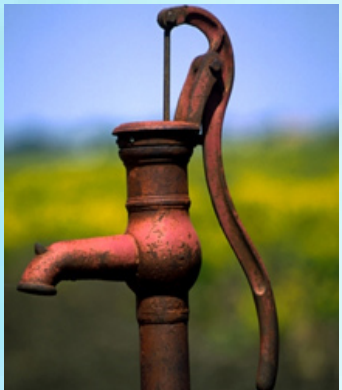
COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS

CSTEupdate

FALL 2008

contents



CSTE president's message

Dear CSTE members,

Congratulations and thanks to everyone on the success of the CSTE Annual Meeting in June. We had an agenda overflowing with choices of sessions to attend. The presentations were excellent, covering all areas of epidemiology; attendance was the second highest ever; and we received the largest number of abstracts for regular and late-breaking sessions. Some of the new features at this year's meeting included receptions for new state epidemiologists and new members, and a welcome reception for local epidemiologists.

Another innovation was the bestowing of the title of Honorary State Epidemiologist by the Executive Council on Marcia Mabee, CSTE's staff liaison in Washington for political issues. This citation was for outstanding work by Marcia over the years. We all really appreciate Marcia's contributions, one of which includes the surveillance bill mentioned later in this report.

The business meeting was very productive as well. We passed new bylaws that should simplify our organizational and committee structure so there is better vetting of policy issues with greater membership input. We elected five new board members, whom I welcome and am already enjoying working with. And we passed 12 position statements in the areas of environmental, infectious, injury, occupational, substance abuse, and veterinary epidemiology. We also passed new criteria for defining the nationally notifiable condition list, which should help move us towards better surveillance in this computer age.

With your help, we were also able to decrease our carbon footprint by not offering bottled water, encouraging attendees to use their own bags, and decreasing the number of paper copies on position statements.

As we move forward in 2008, I want to call your attention to several priorities that I feel are important for CSTE and that will help position us to continue leading on national issues.

They include the following:

1. Increase communication of issues to and involvement of the CSTE membership.
Improving communication can help us work more cohesively to respond to public health issues and can encourage increased membership involvement. To keep everyone up to date, we will use the new steering committee/sub-committee structure to generate quarterly reports for the general membership. We will encourage involvement in CSTE through a new workgroup that will engage local epidemiologists, and we will continue to reach out to new state epidemiologists, as well as those who are not active members. And to help support members in their public health activities, we will provide travel support for regional epidemiology meetings. We will also work to provide briefings of national CSTE issues at these meetings.

2. Continue to lead on public health surveillance issues nationally.
One of most exciting initiatives that CSTE has undertaken recently is the "National Public Health Surveillance Systems and Reportable Conditions Act of 2008," which was just introduced into Congress and which several CSTE members helped write. Marcia Mabee has worked tirelessly on ushering this through the Congressional maze to bring the bill to the floor of Congress. We will all be following this closely in the year to come. In addition, CSTE has several workgroups that continue to work closely with states and CDC on updating the annual survey of reportable conditions assessment, the establishment of a knowledge base of reportable conditions that is readily accessible publicly, and the revision of case definitions for the nationally notifiable conditions.

3. Promote epidemiologic study/presentation on disparities.
Disparities in health continue as a major problem in the United States, and epidemiology can address it by documenting the issue and suggesting ways to address it. CSTE has a role to play here. Some of our efforts in the next year may include attracting a national plenary speaker for next year's conference, better promotion of the Robert Wood Johnson Foundation Award for the best disparities presentation at the conference, and a short-term workgroup to assess how CSTE could be more involved and promote epidemiology of disparities and consider this as a criterion in selection of CSTE Fellows.

Public health epidemiologists are faced with many challenges, including staffing and resource issues; change brought about by new information technology capabilities and the increased focus on terrorism response; new emphasis on emerging threats like MRSA and healthcare -associated disease transmission; and understaffed areas such as chronic disease, environmental and occupational epidemiology. CSTE provides important and respected input into the national discussion of these issues. Our organization is successful only because of you, the members; so I welcome and encourage your active involvement. The easiest way to get involved is to volunteer through one of CSTE's many committees. Working on national issues is very rewarding and can be a lot of fun.

I look forward to working with you all throughout the year. Please let me or anyone on the Executive Board know if you have any concerns or questions about CSTE.

We'd like to hear from you.

Perry Smith

executive director's message

Once again, we had a wonderful and successful annual conference this year. Thanks to staff and dedicated members for making it great. But even though it's well over and we're moving into fall, we'll continue to see the effects of our work there. We'll begin getting feedback on position statements this fall and into next year, and we're acting on discussions from meetings and roundtables during the conference about a viable way to prepare the knowledge base to support electronic database reporting and surveillance systems.

Another substantial outcome from the conference is the introduction of the National Integrated Public Health Surveillance Systems and Reportable Conditions Act, which was introduced in Congress in July. The bill is designed to strengthen epidemiology and laboratory capacity in state and local health departments and, correspondingly, national surveillance and reporting of infectious diseases and other conditions of public health importance.

Among other things, the bill authorizes an Epidemiology-Laboratory Capacity Grant Program for state and local health departments; sets out requirements and funding targets designed to enhance electronic disease reporting and to ensure public health laboratory grantees are utilizing web-based, secure systems; provides funding support for state epidemiology, laboratory and informatics fellow programs; provides a $5 million increase for the Epidemic Intelligence Service; authorizes a process for establishing a list of nationally notifiable diseases and conditions modeled on the current State-CDC collaboration process; and creates a national committee to evaluate best practices in public health surveillance. We hope the bill will help provide a path as well as funding for achieving our goal of helping create a truly integrated surveillance and reporting system.

As fall approaches, I'm also looking forward to 2009. It's the first of a new five-year agreement with the CDC, and CSTE has successfully secured cooperative agreement funds to sustain the National Office activities and all program areas. We received $5.5 million for our work through May 2009. We're looking toward a number of cross-cutting workforce and tribal assessments of epidemiological capacity in the states, as well as continued work in food safety, infectious disease, HIV/AIDS surveillance, environmental health, and our other program areas.

Thank you for your continued participation and hard work.

Pat McConnon

request for comments

The Council to Improve Foodborne Outbreak Response (CIFOR) is seeking public comment on its draft Guidelines for Foodborne Disease Outbreak Response.

These Guidelines have been developed to aid governmental agencies that are responsible for preventing and managing foodborne disease. While the document is intended to serve as a comprehensive source of information for individuals and organizations involved in foodborne disease, the Guidelines are not intended to replace existing procedure manuals. The Guidelines are intended instead to be used as a reference document for comparison with existing procedures, for filling in gaps and updating site-specific procedures, for creating new procedures where they do not exist, and for providing training to program staff.

The Guidelines are being released for public review at this stage in order to obtain broad input from professionals practicing in the fields of food safety, environmental health and public health. CIFOR wants to know if the information contained in the draft Guidelines is accurate, whether anything is missing, and what changes CIFOR can make to assure that the document will be useful.

A synopsis of the Guidelines and the complete current draft can be found at www.cste.org. The synopsis gives a high-level overview and page numbers for each chapter. This is being provided so that individuals can quickly find content they may be particularly interested in.

The Guidelines are a work in progress. There are still sections to be completed – these are indicated within the document. The Guidelines are not yet in their final format. Graphical changes will be made to support readability. CIFOR's goal is to format the Guidelines for posting on a Web site, with active links that will make it easy to move throughout the document. CIFOR also intends to make the Guidelines available as a hard copy document for easy reference, and electronically for agencies to use as a basis for site-specific protocols.

Comment forms are available at the end of each chapter and at the end of the entire document. You can also write specific comments on printed pages from within the Guidelines. CIFOR welcomes comments on individual sections and on the entire document. All comments will be reviewed and considered by the CIFOR for inclusion in the final version of the Guidelines, which is targeted for completion and public release in the spring of 2009.

For more information on CIFOR visit: www.cifor.us

Comments can be sent electronically to jlemmings@cste.org or by mail to:

Jennifer Lemmings
CSTE
2872 Woodcock Blvd.
Suite 303
Atlanta, GA 30341

Please submit all comments by October 15, 2008.

the CDC/CSTE applied epidemiology fellowship update

The CDC/CSTE Applied Epidemiology Fellowship, a workforce initiative developed to train competent leaders in applied epidemiology, is continuing to grow each year. A total of 82 fellows have entered the Applied Epidemiology Fellowship program since its inception.

CSTE welcomed its sixth class of CDC/CSTE Applied Epidemiology Fellows in the summer of 2008. Sixteen new CSTE Fellows began their journey into Public Health this year. Class VI Fellows are serving within the public health disciplines of maternal and child health epidemiology, infectious disease epidemiology, chronic disease epidemiology, alcohol epidemiology, injury epidemiology, and environmental health epidemiology. The Fellows have been assigned for two years to various health departments and quarantine stations throughout the country, including New Mexico, Washington, Florida, Connecticut, Georgia, Illinois, Pennsylvania, Minnesota, Vermont, Wisconsin, Wyoming, San Francisco, El Paso, Atlanta, and New York City.

Class VI is comprised of eight infectious disease epidemiology Fellows: Kristina Weis (FL), Lauren Gross (IL), Paul Gacek (CT), Katelin Bugler (WA), Tiffany Marchbanks (PA), Sally Stephens (San Francisco), Susan Reese (El Paso), and An Nguyen (Atlanta). There are three environmental health epidemiology Fellows in Class VI: Naomi Shinoda (MN), Dina Dobraca (CA), and Elizabeth Wirsing (VT). Three Fellows in the sixth class, Amanda Bennett (IL) Angela Rohan (WI), and Ashley Busacker (WY), are focusing on maternal and child health epidemiology during their two years in the Fellowship. One chronic disease epidemiology Fellow, Nicole VanKim, will be working with the state of New Mexico for her assignment. Michelle Glaser is a Class VI Fellow working in injury epidemiology with New York City.

CSTE is pleased to welcome this distinguished new class of CDC/CSTE Applied Epidemiology Fellows.

Hillary B. Foulkes Memorial Award

CSTE wishes to congratulate Ryan Burke for being honored as the first recipient of the distinguished Hillary B. Foulkes Memorial Award. Hillary B. Foulkes was a member of the CDC/CSTE Applied Epidemiology Fellowship-Class V and was 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.

Class V Fellows decided that it was fitting and necessary to remember Hillary and her work in public health. The Hillary B. Foulkes Memorial Award was created to select a graduating CDC/CSTE Applied Epidemiology Fellow who embodies characteristics similar to Hillary. 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.

Mentors were asked to submit essays nominating their Fellows. The essays were then reviewed by an independent review panel of Fellowship alumni from the first three classes of Fellows. The remarks submitted by her primary mentor about Ryan Burke expressed how this fellow truly embodies the characteristics similar to Hillary's. The Fellow received broad-based support from doctoral level epidemiologists, physicians, and prevention program directors, which is indicative of the fellow's ability to work very well in interdisciplinary teams. Burke has two first author publications in print with another in progress and is a coauthor of two-other pending publications. This Fellow has been very prolific in leading and completing projects.

CSTE congratulates Ryan Burke on her distinguished accomplishments during her time in the Fellowship.

The New Member and Fellowship Reception at the 2008 annual CSTE conference was held on Sunday evening, June 8.

CDC/CSTE Applied Epidemiology Fellowship Graduates

The fourth class of Fellows, who began their Fellowships in 2006, graduated during the summer of 2008. The Fellows distinguished themselves as CSTE Fellows and as members of the health departments in which they were placed.

There were a total of fifteen graduates in 2008. Class IV included seven Infectious Disease Epidemiology graduates: Ryan Burke (NYC), Aimee Ferraro (PA), Erin Chester (WA), Katherine Sheline (MI), Janelle Anderson (NYC), Michelle Sandoval (El Paso), and Krista Kornylo (Atlanta). There were two Maternal and Child Health epidemiology Fellows and one Birth Defects and Developmental Disabilities Epidemiology Fellow in Class IV: Katherine Hutchinson (WA), Adam Allston (PA), and Jeannette Sample (MN). Shannon DeVader focused on chronic disease epidemiology during her time in the Fellowship in Maine. Carrie Huisingh (MA) and Heidi Purcell (OR) worked in injury epidemiology in their respective states during their two years in the Fellowship. Two Fellows, Kathleen Fitzsimmons (CA) and Jennifer Boyce (WI), distinguished themselves in environmental health epidemiology during their two year assignment.

Thirteen of the graduates are presently working as epidemiologists at the state, local, or federal level. One Fellow will be furthering her education in the fall of 2008. One graduate is currently working as an epidemiologist in academia. CSTE is very proud of their high level of achievement during their fellowships and their contributions made to their host health agencies.

The Fellowship continues to meet its goal of improving the public health applied epidemiology workforce capacity. Since the Fellowship began in 2003, there have been a total of 49 graduates. Twenty-six states have a graduate from the program. All graduates are working as epidemiologists or furthering their education in epidemiology, thereby contributing to the applied epidemiology workforce. Thirty-eight of the 49 graduates (78%) are now working as epidemiologists at the local, state or federal level. Five graduates are working to further their academic training in epidemiology, and six graduates are working in academia. They are all excelling and distinguishing themselves in their current positions while working to improve the epidemiology capacity at the state, local and federal levels and contributing to improving the health of the nation.

CSTE looks forward to another year of training the nation's future leaders in epidemiology and to continuing to strengthen the workforce in applied epidemiology through this distinguished Fellowship program.

honorary state epidemiologist award

At this year's CSTE Annual Conference, Marcia Mabee, CSTE's staff liaison in Washington for political issues, was awarded CSTE's first Honorary State Epidemiologist Award (in absentia). The award recognizes Mabee for her outstanding work over the past 12 years in keeping CSTE's membership informed about political issues affecting public health and in helping them keep public health on the minds of politicians.

"We wanted to recognize all of Marcia's hard work on political and legislative issues and acknowledge the fact that she has done so much to support and further epidemiological issues," said CSTE President Perry Smith.

"I'm very, very surprised," said Mabee of receiving the special award. "I know this is the first time this award has been given, and I'm highly honored by it. I know how important state epidemiologists are in protecting public health in this country, and I've learned how terribly important it is to support the work they do."

As part of her work with CSTE, Mabee creates and edits the Washington Report, CSTE's resource for members on federal legislation and regulations affecting public health and epidemiology in the U.S. She also coordinates a "Hill visit" for CSTE representatives each spring; they get the opportunity to visit legislators who sit on health-related committees and learn more about public health legislation first hand.

One of Mabee's most critical projects with CSTE has been the National Integrated Public Health Surveillance Systems and Reportable Conditions Act of 2008. This legislation, which builds and provides funding for core public health initiatives at the local and state levels, was introduced into Congress in September. "Marcia has worked tirelessly on this project," said Smith. CSTE members and Mabee have been working to draft the bill and get it to Congress for about one and a half years. "She ushered it through so many quagmires, talking with staffers on all sides, and finally bringing it to the floor of Congress," he said.

Mabee says she considers her work on the bill, and getting it introduced in the House and Senate, one of her biggest successes for CSTE. "We've worked very hard over the years to convince the administration and Congress about the need for basic public health infrastructure and electronic communications," she said. The introduction of the bill shows that the word is really getting through to legislators.

With the bill introduced in Congress, Mabee will now work to help it through the legislative process. She'll also continue focusing on other projects and areas that affect public health. "One continuing issue is getting adequate funding for important public health programs that are key to building and maintaining epidemiological capacity in the states," she said, calling it an "ongoing challenge."

CSTE is fortunate to have Mabee working with and for the organization on this and other public health challenges. "Marcia is such an essential part of CSTE's work in Washington, D.C.," said Perry Smith. "We literally couldn't do it without her."

2008 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.

This year's Super Staff Award recipient has one job title – Administrative Assistant – but fills many job descriptions. Basically, if something needs to be done in the CSTE National Office, Tarajee Curry helps make sure it gets done.

"When you work at CSTE, you don't have just one job," said Curry. "But that's part of what's great about working here. We get to do different things, and help each other out."

Curry said she was "very surprised" at receiving the award. The other office staff worked hard to keep the identity of the winner a secret. "They definitely had me fooled," said Curry. But she was very honored to be chosen. "It's great to know that your work is appreciated, and that the people I'm with here every day think I'm doing my job well," she said.

Originally from Albany, Ga., Curry worked for nine-and-a-half years in the legal system of Dougherty County, including four years with the Magistrate Court before transferring to Indigent Defense. As an assistant to the Chief Judge Willie Lockette, Curry processed warrants, small claims, and dispossessory notices. As an administrative assistant to the Director of Indigent Defense Patricia Hunter, she interviewed inmates for state appointed attorneys, processed applications, and assisted in court during hearings on a state and superior court level.

Five years ago, Curry joined CSTE and began learning about the public health side of things. "My time here at CSTE has been very rewarding," she said. "It is a very professional, family-oriented and diverse company, which I feel is very important in this day. I have learned a great deal from the health side versus coming from the legal side. I see myself staying here at CSTE for many years to come."

CSTE congratulates Tarajee Curry on her recognition as the 2008 Super Staff Award winner.

The CSTE Super Staff Award for outstanding work for the year was presented to CSTE Administrative Assistant Tarajee Curry.

CSTE member in the news

CSTE members Timothy Jones and Kirk Smith testified in Congress about the nationwide Salmonella outbreak. Jones' testimony is discussed below.

CSTE member Timothy Jones, the state epidemiologist for Tennessee, testified in July before the U.S. House Committee on Energy and Commerce's Subcommittee on Oversight and Investigations about this year's nationwide outbreak of Salmonella. The hearing included testimony from representatives of tomato growers associations, state agriculture departments, health departments, CDC, FDA and other organizations connected to the investigation of the outbreak.

"I think the hearing arose because of concern in the tomato industry about the economic effects of implicating tomatoes in the outbreak, which now appears to have been incorrect, at least for California and Florida tomatoes," said Jones. Representatives from groups in these states were also testifying at the hearing. "Congress really seems to be looking for concrete things they can do to 'fix' the process to prevent things like this from recurring."

With his background and experience, Jones was able to provide expert perspective and information to the committee. Along with his work as a state epidemiologist, he has been active with the Council to Improve Foodborne Outbreak Response (CIFOR), which is co-chaired by CTSE and NACCHO. CIFOR was created to develop and share guidelines, processes and products that will facilitate good foodborne outbreak response.

Jones' testimony touched on the importance of integrating activities, capabilities and information sharing on local, state and national levels to improve response. He also discussed opportunities for continued improvement of the nation's food safety infrastructure. The summary of his written testimony says:

- Improving the nation's food safety infrastructure, and capacity to respond to outbreaks, will require addressing barriers in epidemiology, laboratory, environmental health and regulatory agencies, at the local, state and federal levels.
- Adequate and consistent funding and resources must be dedicated explicitly to sustain effective public health and food safety programs, commensurate with the true risks associated with the public health threats they address.
- Federal regulatory agencies must have the authority and expectation to share actionable information with public health partners promptly and fully, to the extent necessary to protect the public's health.
- Formal mechanisms to facilitate effective communication, sharing of data, and inter-agency training among agencies, and with industry, should be developed.
- An adequate information technology infrastructure is critical to ensuring successful outbreak responses.
- Mechanisms should be developed to support and take maximum advantage of successful efforts, including those of non-governmental, academic, consumer and industry organizations, to improve the food safety infrastructure.

Jones says he is glad to have had the opportunity to bring some of epidemiology's challenges in this area to the forefront. "I think it's critical that epidemiologists at the state and local levels are represented in these discussions, and grateful that we were invited to participate," he said. "I was also impressed that there seemed to be unanimous recognition that increased resources and capacity at the local and state levels are imperative, and that without this foundation, improvements at higher levels – CDC and FDA – will continue to have a limited effect."

> *"I think it's critical that epidemiologists at the state and local levels are represented in these discussions, and grateful that we were invited to participate."*

> Congress really seems to be looking for concrete things they can do to 'fix' the process to prevent things like this from recurring

To view Jones' written testimony in its its entirety, to view Kirk Smith's testimony, or to learn more about the hearing, The Recent Salmonella Outbreak: Lessons Learned and Consequences to Industry and Public Health, visit http://energycommerce.house.gov/cmte_mtgs/110-oi-hrg.073108.Salmonella.shtml. To learn more about CIFOR, visit www.cifor.us.

new staff members join CSTE

Please help us welcome Ed Chao and Lauren Rosenberg to the staff of CSTE!

Lauren Rosenberg recently joined CSTE as an Associate Research Analyst. Lauren obtained her Master of Public Administration degree with a concentration in Public Health this spring from Georgia State University's Andrew Young School of Policy Studies. After graduating from Emory University with a Bachelor's degree in Sociology, she gained experience with a number of health and policy organizations, such as the American Academy of Pediatrics, the Medical Association of Georgia, and the Georgia General Assembly. Lauren is looking forward to working with CSTE staff and members on a variety of topics including policy issues, HIV/AIDS, and food safety.

Lauren Rosenberg

Ed Chao is the newest member of the CSTE Program Staff at the National Office in Atlanta. After obtaining his Bachelor's degree in Biochemistry and Cell Biology from Rice University in 2006, Ed continued to Rollins School of Public Health at Emory University, where he recently obtained his MPH in Epidemiology in May 2008. Ed is thrilled (and a little bit overwhelmed) that his work will involve a large variety of focus areas in public health — Chronic Disease Maternal Child Health, Oral Health, and of course, Tribal Epidemiology!
Email: echao@cste.org

Ed Chao

2008 Jonathan Mann lecturer – William Schaffner, M.D.

The CSTE President's Banquet was a casual dinner held on Tuesday evening, June 10. During the dinner, an annual lecture is given in memory of Dr. Jonathan Mann, and an awards ceremony is held to honor members. This year's Jonathan Mann Lecturer was William Schaffner.

To view or download a complete PowerPoint presentation of Dr. Schaffner's lecture, visit www.cste.org and click on Annual Conference, 2008 Annual Conference Archive, and Jonathan Mann Memorial Lecturer.

William Schaffner, M.D., is professor and chairman of the Department of Preventive Medicine and professor of Medicine in the Division of Infectious Diseases at Vanderbilt University School of Medicine in Nashville, Tennessee. He has served as Hospital Epidemiologist at Vanderbilt University Hospital for nearly 30 years and is an active member of 20 professional societies.

Dr. Schaffner's work has focused on all aspects of infectious diseases, including epidemiology, infection control and immunizations. In 1996, he was awarded the Society of Healthcare Epidemiology Lecturer Award "in recognition of extraordinary career contributions to infection control and healthcare epidemiology."

Dr. Schaffner is a member of numerous professional societies. He is also a consultant in public health policy and communicable disease control for many national and local institutions, such as the Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), the Tennessee Department of Health, the American Hospital Association and the American College of Physicians. He also serves on the board of directors for the National Foundation for Infectious Diseases (NFID).

Dr. Schaffner is active in the field of infectious disease research and has authored or co-authored more than 230 published studies, reviews and book chapters on infectious diseases. He currently serves on the editorial board of a number of scientific journals including Hospital Infection Control, European Journal of Clinical Microbiology and Patient Care.

Dr. Schaffner received his medical degree from Cornell University in Ithaca, New York. He was also a Fulbright Scholar (Albert Ludwigs University, Freiburg, Germany) and received his undergraduate degree from Yale University in New Haven, Connecticut.

2008 Pumphandle award winner Richard L. Vogt, M.D.

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

The 2008 Pumphandle Award recipient, Richard Vogt, has contributed to public health on many levels over the years, from international to local. Among other positions, he has served as a clinical professor in Colorado, Hawaii and Vermont, as state epidemiologist in Vermont and Hawaii, and as a CDC medical officer advising the Egyptian Ministry of Health for the World Health Organization.

"I've seen public health in many different settings" said Vogt. "And it's always different on different levels and challenging in its own ways." For example, when tackling polio eradication initiatives in Egypt, the language barrier made things more difficult.

As the Executive Director of the Tri-County Health Department in Colorado since 2001, Vogt is enjoying the challenges of working locally again. "One of the great things about working at the local level is that you have a little more control over what programs you want to focus on," he said.

In the Tri-County area, one of the issues they have been working on is improving immunization levels. Colorado was near the bottom of the rankings in the National Immunization Survey in the early 2000s. "We had to look at how to approach this, and decided to focus on children and daycare centers," said Vogt. "We have hundreds of licensed daycare centers in our area, so we could work on making sure the immunizations and records for their kids are up to date."

The department has also become a state resource for other areas, working with elder fall prevention and aging initiatives in Denver. "We are extending our reach beyond just our jurisdiction, where we can be of help," said Vogt. "Our motto this year is 'Innovation' and we're taking that to heart – how we can innovate and help the public."

Vogt believes there are several dynamics at work in public health as his team and officials around the country work on new ways to reach the public. "There's a tremendous push in development of local epidemiologic capacity," he said. "Many more epidemiologists are being trained and assigned to local health departments." While that is very positive, he says that some of this is offset by the fact that epidemiology is already underrepresented in public health agencies. This demand for additional epidemiologic assistance is coming at a time where there are retirements of longtime practitioners in the field.

Another challenge Vogt sees for epidemiology and public health is the need for a more comprehensive approach to research and funding. "Certain areas such as injuries that can cause a large number of potential years of life lost, do not have a lot of prevention funding," he said. "Our support has been fairly categorical in the past, and we really should concentrate on diseases and conditions that cause the greatest amount of morbidity and mortality."

One of the great things about working at the local level is that you have a little more control over what programs you want to focus on

But Vogt says that these challenges can be a positive influence on public health as well. "We're being asked to be able to do more and more, and there is an ever-expanding role for epidemiologists. It will be a growth industry for a while, so it's a great time to go into the field," he said. "And it's very nice to look back and know one has been able to really benefit others."

CSTE congratulates Dr. Richard Vogt on his recognition as the 2008 Pumphandle Award winner.

accelerated development of nationally notifiable condition position statements

Contributing Authors: Steven C. Macdonald and Lisa Dwyer

Position statement 08-EC-02, titled "Criteria for Inclusion of Conditions on CSTE Nationally Notifiable Condition List and for Categorization as Immediately or Routinely Notifiable," was passed at the CSTE Annual Conference on June 11, 2008. The position statement defines the criteria for classifying a disease or condition as immediately or routinely notifiable to CDC.

Having a clearly-defined list of immediately notifiable conditions at the national level will eliminate current ambiguity and enable more timely response to conditions that may constitute a public health emergency or bioterrorism event at the national level. Standardizing the list of routinely notifiable conditions will improve consistency.

In an effort to accelerate the process of defining the list of nationally notifiable conditions, CSTE has awarded a project to a team of medical epidemiologists and informaticians to reformat all notifiable diseases/conditions into the 2009 CSTE Position Statement Template. This work, which will be done a 10-week period, will coordinate the efforts of the CSTE Surveillance Coordination Group with the Infectious, Chronic-MCH and Environmental-Occupational-Injury Committees and subject matter experts at CDC.

CSTE subject matter experts will be consulted in phases, depending upon which phase a condition falls into. The first two phases (see Table) include the "immediately notifiable" conditions, and the subject matter experts will be asked to review the draft reporting criteria and condition-specific data elements expected to be included in the initial case/lab report. A similar request for review will cover the "routinely notifiable" conditions in the next two phases. If you feel that you have sufficient subject matter expertise and want to be involved in this review process, please contact the Committee chairs Jeff Engel, Sara Huston or Martha Stanbury.

TABLE OF DISEASES/CONDITIONS

PHASE I CONDITIONS	PHASE II CONDITIONS	PHASE III CONDITIONS
Anthrax	Brucellosis	Arboviral: West Nile Virus
Botulism	Diptheria	Cancer
Influenza, novel	Haemophilus influenzae	Chlamydia trachomatis
Measles	Hepatitis A	Cryptosporidiosis
Plague	Lead, elevated blood level	Gonorrhea
Polio	Meningococcal Disease (Neisseria meningitidis)	Hepatitis B
Rubella	Pertussis	HIV
SARS Coronavirus	Rabies	Legionellosis
Smallpox	Vibrio cholera	Malaria
Tularemia		Mumps
Viral hemorrhagic fevers (arena & filo viruses)		Salmonellosis
		Shigellosis
		Syphilis
		Tetanus
		Tuberculosis
		Typhoid fever

save the date

2009 CSTE Annual Conference

June 7-11 • Buffalo, New York

PROGRAM AT A GLANCE

Preliminary program as of August 2008

Sunday, June 7	Concurrent Workshops New Member / Fellowship Reception Connections Reception: Promoting Relationships with Local Epidemiologists
Monday, June 8	Exhibit Hall Opens Day 1 – Plenary, Breakouts, Posters, Roundtables Opening Reception
Tuesday, June 9	Exhibit Hall Day 2 – Plenary, Breakouts, Posters, Roundtables President's Banquet
Wednesday, June 10	Exhibit Hall Day 3 – Plenary, Breakouts, Posters, Roundtables
Thursday, June 11	Business Meeting* *Membership Only

CALL FOR ABSTRACTS – open Oct. 17 through Dec. 5, 2008

For more information about the 2009 CSTE Annual Conference, visit http://www.cste.org.

2008 annual conference round up

The Connection Reception

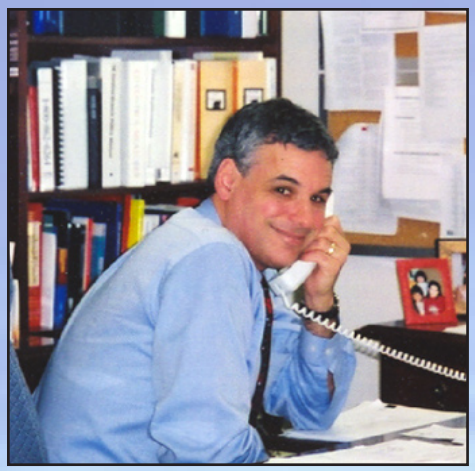
Promoting Relationships with Local Epidemiologists

All local epidemiologists who registered for the CSTE conference were invited to attend a reception held on Sunday, June 8 to meet the Executive Board and share ideas with leaders in epidemiology at the local level.

The CSTE Conference Exhibit Hall

Featured public health communicators, private firms and representatives of companies affiliated with health-related issues.

CSTE welcomes new executive board members



Jeffrey Engel, M.D.

Chair, Infectious Disease Epidemiology

Jeffrey Engel is the State Epidemiologist and Chief of the Epidemiology Section of the Division of Public Health, North Carolina Department of Health and Human Services (NCDHHS). He leads the branches of Communicable Disease Control, Occupational and Environmental Epidemiology, the State Laboratory of Public Health, the Office of the Chief Medical Examiner, and the Office of Public Health Preparedness and Response. As State Epidemiologist, he serves as a liaison at the state level to 85 local health departments and to the Centers for Disease Control and Prevention. As Epidemiology Section Chief, he has administrative responsibility for over 400 state employees.

Dr. Engel has been a member of CSTE since July 2002 when he was hired by NCDHHS. In 2007, he was the primary sponsor for three position statements on updating case definitions for Ehrlichiosis, Rocky Mountain spotted fever, and Q-fever. He has also been a CSTE representative on the BioSense roundtables hosted by the National Center for Public Health Informatics. In December 2007, he took over leadership of the CSTE Surveillance Policy Group, and in 2008 became a member of the State, Local, Territorial, and Tribal Working Group advising the CDC Biosurveillance Coordination Unit on implementation of Homeland Security Presidential Directive #21.

From 1988-2002, Dr. Engel was on the faculty at the Brody School of Medicine at East Carolina University in Greenville, N.C., where he attained the rank of Professor of Medicine, and served as Chief of the Division of Infectious Diseases, and Medical Director of Hospital Infection Control for Pitt County Memorial Hospital. Dr. Engel received his undergraduate (1977) and medical (1981) degrees from the Johns Hopkins University in Baltimore, Md., and did his residency, chief residency, and fellowship training at the University of Minnesota and the Minneapolis Veterans Administration Medical Center from 1981-88. He is Board Certified in Internal Medicine (1985) and Infectious Diseases (1988). He has published in peer-reviewed journals and has received many grants and awards. In 2005, he was appointed to the CDC's Healthcare Infection Control Practices Advisory Committee by Secretary of the US Department of Health and Human Services Michael Levitt.

Dr. Engel has been married to Susan Ehrlich, MSW, LCSW since 1979. They have three children, Ben, Hannah, and Sophie, and are now enjoying being empty-nesters. Jeff and Susan can be seen occasionally playing guitar/bouzouki and violin in the Triangle region in North Carolina with other musicians at Celtic sessions in pubs and other venues.

Sara L. Huston, Ph.D.

Chair, Chronic Disease/Oral Health/MCH

Sara L. Huston is the Cardiovascular Epidemiologist in the North Carolina Division of Public Health. She graduated with a B.A. from Hampshire College in Amherst, Mass., in 1988 and earned her Ph.D. in Epidemiology from the University of Pittsburgh Graduate School of Public Health in December 1993. In 1994-1995, she was a post-doctoral fellow in Human Genetics at the University of Pittsburgh. During this time, she realized that she wanted to work in a more applied public health setting, took a career turn, and applied to EIS. Dr. Huston was an EIS Officer from 1995-1997, assigned to the N.C. Division of Public Health. In 1997, she took on her current role as Cardiovascular Epidemiologist in North Carolina.

In her current role, Dr. Huston provides epidemiologic support to the N.C. Heart Disease & Stroke Prevention Branch, including North Carolina's legislatively -mandated Justus-Warren Heart Disease & Stroke Prevention Task Force and Stroke Advisory Council, as well as the CDC-funded N.C. Heart Disease & Stroke Prevention Basic Implementation Program, Tri-State Stroke Network (N.C., S.C., and Ga.), and N.C. Stroke Care Collaborative (a Paul Coverdell Stroke Registry). She also provides chronic disease epidemiologic support to the Division, serving as co-facilitator of the Epidemiology & Evaluation Team, mentoring newer epidemiologists, and providing leadership on chronic disease epidemiology issues.

Dr. Huston is also a faculty member in the UNC-Chapel Hill School of Public Health Dept. of Epidemiology, and is currently serving on a workgroup making recommendations to facilitate and improve collaboration between the department and the Division of Public Health. She is also currently the vice-chair of the Monitoring & Evaluation Implementation Group of the National Forum for Heart Disease & Stroke Prevention, as a delegate from the National Association of Chronic Disease Directors' Cardiovascular Health Council.

Dr. Huston has been a member of CSTE since 1999. From 2003-2006, she was the Chronic Disease Epidemiology Capacity Consultant and served on the CDC/CSTE Applied Epidemiology Competencies expert panel and the working group that created the white paper "Essential Functions of Chronic Disease Epidemiology in State Health Departments." She also assisted with development of the 2004 and 2006 Epidemiology Capacity Assessment questionnaires. Epidemiology capacity in state health departments is a topic she is extremely passionate about.

Dr. Huston also enjoys knitting, reading, hiking, camping, and is an avid bicyclist. She and her husband are active members in their local bicycle club, helping to organize meetings and special rides. She recently completed her first 300K (186 miles) bike ride in 18 hours 11 minutes, and dreams of bicycling across the U.S., one state at a time.

more new executive board members

Stephen Ostroff, M.D.

Secretary-Treasurer

Steve Ostroff is the Director of the Bureau of Epidemiology (BOE) for the Pennsylvania Department of Health, a position he assumed in February 2007. BOE is the primary disease investigation and surveillance unit in Pennsylvania. With a staff of approximately 70 persons, BOE has divisions that deal with infectious disease epidemiology (including preparedness, vaccine-preventable diseases, and HIV), environmental health epidemiology, and chronic diseases. Although most of the staff members are based in Harrisburg, BOE has district-based personnel around the state and works closely with county and municipal health agencies in the Commonwealth.

The position in Pennsylvania allows Dr. Ostroff to return to applied epidemiology at the state level after a long career at the Centers for Disease Control and Prevention (CDC). In 1986-1988, he was an Epidemic Intelligence Service (EIS) officer assigned to the Washington State Department of Health in Seattle. EIS was followed by CDC's preventive medicine residency with the Enteric Diseases Branch, and staff positions in viral and bacterial diseases. In 1993, Dr. Ostroff became the Associate Director for Epidemiologic Science (ADES) in the National Center for Infectious Diseases (NCID), a position he held for nine years. As ADES, he worked closely with state health departments coordinating complex multi-state and international outbreak investigations, including efforts with CSTE to promote state coordination. He was also responsible for human subjects review and EIS training in NCID, and helped develop many of the emerging infectious disease and bioterrorism initiatives to support CDC, state and local epidemiologic and laboratory capacity.

Dr. Ostroff was extensively involved in the food safety initiative that launched Foodnet and Pulsenet, establishment of the Bioterrorism Preparedness and Response Program, was acting director of CDC's Select Agent Program for two years, and was the federal coordinator for West Nile virus activities. In 2002, he became Deputy Director of NCID and Assistant Surgeon General until he retired in 2005. Before returning to Pennsylvania, Dr. Ostroff was the Department of Health and Human Services Representative to the Pacific Islands in Honolulu and a consultant to the World Bank on avian influenza international project development.

Dr. Ostroff served as the President of the Department of Defense's Armed Forces Epidemiology Board (2001-2005), special advisory to the President of the International Society of Travel Medicine, was a technical advisory to the World Health Organization on the International Health Regulations, and currently is on the Public Health Committee of the American Society for Microbiology's Public and Scientific Affairs Board. He has testified numerous times before Congress on foodborne disease, bioterrorism and emerging infections issues.

Dr. Ostroff has a longstanding relationship with CSTE, having first attended national meetings in the 1980s. He was involved in the development and review of numerous position statements, in developing CDC responses to CSTE position statements, in meeting with the Executive Board, and in supporting CSTE activities. He has spoken several times at the annual CSTE meeting, including an opening address on emerging infections in 2004. He has a particular interest in working with CSTE's membership to improve and rebuild the traditional working relationship between federal agencies and state and local health departments, and in assuring technical and financial support for epidemiologic programs at the state level.

Duc Vugia, M.D., M.P.H

Member-at-Large

Duc Vugia has been a CSTE member since 1995, has attended most CSTE annual meetings, and has served as a member of the Food Safety Team of the CSTE Infectious Disease Committee. Initially trained in Internal Medicine and Infectious Diseases, Dr. Vugia's epidemiologic and public health experience, starting with the CDC Epidemic Intelligence Service (EIS) in 1990 and continuing with the California Department of Public Health, has been a satisfying experience to date as he enjoys overseeing outbreak investigations and addressing public health challenges.

Since 1995, he has been Chief of the Infectious Diseases Branch at the California Department of Public Health, where he worked with local, state, and federal partners on local and multi-jurisdictional public health issues including foodborne and waterborne illnesses, zoonotic and vector-borne diseases, healthcare-associated infections and emerging infectious diseases. He and others in California are working on developing a state program to address healthcare-associated infections including methicillin-resistant Staphylococcus aureus.

Dr. Vugia has served, at various times in past and recent years, as California's State Epidemiologist, Acting State Epidemiologist, or Assistant State Epidemiologist for Infectious Diseases. Through CSTE, he has worked with many public health partners from CDC and from other states, most recently participating in a joint CDC/EPA/CSTE workshop to improve investigation and reporting of waterborne disease outbreaks. He believes that he can be of greater service to CSTE and other state and local public health colleagues by serving in the Member-At-Large position.

policy corner

Welcome to CSTE's new Policy Corner! In this section of the newsletter, you'll find information about policy issues of interest to CSTE members. The Policy Corner will center on specific policy news, communication and other issues. CSTE's new research analyst, Lauren Rosenberg, will be the staff person at the National Office focusing on policy. Lauren recently completed her Masters of Public Administration, and she has policy and health experience with several healthcare organizations.

As epidemiologists, you have training in and focus primarily on science. Quantitative research is your go-to, back pocket comfort zone. It is important, however, to be able to bridge the gap between research and policy. Policymakers and decision-makers often do not understand the nuances of data and research, much less the terminology. You must find a way to put your world into context within your state, within your subject, and within your community of stakeholders.

There was a lot of talk at the 2008 Annual Conference about communication and media training after Wednesday morning's plenary session, "Presenting Epidemiology to the Public," at which Lawrence Wallack, Reed Tuckson and Kristine Smith discussed how to put epidemiology into practice. CSTE will be helping you do just that through this section of the newsletter, a special new section of the CSTE Web site, and other tools.

Check www.cste.org for resources about policy issues that pertain to you and other news between newsletter issues. You can also access the latest Washington Report by logging into the Web site and clicking on the "Members" section.

To start, think about the concept of reframing: What do you as epidemiologists want the public (or any other sector) to know about public health and your specialty area? Find a way to make the conversation relevant to your audience while also getting at the overarching issues that are important to communicate.

CDC RELEASES NEW HIV INCIDENCE ESTIMATE

On Aug. 3, the Centers for Disease Control and Prevention released a new estimate of HIV incidence in the U.S. The findings of the JAMA study indicate that 56,300 new infections occurred in 2006. The study used new methodology to determine the number of new infections and provides a clearer picture of the epidemic. CSTE worked with CDC and NASTAD to help create messages and informational materials for the release.

Amy Zapata, MPH, CSTE's HIV/AIDS subcommittee chair and surveillance coordinator for the Louisiana Office of Public Health, said that "the development of a national system to track recent HIV infections marks a sentinel event in the history of the epidemic and is the culmination of tremendous effort by CDC as well as the public health departments. Moving forward, incidence surveillance will complement the HIV reporting system to provide more complete national and local pictures of the epidemic to better understand where HIV is spreading and where to focus prevention efforts."

The use of new technology, including STARHS (Serological Testing Algorithm for Recent HIV Seroconversion), which distinguishes between recent and long-standing infections, will allow better monitoring of the epidemic in the future as surveillance continues.

CSTE membership dues increase

Effective Jan. 1, 2009, the CSTE individual and state dues will increase. During the 2008 CSTE Annual Business Meeting, the membership voted and approved the proposed membership increase. The dues increase will help financially support the work done by the CSTE National Office, including the full cost of providing a Membership Services Coordinator and part-time Washington Liaison.

CSTE Strives to meet our member's expectations through our attention to Best Practices, Public Health Policy, Training Consultants, Public Health Law, National Disease Reporting, and Integrated Surveillance.

For more information regarding membership dues, please contact Shundra Clinton at sclinton@cste.org or 770-458-3811.

STATE DUES PROPOSAL

CATEGORIES	CURRENT	2009
State Dues: Tier 1 – Territories	$550	$750
State Dues: Tier 2 – States with Populations Less than 1 Million	$800	$1,100
State Dues: Tier 3 – States with Populations 1 to 4 Million	$850	$1,200
State Dues: Tier 4 – States with Populations 4 to 6 Million	$1,250	$1,750
State Dues: Tier 5 – States with Populations More than 6 Million	$1,500	$2,100

INDIVIDUAL DUES PROPOSAL

MEMBERSHIP CATEGORIES	CURRENT	2009
Individual Dues: Active	$40	$50
Individual Dues: Associate	$40	$50
Individual Dues: Student	$25	$30

staff directory

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executive commitee

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

The 2008-2009 Executive Board members are:

OFFICERS

Perry Smith - New York
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Patricia Quinklisk - Iowa
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Michael Landen - New Mexico
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Robert Wood Johnson Foundation Award




This was the inaugural year for CSTE to award the "Robert Wood Johnson Foundation National Award for Outstanding Epidemiology Practice in Addressing Racial and Ethnic Disparities." The finalists were (L-R) Lydia Clarkson, MPH, the Cardiovascular Health Epidemiologist for the Georgia Division of Public Health in Atlanta, Georgia; Kimberly Glenn, MPH, a CDC/CSTE Applied Epidemiology Fellow in the Tennessee Department of Health's Communicable and Environmental Disease Services section; and Eugene S. Tull, Dr P.H., MPH, MT, the Territorial Epidemiologist for the U.S. Virgin Islands. The recipient of the award was Julie Morita, MD, Medical Director of the Chicago Department of Public Health's (CDPH) Immunization Program.