COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS

CSTEupdate

WINTER 2010

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CSTE President's Message

Dear CSTE members,

In the last edition of this newsletter, I wrote about the priorities that your Executive Board set for itself. In this edition, I'd like to talk about one of those priorities: promoting epidemiology as a tool for public health leadership. Because state-based epidemiology is practiced in the context of the governmental public health enterprise, it's critical that we work well with the leadership of our agencies, including health officials, legislators and others who operate in the political arena.

Any epidemiologists who have been practicing for a significant length of time know that the interface between epidemiology and the political world can be a challenge. Epidemiologists are data-driven people, so it's often mystifying to us when we bump up against decision-making that is driven more by politics than by data. While it might be tempting after these experiences to retreat back into our corner, ultimately that stance will not serve public health well, nor will it make our work experience satisfying. After all, the primary purpose for which we collect and analyze data is to galvanize public health action.

How can CSTE help our members deal effectively with this tension in their work? One of the priorities we adopted for the Executive Board was to enhance the working relationship between CSTE and ASTHO. My own professional position as an epidemiologist and as a health official, as well as several other new ASTHO members with strong ties to CSTE, helped provide an opportunity to address this issue.

As a good epidemiologist, I started this process by doing some formative research to better understand the current relationships between ASTHO and CSTE. Over the last few months I have talked with a wide range of "key informants": CSTE members including our Executive Board, ASTHO members including key leaders in that organization, key staff in the national offices of both organizations, partners at CDC, and staff in our "sister" professional organizations. While everyone acknowledged examples of good collaboration, I was struck by the need to move more strongly into the forefront a collective vision that respected the strengths of each organization and emphasized the necessity for us to work closely together to accomplish a common end.

I'm pleased to report that this assessment led to a "summit" meeting in late January that included ASTHO and CSTE leadership and staff. While the discussion was wide-ranging, two themes came through strongly: the incredible resource that epidemiologists can be for health officials related to data and to working with CDC, and ASTHO's power to advocate on the issues we all care about. I believe that the reminder for leadership in both organizations afforded by this meeting about the value each group brings to public health practice will help increase the effectiveness of what we do.

What will this mean concretely? Of course, one meeting will not lead to anything unless the effort is nurtured in the future. At the national level, I expect that in their orientations of new practitioners both organizations will explicitly address the strengths each group brings, so that new epidemiologists and health officials start off with a positive vision of this relationship in mind. Each organization also is exploring how best to constructively raise these issues at our respective annual meetings. In addition, we will be looking to ASTHO for help with some of our advocacy priorities, including fixing FERPA and securing funding for key surveillance tools. I expect that ASTHO, too, will be looking to CSTE for help with its organizational priorities.

In each state I hope that this dialogue will improve the working relationship between health officials and epidemiologists. One mechanism for that might be the ASTHO "President's Challenge," which Paul Halverson, ASTHO's President this year, has issued to his colleagues, with the aim of increasing the focus on injury as a public health problem. Link to ASTHO President's Challenge: http://www.astho.org/ASTHO-Presidential-Challenge/. I encourage you, if you have not done so already, to see how you might use your epidemiologic skills and tools to help your state rise to Paul's Challenge.

Please let me know if you have other ideas about how CSTE can help foster improved relationships between epidemiologists and the health officials in your state. As always, CSTE is a member-driven organization, and the "brain trust" represented by our members is a fantastic resource. I welcome your comments and suggestions on this topic.

Melvin Kohn
CSTE President

CSTE Executive Director's Message

Greetings for the new year from the CSTE National Office! As we move into 2010, I'd like to share a few updates from our office that many of you might not be familiar with.

Three of the National Office staff were temporarily assigned to the Centers for Disease Control and Prevention recently for work on the H1N1 response. Ed Chao, Lisa Ferland and Erin Simms spent one to two months each working on flu surveillance at CDC with Lynnette Brammer. It was a good experience for them, and I'm pleased to say that they all distinguished themselves and helped CDC with their efforts in gathering good surveillance data.

Other updates include a couple of workforce items. This year we'll have over 60 positions offered throughout the country for our incoming class of Fellows. We are recruiting and expect to fill the slots we have available. Currently, we have 51 Fellows working in 23 states and 5 large cities.

Also, CSTE will be hosting our second orientation for new state epidemiologists in Atlanta coming up February 23-25. This program is designed to help those who are new in these state positions become acquainted with CSTE and all the resources available to them through us and CDC.

The new year also has started off with a bang for planning the Annual Conference in Portland in June. Our conference hotels are filling up at record pace, and we've received 588 abstracts – by far the largest number of abstracts submitted for a CSTE Annual Conference. This along with the early interest by exhibitors and other participants indicates the 2010 Annual Conference will be a large and dynamic event!

In other news, please note that there is a new point of contact for CSTE at the CDC. The Office of Surveillance, Epidemiology and Laboratory Services, headed by Dr. Stephen Thacker, will be the primary contact and will manage any agreements between CSTE and CDC.

Thank you for your continued support and work with CSTE. We look forward to a great 2010 together.

Pat McConnon

CSTE Executive Director Patrick McConnon, left, with Surgeon General Regina Benjamin at the APHA Annual Meeting.

2009 State Reportable Conditions Assessment

The 2009 State Reportable Conditions Assessment (SRCA) was launched in January 2010 to annually assess states' reportable conditions lists. The annual assessment not only provides robust information on each state's reportable conditions, but also generates the summary tables for the MMWR for nationally notifiable conditions.

Once the assessment is completed and verified, results will be published on CSTE's Web site on the SRCA Queriable Web page, which is located on the Public Health Informatics and Reportable Conditions program page.

For more information or questions, please contact Lisa Ferland at lferland@cste.org.

Webinars – Implementing the CIFOR Guidelines

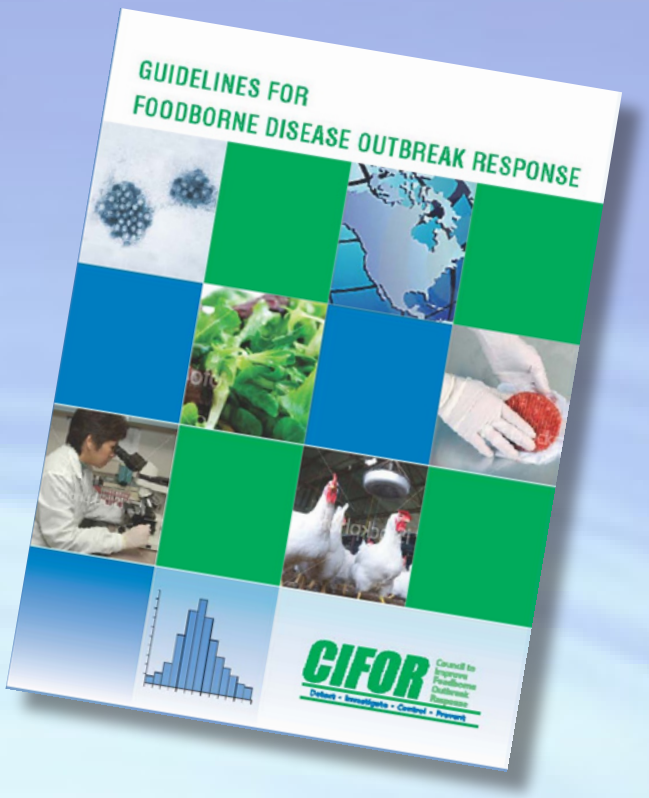
Public health and environmental health leaders joined foodborne disease experts to learn more about the 2009 Council to Improve Foodborne Outbreak and Response (CIFOR) *Guidelines for Foodborne Disease Outbreak Response.* The webinars, "Implementing the CIFOR Guidelines: Food for Thought and Action," took place in late January.

These webinars have been designed for senior public health and environmental health officials at state and local levels who are responsible for supervising staff involved in foodborne disease surveillance, investigation, and control activities or securing and designating resources for department activities. Future webinars and materials will target staff and agency teams who carry out foodborne disease surveillance, investigation, and control activities.

Participants learned how their agencies can take steps to improve foodborne disease surveillance, investigation, and control and had an opportunity to ask questions about the CIFOR Guidelines related to their own programs.

Keep up to date on new CIFOR materials related to the Guidelines at www.cste.org!

You can download the Guidelines at http://www.cste.org/dnn/ProgramsandActivities/InfectiousDiseases/tabid/67/Agg963_SelectTab/3/Default.aspx.



2009 Epidemiology Capacity Assessment (ECA) *Results Available*

The 2009 ECA aimed to complete the periodic enumeration and description of epidemiologists nationwide and to measure the current status of core epidemiology capacity; to assess, for the first time, overall surveillance system technology capacity and substance abuse epidemiology capacity.

The 2009 ECA used core workforce competency and training questions from the 2006 ECA. The results were published in the MMWR on Dec. 17, 2009, and the full statistical report is available at www.cste.org/2009eca.pdf and in print.

The final results comprise responses for all 50 states and the District of Columbia. In 2009, a total of 2,193 epidemiologists worked for the 51 jurisdictions, for a rate of 0.72 epidemiologists per 100,000 population (state median: 0.77 per 100,000; range: 0.19-4.05), a 12% decrease from the 2,498 epidemiologists enumerated in 2004 and a 10% decrease from the 2,436 reported in 2006.

When compared with past ECA results from 2004 and 2006, four program areas showed progressive increases in substantial-to-full capacity: maternal-child health (43% to 47% to 55%), environmental health (27% to 34% to 38%), injury (18% to 25% to 34%), and occupational health (10% to 14% to 18%). Bioterrorism/emergency response was the only program area with a progressive decrease in substantial-to-full capacity, declining from 41 states (80%) in 2004 to 39 states (76%) in 2006 to 37 states (73%) in 2009. Based on responses from 36 state epidemiologists, 1,490 additional epidemiologists (a 68% increase) are needed to achieve ideal epidemiology capacity.

National epidemiology capacity has eroded since 2004, with the largest drop in the past three years. A large percentage of states continue to have minimal to no capacity to carry out several ESPH and minimal to no capacity to carry out basic surveillance and epidemiology functions. Many states still do not have the technology capacity needed to move the way they conduct surveillance into the early 21st century, a preparedness and public health vulnerability.

The 2009 ECA results and other analyses will be presented at the 2010 CSTE Annual Conference in Portland, Oregon.

Any questions regarding publication or dissemination of the ECA can be directed to Lisa Ferland at lferland@cste.org or 770-458-3811.

CSTE Annual Conference – Registration Info

Registration is required for all attendees at the 2010 CSTE Annual Conference.

Full conference registration includes admittance to one Sunday Workshop or Meeting; access to all sessions on Monday, Tuesday and Wednesday; access to the Exhibit Hall; and for CSTE members, access to the CSTE Business Meeting. One Day registration is for Monday, Tuesday or Wednesday. A continental breakfast and morning and afternoon breaks are included with your registration fee. Lunch is not included with registration.

Advance registration is recommended for your convenience and to avoid possible delays registering onsite in Portland. **A pre-conference discount is offered for registrations received by 11:59 PM EST on April 16, 2010.** Full conference/onsite fees are in effect after April 16, 2010.

Registration Categories	Pre-Conference Deadline before or on April 16, 2010 (Paid in Full)	Regular After April 16, 2010
Member		
Full Conference	$395	$515
One Day	$205	$325
Student	$155	$275
Guest	$ 65	$185
Sunday Workshop Only	$145	$195
Non-Member		
Full Conference	$440	$560
One Day	$250	$370
Student	$180	$300
Guest	$110	$230
Sunday Workshop Only	$190	$240
Other		
President's Banquet	$34	$39

Attendees requesting Sunday Only registration should register through the individual workshops. Additional information regarding workshops will be available on the CSTE Web site in upcoming weeks.

CSTE Staff Work with CDC on H1N1 Response

Three staff members from the CSTE national office were temporarily assigned to the Centers for Disease Control and Prevention to work on the ongoing H1N1 response. Below are brief descriptions of their work and projects during this time.

Ed Chao
Associate Research Analyst

These two months of H1N1 detail in the sub-basement have provided a unique perspective into the world of public health. The balance between routine activities and urgent data requests is a delicate one that could tip one way or another, depending on the day or even on the hour.

My energy level to retrospectively calculate weekly counts of deaths and hospitalizations due to flu, given cumulative counts by age group coupled with changes in reporting methods by states throughout the flu season was deflated a bit after the first week and a half. I caught my second wind with a project examining deaths related to 2009 pandemic influenza A among American Indian and Alaska Natives. For this project, a fast-moving CSTE tribal epidemiology workgroup consisting of 12 states, tribal epidemiology centers, CDC and the Indian Health Service (IHS) was formed.

This workgroup discovered an important finding: when age-adjusted rates per 100,000 population were compared, the H1N1 influenza death rate among American Indian / Alaskan Native population in the 12 participating states was four times the H1N1 influenza death rate among all other races combined. This finding was highlighted in an MMWR article available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5848a1.htm.

My routine activities include daily data entry of flu and pneumonia deaths for the 122 Cities Mortality Reporting System as well as administering the Influenza Incidence Pilot Project. I appreciate the opportunity to work alongside some very bright and dedicated individuals at CDC.

Lisa Ferland
Associate Research Analyst

For five weeks, I had the opportunity to work with the Influenza Division at CDC and learn new methods for evaluating new syndromic surveillance technologies and data sources. Data feeds from external partners like GE, Cerner and Distribute are validated and assessed for comparability to other existing sources of data. One of my duties during my time there was to help carry out this validation.

The Distribute validation process was moderately intimidating (rather, the lengthy SAS program the database with >2.5 million observations was the intimidating part!), but once I got a handle on troubleshooting the variables, it became less daunting. Working with an inherited SAS program was kind of like driving a tow truck – once I figured out which buttons to push, things more or less operated smoothly. The Cerner data were much more recent and did not have as many data points for an accurate comparison/validation at this point.

I also had the opportunity to help pilot test and draft a questionnaire evaluating the effects that H1N1 was having on ICU capacity. The purpose was to capture the stresses on the ICU that occurred during the pandemic to provide insight to hospital policies for the future. This project is still in progress; unfortunately, my time at CDC concluded before the questionnaire had any analyzable results. It was very informative to see state surveillance from the federal perspective, not often my viewpoint at CSTE.

Overall, it was a very rewarding experience, and I enjoyed being in an environment with people who were all very passionate about epidemiology and surveillance methodology.

Erin Simms
Associate Research Analyst

For the month of December, I was offered the opportunity to be a guest researcher in the Influenza Division at CDC. During that time, I was assigned to a small team of epidemiologists working to begin patient intake in a study, "Incidence and Etiology of Influenza-Associated Community Acquired Pneumonia in Hospitalized Persons." The primary objective of the study was to determine the population-based incidence and etiology of community-acquired pneumonia requiring hospitalization among adults and children in the United States.

While at CDC, I assisted in finalizing the study case report form (which consisted of a patient interview, follow-up interview, medical chart abstraction, radiological and microbiology laboratory results), drafted case report form instructions for the patient interviewers and hospital study personnel, participated in conference calls with hospital and laboratory study participants, and worked on finalizing the research study budget for all participating hospitals. It was a great experience, and the people that I met were knowledgeable and a pleasure to work with.

Staff Directory

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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

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CSTE 2010 Conference – Save the Date!

Portland Oregon
June 6-10 2010