COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS

CSTEupdate

FALL 2009

contents

CSTE President's Message

Dear CSTE members,

With H1N1 bearing down upon, us it's hard for many of us to think of much else. But 10 of your colleagues – that would be your Executive Board – put down their hand sanitizer and whatever they've been doing (including addressing other public health problems, none of which have disappeared just because we have a pandemic) and traveled to Atlanta for this board's first face-to-face meeting. The board meets four times a year and our Fall meeting is typically in Atlanta, which gives us a chance to meet with CDC leadership and also have face time with the entire CSTE National Office staff. I'd like to share with you some of what we discussed, as well as some of the major directions in which we hope that CSTE will be moving this year.

I'm pleased to report that our National Office staff members have been doing a terrific job. They are a talented and energetic bunch. They not only provide logistical support for the work that our organization does, but also bring a wealth of technical expertise and initiative that really advance the organization. If you haven't gotten to know them, particularly the staff working in your favorite areas of epidemiology, I highly recommend that you do so.

With all the changes at CDC, it was a particularly interesting time to meet with CDC leadership. It was terrific to see many long-time friends of CSTE, augmented with some new faces, in positions of leadership and working on issues of great importance. The meeting also afforded us our first opportunity to meet with the new CDC Director, Dr. Frieden, and we were especially encouraged that two of his top priorities for CDC are especially well-aligned with CSTE's mission: strengthening state and local public health, and strengthening surveillance and epidemiology.

In our discussions, a number of priorities for our work in the coming year emerged. They represent a mix of topics and issues that "the data" tell us are important, as well as an assessment of which of these are ripe for action.

First is a focus on promoting epidemiology as a tool for leadership. Given Dr. Frieden's priorities, we plan to work closely with CDC leadership to help shape and support CDC's efforts.

We also want to make sure that we seize opportunities to use epidemiology in ways that matter. Solid epidemiologic data for decision making will be indispensable for guiding public health's efforts in areas such as improving food safety, reforming healthcare, promoting patient safety, regulating tobacco, and yes, responding to pandemic flu. Because of the high visibility of these issues, if we do our job well we can build support for maintaining and enhancing our public health system, including epidemiology.

Another area we hope to focus on is building epidemiologic capacity in underserved areas of epidemiology practice – this is less acute, but at least as important in the long term. At least three areas of epidemiologic practice seem especially ripe for action to build capacity: chronic disease, injury and substance abuse. Although our work plans in these areas have not been fully fleshed out yet, it's clear that we will need the expertise, insight and energy of all of you to help power this work.

Finally, we hope to go in some new directions. This year, we hope to take to the next level the excellent work CSTE has done developing surveillance indicators related to chronic disease, injury, environmental and occupational health by creating some new tools for analyzing and displaying these indicators. Defining the epidemiologic tools for public health practitioners to use to address health disparities and the social determinants of health are additional areas in which we hope to work.

I am really excited by the energy and momentum I felt at our Executive Board meeting. If you don't have it already, I hope that you will catch some of that enthusiasm, and actively participate in this work. Your Board members and our National Office staff can help you figure out how, so please contact them!

Melvin Kohn
CSTE President

CSTE Executive Director's Message

As you may have heard, there has been lots of excitement within CDC and at the state and local levels about the changes going on at CDC. Our CSTE board and several members of the National Office staff got the chance to meet with some of CDC's center directors about the priorities of the new president of CDC.

Within the CDC's restructuring, CSTE is expected to ally with the Office of Surveillance Epidemiology and Lab Services, which reports to Steve Thacker. We will also be connected technically and administratively with the Office of State and Local Partners. These two moves should be ideal for CSTE given the prominence of surveillance in the current administration.

Looking at the speed of the changes that have been made, we think that state and local health departments will see the effects of these changes almost immediately.

In other news, we have completed the second year of our new cooperative agreement with CDC that supports many of our board and subcommittee priorities, including projects in infectious disease, chronic disease, environmental health, HIV/AIDS surveillance, food safety and other areas. There also are two cross-cutting areas that will give us additional flexibility: 1. a focus area on epidemiology, and 2. a core set of activities we undertake with CDC on behalf of the states.

With both of these areas we're able to expand our CSTE Fellowship program. This year, we have 33 new Fellows and 18 second-year Fellows currently working in the field in 23 states.

In our core focus area, we are also able to devote resources to ongoing work in developing a knowledge database for nationally notifiable diseases and in funding some activities in the area of tribal epidemiology and disparities.

The next three months at the CSTE National Office will probably look like what's happening in your local or state department, with staff consumed with the response to the H1N1 epidemic. In that regard, we have several exciting projects with the CDC and several pilot states, looking at influenza incidence and hospitalization surveillance. We'll also be heavily involved in communications and the many calls between CDC and state and local epidemiologists.

We look forward to working with you all over the next several months on this joint response and wish you well during these busy, stressful times. If the National Office can do anything to help you, please don't hesitate to contact us.

Pat McConnon
Executive Director

2009 Epidemiology Capacity Assessment

CSTE conducted the 2009 Epidemiology Capacity Assessment (ECA) to assess the current workforce capacity and competency of epidemiologists in state health departments. The results of the ECA have been submitted to the Morbidity and Mortality Weekly Report (MMWR) for publication, and other peer-reviewed articles are being developed.

An enhanced statistical summary is also scheduled for publication by December 2009, and the full report will be available to the public on the CSTE Web site. The Chronic Disease and Maternal and Child Health modules of the ECA will also have separate area-specific publications and reports.

Any questions regarding publication or dissemination of the ECA can be directed to Lisa Ferland at lferland@cste.org. Look for a CSTE member announcement when the full report is available on the Web site.

Community Health Assessment

CSTE, in collaboration with the National Association of Health Data Organizations (NAHDO), is disseminating an assessment in states to gather, analyze and disseminate information on community health assessments (CHA). This assessment will provide us with the ability to broadly measure and map the existence of CHAs at the tribal, county and other levels.

The data will be used to determine whether there are strengths and/or limitations in how states conduct community health assessments. The results of this assessment will be presented in aggregate form, and no state-specific data will be shared or published from this assessment. If you have questions, please contact Jennifer Lemmings at jlemmings@cste.org.

The CDC/CSTE Applied Epidemiology Fellowship Program Enters its 7th Year

Class VII Applied Epidemiology Fellows

Back Row: **Kerrie VerLee, MPH,** *Infectious Disease-HAI, Michigan;* **Kristen Metzger, MPH,** *Infectious Disease-HAI, Chicago;* **Stella Beckman, MPH,** *Occupational Health, California;* **Miles Kirby, MS,** *Environmental Health, Wisconsin;* **Kristin Shaw, MPH,** *Infectious Disease-HAI, Minnesota;* **Marshall Vogt, MPH,** *Infectious Disease, Virginia;* **Reena Oza-Frank, PhD, MS/MPH,** *Maternal and Child Health, Ohio;* **Beth Anne Frost, MPH,** *Infectious Disease-HAI; Tennessee;* **Erin Jones, MS,** *Environmental Health, Maryland;* **Kara Livingston, MPH,** *Infectious Disease, New York City;* **Dyanne Herrera, MPH,** *Maternal and Child Health, El Paso, Texas;* **Roxie Zarate, MPH,** *Infectious Disease-HAI, Washington state;* **Samantha Pitts, MD, MPH,** *Infectious Disease, New Jersey*

Middle Row: **Aimee Palumbo, MPH,** *Infectious Disease-HAI, Pennsylvania;* **Vanessa Short, PhD, MPH,** *Maternal and Child Health, Pennsylvania;* **Nicole Spencer, MPH,** *Infectious Disease-HAI, New York State;,* **Greg Giambrone, MS,** *Infectious Disease, New York State;* **Danielle Henderson, MPH,** *Substance Abuse, New Mexico;* **Maria Ness, MPH,** *Maternal and Child Health, Oregon;* **Jennifer Irving, MPH,** *Maternal and Child Health, South Dakota;* **Kaitlin Emrich, MPH,** *Environmental Health, Iowa;* **Emily Schiefelbein, MPH,** *Maternal and Child Health, Texas;* **Rebecca Shor, MPH,** *Maternal and Child Health, Hawaii*

Front Row: **Katherine Harmon, MPH,** *Chronic Disease, North Carolina;* **Anna Stachel, MPH,** *Infectious Disease-HAI, New York City;* **Carrie Klumb, MPH,** *Infectious Disease, Minnesota;* **Catherine Foley, MPH,** *Infectious Disease, Arizona;* **Conschetta Wright, MPH,** *Infectious Disease-Quarantine, El Paso, Texas;* **Jessica Cunningham, MPH,** *Infectious Disease, California;* **HaeNa Waechter, MPH,** *Infectious Disease, New York City; Monica Sovero, MPH, Infectious Disease-Quarantine, San Diego, California;* **Heidi Westermann, MPH,** *Infectious Disease, New York City;* **Dana Burshell, MPH,** *Infectious Disease-HAI, Virginia*

The CDC/CSTE Applied Epidemiology Fellowship program, a workforce initiative developed to increase capacity and train recent graduates in applied epidemiology, is continuing to grow each year. A total of 115 fellows have entered the Fellowship program since its inception in 2003, and CSTE is pleased to announce the entry of Class VII, the largest class yet, with 33 Fellows.

Class VII Fellows began their placements in June through September 2009 and recently convened in Atlanta for a week-long orientation. Class VII Fellows are placed in the program areas of Infectious Disease, Healthcare-Associated Infections, Quarantine, Maternal and Child Health, Chronic Disease, Occupational Health, Environmental Health and Substance Abuse. The Fellows are assigned to 24 state and local health departments throughout the country.

CSTE is excited to welcome this new class of Fellows and looks forward to working with them during their two-year Fellowship!

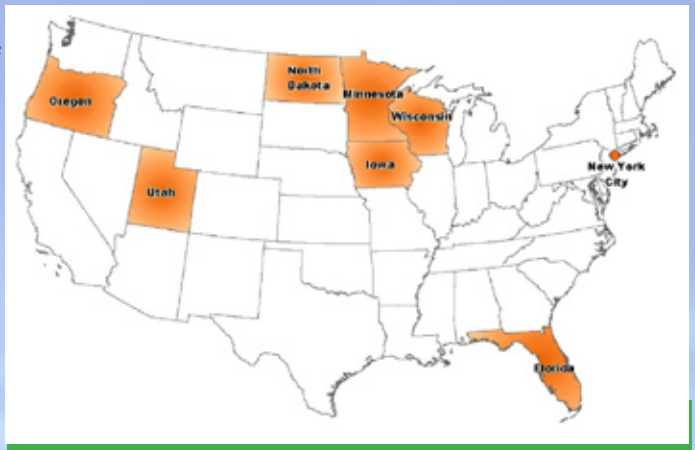
Influenza Incidence Pilot Project

CSTE recently launched the Influenza Incidence Pilot Project, a multi-state surveillance project aimed at assessing the burden of influenza in the outpatient setting starting this October.

Each of the eight sites in the pilot is required to enroll five to six providers who see 100 to 150 patients per week. These providers are to report weekly the number of ILI visits and total patient visits by age group, and are to test all ILI patients for influenza and include the results with the weekly report. Providers are also responsible for systematically collecting specimens for subtyping at the state public health laboratory.

Another objective of this project is to perform sensitivity and specificity tests on Quidel's Quickvue Influenza A+B Rapid Tests. Previous studies have examined the performance of this lateral-flow immunoassay and have found a large range of sensitivity and specificity. CSTE is offering the Rapid Tests as an incentive for the providers to participate in the study, and we hope the results will shine some light on the test's sensitivity and specificity.

The IIP project provides CDC with new metrics that will help predict trends from this sample of sites. With the extrapolation of these data, other states around the country will be able to verify the findings from this project. The IIP Project has also allowed CSTE to help build lab capacity in many states with newer and more efficient equipment, advances that will be sustained after the pandemic is over.



Sites participating in the Influenza Incidence Pilot Project

Influenza Sentinel Surveillance International Training Course

CSTE, in partnership with the North Carolina Center for Public Health Preparedness and CDC, is currently developing an Influenza Sentinel Surveillance International Training course. CDC relies heavily on CSTE's state-based experts to assist them with the setup and evaluation of international influenza surveillance systems. CSTE's Influenza Subcommittee is made up of public health professionals dedicated to identification, preparedness, response and surveillance of influenza – including seasonal, avian and pandemic influenza. To further the objectives of the CSTE Influenza Subcommittee, materials to train any persons who may travel in an international consultancy role for the CDC Influenza Division (including international Ministry of Health and sentinel site staff who are responsible for the implementation of influenza surveillance) are needed.

The training package for international influenza surveillance sentinel site staff will include didactic materials, including PowerPoint slide sets with scripts, interactive learning activities such as case studies, template data collection tools, and job aids for learners at the hospital-level to demonstrate knowledge gain in the operation of influenza sentinel site surveillance.

The training materials will be adaptable for use in local context/languages and address issues of surveillance for Influenza and Severe Acute Respiratory Illness surveillance. In addition, clinician job aids and other appropriate reference materials such as sample data forms and posters will be developed as part of the training package.

Specifically, modules developed should include:

- Background and objectives
- Case definitions
- Selection of sentinel sites
- Epidemiologic data collection and tools
- Roles and responsibilities within the sentinel system
- Data reports and analyses
- Additional uses of the system and surveillance data
- System monitoring and evaluation
- Annexes and job aids for sentinel site staff
- Case study on the establishment/enhancement of influenza sentinel site surveillance systems
- Other modules as appropriate

The project will be complete in early 2010. For more information, please contact Jennifer Lemmings at jlemmings@cste.org.

CSTE and Climate Change

The State Environmental Health Indicators Collaborative (SEHIC) Climate Change Subcommittee has developed a "suite" of (1) morbidity and mortality; (2) population vulnerability; (3) environmental; and (4) mitigation, adaptation and policy indicators and has published a manuscript in the November 2009 issue of *Environmental Health Perspectives* entitled *Environmental Health Indicators of Climate Change for the United States*.

This publication records the completed and proposed list of climate change surveillance indicators for practitioners and policy makers to review and consider. Additionally, it describes the relationship between each environmental issue and its probable impact on human health due to climate change. The subcommittee is now tasked with completing the indicator materials to be recommended for surveillance by states. In the coming months, the subcommittee will work more closely with the climate change content working group from CDC Environmental Public Health Tracking Program that was recently formed with the intention of tracking climate-related indicators on the environmental public health tracking network.

Paul English, the state environmental epidemiologist and branch scientific advisor for the Environmental Health Investigations Branch at the California Department of Public Health (CDPH), is currently the co-chair of the SEHIC Climate Change Subcommittee. Dr. English has led the Climate Change Public Health Impacts Assessment and Response Collaborative at CDPH, which produced the department's first report on climate change and health, *Public Health Impacts of Climate Change in California: Community Vulnerability Assessments and Adaptation Strategies Report No. 1: Heat-Related Illness and Mortality*. He has also participated in developing the Climate Adaptation Strategy for the State of California and is a World Health Organization temporary advisor contributing to a systematic review of health impacts of climate change.

The completed and developmental indicators of climate change can be accessed on the CSTE Web site under the environmental health page. http://www.cste.org/dnn/ProgramsandActivities/EnvironmentalHealth/EnvironmentalHealthIndicators/tabid/339/Default.aspx

Call for Abstracts Opens November 2

The call for abstracts for the 2010 Annual Conference opens November 2, 2009. The deadline for abstracts is January 8, 2010. Check the CSTE Web site for submission details.

Knowledgebase to Replace the State Reportable Conditions Assessment (SRCA)

CSTE and CDC will soon begin discussions to gather requirements for the development of a Knowledgebase of State Reportable & Nationally Notifiable Conditions (KSNC). At the 2009 PHIN Conference, a presentation was given about the value proposition and end-to-end design of the KSNC. (Please send requests for a copy of this presentation to Lisa Ferland at lferland@cste.org.)

The KSNC will replace the annual State Reportable Conditions Assessment (SRCA). Instead of an annual assessment, the KSNC will allow state epidemiologists and their delegated representatives to update the database at any time. This will keep the reporting requirements in the database more up-to-date, allow both queries and entries at any time during the year, and allow comparison of data with other states. The KSNC will enable users to download machine-readable information about reporting requirements (by jurisdiction) in order to load into automated electronic case-detection and reporting systems linked to electronic clinical and laboratory information systems.

The KSNC will be accessible to all reporters in all states, including local health departments, physicians, laboratories and others so that they can view reporting requirements relevant to them on an as-needed basis, or have automated updates sent to them through a central repository. This is expected to enhance the timeliness and completeness of public health reporting.

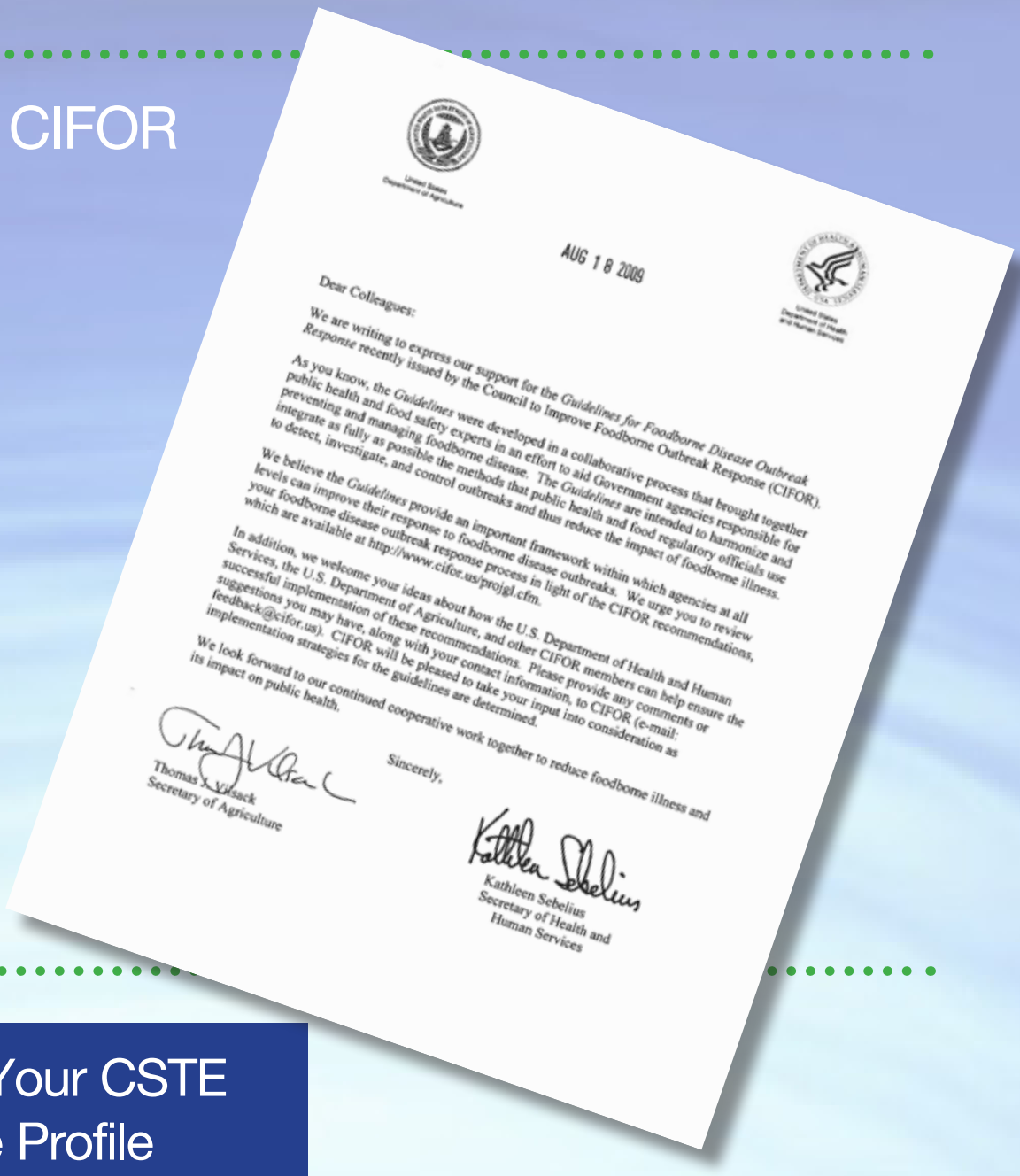
The KSNC must be built through a close collaboration with CDC, CSTE, local and state health departments, and all other partners and stakeholders involved in public health case-reporting so that it meets the needs of all who will use it. States will continue to retain ownership of and responsibility for maintaining their own data and reportable disease lists.

The KSNC will undergo pilot testing and evaluation to ensure it meets stakeholder and partner needs. As a standard implementation precaution, during the first year (2010 or 2011, depending on progress made), the SRCA will be run in parallel with the KSNC to prevent any potential loss of data and to eliminate the need for duplicative efforts. The CSTE National Office will continue to update members as progress is made with this national effort.

USDA/HHS CIFOR Letter

The CIFOR (Council to Improve Foodborne Outbreak Response) Guidelines for Foodborne Disease Outbreak Response were released July 15 to wide praise. In August, the U.S. Departments of Agriculture and Health and Human Services released a joint letter supporting the Guidelines. The letter urges health departments to review outbreak responses based on the recommendations in the Guidelines.

Secretaries Vilsack and Sebelius welcomed ideas about how the Guidelines can be implemented; you can send your input to feedback@cifor.us to make a suggestion. Copies can be downloaded from the CSTE website (www.cste.org) or the CIFOR website (www.cifor.us). For more information about CIFOR, please contact Lauren Rosenberg at lrosenberg@cste.org.



AUG 18 2009

Dear Colleagues:

We are writing to express our support for the *Guidelines for Foodborne Disease Outbreak Response* recently issued by the Council to Improve Foodborne Outbreak Response (CIFOR).

As you know, the *Guidelines* were developed in a collaborative process that brought together public health and food safety experts in an effort to aid Government agencies responsible for preventing and managing foodborne disease. The *Guidelines* are intended to harmonize and integrate as fully as possible the methods that public health and food regulatory officials use to detect, investigate, and control outbreaks and thus reduce the impact of foodborne illness.

We believe the *Guidelines* provide an important framework within which agencies at all levels can improve their response to foodborne disease outbreaks. We urge you to review your foodborne disease outbreak response process in light of the CIFOR recommendations, which are available at http://www.cifor.us/projgl.cfm.

In addition, we welcome your ideas about how the U.S. Department of Health and Human Services, the U.S. Department of Agriculture, and other CIFOR members can help ensure the successful implementation of these recommendations. Please provide any comments or suggestions you may have, along with your contact information, to CIFOR (e-mail: feedback@cifor.us). CIFOR will be pleased to take your input into consideration as implementation strategies for the guidelines are determined.

We look forward to our continued cooperative work together to reduce foodborne illness and its impact on public health.

Sincerely,

Thomas J. Vilsack
Secretary of Agriculture

Kathleen Sebelius
Secretary of Health and Human Services

Manage Your CSTE Online Profile

It's easy to customize your CSTE membership by managing your level of involvement in subcommittees and interest areas! Visit the "Manage My Profile" area on the CSTE home page today to set your preferences.

When logged into the Web site, you will see the "Manage My Profile" link on the right side of the home page. Click on the link to view all of the CSTE steering committees, subcommittees and interest areas. You may select and de-select your subcommittee, interest area, and consultant preferences to customize your involvement with CSTE.

Washington Report

Check www.cste.org for the latest Washington Report. After signing into the CSTE home page, point your mouse to the "Members" tab and click "Washington Report."

Spotlight on: CSTE Executive Board

To provide members with a little 'insider info' on what makes the CSTE Executive Board tick, we asked a few questions of board members Michael Landen, Deputy State Epidemiologist New Mexico Department of Health (Member-at-Large, Cross-cutting and Tribal and Local Epidemiology Steering Committee Chair); Steve Ostroff, Director, Bureau of Epidemiology, Pennsylvania Department of Health (President Elect); and Laurene Mascola, Chief of Acute Communicable Disease Control Program, Los Angeles County Department of Public Health (Infectious Disease Steering Committee Chair).

CSTE: Describe the composition of the Executive Board. What are some of the subjects you discuss?

Landen: The board is made up of persons practicing epidemiology at state and local health departments. Currently, over half are from west of the Mississippi River. We discuss CSTE's budget, priorities and current positions. We also discuss how to increase membership involvement, which is generally through the subcommittees and the annual meeting.

Ostroff: The Executive Board is made up of the four officers (President, President-elect, Past President, and Secretary-Treasurer), the committee chairs, and the at-large representatives. That provides a variety of expertise and experience that allows the board to address the gamut of issues of concern to CSTE. It is also helpful to have board members with an extended institutional memory, especially members that have served more than one term, and members from all regions of the country.

The Board always seems to have a full agenda of topics to discuss. These cover the range of areas of interest to CSTE membership, including surveillance, informatics, workforce, legislative initiatives, budget, the annual meeting, membership surveys, membership engagement and interaction with other partners, such as CDC and ASTHO. These are only examples, and at any time virtually any issue can come to the attention of the board.

Mascola: Among other things, the board asks, "What are the overarching priorities we want to address? And how can we distinguish ourselves as an organization?"

Right now, of course, we are focused so much on pandemic influenza, but maybe we'll be able to have more balance in our issues in a year or so. We did have great input into CDC's reorganization, which emphasizes that the more active our members are in such things, the more impact we can have.

The Guidelines for Foodborne Disease Outbreak Response released by the Council to Improve Foodborne Outbreak Response (CIFOR) is a good example of that impact as well. CSTE was very involved in the development of the guidelines; members with a wide range of expertise were able to contribute extensively to that project.

CSTE: What have you been surprised by that you've had influence over as part of the Executive Board?

Landen: I feel that I have influenced CSTE in the areas of increased membership involvement and the Executive Board review of CSTE's budget.

Ostroff: I'm not sure I've had any influence, but I've been pleasantly surprised at the quality and depth of the deliberations that go on in face-to-face and telephone meetings of the board. None of our current Board members are at all shy in expressing their opinions and making their views known.

I've also been surprised at how challenging some of the issues can be — especially things like position statements and notifiable diseases. Often when you think something has been solved, it hasn't because there are always nuances and consequences to any decision that makes a solution challenging. But I really enjoy the chance to hear all the different points of view and come up with an acceptable position.

Mascola: I was pleasantly surprised by the dedication and hard work the board is giving to CSTE. I don't know if others (not on the board) are aware of the amount of work the board members do.

Also, I truly realized that what we say as CSTE — people take us seriously. We should all be committed to how that can work best for us as an organization. We each have different masters, so we have to say what works for states, local departments, etc.

With some of public health's current challenges, it's a great time to have folks representing local departments on the board. Maybe we can get representatives from tribal areas, large states, small states all on the board together.

CSTE: What have you enjoyed spending time on?

Landen: I've enjoyed the opportunity to work on tribal epidemiology and substance abuse epidemiology.

Ostroff: I most enjoy being able to influence and shape policy, and to represent CSTE in a variety of venues. This includes representing CSTE in Washington and with other organizations. I am also very much looking forward to planning the annual meeting.

Mascola: I've really enjoyed some of the non-influenza work, seeing the breadth of infectious disease work, and our interdisciplinary work with groups such as veterinarian societies.

I enjoy seeing the great enthusiasm people have for this work; for example, the HIV surveillance coordinators are such amazing, dedicated people.

It is also great to be learning more about what's happening outside my own usual work like seeing what's happening in public health on the Congressional level, and learning how government can be formed by local initiative.

CSTE: Is your experience what you expected?

Ostroff: I didn't come in with any pre-conceived notions of what being on the board would involve. All I can say is that the experience has exceeded my expectations by far, and I really look forward to working with the board and the CSTE staff to meet the needs of the membership.

Mascola: I didn't know what I was expecting, so no. It is way more work than I expected, but you have such an opportunity to make a statement and learn things. We are a working, non-paid board; it's important work and we need dedicated, enthusiastic people involved.

CSTE: How does the National Office staff work with the Executive Board?

Landen: The National Office staff do fantastic work and provide excellent support to the Executive Board.

Ostroff: CSTE is blessed with having wonderful and talented staff in the National Office. Unless someone becomes actively involved in CSTE affairs, it is hard to appreciate how talented these people are and how dedicated they are. They make sure that the activities and priorities move forward on a day-to-day basis.

But since the staff is small, and we are much more of a membership-driven organization than some of our partners, it is really important that we keep in frequent contact with the staff and make sure their actions represent the desires of the membership. That is part of our obligation as board members. But we wouldn't get nearly as much accomplished without the great staff in the National Office.

Mascola: The National Office staff is the best thing since sliced bread. Before I joined the board, I never realized the degree of excellence surrounding Pat McConnon. Without them, my job would be impossible.

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Executive Board

CSTE is governed by a 10-member Executive Board. Four members serve as officers, three as Members-at-Large, and three represent Infectious Disease Epidemiology, Chronic Disease Epidemiology, and Environmental Epidemiology.

The 2009-2010 Executive Board members are:

OFFICERS

President
Mel Kohn, MD, MPH - Oregon
E-mail: melvin.a.kohn@state.or.us

Vice President
Perry Smith, MD - New York
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President Elect
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Secretary-Treasurer
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MEMBERS-AT-LARGE

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Surveillance/Informatics Steering Committee Chair
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CSTE 2010 Conference – Save the Date!

CSTE will hold our Annual Conference in **Portland, Oregon, June 6-10, 2010**. The conference connects with over 1,000 public health epidemiologists from across the country and will include workshops, plenary sessions with leaders in the field of public health, oral breakout sessions, roundtable discussions and poster presentations.

Delegates from across the country meet and share their expertise in surveillance and epidemiology as well as best practices in a broad range of areas including occupational health, infectious diseases, immunization, environmental health, chronic disease, injury control, and maternal and child health. Take this opportunity to meet and build relationships with your colleagues.