report

The Annual Report is now available and contains work done by CSTE in 2009. The Annual Report is available on the CSTE website.

ACTION NEEDED: NONE

EXECUTIVE BOARD

ELECTIONS: Tom Safranek

HANDOUT: Electronic Clickers

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 attending the meeting. A majority vote shall be required to elect board members. If no candidate receives a majority vote on the first 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.

During the Elections, CSTE will use the Electronic Voting System. 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's electronic clicker was working.

2010 BUSINESS MEETING MINUTES

THURSDAY, JUNE 10, 2010

Tom Safranek called the election of open positions on the Executive Board. The appointed tellers were: Patty Quinlisk (IA) and Joe McLaughlin (AK).

Mel Kohn called for the membership to vote for the **President-Elect** position. The names placed on the ballot were **Tom Safranek (NE)** and **Katrina Hedberg (OR)**. There was a call for additional nominations from the floor. None were put forward. The members cast their electronic vote and **Tom Safranek (NE)** was elected to the **President-Elect** position.

Tom Safranek called for the membership to vote for the **Chronic/MCH/Oral Health Disease Chair.** The names on the ballot were **Violanda Grigorescu (MI)** and **Sara Huston (NC)**. There was a call for additional nominations from the floor. None were put forward. The members cast their electronic vote and **Sara Huston** was elected to the **Chronic/MCH/Oral Health Disease Chair.**

Tom Safranek called for the membership to vote for the **At-Large position Three Year Term.** The names placed on the ballot were **Bernadette Albanese (NM), Alfred De Maria (MA), Tim Jones (TN) and Corinne Miller (MI)**. There was a call for nominations from the floor. The name placed on the ballot from the floor was **Katrina Hedberg (OR)**. A motion was called to close the nominations and seconded. Tom Safranek announced the results that **Katrina Hedberg** was elected to the **At-Large position.**

Tom Safranek called for the membership to vote for the **Secretary-Treasurer** position, which will fill the time remaining following Tom Safranek's election to the President-Elect position. Nominations from the floor were **Tim Jones (TN)** and **Corinne Miller (MI)**. **Tim Jones** was elected to the **Secretary-Treasurer** position.

ACTION NEEDED: NONE

CSTE BYLAWS

DISCUSSION: Tom Safranek

HANDOUT: Bylaws Document

A motion to approve the CSTE Bylaws revisions was made and seconded. After much discussion and technical edits, the CSTE Bylaws were approved.

ACTION NEEDED: Beverly Christner will forward Tom Safranek the revised language of the Bylaws for review before posting on the CSTE website.

2010
BUSINESS MEETING MINUTES

THURSDAY, JUNE 10, 2010

POSITION STATEMENTS

DISCUSSION: Tom Safranek

HANDOUT: Position Statement Documents

Prior to the Business Meeting, 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.

2010 POSITION STATEMENT CONSENT CALENDAR

COMMITTEE ASSIGNMENT	TITLE	AUTHOR
10-ID-01	Promotion of an increase in Section 317 funding	Kathleen Harriman
10-ID-02	Inclusion of "Pregnancy and HIV Infection" in Public Health Reporting	Amy Zapata
10-ID-03	Expanding Wound Botulism Surveillance Case Definitions	Duc Vugia
10-ID-04	Re-instating Coccidioidomycosis onto the Nationally Notifiable Diseases List	Duc Vugia
10-ID-06	Public Health Reporting and National Notification for Lyme Disease	Bryon Backenson
10-ID-07	Public Health Reporting and National Notification for Hepatitis A	Gary Heseltine
10-ID-08	Public Health Reporting and National Notification for Acute Hepatitis C	Gary Heseltine
10-ID-09	Public Health Reporting and National Notification for Chronic Hepatitis C	Gary Heseltine
10-ID-10	Public Health Reporting and National Notification for Chronic Hepatitis B	Kristin Sweet
10-ID-11	Public Health Reporting and National Notification for Acute Hepatitis B Infections	Kristin Sweet
10-ID-12	Public Health Reporting and National Notification for Hansen's Disease	Raoult Ratard
10-ID-13	Public Health Reporting and National Notification for Foodborne Outbreaks	Bela Matyas
10-ID-14	Public Health Reporting and National Notification for non-streptococcal toxic shock syndrome	Bernadette Albanese
10-ID-15	Update to Cryptosporidiosis Case Definition	Kristy Bradley

THURSDAY, JUNE 10, 2010

2010 POSITION STATEMENT CONSENT CALENDAR (Continued)

COMMITTEE ASSIGNMENT	TITLE	AUTHOR
10-ID-16	Revision of the Surveillance Case Definition for Human Rabies	Catherine Brown
10-ID-17	Update to Giardiasis Case Definition	Kristy Bradley
10-ID-18	Public Health Reporting and National Notification for California Serogroup Virus Disease	Carina Blackmore
10-ID-19	Update to Viral Hemorrhagic Fever (VHF) Case Definition	Bob Rolfs
10-ID-20	Public Health Reporting and National Notification for Eastern Equine Encephalitis Virus Disease	Carina Blackmore
10-ID-21	Public Health Reporting and National Notification for West Nile Virus Disease	Carina Blackmore
10-ID-22	Public Health Reporting and National Notification for Powassan Virus Disease	Carina Blackmore
10-ID-23	Public Health Reporting and National Notification for St. Louis Encephalitis Virus Disease	Carina Blackmore
10-ID-24	Public Health Reporting and National Notification for Western Equine Encephalitis Virus Disease	Carina Blackmore
10-ID-25	Improving Investigations of Transfusion Transmitted Infections at State and Local Health Departments	Sally Slavinski
10-ID-26	Improving Investigations of Transplant Transmitted Infections at State and Local Health Departments	Sally Slavinski
10-ID-28	CSTE/CDC Process for Setting National Standards for Healthcare-Associated Infections Case Criteria and Data Requirements	Marion Kainer
10-EH-01	Asthma: a continuing public health priority	Sarah Lyon-Callo
10-SI-03	Nationally Notifiable Conditions Position Statement Table Revision Process	Perry Smith
10-SI-04	Public health response to 2009/H1N1. Recognizing the collaboration of CSTE/CDC with the Association of Professionals in Infection Control and Epidemiology (APIC)	Thomas Haupt

2010

BUSINESS MEETING MINUTES

THURSDAY, JUNE 10, 2010

POSITION STATEMENTS THAT WERE DISCUSSED AND ADOPTED AT THE BUSINESS MEETING

COMMITTEE ASSIGNMENT	TITLE	AUTHOR
10-SI-01	Inclusion of "Provisional" conditions on the CSTE List of Nationally Notifiable Conditions	Steve Macdonald
10-SI-02	Modification of the Process for Recommending Conditions for National Surveillance	Bob Rolfs
10-SI-05	Healthcare-Associated Infection Reporting	Rachel Stricof
10-ID-27	Public Health Reporting and National Surveillance for Babesiosis	Melissa Kemperman

2011 ANNUAL CONFERENCE

ANNOUNCEMENT: Steve Ostroff

The next CSTE Annual Meeting will take place in Pittsburgh, Pennsylvania, June 12-16.

ADJOURNMENT

The meeting adjourned at 11:30 a.m. as President Mel Kohn handed the gavel to new CSTE President Steve Ostroff.

2010

BALLOT AND RESULTS

2010 ELECTION OF PRESIDENT-ELECT

_____ Katrina Hedberg, MD, MPH
Interim State Epidemiologist
Oregon Department of Human Services

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

2010 ELECTION OF CHRONIC/MCH/ORAL HEALTH CHAIR (3 YEAR TERM)

_____ Violanda Grigorescu, MD, MSPH
Director of Division of Genomics, Perinatal Health and Chronic Disease Epidemiology
Michigan Department of Public Health

___X__ Sara Huston, PhD
Cardiovascular Epidemiologist
North Carolina Department of Health and Human Services

2010 ELECTION OF AT-LARGE POSITION (3 YEAR TERM)

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

_____ Alfred DeMaria, Jr., MD
State Epidemiologist, Massachusetts Department of Public Health

_____ Tim Jones, MD
State Epidemiologist, Tennessee Department of Health

_____ Corinne Miller, PhD
State Epidemiologist, Michigan Department of Community Health

__X___ Katrina Hedberg, MD, MPH
Interim State Epidemiologist
Oregon Department of Human Services

2010

BALLOT AND RESULTS

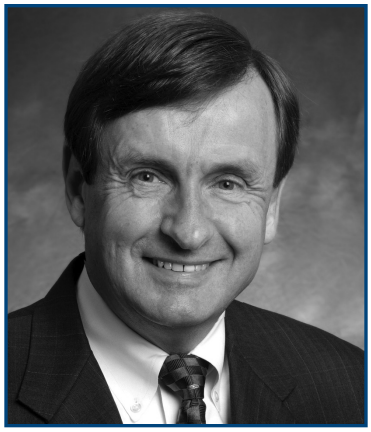
2010 ELECTION OF SECRETARY-TREASURER (1 YEAR TERM)

_____ Corinne Miller, PhD
State Epidemiologist, Michigan Department of Community Health

__X___ Tim Jones, MD
State Epidemiologist, Tennessee Department of Health

2010

JONATHAN MANN MEMORIAL LECTURER



JAMES W. CURRAN, MD, MPH

Dean of Public Health, Professor of Epidemiology, Rollins School of Public Health of Emory University
Co-Director, Emory Center for AIDS Research

James W. Curran, M.D., MPH, has been Dean and Professor of Epidemiology of the Rollins School of Public Health since 1995. He holds joint appointments in the Emory School of Medicine, the Nell Hodgson Woodruff School of Nursing and the Graduate School of Arts and Sciences. In 2009, the Deanship of the School was endowed in his honor and he holds the position as the first James W. Curran Dean of Public Health. He serves as Principal Investigator and Co-Director of the Emory Center for AIDS Research, funded by the National Institutes of Health.

Dr. Curran has been author of more than 260 scientific publications. He serves on numerous non-profit Boards and Committees locally, nationally and internationally, and has served as Chair of the Association of Schools of Public Health. He is currently Chair of the Office of AIDS Research Council of the National Institutes of Health.

Among his honor and awards is included election to the Institute of Medicine of the National Academy of Science in 1993 of which he currently serves as Chair of the Board of Population Health and Public Health Practice.

Dr. Curran came to Emory from the Centers for Disease Control and Prevention where he served for over two decades, most recently in leadership of that agency's HIV research and prevention activities.

Dr. Curran and his wife, Juanita, have two adult children and have lived in Atlanta since 1978.

2010

PUMPHANDLE AWARD WINNER

MATT CARTTER, 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 2010 recipient of the Pumphandle Award has served public health and CSTE well. Dr. Matt Cartter has been CSTE's vice-president and president-elect, and was president twice almost back to back, in 2001-2002 and 2003-2004. His very first meeting as CSTE president began on the morning of Sept. 11, 2001, an unbelievable day to take charge of our nationwide public health and epidemiology efforts. In a CSTE Update President's Message several years later, he said that working with others on the board helped: "Being part of CSTE has helped me keep a balanced perspective during these stressful times."

In the public health landscape that has evolved since then, Dr. Cartter has continued the dedication he showed that first day as president. He serves as State Epidemiologist for the Connecticut Department of Public Health, where he is responsible for the management of programs including the Epidemiology and Emerging Infections Program, the Sexually Transmitted Diseases Program, the Pulmonary Diseases Program, and the Health Care Associated Infections Program. He also manages the investigation of infectious disease outbreaks, maintenance and improvement of the public health surveillance system for infectious diseases, and design and implementation of special epidemiological studies. Dr. Cartter is known for his work on Lyme disease and influenza epidemiology and has shown national leadership on many issues including pandemic influenza, rabies, West Nile Virus and other emerging diseases.

Dr. Cartter was an Epidemic Intelligence Service Officer from 1983 to 1985 following his medical residency at the Rhode Island Hospital. He is an adjunct associate professor in the Department of Community Medicine and Health Care at the University of Connecticut School of Medicine and an associate clinical professor of Epidemiology and Public Health at the Yale University School of Medicine.

CSTE congratulates Dr. Matt Cartter on his recognition as the 2010 Pumphandle Award winner.

COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS

2010 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	✓	

2009-2010

POSITION STATEMETS

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

TITLE	AUTHOR	COMMITTEE ASSIGNMENT
INFECTIOUS DISEASE STEERING COMMITTEE STATEMENTS		
Promotion of an increase in Section 317 funding	Harriman	10-ID-01
Increased Emphasis on Perinatal HIV Surveillance and Prevention	Zapata	10-ID-02
Expanding Wound Botulism Surveillance Case Definitions	Vugia	10-ID-03
Public Health Reporting and National Notification for Coccidioidomycosis	Vugia	10-ID-04
Public Health Reporting and National Notification for Lyme Disease	Backenson	10-ID-06
Public Health Reporting and National Notification for Hepatitis A	Heseltine	10-ID-07
Public Health Reporting and National Notification for Acute Hepatitis C	Heseltine	10-ID-08
Public Health Reporting and National Notification for Hepatitis C Infection, Past or Present	Heseltine	10-ID-09
Public Health Reporting and National Notification for Chronic Hepatitis B	Sweet	10-ID-10
Public Health Reporting and National Notification for Acute Hepatitis B Infections	Sweet	10-ID-11
Public Health Reporting and National Notification for Hansen's Disease	Ratard	10-ID-12
Public Health Reporting and National Notification for Foodborne Outbreaks	Matyas	10-ID-13
Public Health Reporting and National Notification for non-streptococcal toxic shock syndrome	Albanese	10-ID-14
Update to Cryptosporidiosis Case Definition	Bradley	10-ID-15
Revision of the Surveillance Case Definition for Human Rabies	Brown	10-ID-16
Update to Giardiasis Case Definition	Bradley	10-ID-17
Public Health Reporting and National Notification for California Serogroup Virus Disease	Blackmore	10-ID-18
Update to Viral Hemorrhagic Fever (VHF) Case Definition	Rolfs	10-ID-19
Public Health Reporting and National Notification for Eastern Equine Encephalitis Virus Disease	Blackmore	10-ID-20

2009-2010
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 West Nile Virus Disease	Blackmore	10-ID-21
Public Health Reporting and National Notification for Powassan Virus Disease	Blackmore	**10-ID-22**
Public Health Reporting and National Notification for St. Louis Encephalitis Virus Disease	Blackmore	**10-ID-23**
Public Health Reporting and National Notification for Western Equine Encephalitis Virus Disease	Blackmore	**10-ID-24**
Improving Investigations of Transfusion Transmitted Infections at State and Local Health Departments	Slavinski	**10-ID-25**
Improving Investigations of Transplant Transmitted Infections at State and Local Health Departments	Slavinski	**10-ID-26**
Public Health Reporting and National Surveillance for Babesiosis	Kemperman	**10-ID-27**
Council of State and Territorial Epidemiologists – Centers for Disease Control and Prevention (CSTE–CDC) Process for Setting National Standards for Healthcare-Associated Infections Case Criteria and Data Requirements	Mascola	**10-ID-28**
SURVEILLANCE/INFORMATICS STEERING COMMITTEE STATMENTS		
Inclusion of "Provisional" conditions on the CSTE List of Nationally Notifiable Conditions	Macdonald	**10-SI-01**
Modification of the Process for Recommending Conditions for National Surveillance	Rolfs	**10-SI-02**
Nationally Notifiable Conditions Position Statement Table Revision Process	Smith	**10-SI-03**
Public health response to 2009 pandemic influenza A (H1N1): recognizing the collaboration of CSTE and CDC with the Association of Professionals in Infection Control and Epidemiology (APIC).	Haupt	**10-SI-04**
Healthcare-Associated Infection Reporting	Stricof	**10-SI-05**
ENVIRONMENTAL/OCCUPATIONAL STEERING COMMITTEE STATEMENT		
Asthma: a continuing public health priority	Lyon-Callo	**10-EH-01**

2009-2010
POSITION STATEMET AGENCY RESPONSES

10-EH-01

COMMITTEE: Environmental/Occupational Health

TITLE: Asthma: A Continuing Public Health Priority

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta, GA 30333

September 3, 2010

Patrick J. McConnon, M.P.H.
Executive Director
Council of State and Territorial Epidemiologists
2872 Woodcock Boulevard, Suite 303
Atlanta, Georgia 30341-4015

Dear Mr. McConnon:

Thank you for your letter regarding the Council of State and Territorial Epidemiologists (CSTE) Position Statement 10-EH-01, "Asthma: a continuing public health priority."

The Centers for Disease Control's (CDC) National Asthma Control Program, which is housed in the CDC National Center for Environmental Health (NCEH), has a long history of working cooperatively with CSTE, state health departments, and other national partners to promote improved asthma outcomes. Asthma surveillance is integral to the CDC National Asthma Control Program and to grantee state asthma program activities. CDC staff assisted CSTE member states in the development of the CSTE position paper and will continue to work with CSTE on development of specific asthma indicators as called for in the position paper. The vast majority of asthma control indicators can be developed from the content of the Asthma Call-back Survey. In partnership with the CDC Office of Surveillance, Epidemiology and Laboratory Services, NCEH has been conducting this state-level, asthma-specific survey since 2005.

CDC values it's partnerships with CSTE and is committed to continued cooperative work on asthma surveillance and all other areas of mutual interest.

Sincerely,

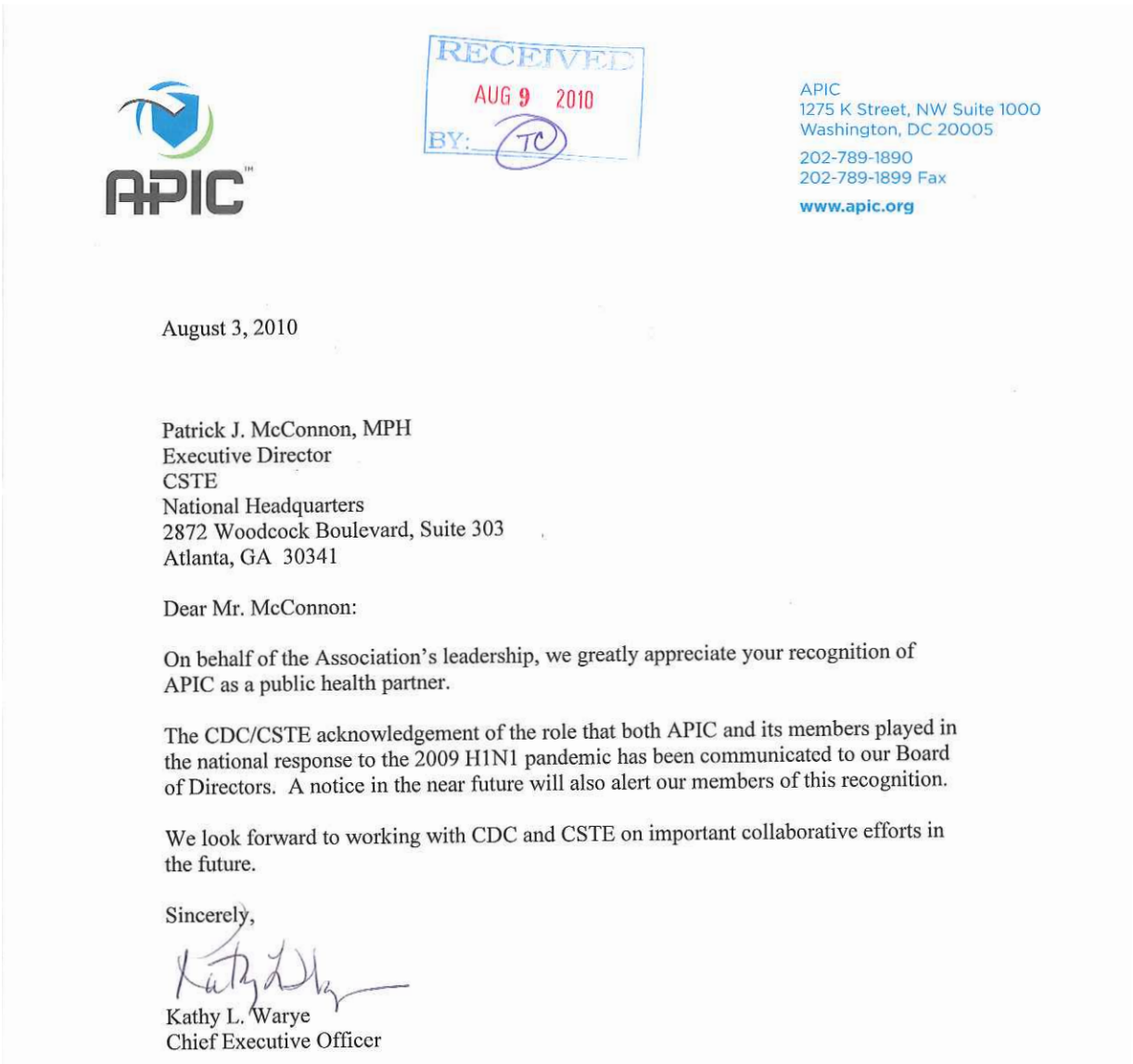
Christopher J. Portier, Ph.D.
Director, National Center for
Environmental Health, and
Agency for Toxic Substances and
Disease Registry

POSITION STATEMET AGENCY RESPONSES

10-SI-04

COMMITTEE: Surveillance/Informatics

TITLE: Public health response to 2009 pandemic influenza A (H1N1): recognizing the collaboration of CSTE and CDC with the Association of Professionals in Infection Control and Epidemiology (APIC).



RECEIVED
AUG 9 2010
BY: TC

APIC
1275 K Street, NW Suite 1000
Washington, DC 20005
202-789-1890
202-789-1899 Fax
www.apic.org

August 3, 2010

Patrick J. McConnon, MPH
Executive Director
CSTE
National Headquarters
2872 Woodcock Boulevard, Suite 303
Atlanta, GA 30341

Dear Mr. McConnon:

On behalf of the Association's leadership, we greatly appreciate your recognition of APIC as a public health partner.

The CDC/CSTE acknowledgement of the role that both APIC and its members played in the national response to the 2009 H1N1 pandemic has been communicated to our Board of Directors. A notice in the near future will also alert our members of this recognition.

We look forward to working with CDC and CSTE on important collaborative efforts in the future.

Sincerely,

Kathy L. Warye
Chief Executive Officer

Spreading knowledge. Preventing infection.™

2009-2010
POSITION STATEMET AGENCY RESPONSES

10-ID-25

COMMITTEE: Infectious Disease

TITLE: Improving Investigations of Transfusion Transmitted Infections at State and Local Health Departments

10-ID-26

COMMITTEE: Infectious Disease

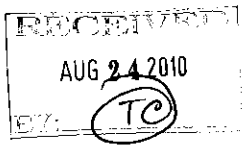
TITLE: Improving Investigations of Transplant Transmitted Infections at State and Local Health Departments

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
1401 Rockville Pike
Rockville, MD 20852-1448

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



August 18, 2010

Dear Mr. McConnon:

I would like to thank you for your correspondence to Dr. Hamburg sharing CSTE's position statements on improving investigations of transfusion and transplant transmitted infections. Your letters were forwarded to the Center for Biologics Evaluation and Research (CBER) within the Food and Drug Administration (FDA) for reply. We share and support the concerns you have raised in your letters and hope the following information will help address these issues.

The Department of Health and Human Services (HHS) and the Public Health Service (PHS) agencies (National Institutes of Health (NIH), Centers for Disease Control and Prevention (CDC), and FDA) cooperate closely to ensure that there is awareness of emerging infectious threats, that relevant research is performed as needed and that appropriate interventions are put in place. While there is overlap, the CDC has a primary responsibility for surveillance and risk assessment; NIH is charged with basic research; and the FDA is responsible for establishing policies that will ensure the safety of blood and tissue products for patients who need these products. FDA accomplishes this by issuing regulations and/or guidance/recommendations to blood centers and tissue establishments to reduce risk and prevent transmission of disease to recipients by identifying infectious donors. In addition, Health Resources and Services Administration (HRSA) is the agency responsible for oversight of organ procurement and transplantation. You may find it beneficial to contact them directly in this regard.

10-ID-25 (Continued)

COMMITTEE: INFECTIOUS DISEASE

TITLE: IMPROVING INVESTIGATIONS OF TRANSFUSION TRANSMITTED INFECTIONS AT STATE AND LOCAL HEALTH DEPARTMENTS

10-ID-26 (Continued)

COMMITTEE: INFECTIOUS DISEASE

TITLE: IMPROVING INVESTIGATIONS OF TRANSPLANT TRANSMITTED INFECTIONS AT STATE AND LOCAL HEALTH DEPARTMENTS

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
1401 Rockville Pike
Rockville, MD 20852-1448

Both FDA and CDC participate on a committee called the PHS Blood, Organ, and Tissue Safety Working Group (PHS-BOTS), which has representatives from HHS and the PHS agencies. The committee meets monthly to discuss actual and possible threats to blood, tissue, and organ product safety and availability, as well as intervention strategies. The PHS-BOTS reports to the Assistant Secretary for Health's Blood, Organ, and Tissue Senior Executive Council. Additionally, a sub-group of PHS-BOTS meets periodically to examine blood safety threats from infectious agents and brings any such issues to the attention of the larger group. The two CSTE position statements were presented and discussed at the most recent PHS-BOTS meeting on July 29, 2010. Additional follow-up is planned, and FDA will support CDC in its efforts to meet the objectives outlined by CSTE.

Two ongoing federal initiatives are especially relevant to the objectives of these position statements. First, HHS in cooperation with the PHS agencies has strongly endorsed and supported a national "biovigilance" initiative to improve reporting of adverse events related to transfusion and transplantation. A comprehensive national biovigilance gap assessment white paper was co-chaired by CDC and FDA and can be found at: http://www.hhs.gov/ophs/bloodsafety/biovigilance/index.html. The voluntary, anonymous "hemovigilance" part of the national program was designed as a module within the National Healthcare Safety Network at CDC. This effort was piloted successfully last year and has now started to collect comprehensive data from hospitals regarding transfusion related adverse events, including possible infectious disease transmissions. FDA actively participates in the Steering Committee for this program.

On the regulatory side, FDA has published a proposed rule Safety Reporting Requirements for Human Drug and Biological Products which proposed requirements for reporting transfusion transmitted infections, including bacterial infections (see regulations.gov FDA-2000-N-0108-0006). FDA also has requirements in 21 CFR Part 1271 Subpart E for investigating and reporting deviations and adverse reactions involving communicable diseases related to HCT/Ps.

10-ID-25 (Continued)

COMMITTEE: INFECTIOUS DISEASE

TITLE: IMPROVING INVESTIGATIONS OF TRANSFUSION TRANSMITTED INFECTIONS AT STATE AND LOCAL HEALTH DEPARTMENTS

10-ID-26 (Continued)

COMMITTEE: INFECTIOUS DISEASE

TITLE: IMPROVING INVESTIGATIONS OF TRANSPLANT TRANSMITTED INFECTIONS AT STATE AND LOCAL HEALTH DEPARTMENTS

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
1401 Rockville Pike
Rockville, MD 20852-1448

In addition to active coordination and sponsorship of discussions among PHS Agencies, FDA also encourages exchange of information on emerging infectious diseases through a variety of venues such as advisory committee meetings like the recent, July 2010, Blood Products Advisory Committee meeting where XMRV and babesia were discussed (http://www.fda.gov/AdvisoryCommittees/CommitteesMeetingMaterials/BloodVaccinesandOtherBiologics/BloodProductsAdvisoryCommittee/ucm205013.htm). In addition, recent guidance documents have been published on vCJD and a draft guidance on T.cruzi. FDA also has recently sponsored relevant public workshops e.g. "Emerging Infectious Diseases: Evaluation to Implementation for Transfusion and Transplantation Safety Public Workshop" and "FDA Workshop to Consider Approaches to Reduce the Risk of Transfusion-Transmitted Babesiosis in the United States."

FDA recognizes the need for improved State and Local investigative capabilities for transfusion and transplant transmitted infections, and will actively work with the CDC in assisting the CSTE to develop the tools and resources necessary to conduct future efforts in this critical, but challenging area.

Sincerely,

Maureen Bell

Maureen Bell
Consumer Safety Officer
Consumer Affairs Branch
Division of Communication and Consumer Affairs
Office of Communication, Outreach and Development
Center for Biologics Evaluation and Research
US Food and Drug Administration

Cc: Division of Federal-State Relations

POSITION STATEMET AUTHOR PROGRESS REPORTS

10-ID-18 ,10-ID-19, 10-ID-20, 10-ID-21, 10-ID-22 AND 10-ID-23

COMMITTEE: INFECTIOUS DISEASES

SUBMITTING AUTHOR: CANNA BLACKMORE

FLORIDA DEPARTMENT OF HEALTH

Rick Scott
Governor

H. Frank Farmer, Jr., M.D., Ph.D.
State Surgeon General

RECEIVED
MAY 02 2011
BY:

April 27, 2011

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

Dear Mr. McConnon:

The following activities have occurred as a result of the passing of the 2010 CSTE position statements for California Serogroup virus disease (10-ID-18), Eastern Equine Encephalitis virus disease (10-ID-19), West Nile virus disease (10-ID-20), Powassan virus disease (10-ID-21), St. Louis Virus Encephalitis virus disease (10-ID-22) and Western Equine Encephalitis disease (10-ID-23):

1. In December, 2010 a letter highlighting the changes to the case definitions that were approved at CSTE's Annual Meeting in Portland was mailed to all State and Territorial Epidemiologists.
2. On January 14, 2011 a Notice to Readers was published in MMWR highlighting the changes to the nationally notifiable infectious disease list. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6001a7.htm?s_cid=mm6001a7_w
3. The revised arbovirus case definitions have also been posted on the CDC website at http://www.cdc.gov/osels/ph_surveillance/nndss/casedef/arboviral_current.htm.

I appreciate having had the opportunity to work with your excellent staff during the preparation of these position statements. Please let me know if you have any further questions about the outcome of this work,

Best Regards.

Carina Blackmore, DVM, PhD, Dipl, ACVPM
State Public Health Veterinarian
State Environmental Epidemiologist
Chief, Bureau of Environmental Public Health Medicine

CB

Division of Environmental Health
Bureau of Environmental Public Health Medicine
4052 Bald Cypress Way, Bin A08 • Tallahassee, Florida 32399
Phone: (850) 245-4299 • Fax: (850) 922-8473 • http://www.MyFloridaEH.com

2009-2010

POSITION STATEMET AUTHOR PROGRESS REPORTS

10-SI-03

COMMITTEE: Surveillance/Informatics

TITLE: Nationally Notifiable Conditions Position Statement Table Review Process

SUBMITTING AUTHOR: Perry Smith

Perry F. Smith
16 Heather Lane
Delmar, New York 12054

March 24, 2011

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

Re.: Progress Report on 2010 Position Statement 10-SI-03, "Nationally Notifiable Conditions Position Statement Table Revision Process"

Dear Pat,

This Position Statement essentially called upon the CSTE National Office staff to change the text that preceded Tables VIB and VIIB in case definitions for nationally notifiable diseases that had been reviewed and verified after they were passed in 2009. All of these changes have been carried out by National Office Staff. In addition the National Office has a written guide for updating similar changes to Position Statements in the future. So, Position Statement 10-SI-03 has been fully implemented and acted on.

Sincerely yours,

Perry

Perry F. Smith

POSITION STATEMET AUTHOR PROGRESS REPORTS

10-SI-05

COMMITTEE: Surveillance

TITLE: Healthcare-Associated Infection Reporting

SUBMITTING AUTHOR: Rachel L. Stricof

STATEMENT OF THE DESIRED ACTION(S) TO BE TAKEN AND PROGRESS TO DATE:

1. CDC should modify the NHSN statement of purposes and confidentiality provisions to establish a system that gives each local, state, tribal, and territorial health department access, if requested, to open, immediate, and complete NHSN information being collected within its jurisdiction as reported via the NHSN.

PROGRESS:

In 2010, CDC modified the National Healthcare Safety Network (NHSN) statement of purposes and confidentiality provisions to enable new access to NHSN data, including new access for state health departments to data that are voluntary reported to NHSN by healthcare facilities in their jurisdiction. To implement the new process for enabling data access, CDC also has developed a CDC-State Data Use Agreement (DUA) Template that has been vetted with CSTE, individual states, and other stakeholder groups. Once CDC and a state complete a DUA, CDC will enable access to the voluntarily reported data requested by the state. Local, tribal, and territorial health entities are not included in CDC's initial implementation of this process. CDC plans to gain experience working with state health departments before extending its process for enabling access to voluntarily reported data to additional public health entities. The CDC plan for implementing data use agreements with states takes into account the possibility that some healthcare facilities may opt out of sharing non-mandated data. Healthcare facilities will be informed in advance of the terms of a CDC-state data use agreement, including the specific data for which new access will be enabled, and the facilities will have three months to stop submitting those data to NHSN before the agreement goes into effect. Public health entities will need to provide assurances (public health law, regulations or policies) that non-mandated facility-level data will be protected from public disclosure prior to release of the voluntarily submitted data. CDC plans to finalize the DUA Template by the CSTE annual conference.

Many CSTE members have worked with CDC at every stage in the development of this new DUA. A presentation on the DUA was given at a recent State NHSN User conference call and state-specific discussions have been held between states and their public health advisors. Many states and other public health entities without reporting mandates will need to provide assurances of confidentiality prior to access to NHSN data. The Toolkit discussed below may assist in these efforts.

2. CDC should work with CSTE to develop model language that local, state, tribal, and territorial health departments may use in laws and/or rules to protect healthcare associated infections facility level data collected via NHSN and to establish best practices/procedures to allow local, state, and territorial health departments access to some or more NHSN data.

POSITION STATEMET AUTHOR PROGRESS REPORTS

10-SI-05 (Continued)

COMMITTEE: Surveillance

TITLE: Healthcare-Associated Infection Reporting

SUBMITTING AUTHOR: Rachel L. Stricof

PROGRESS:

CDC and the Association of State and Territorial Health Officials (ASTHO) reviewed existing state HAI laws and developed a toolkit with recommendations for laws and policies to support HAI surveillance, prevention and control; including provisions for protecting the data collected via the NHSN. The document was reviewed by a subject-matter expert workgroup comprised of state health agency staff, legislative liaisons, legal counsel, infection control practitioners, epidemiologists, and consumer advocates and subsequently revised. CDC and ASTHO released the interim toolkit in March 2001 for use in the 2011 legislative session with final publication in the summer. The interim toolkit can be found at http://www.cdc.gov/HAI/prevent/astho-policy-toolkit.html. Many CSTE members have worked with CDC and ASTHO in this endeavor. CDC and ASTHO plan to update the Toolkit as new laws, regulations, and policies are established, implemented and evaluated.

3. CDC should work with CSTE, and state, local, tribal and territorial health officials as they work to refine surveillance definitions, standardize surveillance methods, and ensure complete and accurate reporting of HAIs in a manner similar to that currently employed for nationally notifiable diseases.

PROGRESS:

In 2011, CSTE and CDC developed a policy proposal that calls for establishing a CSTE-CDC Healthcare-Associated Infections (HAI) Standards Committee. The proposal has been prepared in anticipation of review by CSTE leadership and membership at the 2011 CSTE annual conference and by the Infectious Diseases Steering Committee, HAI and Antibiotic Subcommittee, and other relevant committees and subcommittees in advance of the conference. The stated goals for the proposed HAI Standards Committee are to refine surveillance definitions, standardize surveillance methods, and ensure complete and accurate reporting of HAIs in a manner similar to that currently employed for nationally notifiable diseases (NNDs). The proposed HAI Standards Committee would meet by teleconference and/or webinar on a monthly basis to assess progress on action items, including the drafting of position statements on HAI surveillance definitions and methods. The policy proposal also includes a modified reporting template, adapted from the NND reporting template, which accommodates the need to report denominators when conducting surveillance for HAIs and for risk adjustment when summarizing results of HAI surveillance.

In addition, a draft position statement in support of national notification of central line-associated bloodstream infections in intensive care unit settings will be submitted as an initial step in the proposed HAI standard-setting process, using the modified template for 2011.

10-ID-27

COMMITTEE: INFECTIOUS DISEASES

TITLE: PUBLIC HEALTH REPORTING AND NATIONAL SURVEILLANCE FOR BABESIOSIS

SUBMITTING AUTHOR: MELISSA KEMPERMAN

MINNESOTA MDH DEPARTMENT of HEALTH

Protecting, maintaining and improving the health of all Minnesotans

April 13, 2011

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

Dear Mr. McConnon,

Thank you for your recent request for an author progress report for the 2010 position statement 10-ID-27 entitled "Public Health Reporting and National Surveillance for Babesiosis." I am happy to provide the following updates.

Summary of events since the resolution was passed

Prior to approval of 10-ID-27, states were able to report babesiosis cases through the CDC National Electronic Diseases Surveillance System (NEDSS). After the June 2010 approval, the CDC Division of Parasitic Diseases and Malaria worked with the National Notifiable Diseases Surveillance System (NNDSS) to further develop babesiosis-specific fields in accordance with those detailed in the position statement and with NNDSS requirements. A small number of babesiosis case reports from several states have already been reported through NEDSS in 2011 to date, indicating that states are able and willing to report babesiosis cases since implementation of the resolution.

The text of the national case definition is now available on the 2011 list of nationally notifiable infectious diseases (http://www.cdc.gov/osels/ph_surveillance/nndss/phs/infdis2011.htm). In addition, CDC features the new national notifiability of babesiosis online at "Babesiosis Becomes Notifiable" (http://www.cdc.gov/parasites/features/babesia_notify_9-7-10.html).

Babesiosis has been on the CSTE Nationally Notifiable Condition List only since January, 2011. Due to the ecology of tick-borne diseases, reporting of babesiosis is generally at its lowest levels during the winter months (with the exception of transfusion-associated cases). Therefore, it is difficult at this time to evaluate implementation of the new case definition, states' compliance with national notifiability requirements, or any impact on the incidence of reported babesiosis cases. I have received limited feedback on the case definition since last June but anticipate that questions and problems might arise as the *Babesia* transmission season progresses.

General Information: 651-201-5000 • Toll-free: 888-345-0823 • TTY: 651-201-5797 • www.health.state.mn.us
An equal opportunity employer

POSITION STATEMET AUTHOR PROGRESS REPORTS

10-ID-27 (Continued)

COMMITTEE: Infectious Diseases

TITLE: Public Health Reporting and National Surveillance for Babesiosis

SUBMITTING AUTHOR: Melissa Kemperman

Positive actions or outcomes due to the resolution

Development of the babesiosis case definition and position statement was a collaborative effort among numerous states, included those with transfusion-associated babesiosis cases and with less commonly identified *Babesia* species. CDC epidemiology and laboratory subject matter experts provided exemplary guidance and support. Discussions were fostered during a break-out session at a TickNET conference during Fall 2010, conference calls, and email exchanges. These discussions enhanced the visibility of babesiosis surveillance and improved awareness among state-level epidemiology staff of certain clinical and laboratory aspects of babesiosis. The discussions also facilitated information exchange about this and other tick-borne diseases.

Action needed by CSTE

No action is needed at this time.

Mobilization of partners

As described above, development of the babesiosis position statement was a shared effort among multiple states and CDC partners. Positive outcomes were in accordance with the goals of TickNET, a collaborative network for surveillance, research, education, and prevention of tickborne diseases among states and CDC.

Other comments or suggestions

States will likely wish to re-evaluate the case definition after it has been in effect for 1-2 years to identify any areas in need of clarification or revision.

The impact of the new surveillance case definition on incidence of reported babesiosis in 2011 is difficult to evaluate before 2011 surveillance is completed. In Minnesota during 2010, application of the new case definition resulted in 18 percent fewer confirmed or probable babesiosis cases than the old case definition (provisional 2010 counts: 56 vs 68 cases). A similar national effort with results pooled across states could be a useful exercise after 2011 surveillance is completed.

It has been suggested that CDC programs standardize HL7 message mapping of certain variables for outbound reporting from states to CDC. Some variables highly relevant for babesiosis (donor or recipient of transfusion/transplant; pre-existing health conditions; outcomes; unusual pathways of pathogen transmission) have already been developed for arboviral diseases. Standardizing these variables and using them for babesiosis will increase efficiency and decrease cost of programming these variables into HL7.

10-ID-27 (Continued)

COMMITTEE: Infectious Diseases

TITLE: Public Health Reporting and National Surveillance for Babesiosis

SUBMITTING AUTHOR: Melissa Kemperman

We appreciate CSTE's adoption of the position statement and look forward to helping assess any aspects of the case definition in need of improvement in coming years. Please don't hesitate to contact me if you have further questions at this time.

Sincerely,

Melissa Kemperman, MPH
Epidemiologist Senior
Acute Disease Investigation & Control
Minnesota Department of Health
Freeman Office Building
625 Robert St N / PO Box 64975
Saint Paul, MN 55164-0975

2009-2010

POSITION STATEMET AUTHOR PROGRESS REPORTS

10-SI-01

COMMITTEE: Surveillance

TITLE: Inclusion of "Provisional" conditions on the CSTE List of Nationally Notifiable Conditions

SUBMITTING AUTHOR: Steven Macdonald

1. Summary of subsequent actions. No response was received from CDC.

In October 2010, CDC staff requested that Vibrio cholera be changed from Standard notification to Immediate notification, due to concern about importation of cholera into the US from Haiti. Without waiting for CSTE action, CDC published the following request in a *MMWR Dispatch*: "Health departments that identify suspected or confirmed cases of cholera in travelers who have arrived recently from Haiti should e-mail CDC at eocreport@cdc.gov." (http://www.cdc.gov/mmwr/PDF/wk/mm59d1028.pdf) This mechanism of notification was not included in the agreed upon protocol summarized in CSTE Position Statement 09-SI-04 "Expectations of State and Territorial Epidemiologists and their staffs as part of the national notification process for nationally notifiable conditions that are immediately notifiable". The CSTE Executive Board adopted an Interim Position Statement titled "Temporary immediate (urgent – within 24 hrs) notification for cholera" on 11/10/2010, which included the request "CDC should utilize the notification and response procedures outlined in Position Statement 09-SI-04."

Some confusion ensued over whether CDC wanted to be notified about both probable and confirmed cases. The prior CSTE position statement, 09-ID-03 "Public Health Reporting and National Notification for Vibrio cholerae (Cholera)" does not include criteria for defining a case as probable. The Case Notification Request (CNR) statement, completed by CDC staff during the drafting of 09-ID-03, included the request that CDC be notified of probable cases, but CDC had responded in December 2009 that "CDC concurs with and fully supports the CSTE recommendations" in 09-ID-03. The 2009 CNR statement was not made available to the EB during its deliberations over the 2010 interim position statement; CDC did not submit a revised CNR statement until two days after the EB adopted the interim position statement. The 2010 CNR repeated the request that CDC be notified of probable cases. After internal consultation, CDC staff communicated by email to CSTE that they did not want to expand notification to include probable cases.

The Interim Position Statement included a limiting provision: "Cholera will be immediately notifiable until the 2011 CSTE Annual Meeting or until rescinded by the CSTE Executive Board." This creative provision was not required by 10-SI-01; it avoids unnecessary reconsideration of the provisional change in notification status in this case.

10-SI-01 (Continued)

COMMITTEE: Surveillance

TITLE: Inclusion of "Provisional" conditions on the CSTE List of Nationally Notifiable Conditions

SUBMITTING AUTHOR: Steven Macdonald

2. Positive outcome. Despite substantial miscommunication between and among CDC and CSTE staff, the NNC list was successfully modified on a provisional basis, as envisioned by 10-SI-01. The initial implementation of anything is often accompanied by confusion, and subsequent experience with use of provisional modifications in the NNC list will clearly smooth the rough edges.

3. Further action needed. One needed action, posting of the CDC CNR statements on the CSTE website where they are readily available, has been accomplished subsequently.

However, 10-SI-01 included "The CSTE Policies & Procedures Manual should detail expected actions by CSTE staff to implement revisions to the NNC list." This has not yet occurred.

Submitted by:

Steven Macdonald PhD, MPH

Washington State Department of Health

POSITION STATEMET AUTHOR PROGRESS REPORTS

10-ID-07

COMMITTEE: INFECTIOUS DISEASES

TITLE: PUBLIC HEALTH REPORTING AND NATIONAL NOTIFICATION FOR HEPATITIS A

SUBMITTING AUTHOR: GARY HESELTINE

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.
COMMISSIONER

P.O. Box 149347
Austin, Texas 78714-9347
1-888-963-7111
TTY: 1-800-735-2989
www.dshs.state.tx.us

RECEIVED
APR 19 2011
BY:

April 14, 2011

Patrick McConnon, MPH
Council of State and Territorial Epidemiologists
2872 Woodcock Boulevard, Suite 203
Atlanta, Georgia 30341

Dear Mr. McConnon:

I appreciate your letter of March 9 inquiring on the progress of the 2010 position statements for hepatitis A and C. Using Webex conferencing and coordinated through your offices by Lisa Ferland, we met a half dozen times since January of this year to review, edit and debate the content of these statements. Additional editing was also done through email. These efforts involved staff from the CDC, a laboratorian, the current hepatitis lead for CSTE, and the author of the hepatitis B position statements. Because the clinical presentation of the viral hepatitides is identical and laboratory testing is often done using a panel for hepatitis A, B and C it seemed best to review all the statements, including B, as a unit. It would help ensure uniformity and consistency across the statements. This was accomplished. The agreed upon statements have been uploaded for further review prior to the annual meeting.

The table logic posed a challenge, in part because of the complexity of some of the case definitions, and in part because the group really did not know the rules and conventions. It would be helpful to authors to have this information ahead of time.

The Webex conferencing allowed real time editing, critical to the success of this effort. Ms. Ferland's professionalism and role in coordination of the workflow and meetings is very much appreciated by all members of the group.

Sincerely,

Gary Heseltine MD MPH
Epidemiologist
Infectious Disease Control Unit

POSITION STATEMET AUTHOR PROGRESS REPORTS

10-ID-14

COMMITTEE: Infectious Disease

TITLE: Public Health Reporting and National Notification for non-streptococcal toxic shock syndrome (TSS)

SUBMITTING AUTHOR: Bernadette Albanese

SINCE THE RESOLUTION HAS BEEN PASSED:

- A new position statement has been submitted in March 2011, written in collaboration with CDC, to request the removal of TSS from the NNC list. The rationale was based on the decreasing number of cases being reported over the past 15 years and that notification of individual TSS cases to CDC is no longer likely to provide actionable public health information and to generate a response from CDC or state/local public health, and may not be an optimal use of limited public health resources.

POSITIVE ACTION/OUTCOME:

- No notable outcomes since the resolution was passed on 2010.

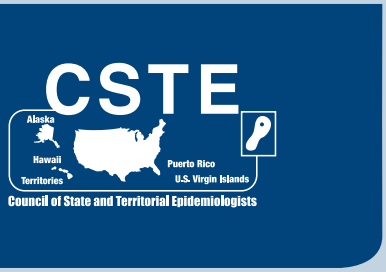
IS THERE ANY ACTION NEEDED BY CSTE AT THIS TIME TO ASSIST IN FURTHER IMPLEMENTATION?

- N/A

WERE ANY PARTNERS MOBILIZED BECAUSE OF THE RESOLUTION?:

- CDC collaboration to evaluate TSS surveillance data and reconsider whether TSS should remain on NNC list.

Author: B. Albanese



COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS

National Office

2872 Woodcock Boulevard

Suite 303

Atlanta, Georgia 30341

t 770.458.3811

f 770.458.8516

www.cste.org