

CSTEupdate

SUMMER 2009

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CSTE executive director's message

Dear CSTE members,

CSTE's Annual Meeting in June was a great success thanks to all of you! Around 750 participants joined us in Buffalo, which is wonderful especially considering travel restrictions and the economy, as well as everyone's job obligations related to H1N1. More than half of the conference attendees came to the pre-conference workshops as well.

The theme of this year's meeting – Practicing Epidemiology in Challenging Times – turned out to be more appropriate than we ever anticipated. We thought we would be discussing “challenging times” a little more in the abstract, but recent months have definitely fit that description.

However, along with challenges come opportunities. We are avidly

following the possibilities that national legislation on healthcare reform and a national wellness initiative might bring, and the impact these could have on public health. For epidemiology, there could be very positive outcomes.

The “Strengthening America's Public Health System Act” (SAPHSA), which would amend the Public Health Service Act to improve the Nation's surveillance and reporting for diseases and conditions, has been incorporated in total in the Senate, and was referred to the House Committee on Energy and Commerce. The workforce initiatives in SAPHSA are on a separate track, as well being incorporated into the overall bill, so there are multiple options for improvement.

Stimulus dollars from the American Recovery and Reinvestment Act (ARRA) included funding for CDC, which is being passed in total to state health departments – that's \$40 million.

Though times are indeed challenging, we are also facing opportunities that could mean positive outcomes for epidemiology workforce and infrastructure, and working through that, improved public health throughout the country.

Pat McConnon
Executive Director

Drawing Winners

It is our pleasure to announce the winners from the drawing for completing the conference and individual breakout session evaluations.

Grand Prize – \$100 Amazon Gift Certificate:

Jennifer Sears (NY)

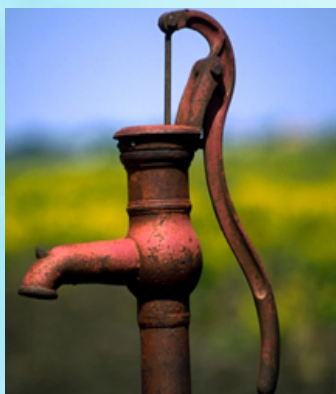
Free CSTE Individual Membership:

Beverly Wolpert (MD)
Christopher D. Hoffman (WA)
Robin Williams (NE)

Kristin Delea (GA)
Barbara Phillips (NY)

Again congratulations to the CSTE winners and thank you to all the conference attendees who took the time and effort to complete the evaluations. Your feedback will help us improve future conferences.

For additional information from the 2009 annual Conference in Buffalo, please visit the conference archive pages at <http://www.cste.org>.



2009 Jonathan Mann Memorial Lecturer – James M. Hughes, M.D.



James Hughes receives award from CDC Foundation representative Verla Neslund

The Jonathan M. Mann Memorial Lectureship is made possible annually by the CDC Foundation with proceeds from a generous grant provided by The Hoffman Family Foundation of Dallas, Texas. In 1999, the lectureship was established to honor Dr. Jonathan Mann, who lost his life in the Swissair plane crash off Nova Scotia in 1998. Dr. Mann was an accomplished state epidemiologist who was called the “architect of the global mobilization against AIDS” for his role as the founding director of the World Health Organization’s Global Program on AIDS.

Each year at the CSTE President’s Banquet a public health presentation is given to honor Dr. Mann. Lecturers are selected by the CSTE Executive Board for their demonstrated leadership in the public health community.

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

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

Dr. Hughes received his B.A and M.D. from Stanford University and completed his postgraduate training and board certification in internal medicine (University of Washington), infectious diseases (University of Virginia), and preventive medicine (CDC). He is a member of the Institute of Medicine (IOM) as well as numerous other national and international professional Societies. He served on the Board of Directors of the Infectious Diseases Society of America (IDSA) from 2004-2007 and is currently a member of the Council of the American Society for Tropical Medicine and

Hygiene and Vice-President of IDSA. Among his honors and awards are the Council of State and Territorial Epidemiologists Certificate of Recognition; the Distinguished and Meritorious Service Medals and the Surgeon General’s Exemplary Service Award from the U.S. Public Health Service; The Secretary’s Open Forum Distinguished Public Service Award from the Department of State; the CDC Lifetime Scientific Achievement Award; and the Gen-Probe Joseph Award from the American Society for Microbiology for “exemplary leadership and service in the field of public health.”

2009 Pumphandle Award Winner

Kathleen Gensheimer, MD, MPH, FIDSA



Kathleen Gensheimer receiving the 2009 Pumphandle Award

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

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

“If you talked about public health many years ago, nobody knew what you meant,” said Gensheimer. “After the anthrax

issues in 2000, more people began to understand. For so long, many of us had to work so hard to define our roles, but it is getting better over time.”

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

Even as public health’s visibility has increased, it has been challenging to gain support, says Gensheimer, especially for programs that require funding.

“It’s difficult to prove you’ve saved money by preventing something from happening. And you can’t really demonstrate positive effects that might be coming down the road, taking years even,” she said.

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

This network of dedicated, hard working professionals is especially important with the potential globalization of public health, says Gensheimer. “We’re all seeing that

you can’t work effectively trying to stay in some sort of geographical boundaries,” she said. “Or if you have only an America-centric approach to things. We have to think about the wider, global aspects of public health.

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

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

new CSTE board members

Please join us in welcoming CSTE's two new board members, Dr. Bob Rolfs and Dr. Laurene Mascola. We look forward to working with them as CSTE continues to grow and work to serve our members!



Laurene Mascola, MD, MPH, FAAP

Infectious Disease Chair

Dr. Laurene Mascola is Chief of the Acute Communicable Disease Control Program for the Los Angeles (LA) County Department of Public Health, which performs disease surveillance and epidemic control activities for more than 80 diseases and syndromes in an area of 4,000 plus square miles with 10 million people. She received her Bachelor of Arts with distinction in Biology from the University of Rochester and graduated from St. Louis University Medical School. She is a member of the Alpha Omega Alpha Medical Honor Society.

Dr. Mascola completed her internship and residency in Pediatrics from Childrens Hospital of LA and earned a Masters of Public Health from the University of California, LA. She served as an Epidemic Intelligence Service (EIS) Officer in the Division of Venereal Disease Control at the Centers for Disease Control and Prevention (CDC) in Atlanta, Ga., was a field officer in LA, and also completed the CDC residency in Preventive Medicine.

Dr. Mascola has extensive experience in epidemiology and infectious disease prevention and control, has published more than 100 articles and abstracts in numerous medical and public health journals, and is the first author on several book chapters. She has presented at the Infectious Diseases Society of America, Pediatric Infectious Diseases and Pediatric Academic Societies

meetings. She has been a member of CSTE for the last seven years and presented on Pandemic Influenza and BioWatch at two annual meetings.

Dr. Mascola has made major contributions in a variety of areas. For example: As a result of her expertise in food safety, she was appointed to the FDA Food Safety Committee and received the FDA Commissioner's Special Citation. She was the Principal Investigator (PI) of the Pediatric AIDS Spectrum of Disease Project for over 15 years. She pioneered routine HIV prenatal screening in county clinics. She is the PI of the Varicella Active Surveillance Project, one of two national projects, in collaboration with the CDC; the results of this study led to national policy decisions with respect to the two dose varicella vaccination schedule.

In addition to investigating hospital-associated infectious disease outbreaks, Dr. Mascola formed a Hospital Outreach Unit, which is an innovative public health practice in which public health nurses play an integral role in communicable disease control and reporting along with hospital-based infection control professionals. Her program has also developed a relationship with skilled nursing facilities and is looking forward to working with large ambulatory care centers to educate on appropriate infection control techniques.

Throughout her career, Dr. Mascola has been a close mentor to physicians (including infectious disease fellows), EIS Officers and Preventive Medicine residents, and has served on numerous federal, state and local public health committees. In addition to reviewing infectious disease articles for peer reviewed journals, she has been asked to be reviewer for the Institute of Medicine. She has also consulted for the World Health Organization. She recently was nominated by the American Academy of Pediatrics for appointment to the Board of

Scientific Counselors at CDC.

Dr. Mascola ran in 2008 for CSTE Executive Board Member-at-Large position and is a 2009 CSTE plenary session moderator. She participates on CSTE's immunization, tribal epidemiology and hospital-associated infections committees.

Dr. Mascola has five Charles C. Shepard Science Awards from CDC for papers published on important infectious disease topics. Her vision for the chair of CSTE Infectious Disease Committee entails the use of evidence-based research to prioritize various projects that CSTE committee members are pursuing, especially in an era of cost constraints that are facing local and state health departments.



Robert Rolfs, MD, MPH

Member-at-Large

Dr. Bob Rolfs is the Utah State Epidemiologist. As such, he oversees communicable disease and environmental epidemiology, environmental sanitation, and a program to prevent deaths due to prescription opioid overdose. Before that, he was a CDC epidemiologist assigned to the Utah Department of Health beginning in 1993, where he served in a variety of positions including chronic disease epidemiologist, Director of the Center for Health Data, and ultimately State Epidemiologist in 2002. He retired from the USPHS in 2006.

Dr. Rolfs began his public health career as a CDC EIS officer and subsequently was a medical epidemiologist in the Division of STD/HIV Prevention from 1986 to 1993. He has worked on a wide variety of topics during a 23-year public health career, including STD's, HIV, injuries, chronic diseases, MCH, and general communicable diseases. He directed surveillance for the 2002 Olympic Winter Games and has been involved since then in preparedness activities, including the smallpox vaccination program and pandemic influenza planning. Currently, he is most involved in a project to prevent deaths from prescription opioid overdose and in guiding a public-private collaboration to develop an open source, NEDSS compatible surveillance software system.

Dr. Rolfs has been an active CSTE member since 1993 and served on the Executive Board representing Chronic/Oral/MCH issues during 2000-2001. He has been involved in a variety of committees and position statements over the years.

Before entering public health, he was trained clinically in internal medicine and received epidemiologic training as part of a General Medicine Fellowship at University of Colorado. He practices internal medicine as a volunteer at a community health center serving the homeless and serves as Vice-chair of the board of that clinic. In addition to his work at the Department of Health, he holds faculty positions in Biomedical Informatics and Family and Preventive Medicine. He is a co-investigator on several grants, including a CDC Center of Excellence for Research in Biomedical Informatics grant.

In addition to work, Dr. Rolfs enjoys spending time with his wife, two children and dog, especially in the outdoors. He enjoys hiking, skiing, bicycling, golf, woodwork and guitar.

2009 – 2010 executive board

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Hillary B. Foulkes Memorial Award

The 2nd Annual Hillary B. Foulkes Memorial Award was presented at the CSTE Annual Conference to Nicole Standberry, a Chronic Disease Fellow placed at the North Carolina Department of Health and Human Services.

"I was really surprised to receive this award," said Standberry. "I have heard about the great work that Hillary did, so to receive an award that says my work is reflective of her – that is a huge honor."

After receiving her bachelor's degree in Biology from Southern University in Baton Rouge, La., Standberry worked in biomedical research as a program coordinator. "I had always looked at the possibility of medical school versus the Ph.D. route," she said. "I found I didn't want somebody's life immediately in my hands, but I wanted something more interactive than a lab."

Working on a study about the determinants of aging in Louisiana's population led Standberry to focus more and more on public health as the answer. "I looked at the amount of people interaction, and it seemed to combine the best of both worlds," she said. She received her M.P.H. in Epidemiology from Emory University in Atlanta, Ga., in 2007.

With her fellowship complete, Standberry is temporarily continuing with the North Carolina Department of Health and Human Services, working on H1N1 efforts.

Hillary B. Foulkes was a member of Class V of the CDC/CSTE Applied Epidemiology Fellowship, placed as a Maternal and Child Health Fellow at the Texas Department of State Health Services. Six months after the start of her Fellowship, Hillary unexpectedly passed away. The Hillary B. Foulkes Memorial Award was created in her honor and recognizes a graduating CDC/



Nicole Standberry receives Hillary B. Foulkes memorial award from LaKesha Robinson

CSTE Applied Epidemiology Fellow who embodies characteristics similar to Hillary's.

With this award, CSTE hopes to encourage current and future Fellows to spend their two years

as Hillary did, by striving for outstanding quality in their work, being motivated to make a public health impact, developing their interpersonal skills, and working with others on a team to reach their goals.

2009 Super Staff award

The Super Staff Award was created in 2001 as a way to recognize staff members for their dedication and for 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.

At this year's CSTE Annual Conference, the Super Staff Award was presented to someone who knows what it's like to work on many different projects at once. As Epidemiology Program Director, Jennifer Lemmings oversees a wide variety of issues and efforts that CSTE addresses.

Her individual focus on the infectious program areas, including food safety and influenza, also helps keep her connected to the work members do in public health organizations across the country. "I enjoy

working with members and being involved," said Lemmings.

"I think it's a fantastic honor to be recognized by the staff here," said Lemmings. "It was an unexpected surprise and an honor to receive this award. I take pride in the small part I play to further CSTE's efforts."

Lemmings joined CSTE in 2004 as an Associate Research Analyst and became Epidemiology Program Director in 2009. She received her bachelor's degree from the University of Wyoming and holds an M.P.H. degree from the University of Alabama at Birmingham.

CSTE congratulates Jennifer Lemmings on her recognition as the 2009 Super Staff Award winner.



Tarajee Curry 2008 Super Staff winner; Jennifer Lemmings 2009 Super Staff winner.

CSTE award in addressing racial and ethnic disparities



**Danielle Broussard,
PhD, MPH**

The 2nd Annual Robert Wood Johnson Foundation National Award for Outstanding Epidemiology Practice in Addressing Racial and Ethnic Disparities was presented to Dr. Danielle Broussard, a CDC/CSTE Applied Epidemiology Fellow at the Florida Department of Health in maternal and child health, at the 2009 Council of State and Territorial Epidemiologists (CSTE) Annual Conference.

You may be the next award winner! Help CSTE keep this tradition going by submitting an abstract for the 2010 annual conference or volunteering to participate on the review committee. Be sure to select the checkbox when submitting an abstract to be considered for the RWJF disparities award.

CSTE presented Dr. Broussard a plaque to commemorate the occasion and an honorarium valued at \$1,000. "I am very honored to have my work recognized in this area, and I'm proud to be one of three current CSTE Fellows to be finalists for the award," said Dr. Broussard. The award was established to recognize a presenter at the CSTE Annual Conference whose professional work advances public health knowledge through epidemiology and applied research in racial and ethnic disparities and improves public health practice through effective use of data and epidemiology.

More than 400 abstracts were submitted for participation in the conference. Of those, 27 abstracts were considered for the award according to eligibility requirements and five finalists were chosen. CSTE Member-at-Large Michael Landen convened a panel of judges to select the five finalists and award winner from abstracts submitted to the conference planning committee.

Dr. Broussard's breakout presentation was entitled "The Black and White of Infant Bed Sharing in Florida." In Florida, the black infant mortality rate is close to three times higher than that of white infants. Public health professionals are working to reduce that disparity, mostly through

prenatal care and trying to target potentially high risk mothers, according to Dr. Broussard. This

study focused on infant bed sharing and back sleeping as risk factors in black infant deaths. "Many babies that are dying are of normal weight and health to begin with," she said. "So we need to look at avoidable black infant deaths and whether targeted health strategies and messages are needed."

"This award has special meaning for me because looking at the outcomes and experiences of women, as well as studying racial disparities, are passions of mine," said Dr. Broussard.

CIFOR releases *Guidelines*

The Council to Improve Foodborne Outbreak Response (CIFOR) is pleased to announce the release of the *Guidelines for Foodborne Outbreak Response*. The Guidelines is targeted to local, state and federal agencies and provides model practices used in foodborne disease outbreaks, including planning, detection, investigation, control and prevention.

Local and state agencies vary in their approach to, experience with, and capacity to respond to foodborne disease outbreaks. The Guidelines is intended to give all agencies a common foundation from which to work and to provide examples of the key activities that should occur during the response to outbreaks of foodborne disease.

The *Guidelines* was developed by a broad range of contributors from local, state and federal agencies including several CSTE members

with expertise in epidemiology, environmental health, laboratory science and communications. The document has gone through a public review and comment process. It is not intended to replace current procedure manuals. Instead, it is designed to be used as a reference document for comparison with existing procedures; to fill in gaps and update site-specific procedures; to provide models for new procedures where they do not exist; and to provide training to program staff. Copies of the *Guidelines* will be sent to the State Epidemiologist in your state for redistribution to food safety epidemiologists and workers involved in foodborne disease outbreaks at the local level. To obtain an electronic copy of the *Guidelines for Foodborne Outbreak Response*, please visit www.cifor.us. If you would like additional hard copies, please call the CSTE National Office at 770-458-3811.



2009 position statements for nationally notifiable conditions

CSTE reformatted the Nationally Notifiable Conditions (NNC) position statements to include condition-specific data elements, algorithms for case reporting and case classifications.

Goal: This effort aimed to standardize the formatting and technical vocabulary so that case definitions used for state and local reporting and notifications to CDC can be accomplished electronically from and among contributors and users of these systems.

Background and Purpose: CSTE is responsible for maintaining and updating a list of reportable diseases/conditions for each state and territory as determined by the states and territories. Two position statements, 07-EC-02 and 08-EC-02, charged CSTE and CDC to collaborate and define an ongoing

process to establish a common list of nationally notifiable conditions with standardized case definitions, and common and specific disease data elements, and to establish two separate mechanisms for notifying CDC of a case of immediate importance (Class A agents, eradicated and IHR conditions) or conditions meeting the standard notification process (all other conditions).

Public Health Impact: This establishment and maintenance of the CSTE official list of Nationally Notifiable Conditions, along with standardized reporting definitions, will help CSTE and CDC partners achieve more complete and timely reporting of potential notifiable condition cases through expanded use of automated electronic case reporting. Public health not only has a responsibility to keep laboratories, hospitals and healthcare providers serving the

population of one state informed of their reporting requirements, but also has a responsibility to keep laboratories and hospitals serving the needs of multiple states informed of those states' reporting requirements.

At the annual conference: The reformatted NNC position statements were discussed at the Sunday, June 7 pre-conference workshop and allowed for further collaboration between CSTE members and CDC colleagues. After further revisions and input, position statements were brought before their respective individual steering committee reviews on June 9 and 10 of the Annual Conference. Final voting of all position statements took place on Thursday at the Executive meeting. The official list can be found on the CSTE website.

Future Activities: The Surveillance/Informatics Steering Committee and subcommittees will collaborate with the other steering committees to continue to develop, verify and standardize the NNC position statements. Future activities include: 1) collaborating with CDC and other partners to finalize the Technical Implementation Guides containing the LOINC, SNOMED, ICD-9, 10 codes for electronic laboratory reporting, 2) reviewing and evaluating the condition-specific data elements within each position statement to check for completeness and consistency, and 3) collaborating with CDC and partners to verify and test the Technical Implementation Guides in applied public health practice.

CSTE OSH workshop on EHRs

By Kathy Leinenkugel, Iowa Department of Public Health
Environmental Health Division
Occupational Safety and Health Surveillance Program

Pop-up fields that alert medical providers to possible diagnoses considerations linked to a patient's work. Automatic reporting to local and state public health when a reportable condition is diagnosed. Real time surveillance that helps identify clusters of disease or injuries for a particular occupation, or employer, or industry. These are just a few of the dream functions that those involved in occupational safety and health surveillance want to see become reality with the development of electronic health record systems (EHRs).

The Occupational Safety and Health Pre-Conference Workshop at the 2009 CSTE Annual Conference kicked off with three presentations about EHRs and the implications for occupational injury and disease surveillance and

prevention. To get a perspective on the subject from a variety of viewpoints, the planning group arranged for speakers from a variety of backgrounds, including medical, government, private industry, and academic and non-profit organizations.

The speakers were Dr. Eileen Storey, a Senior Service Fellow at the Division of Respiratory Disease Studies, NIOSH, CDC; Dr. Steve Shaha, Principal Outcomes Consultant for Eclipsys Corporation; and Dr. Anna Orlova, Executive Director of the Public Health Data Standards Consortium.

Highlights from this session included:

- Almost half of the hospital budgets for 2009-2010 are expected to go to EHR development.

- It is important that public health professionals communicate their needs to the developers of EHR systems and software, not just to the IT personnel.

- It is estimated that only 49% of reportable infectious disease cases were reported in 2006, with a much lower percentage of work-related reportable diseases, illnesses, or injuries being reported.

- The number of quality standards required to be met by hospitals has dramatically increased in recent years, making it harder for hospitals to be compliant with public health requests for data.

- A mature EMR (electronic medical record)/EHR system has to have more capacity than just to be a paperless electronic report. It should move from manual reporting to retrospective automated

reporting, concurrent synchronous care and prospective predictive care. In other words, it should assist outcomes.

- Don't be impatient – the silos will become united inter-operative systems, but it will not happen overnight.

- Right now, most hospital systems function like the hotel management databases from which hospital systems were developed, charging for each service provided.

- Data exchange across different systems does work, but only with standards and financing.

We heard about both the rainbow and the storm. As one of the speakers said, we can lower the bar to the lowest common denominator or raise the bar to what is available in technology. The decision is ours to make.

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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 who represent Infectious Disease Epidemiology, Chronic Diseases Epidemiology, and Environmental Epidemiology.

The 2009-2010 Executive Board members are:

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