COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS

CSTE update

Fall 2002

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calling all members

We would appreciate your feedback about the newsletter. Please email Beverly McLeod with comments, ideas or suggestions; bmcleod@cste.org.

President's Message

As we move forward at CSTE, I would like to thank everyone for your continued participation and support. We had a great conference in Kansas City earlier this year, and I hope you are all excited about continuing our work and making a real difference in public health.

In the coming year as president of CSTE, I would like for us to refocus our efforts and reestablish our enthusiasm. I encourage you all to become more involved in our organization because it is our members who can effect change – for the group and for the public. To assure better and broader participation for all our members, we are currently revamping our consultant system. We are in the process of creating a more manageable consultant structure and reducing the number of teams in the organization to allow for more active participation. We are also updating the information in the database and trying to make that information more accessible and helpful to you.

I would also like to continue working on strengthening our relationship with the Centers for Disease Control and Prevention. Our Executive Committee recently met with top representatives from the CDC for the first time in two years. We were very impressed with the quality of information exchanged and the level of participation, and we look forward to continuing this successful partnership. We will try to focus on what we have in common as public health officials (whether we work for the federal or the state government) and look together at the big picture. It is important that we all try to see the big picture through common eyes, and our partnership with the CDC will help us do that.

On another note, I would like to welcome Pat McConnon, CSTE's new Executive Director. We are delighted to have Pat on board; his background and experience will be very helpful in reaching our goals.

Thank you again for all you do to make CSTE successful. I'm looking forward to a great year!

Gianfranco Pezzino, M.D., M.P.H.
State Epidemiologist, Kansas

2003 CSTE annual conference

"Practicing Epidemiology in Time of Change"

SAVE THESE DATES! June 22 – 26, 2003.

Fourth Annual Jonathan M. Mann Memorial Lecture

Gianfranco Pezzino, Donald P. Francis and Matthew Cartter

The Jonathan M. Mann Memorial Lecture is held at the annual conference of the Council of State and Territorial Epidemiologists. The lectures are sponsored by the Hoffman Family Foundation through the CDC Foundation in recognition of Dr. Mann's exemplary work as New Mexico's state epidemiologist.

The 2002 Jonathan M. Mann memorial lecturer, Dr. Donald P. Francis, has worked on the front lines in public health for many years and has been involved in groundbreaking efforts in the area of infectious diseases. He spent 21 years with the Centers for Disease Control and Prevention, playing a key role in the eradication of smallpox and leading the effort to contain the world's first outbreak of the Ebola virus.

As head of the CDC's AIDS laboratory in the early 1980s, Francis worked to prove that HIV is the agent that causes AIDS. He was also one of the first to warn that the United States' blood supply was at risk from HIV, and he wrote the first AIDS prevention plan for the nation.

In 1992, Francis retired from the CDC and began work with Genentech, Inc., a company with substantial investments in an HIV/AIDS vaccine. In 1995, Francis and Dr. Robert Nowinski guided the spin off of Genentech's HIV vaccine unit and founded VaxGen, Inc. to continue working on the vaccine. The company currently has two HIV vaccine candidates in Phase III trials — one in North America and Europe and one in Thailand. Analysis is scheduled to be completed in 2003.

In his presentation at the annual conference in Kansas City, Mo., this June, Francis spoke from the perspective this collective experience has given him. He maintains that our society needs a wake up call to change our values about preventing disease. "People don't care very much about prevention," he says. "When 300 people die in an airplane crash, people pay attention. Fire prevention, exercise — these are things people see as important."

Francis doesn't claim that fire prevention and airline safety are unimportant, but he does believe that long-lasting disease prevention efforts must be valued highly. So much so that he called these efforts "key to the success of modern societies" in his lecture.

How do we create this value change? In his lecture, Francis spoke of the need for government to take the voice for prevention — in regards to AIDS as well as other diseases. "Government and governmental agencies have tremendous political ability to organize, of course," he says. "IV drug users aren't organized. Somebody has to speak for society." He called for an independent authority on the national level because, "industry isn't interested in things like vaccines; there's not enough money involved."

Francis said that public health must "get into politics" in order to make the change work because prevention techniques like needle exchange are controversial and many politicians shy away from them. In Kansas City, he reiterated the stance he took in an article in the 2001 issue of Public Health Report: "Training gay men how to have safe anal intercourse, training intravenous drug users how to inject their drugs safely, and training youth and female sex workers how to use condoms" are programs that are essential for protecting the public's health. But they are hardly programs that attract even well intentioned public figures. Worse, they are lightning rods for ill-willed politicians who use divisiveness to gain public attention."

In response to these issues, Francis called in his lecture for an independent National Board of Health to protect public health from extremism and supply the nation with a long-term vision. This would incorporate public health into the governmental system and provide the value that is so lacking where prevention is concerned. An independent body such as a National Board of Health "will insulate public health from the vagaries of the democratic system," he says.

"It's nice to talk about vaccines and prevention," he says, "but nobody wants to do it. The key to prevention is people like us — people who are trained to be activists for the public's health."

For the complete text of the fourth Jonathan M. Mann Memorial Lecture, given by Dr. Donald P. Francis at the 2002 CSTE Annual Meeting, visit the CSTE Web site at www.cste.org.

Director's Message

Pat McConnon, M.P.H.

As the new Executive Director for CSTE, I am excited about the opportunities we have to improve our organization overall as well as expanding the support we provide to our members. In the coming year, I would like to focus on several areas that will help us accomplish these objectives and also support the goals of CSTE's Executive Committee.

We will be working to engage you — our members — to the fullest extent possible. We are evaluating our membership services to make sure they are managed effectively and efficiently. We are also looking at ways to make membership more beneficial for you, including investigating possible grants for attending conferences for those offices that may not have the funding.

One of Executive Committee President Dr. Gianfranco Pezzino's goals for this year is to continue strengthening our relationship with the CDC. I agree wholeheartedly that this is one of the most important areas we can focus on. At the CSTE staff level, we will help ensure communications with the CDC are timely and effective, and we will strive to promote CSTE's cooperative agreement with the CDC as an opportunity for continued collaboration between the two organizations. Our relationship with the CDC is key to stabilizing our funding base. We will also be looking toward other agencies and organizations that have the potential to partner with CSTE on programs of mutual interest.

As you know, the need for additional epidemiologists and epidemiology capacity has become acute in many states. We are examining the role CSTE can play in helping fill this need and researching other fellowship programs that are designed to attract and retain a qualified public health workforce (i.e., APHL, PHPS and EIS). There is also the potential for creating a Leadership Development Institute for state epidemiologists to help the leaders we already have enhance their skills.

We are also looking at the possibility of a certification program for state epidemiologists. Currently, there is no certification program, consistent qualifying tool, or post-academic training available to prepare for applied epidemiology at the state level. We are taking a close look at this and will consider the feasibility and appropriateness of CSTE's involvement in a certification process.

I look forward to meeting the challenges and expanding the opportunities CSTE has to offer. Working together, we can make CSTE even more successful.

Pat McConnon
Executive Director, CSTE

2002 Pumphandle Award Winner Marcelle C. Layton

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

Dr. Marci Layton never expected to be in New York this long. She planned to be there a couple of years; that was in 1992. Now the Assistant Commissioner for the Communicable Disease Program at the New York City Department of Health, Layton went to New York as an Epidemiology Intelligence Service (EIS) officer with the same department 10 years ago.

"During the second year of my infectious disease fellowship, I decided to do EIS," says Layton. But she wasn't sure where to match and was not thinking about New York City until she met Dr. Thomas Frieden in the state branch's department, who told her about his experiences in New York City and the wide range of infectious disease issues she could learn about and work on there. Layton went for it and has been there ever since. Coincidentally, Frieden is now the commissioner for the department.

As a doctor trained in internal medicine and specializing in infectious disease, Layton didn't plan to go into public health, but she says she's never regretted her decision. She says she still enjoys the challenges and new situations that come with the job every day. "I tell my staff that I'm going to stay here until I get it right," she laughs.

In actuality, there are many things Layton gets right, and her expertise is called on frequently. She is a recognized expert in the areas of West Nile and bioterrorism preparation, so her skills and experience have been in even greater demand lately. She played a critical leadership role in New York City's public health response to the appearance of West Nile virus, the aftermath of the attacks on the World Trade Center, and the intentional anthrax release last year.

Layton's leadership has also led to improvements in the department's surveillance processes. The department currently has two syndromic surveillance systems in place — monitoring the ambulance call system and the electronic data of 80 percent of the city's emergency departments — and has plans to add a third system to survey pharmacy data soon. "Now we try to look at data proactively and be prepared for things coming into the city," she says. "We started off with some crude syndromic surveillance systems looking for increases in diarrheal illness due to the concerns about the vulnerability of the city's surface water system after the delayed recognition of the 1993 cryptosporidiosis outbreak in Milwaukee. Our systems now are much improved, and focus on rapid transfer of electronic data with improved methodologies for detecting increases or geographic clustering of disease syndromes that might be an early warning of an outbreak, regardless of whether the cause is natural or intentional."

If syndromic surveillance finds something, Layton's staff will meet and decide how to proceed with the investigation. "It does create more work for us, as most alarms end up being false, and we don't want to pull valuable staff resources away from our main work if we don't have to," she says, "but the earlier we can detect an outbreak of public health importance, the better. For example, with cryptosporidium, the sooner we notice an increase in diarrheal illness and recognize that contamination of the water supply may have occurred, the sooner we can tell people to boil their water and prevent disease."

Layton is proud of these improvements in surveillance, but says, "I wish we were doing more primary disease prevention, rather than simply detecting illness and responding to outbreaks. Most of our funding is for surveillance and disease investigation, though we are using some BT funds to build up our prevention activities."

Another of Layton's priorities has been communication and the need for public health to partner with the medical community. It's difficult in New York City with the large number of hospitals and physicians, but she works to build these relationships, she says, "so the medical community know what the health department is, know how and when to call us, and most importantly ensure that we are responsive when they call. We want them to have names and faces to go with the public health department." The department has an extensive speaker's bureau, with more than 50 different presentations.

Layton works to form partnerships with other departments, cities and states as well. "Diseases cross borders, of course, so good relationships with other people and states and groups are important. We have an obligation to report to each other about what's going on," she says. "When we're rushing around in the middle of a situation, it's hard to find time to communicate with our colleagues, but it's so important to keep each other informed. As the anthrax outbreak last year showed us, there were no unaffected states and up-to-date information from those of us who were directly involved in the outbreak was greatly appreciated."

Layton is also part of an ad hoc group who call themselves the Council of Large Urban Epidemiologists (CLUE). Infectious disease epidemiologists from Chicago, Miami, Philadelphia, Los Angeles and other large cities around the country hold conference calls every other month. They pick a topic ahead of time and then share ideas and experiences specific to epidemiologists working in large cities.

"Every day a new situation comes up — a new disease, a new policy," says Layton. "The intellectual challenge of the job and the people I am so fortunate to work with keep me here."

CSTE congratulates Dr. Marci Layton on her recognition as the 2002 Pumphandle Award winner.

2002 CSTE Super Staff Award

When she presented the inaugural CSTE Super Staff Award in 2001, LaKesha Robinson never thought she would be the award recipient the very next year. "I was really surprised and honored that people think I'm a leader and consider me 'super' staff," says Robinson. "I think it says a lot that your peers select you [for this award]."

The award was begun in 2001 as a way to recognize staff members for dedication and working "above and beyond" job requirements. Nominations are made and voted on by CSTE staff, and the award is presented at the CSTE annual conference.

CSTE Program Director Crystal James says of Robinson, "She possesses a very positive work ethic and is very open to input from other members of the management staff. Her epidemiological skills have added a new depth to the management of the funded projects."

Robinson joined CSTE in January 2001 and became Program Director for Chronic Disease, Oral Health, Maternal and Child Health, and Epidemiology Surveillance in January 2002. Since that time, she has been busy overseeing the latest assessment of infectious disease and bioterrorism epidemiology capacity in the states, as well as a capacity assessment for maternal and child health. Another assessment, for chronic disease epidemiology capacity, is scheduled for the fall.

Like many in public health, Robinson didn't start out in that direction. While working toward her Bachelor's degree in Chemistry at Clark Atlanta University, she went to a presentation by an epidemiologist with the CDC. The public aspect of the field appealed to her. "I liked that it was a 'hard' science, but that you dealt with people," she says. "I thought, 'Hey, I can do that!'"

After earning her Master's degree in Public Health from Emory University, Robinson worked as an epidemiologist in the Dekalb County, Ga., public health office. She enjoyed the hands-on work, but also wanted a broader view of epidemiology and believes her time at CSTE is providing just that. She says, "It's great to get the federal and state perspective, as well as a better understanding of public health policy."

It also helps to work with a "super" staff. "One thing about working at CSTE that many people don't know is that we are really like a tight-knit family," says Robinson. "One of the things that makes my job so rewarding is the group of people here."

Lakesha Robinson

Rotation Descriptions Published

A description of medical student elective rotations at 14 state and local health departments has just been published (Dannenberg AL, Quinlisk MP, Alkon E, Bera N, Cieslak PR, Davis JP, Kaye K, Paul SM, Rubin JD, Sewell CM, Touma O. U.S. medical students' rotations in epidemiology and public health at state and local health departments. Academic Medicine 2002 Aug; 77(8):799-809).

CSTE members assisted in identifying the health departments that offer these rotations, and at least four co-authors are CSTE members. Health department rotations are valuable in exposing medical students to potential careers in epidemiology and public health. The experience of state epidemiologists and others in establishing and maintaining these rotations may be helpful for developing additional health department rotations, so that eventually all medical students will have easy access to practical public health experiences. The abstract of the paper is available at http://www.academicmedicine.org/cgi/content/abstract/77/8/799

For more information, please contact Andrew Dannenberg at acd7@cdc.gov.

American Public Health Association

CSTE will present at the American Public Health Association's annual conference this fall. The conference will take place Nov. 9 to 13 in Philadelphia.

Presentations:

- Occupational Health Surveillance Indicators for Tracking Work-Related Health Effects and Their Determinants; Tuesday, Nov. 12; Breakout Session; 4:30 p.m.
- Food Safety Epidemiologic Capacity Survey Results; Wednesday, Nov. 13; Poster Session; 8:30 a.m.

If you are attending the conference, we welcome you to visit these sessions.

New Executive Committee Members

New Executive Committee Members

New members of the CSTE Executive Committee were elected at the annual conference this June. The new members are:

Secretary/Treasurer
Steven C. Macdonald, Ph.D., M.P.H.

Dr. Macdonald is Epidemiologist in the Non-Infectious Conditions Epidemiology section at the Washington State Department of Health Office of Epidemiology. His special area of interest is public health surveillance.

From 1995 to 1997, Dr. Macdonald was assigned to the surveillance branch at the CDC National Center for Environmental Health in Atlanta. He has also worked as a health policy analyst for the University of Washington (UW) School of Public Health and as a research scientist in preventive medicine at the UW School of Medicine.

Dr. Macdonald co-chairs the Intergovernmental CDC-CSTE Data Release Guidelines Workgroup and is past chair of the CSTE Environmental/Occupational/Injury Committee.

Chronic/MCH/Oral Health Chair
Kenneth E. Powell, M.D., M.P.H.

Dr. Powell has been Chief, Chronic Disease, Injury, and Environmental Epidemiology Section at the Georgia Division of Public Health in Atlanta, Ga., since 1997. Before then, he was an epidemiologist at the Centers for Disease Control and Prevention in Atlanta.

During his career, Dr. Powell has conducted surveillance, etiologic research and intervention evaluation research in the areas of physical activity, chronic disease, youth violence, suicide, environmental health, tuberculosis and other public health topics.

Infectious Disease Chair
Christine Hahn, M.D., M.P.H.

Dr. Hahn was named State Epidemiologist for Idaho in February 1997. Prior to this, she was with the Centers for Disease Control and Prevention's Epidemiology Intelligence Service for two years.

Dr. Hahn received her medical degree at Michigan State University in 1998 and completed a residency in internal medicine at the Mayo Graduate School of Medicine in 1991. She also completed a fellowship in Infectious Diseases at Duke University Medical Center in 1995.

Environmental/Occupational/Injury Chair – Robert Harrison, M.D., M.P.H.

Photo Unavailable

Dr. Harrison is Chief, Occupational Health Surveillance and Evaluation Program for the California Department of Health Services. He also serves as a Lecturer for the School of Public Health at the University of California, Berkeley and as Clinical Professor of Medicine at the University of California, San Francisco.

Dr. Harrison is also Attending Physician at the University of California, San Francisco for UCSF Occupational Health Services and the school's HIV/HBV Exposure Program. He was previously Director, Occupational Medicine Clinic at the University of California, San Francisco.

Member At-Large Chair
Stephen Wiersma, M.D., M.P.H.

Dr. Wiersma is the State Epidemiologist and Chief of the Bureau of Epidemiology for the Florida Department of Health. His areas of interest include child and maternal health, chronic and infectious disease prevention and control, and global health issues.

Dr. Wiersma has served in medical and public health positions in the private sector, state government, the U.S. Air Force, the World Health Organization, the U.S. Agency for International Development and universities. He has held long-term public health assignments in Germany, Zambia, Eritrea and the United States.

Nationally Notifiable Disease Surveillance System (NNDSS) Assessment

CSTE presented the preliminary results of the NNDSS assessment during a poster session at the 2002 CSTE annual conference. The Web-based assessment provided information about the authority of states and territories to collect public health data, as well as the flow and pattern of disease reporting in jurisdictions.

A total of 51 states and territories were asked to participate in this assessment. Responses were received between May and October 2001. State epidemiologists were asked to collaborate with their deputy state epidemiologists and other epidemiology staff to complete the 10-question, web-based assessment. Epidemiologists from 48 states (94%) and three territories (60%) responded.

The results of the assessment illustrate that reporting requirements and stipulations in state laws for laboratory tests, data collection, diseases and conditions, as well as case reporting, are state specific. Methods of reporting (physician, laboratory, hospital or other agencies) were similar among state agencies for diseases and conditions noted on the nationally notifiable list. Variations did exist among the specific diseases and conditions assessed by states. Responses to the ten questions can be found on the CSTE web site at:

http://www.cste.org/surveys/NNDSSresults.htm.

MCH Epidemiology Capacity Assessment Tool

The CSTE maternal and child health (MCH) epidemiology capacity assessment was administered to states and territories via the Web. This assessment was developed through the collaboration of organizational partners (CDC, AMCHP, HRSA and CityMatCH) as well as academic and state-based employees. It is based on the 10 essential services of public health and aims to assess the overall capacity to access MCH epidemiology data and data systems, personnel and collaborative inks/resources.

MCH program directors and vital statistics directors were asked to participate in the 42-question assessment. A total of 51 states (including District of Columbia) and five territories (American Samoa, Commonwealth of Northern Mariana Islands, Federated States of Micronesia, Guam and Puerto Rico) were assessed. Data were collected between November 2001 and March 2002. Forty-eight states (96%) and three territories (60%) provided responses. A final report of the findings will be available in December 2002.

Chronic Disease Epidemiology Capacity Assessment

Members of the chronic disease taskforce have formed a work group to review and provide feedback on the current draft of the chronic disease epidemiology capacity assessment. The draft will be piloted in state agencies for additional comments and feedback during the winter of 2003 before the assessment's formal implementation.

State chronic disease epidemiologists and/or other agency epidemiologists will be asked to complete the assessment in order to accurately examine chronic disease epidemiology capacity and data capacity within states and U.S. territories.

Infectious Disease/Bioterrorism/Core Epidemiology Capacity Assessment Tool

CSTE completed the revision of the Epidemiology Capacity Assessment (ECA) Tool for Infectious Disease, Bioterrorism and Core Epidemiology and sent the survey to all state and territorial health agencies in early November 2001. The tool assessed the overall capacity of health agencies to perform epidemiology services, in addition to surveying infectious disease and bioterrorism epidemiology capacity. A final report of the findings is in progress and will be available by the end of 2002.

staff directory

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executive committee

CSTE is governed by a 10-member Executive Committee. Four members serve as officers, three as Members-at-Large, and three represent Infectious Disease Epidemiology, Chronic Diseases Epidemiology, and Environmental Epidemiology. The 2002-2003 Executive Committee members are:

Office	Name and State	Term Expiration
President	Dr. Gianfranco Pezzino - KS	2003
Vice-President	Dr. Matthew Cartter - CT	2003
President-Elect	Dr. Patricia Quinlisk - IA	2003
Secretary-Treasurer	Dr. Steven McDonald - WA	2005
Members-At-Large	Dr. Jesse Greenblatt - NH	2003
	Dr. C. Mack Sewell - NM	2004
	Dr. Stephen Wiersma - FA	2005
Infectious Disease Epidemiology	Dr. Christie Hahn - ID	2005
Chronic Disease/Oral Health/MCH	Dr. Kenneth Powell - GA	2004
Environmental/Occupational/Injury	Dr. Robert Harrison - CA	2003

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