FALL 2012

CSTE UPDATE

COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS

A MESSAGE FROM THE PRESIDENT

Laurene Mascola, MD, MPH

Los Angeles County Department of Public Health

2012-13 CSTE President

It's amazing to think that fall is here and CSTE is at full strength and in full force. First, I want to welcome our new executive director, Dr. Jeff Engel. We are all excited about his new stewardship at CSTE, with his breadth of public health experience and wealth of ideas. I am looking forward to working with him on some joint goals and priorities for the coming year. Additionally, I want to wholeheartedly thank LaKesha Robinson for being a fantastic Interim Acting Director. Applause all around the room please!

Speaking of the coming year, the Planning Committee is already starting to develop a fantastic agenda for the 2013 CSTE Annual Conference in Pasadena. A call for topics was sent to all members in August, and I am sure our members will continue to submit more relevant and intriguing topics than we can handle. The reviews from last year's conference in Omaha were great, and we plan to build on some of the successes we had there – such as the 5k run and expanded lunch hour – and try to include some new suggestions as well.

As I mentioned in my last newsletter message, one of my goals as president this year is to continue to make CSTE the home for **all** applied epidemiologists. To that end, I have been working with NACCHO to try and expand the locals' role at the next Annual Conference. I'd like to schedule a roundtable that locals can attend before the vote on position statements so their voices can be heard and taken into consideration.

Another goal, that of emphasizing the importance of public health informatics at the local level, is being addressed by our Surveillance and Informatics Steering Committee. The Steering Committee commented on the latest strategic plan from the CDC Public Health Surveillance and Informatics Office and is participating in the upcoming American Medical Informatics Association, where our emphasis will be on how HITECH and Meaningful Use can have more meaning for public health.

Another goal is to make CSTE more visible to policy makers. To that end, CSTE is working with APHL to develop a joint briefing document about public health's response to outbreaks to take to Capitol Hill in October.

And lastly, all of the work CSTE engages in could not exist without its members. I encourage any and all of you who haven't signed up to work on a subcommittee or project to do so now. We need your help to realize the goals and mission of CSTE to organizations throughout the nation and the world. It takes a village to make anything work, and I am asking all of my fellow "village people" to come out and work together and make CSTE the most viable, functional applied epidemiology organization ever!

INSIDE

CSTE
Council of State and Territorial Epidemiologists

A MESSAGE FROM THE CSTE EXECUTIVE DIRECTOR

Jeffrey Engel, MD
CSTE Executive Director

To start with, I'd like to express just how excited I am to be joining you all in my new position. Making the transition from state public health to CSTE Executive Director is a perfect progression for me. I hope my past experience will bring value to CSTE and to you as members.

CSTE has built its strength over the years because it is such a member-driven organization. You, the members, drive our strategy and goals and make us successful. Your commitment and the work you do with and for CSTE is what continues to keep the organization strong and growing. So please know how much that work is appreciated.

And if you are not a member of a committee, subcommittee, or workgroup or otherwise actively involved in the work of CSTE, please join a group today!

This time of transition is a good opportunity to step back, learn from our past successes and look to where CSTE is heading. In doing that, strategic planning is chief on my list, and I will be engaging with the Executive Board, staff, and partners. After some preliminary discussions with our President, Laurene Mascola, and the Executive Board, my initial thoughts are to address what CSTE can do in terms of expanding programs that address the major causes of morbidity and mortality in the nation, notably chronic disease, maternal and child health, and substance abuse and mental health. There is an emerging body of population health science that shows when epidemiology and surveillance are applied to these areas, in terms of assessing risk factors, implementing evidence-based prevention strategies, and evaluating these interventions, that lasting improvements in health and health disparities can be achieved. Our major challenges in expanding these "non-infectious disease" programs will be to engage member-champions as leaders and to ensure sustained funding.

CSTE's mission continues to be the leadership, promotion and assurance of excellence in the public health practice of applied epidemiology and surveillance, and work force development involved in those areas. As an organization of state and local practitioners of these core public health functions, CSTE has been at the forefront of positioning science to inform the health policy of the nation. Sixty years ago, CSTE began as a "Council" of State Epidemiologists, organized by CDC to standardize the surveillance and reporting of infectious and communicable diseases. These efforts resulted in robust monitoring of the highly successful prevention tactics of sanitation, vaccination, vector control, and antibiotics that greatly improved population health over the last half of the 20th century. We now have to look at how we can adjust to address the 21st century major public health threats.

I look forward to working with you as we plan CSTE's direction, our continued growth, and future accomplishments. I have an open-door policy, so please feel free to call or email me any time, and I will do the same with you.

FOODBORNE DISEASE TEAM TRAINING COURSE MATERIALS COMING SOON

Epi-Ready is a team-based training for public health professionals involved in foodborne disease outbreak investigations. The course, coordinated by the National Environmental Health Association (NEHA) and funded by CDC, is a two day, face-to-face training. Epi-Ready focuses on how to efficiently and effectively respond to a foodborne disease outbreak through a "team-based" approach, bringing together the disciplines involved in the investigation of these outbreaks (i.e., environmental health specialists/sanitarian, epidemiologists, laboratorians, and public health nurses).

CSTE worked with consultant Jeanette Stehr-Green, MD to revise the Epi-Ready content to reflect advances in outbreak response and approaches to public health training since the creation of the original content in 2003. The newly-revised content includes an updated curriculum, a modified schedule, more interactive material for the participants, and updated instructor materials.

The revised PowerPoint modules will be available on the **CSTE website. For more information about the team-based training or CSTE's other food safety activities, please contact Lauren Rosenberg (lrosenberg@cste.org) at the CSTE National Office.**

Dr. Perry Smith and other participants in the June 2012 influenza surveillance system consultation in the Philippines

REPUBLIC OF THE PHILIPPINES CONSULTATION

In June 2012, I spent five days in the Philippines with Tomas Rodriguez and Patrick Glew from CDC's Influenza Division reviewing the influenza surveillance system in the Philippines. We met Drs. Remigio Olveda (director), Veronica Tallo (lead epidemiologist), and Amado Tandoc (head of viology) and their staff from the Research Institute of Tropical Medicine (RITM), Philippines Department of Health. Our specific purpose was to review their influenza-like illness (ILI) surveillance system that is supported by a CDC cooperative agreement.

The population of the Philippines is about 100 million people, who inhabit the country's 7,000 islands in the western Pacific. With the Philippines located in the fly-way of influenza-carrying wild fowl and with the presence of numerous live bird markets, there is the potential for human exposure to novel avian influenza viruses. This threat heightens the importance of strong influenza surveillance.

We spent our visit in and around Manila, where we spoke with the RITM staff, saw their data collection and management systems, toured their viral isolation and PCR laboratories, and visited two of the country's 45 ILI sentinel sites. In addition to sentinel surveillance, the Department of Health conducts severe acute respiratory disease surveillance at five sites in one city and maintains ILI as a reportable disease with limited information collected on every reported case. We were impressed with their influenza surveillance systems and were able to present several recommendations for supporting future activities at the end of our visit. Overall, our visit was very enjoyable. The people were extremely friendly, knowledgeable, and polite. We ate lunch at several local restaurants that served traditional Filipino cuisine and enjoyed dinner one night at a restaurant on the rim of a huge volcano crater.

Perry Smith, MD
Former State Epidemiologist and former CSTE President

COTE D'IVOIRE CONSULTATION

In July a Team composed of Thelma Williams, CDC Project Officer for CDC Influenza Division East & West Africa, Sajata Outin, Dr. Talla Nzussouo, CDC/NAMRU-3 and Dr. Raoult Ratard, Louisiana State Epidemiologist traveled to Abidjan, Côte d'Ivoire to review the Côte d'Ivoire influenza sentinel surveillance system and the progress achieved during the first five year of their cooperative agreement with CDC. Our main contact was Dr. Daouda Coulibaly, Head of the National Institute of Public Hygiene. This Institute functions as a Section of Infectious Disease Epidemiology in a US State. It is responsible for the control and prevention of endemic and epidemic diseases (rabies, yellow fever, Lassa and many other exotic diseases). The surveillance system is also supported by the Côte d'Ivoire Pasteur Institute for virologic studies. This institution, based in Abidjan, is an Ivoirian public institution. It was created in 1972 and joined the Institut Pasteur International Network in 1989. It provides identification of virus type, subtype and strain. An extensive network of sentinel sites was established including Influenza Like Illness (ILI) and Severe Acute Respiratory Infections (SARI) sites. A self assessment of pandemic influenza preparedness was carried out. Finally the need for a sustainability plan was also discuss. Côte d'Ivoire has a good chance of sustaining the surveillance program thanks to its good governance, ample agricultural resources (40% of the world cocoa production), and a yearly economic growth rate of 5%.

Meeting with the Minister of Health, CDC Country Director, INHP staff and the CDC Influenza Team

BRAZIL INFLUENZA SURVEILLANCE CONSULTATION

In July 2012, I joined Dr. Sara Mirza, CDC Influenza Division epidemiologist, in Brasilia, Brazil to conduct a review of Brazil's influenza surveillance system.

The Federative Republic of Brazil is the fifth largest country in the world, and its diverse population numbers over 192 million people. The Federation consists of 26 states and the Federal District where the capital city, Brasilia, is located. Under Brazil's constitution, healthcare is a right for its citizens, and the country has several comprehensive national health monitoring systems. For influenza surveillance, Brazil has implemented sentinel surveillance for influenza-like illness (ILI) since 2000 at several sentinel sites covering all states, and, since the 2009 influenza pandemic, the Ministry of Health (MOH) has asked all hospitals to report and test patients having severe acute respiratory infection (SARI). Influenza testing is supported by a network of state and national laboratories.

Sara Mirza of CDC (second from left), Duc Vugia (far right), and Brazilian colleagues at a sentinel surveillance site

We enjoyed working with colleagues in the influenza team of the MOH General Coordination of Infectious Diseases, Department of Infectious Diseases Surveillance, under the leadership of Marcia Lopes de Carvalho, the General Coordinator. We traveled to the city of Belo Horizonte in the state of Minas Gerais to observe its enhanced influenza surveillance pilot. Overall, Brazil has a good functioning influenza surveillance system supported by strong general public health, surveillance, and laboratory infrastructure. A report summarizing our observations with recommendations will be provided to Brazil for further consideration of its influenza surveillance system.

Duc J. Vugia, MD MPH
CSTE Consultant

THE CDC/CSTE APPLIED EPIDEMIOLOGY FELLOWSHIP PROGRAM WELCOMES CLASS X

The CDC/CSTE Applied Epidemiology Fellowship program, a workforce initiative developed to increase capacity and train recent graduates in applied epidemiology, continues to grow each year. CSTE is pleased to announce the entry of Class X with 30 Fellows. Class X started their fellowship assignments beginning in June 2012 and recently convened in Atlanta for a week-long orientation. Class X Fellows are placed in the program areas of Infectious Disease, Healthcare-Associated Infections, Quarantine, Food Safety, Maternal and Child Health, Chronic Disease, Occupational Health, Environmental Health, Substance Abuse, and Injury. The Fellows are assigned to 20 state and local health departments throughout the country. CSTE is excited to welcome this new class of Fellows and looks forward to working with them during their two-year Fellowship!

Class X Applied Epidemiology Fellows

Front Row: **Darlene Bhavnani, PhD,** *Infectious Disease-Quarantine,* New York City, New York; **Michelle March, MPH,** *Infectious Disease- HAI,* New York State; **Kathryn DeYoung, MS,** *Infectious Disease,* Denver, Colorado; **MyDzung Chu, MSPH,** *Occupational Health,* Massachusetts; **Sarah File, MPH,** *Infectious Disease-HAI,* West Virginia; **Kacie Seil, MPH,** *Injury,* New York City, New York; **Rachel Gicquelais, MPH,** *Infectious Disease,* Arkansas; **Rebecca Cohen, MPH,** *Environmental Health,* California; **Michelle Marchese, PhD,** *Environmental Health,* Michigan; **Ellyn Marder, MPH,** *Infectious Disease- Food Safety,* Tennessee; **Nicholas Kalas, MPH,** *Infectious Disease,* Iowa

Middle Row: **Kathleen Creppage, MPH,** *Substance Abuse,* North Carolina; **Jennifer Kret, MPH,** *Chronic Disease,* Washington D. C.; **Bonnie Young, PhD,** *Infectious Disease-Quarantine,* Hawaii; **Kristine Lynch, PhD**, *Infectious Disease- Food Safety,* Utah; **Victoria Tsai, MPH,** *Infectious Disease,* Illinois; **Megan Christenson, MS/MPH,** *Environmental Health,* Wisconsin; **Tess Gallagher, MPH,** *Chronic Disease,* Minnesota; **Michelle Housey, MPH,** *Chronic Disease,* Michigan

Back Row: **Jason Mehr, MPH,** *Infectious Disease-HAI,* New Jersey; **Olivia Sappenfield, MPH,** *Maternal and Child Health,* Massachusetts; **Jillian Knorr, MPH,** *Infectious Disease,* New York City, New York; **Mark Gallivan, MPH,** *Infectious Disease,* California; **Andrew Wiese, MPH,** *Infectious Disease- HAI,* Tennessee; **Joshua Van Otterloo, MSPH,** *Infectious Disease,* Clark County, Washington; **Robert Arciuolo, MPH,** *Infectious Disease,* New York City, New York; **Catharine Prussing, MHS,** *Infectious Disease- HAI,* New York City, New York; **Sarah Blackwell, MPH,** *Maternal and Child Health,* Wisconsin; **Renata Howland, MPH,** *Maternal and Child Health,* New York City, New York; **Nathaniel Schafrick, MS/MPH,** *Environmental Health,* Vermont

CSTE FELLOW HELPS WITH OCCUPATIONAL SURVEY FOLLOWING HANTAVIRUS OUTBREAK

As a first-year occupational and environmental health CDC/CSTE Applied Epidemiology Fellow at the California Department of Public Health (CDPH), Rebecca Cohen didn't imagine she would end up working on a nationally recognized communicable disease outbreak. But when a number of visitors to Yosemite National Park became ill with Hantavirus Pulmonary Syndrome (HPS) this summer, she got that opportunity.

Concerns about park employees' exposure to the virus came up as the CDPH Communicable Disease Control Division and the Centers for Disease Control and Prevention (CDC) investigated the outbreak. No employees are known to have been infected, but nine overnight visitors contracted HPS and three died, so investigators believed it was important to gather information from employees.

"They needed someone with experience designing and implementing questionnaires, to be sure it would be done the right way," said Cohen. "That's a set of specific skills I learned through my MPH training, so I was able to use my 'super epi skills' to create the survey."

The questionnaire was piloted to employees at the end of September, with plans to scale it up. Survey questions assess factors associated with employees' occupational activities, past exposure to mice, and training and knowledge about measures to prevent Hantavirus. During the pilot, Cohen also administered post-survey questions to evaluate the questionnaire itself and prepare for any needed changes.

"It's been a great experience to work with other public health organizations, learn to build consensus, and use what I learned in school in the real world," Cohen said. Along with CDPH, the CDC, the Department of the Interior, and the National Park Service have all been involved in the process.

Cohen is excited to put her years of training into practice and encourages other Fellows to look for similar opportunities. "It's important to understand what your skill sets are. You can help a team with your skills in study design, database and privacy requirements, and data analysis," she said. "What we spent years learning is important, and not everyone knows how to do what we do. Be proud of that."

What Cohen is most proud of is the positive impact her work can have. "This type of survey is going to help workers' health, and I care about workers' health. So that's exciting."

CSTE PREPARES FOR CLASS XI OF THE CDC/CSTE APPLIED EPIDEMIOLOGY FELLOWSHIP PROGRAM

The CDC/CSTE Fellowship is designed for recent master or doctoral level graduates in epidemiology or a related field who are interested in the practice of public health at the state or local level. Closely designed after the Epidemic Intelligence Service (EIS) program and using a mentorship model, the CDC/CSTE Applied Epidemiology Fellowship offers a unique opportunity to acquire and develop epidemiologic skills during a high quality, on-the job-training program in public health practice. Fellows are carefully matched to host agencies based on the career interests of the Fellow and available opportunities of the host agency. Program participants will develop a comprehensive set of core skills through competency-based training.

The Class XI Fellowship application will be open online at **www.cste.org** from November 2, 2012 through February 1, 2013. Successful applicants will begin their placements during the summer of 2013.

For more information, please contact Ashlyn Beavor (abeavor@cste.org) at the CSTE National Office.

FALL WestON MEETING

The fifth annual Western States Occupational Network (WestON) meeting was held September 20-21, 2012, in Denver, Colorado. This meeting was convened to provide a venue for state occupational safety and health (OSH) professionals throughout the western United States to meet and share ideas for collaboration, information exchange and capacity building. Representatives from nearly all western states participated in this meeting, sponsored by the NIOSH Western States Office, CSTE, and the NIOSH Mountain and Plains Education and Research Center (MAP ERC). In addition to presentations that addressed a wide variety of western OSH issues, mini-workshops were held to provide attendees with strategies for conducting research with immigrant populations, influencing legislation to effect OSH change, and utilizing social media, computer applications and high-tech tools for state activities. State participants were able to interact extensively with representatives from NIOSH Divisions, ERCs, Agricultural Centers and OSHA. Post-meeting evaluation comments from attendees indicated that the meeting provided a much-needed and desired opportunity for networking with important contacts to address OSH needs in the West. Presentations, agenda and photos are available online. The sixth WestON meeting is planned for September 26-27, 2013, in Denver.

For more information on this meeting or initiatives to foster state OSH capacity in the West, please contact Yvonne Boudreau at yboudreau@cdc.gov or Erin Simms at esimms@cste.org.

NEW ELR PUBLICATION AVAILABLE

CSTE is pleased to announce the release of a new publication: 2004-2010 National Assessments of Electronic Laboratory Reporting (ELR) in Health Departments.

This brief summarizes data from national assessments from 2004 to 2010 that were conducted to track the progress and remaining obstacles to ELR implementation in the U.S. The results of the most recent assessment in 2010 showed substantial progress in nationwide ELR implementation over time. The brief also summarizes ELR systems and the uses of data by state health departments as well as the barriers to full ELR implementation, resources, and personnel. Future assessments of ELR implementation are recommended to monitor ELR trends. Workforce training, strategic planning, and continued discussion are also recommended to ensure nationwide implementation of ELR.

Please visit **www.cste.org** to view the brief. If you would like a hard copy or more information about CSTE's ELR activities, please contact Monica Huang (**mhuang@cste.org**) at the CSTE National Office.

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HIV TECHNICAL GUIDANCE WEBINAR SERIES

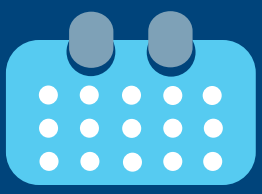
In May 2012, CSTE began hosting the HIV Technical Guidance webinar series. Each of webinars in the series gives an overview and reviews the major changes to specific chapters of the CDC's recently revised *Technical Guidance for HIV Surveillance Programs*. Once published, the *Technical Guidance* is intended to serve as a resource for HIV surveillance staff to facilitate the timely acquisition of complete and high quality data.

Over 130 attendees have participated in the first seven webinars, which have covered the first 12 chapters of the *Technical Guidance*. Webinar attendees have been HIV surveillance staff from state and local jurisdictions. Several individuals from integrated and STI programs have attended as well.

The webinar series will continue through November 27th. Webinars take place on Tuesdays at 1:30 pm ET. For information on how to connect and for recordings and PowerPoint slides from previous webinars, visit the **CSTE website.**

UPCOMING HIV TECHNICAL GUIDANCE WEBINARS

Date (All times 1:30 pm ET)	Chapters covered	Objectives
October 30	**16 – Integrated Epi Profile**	• Overview of integrated HIV epidemiologic profiles • What writers need to start • How to describe the epidemic in a jurisdiction • Completing the profile • Special issues that may arise
November 13	**17 - Reporting**	• Importance of state reporting laws to surveillance data • Data flow of electronic lab reporting • Case follow up from a lab report • Process and outcome standards
November 27	**18 - Special Diagnostics**	• New Diagnostic Algorithms • Guidance on data management • HIV-2 Surveillance



Click here to view upcoming calls, webinars, and meetings on our

NEW WEB-BASED CALENDAR!

YOUR FEEDBACK IS REQUESTED:

EVALUATING THE CIFOR *GUIDELINES* AND TOOLKIT

CIFOR Council to Improve Foodborne Outbreak Response
Detect • Investigate • Control • Prevent

The RAND Corporation is conducting an external evaluation of the Council to Improve Foodborne Outbreak Response (CIFOR) *Guidelines for Foodborne Disease Outbreak Response* & Toolkit in order to assess their effectiveness and help inform future updates of these resources.

Please participate in this brief survey of state and local public health professionals involved in foodborne outbreak response to help us understand the use and impact of the CIFOR Guidelines and Toolkit and to improve future resources. The survey will take approximately 15 minutes to complete. Please only complete the survey once, even if you have received this invitation more than once. **Please complete the survey by November 15, 2012.**

Click here to complete the survey now.

Your participation is voluntary and CIFOR appreciates your time and feedback to help improve foodborne disease outbreak activities. You do not need to be familiar with the Guidelines or Toolkit in order to be eligible for the survey.

If you have any questions, please contact Jeanne Ringel, Senior Economist at the RAND Corporation, at **ringel@rand.org** or Lauren Rosenberg at the CSTE National Office, at **lrosenberg@cste.org.**

2013 CSTE ANNUAL CONFERENCE

IMPORTANT DATES

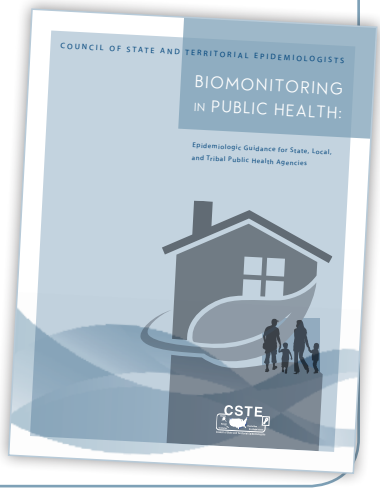
NOVEMBER 1, 2012 Call for Abstracts Open

JANUARY 7, 2013 Call for Abstracts Deadline

www.csteconference.org

NEW CSTE BIOMONITORING PUBLICATION

In response to a request from the Association of Public Health Laboratories, CSTE brought together a group of epidemiologists to develop guidelines for biomonitoring activities in state, local and territorial health agencies. The Centers for Disease Control and Prevention defines biomonitoring as the direct measurement of chemical contaminants in human specimens. The guidelines provide information about the design, conduct, interpretation, and application of biomonitoring activities in a public health setting. Additionally, a checklist of key steps to developing a biomonitoring program or project is included in the document. The biomonitoring guidelines document will be available in November on the CSTE website. For more information, please contact Erin Simms (**esimms@cste.org**).



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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 Disease/MCH/Oral Health Epidemiology, and Environmental/Occupational/Injury Epidemiology. The 2012-2013 Executive Board members are:

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