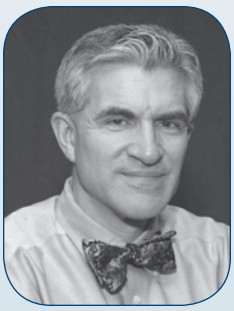
SPRING 2012

# CSTE UPDATE

COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS

## A MESSAGE FROM THE PRESIDENT



### Are you ready to stand up and be counted? Come to the 2012 CSTE Annual Conference!

The CSTE Annual Conference is one of the most important events of the year for CSTE members, because it provides an opportunity for all applied epidemiology professionals to come together. This year's conference, June 3–7 in Omaha, Nebraska, is no exception. Attendees can celebrate their profession and expect the usual high-octane reinvigoration afforded from associating with dynamic, talented, and mission-driven colleagues.

The 1,000-plus members who attend this conference each year can speak to the impact of face-to-face discussions and personal connections, where best practices are shared and solutions to common challenges are found. Epidemiologists from across the country meet and share their expertise in surveillance, epidemiology, and best practices in controlling outbreaks and improving the workforce.

The CSTE Planning Committee works hard to plan a meeting that challenges our ideas and showcases new ideas and trends. The Annual Conference covers the full spectrum of public health epidemiology: informatics, infectious diseases, immunizations, environmental health, occupational health, chronic disease, injury control, and maternal and child health. Review the **agenda** and you'll discover opportunities and sessions you can't resist.

If you have not attended this meeting before, please make an effort to join us. We welcome newcomers and will work hard to make you feel at home. You will leave with contacts to last throughout your career. If you have attended prior meetings, you already know that the Annual Conference is a great way to reconnect with colleagues and take a step outside of your own activities. Come to Omaha to welcome new colleagues, Fellows, and others. Remember that sense of collegiality you have developed over the years with colleagues and pass that feeling along to someone new.

Why do I love the CSTE Annual Conference? I'm able to put faces to the names of the people I have talked with throughout the year along with the ability to meet new people. The plenary sessions, breakout sessions, networking events, and more help give conference attendees a complete meeting experience, all of which I find interesting and enlightening.

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## INSIDE



CSTE
Council of State and Territorial Epidemiologists

# A MESSAGE FROM THE PRESIDENT

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Here are just a few highlights of the fabulous conference planned for this June:

- Sunday's pre-conference workshops and meetings range from didactic training to organizational business exchanges.
- Plenary, breakout, and roundtable sessions are held throughout the day on Monday through Wednesday.
- Poster sessions are held Sunday through Tuesday, and Outstanding Poster Award finalists' posters will be displayed throughout that time.
- Receptions: Come meet this year's graduating Fellows and new members at the Connections Reception, held Sunday 5:30 p.m. – 7:00 p.m. Attend the Opening Reception on Monday to connect with colleagues at the Durham Museum, held Monday 6:30 p.m. – 8:00 p.m.
- Sign up for the CSTE President's banquet, held Tuesday 6:30 p.m.–8:00 p.m. This year's speaker is Paul Offit, MD, Chief of the Division of Infections Diseases and the Director of Vaccine Education Center at the Children's Hospital of Philadelphia.
- And make sure to visit the Exhibit Hall, which features vendors from around the country and is the location for poster presentations, breakfast, and breaks.

If you haven't signed up yet, go to **www.csteconference.org** to be part of the experience, and you'll leave as a wiser and richer public health epidemiologist.

*Tom Safranek, MD*
*State Epidemiologist of Nebraska*
*CSTE President*

# TRANSITIONS AT CSTE

## PAT MCCONNON

### CSTE Executive Director for 10 Years

In August, Pat will retire after 45 years in public health. While he doesn't have any immediate plans for a third career in public health, he will be experimenting with life after work and the art of relaxation. "It's a tough decision while the party's still fun, but it felt right for the change to come on my 10th anniversary with CSTE," Pat said. "I'll miss the day-to-day interactions with the great staff at the CSTE National Office and with all the friends and colleagues around the country."

## LAKESHA ROBINSON

### CSTE Deputy Director

LaKesha Robinson has been with the CSTE National Office for 11 years and will be stepping down in June. "What an amazing professional experience at CSTE this past 11 years has been!" she said. "My positions as a Research Analyst, Epidemiology Program Director, and now Deputy Director have offered me great opportunities to work with dedicated individuals with a passion for advancing the field of epidemiology." LaKesha said that interactions with and service to the premier scientists across the nation have been inspiring and rewarding. She is looking forward to the next chapter in her life, dedicating some time and energy to her family, and to returning to public health someday.

# REPUBLIC OF ARMENIA CONSULTATION

CSTE member Dr. Duc Vugia, of the California Department of Public Health, recently traveled to Yerevan, Republic of Armenia to participate in a CDC field visit to review Armenia's influenza sentinel surveillance system and a 5-year influenza surveillance continuation cooperative agreement project. The CDC team consisted of Senior Program Manager and Project Officer Charlene Sanders, Technical Advisor Dr. Stefano Tempia, and Program Analyst Pamela Kennedy, all with the CDC Influenza Division. The CDC team met with several Armenian colleagues including Dr. Nune Bakunts and Dr. Liana Torosyan of the Ministry of Health State Hygiene and Anti-Epidemic Inspectorate, and Dr. Shushan Sargsyan, Head of the National Virology Laboratory.

*Sculpture of 20th century composer Arno Babajanian in Yerevan, Armenia*

The Republic of Armenia is a mountainous country in the South Caucasus region of Eurasia and has an ancient history of several millennia. It is today a growing democracy after it declared its independence from the Soviet Union in 1990. Of the 3.2 million total population, 1.1 million live in Yerevan, the capital city, and the rest are distributed among its 10 provinces. The official language is Armenian which has its own alphabet.

The CDC team reviewed progress made on the influenza sentinel surveillance system which was launched since 2010 and now include 9 sentinel hospitals for surveillance of severe acute respiratory infection (SARI) and 4 sentinel clinics for surveillance of influenza like syndrome (ILI). Drs Vugia and Tempia visited a sentinel SARI hospital and a sentinel ILI clinic in Yerevan and met with doctors and nurses who were the designated local surveillance staff. Overall, the visit was informative and productive for both the CDC team and for the Armenian public health colleagues. Several recommendations were shared and discussed on improving SARI case identification, specimen collection and testing, case report form and data management.

# REPUBLIC OF GEORGIA CONSULTATION

During the site review, we met with the director of the Georgian National Center for Disease Control (NCDC) and staff involved with influenza surveillance, and we visited the central public health laboratory, the single influenza-like-illness sentinel site, PolyClinic #6, and one of the three SARI sites, Tblisi Children's Hospital. Due to the unusually severe weather experienced by Eastern Europe during February, we were unable to travel outside of Tblisi to visit other SARI sites. We met with colleagues from the World Health Organization (WHO) and attended an evening reception at the US Ambassador's house celebrating 20 years of US-Georgia friendship. On the final day, an all-day meeting was arranged with representatives from the central office and the sentinel sites to review the current status and plan for the next 5 years of the cooperative agreement.

During the past 5 years, Georgia has established a strong influenza sentinel surveillance system, with commitment from all participants, both at the NCDC central office and from local staff at the sentinel sites. The group examined Georgia's current practices to identify possible areas of improvement. These recommendations will be included in a final report so Georgian officials can further strengthen their influenza sentinel surveillance system.

*Dr. Katrina Hedberg, Oregon State Epidemiologist and CSTE Executive Board member, recently joined CDC Senior Project Manager Charlene Sanders and CDC Influenza Epidemiologist Dr. Diane Gross on a 4-day site review of a CDC-funded influenza surveillance project in Tblisi, Republic of Georgia. The evaluation involved a routine review of the current status of the Georgian influenza surveillance system, as well as a five year review of activities undertaken in the cooperative agreement.*

On the final evening of the review, we were invited to a local restaurant built around an old flour mill to experience a delicious dinner of typical Georgian food complete with music and traditional folk dancing. The overall experience was interesting and rewarding – it was encouraging to see how committed our Georgian colleagues are to improving influenza surveillance and response as part of the broader European and global flu efforts.

*- Katrina Hedberg, State Epidemiologist at the Oregon Department of Human Services*

*Dr. Mohammad Sabbir Haider*
*IEDCR, Bangladesh*

*Dr. ASM Alamgir*
*IEDCR, Bangladesh*

*Professor Mahmudur Rahman*
*IEDCR, Bangladesh*

*Dr. Ruth Lynfield*
*CSTE, MDH*

*Dr. Danielle Iuliano*
*CDC*

*Karen Seiner*
*CDC*

# BANGLADESH CONSULTATION

In February I joined Karen Siener, CDC Influenza Division Project Officer, Danielle Iuliano, CDC Influenza Division Epidemiologist, and Katharine Sturm-Ramirez, Head of the Respiratory Viruses Research Group at the International Centre for Diarrheal Disease Research, Bangladesh (ICDDR,B) and CDC Influenza Division Epidemiologist, on a review of the national influenza surveillance system conducted by the Institute of Epidemiology, Disease Control and Research's (IEDCR). Bangladesh is a highly populated –population 150 million in a geographic area of 56,977 square miles – but beautiful country. Notably, there are over 180 million poultry in the country, and human and animal health experts work closely together at the government level in a "One Health" approach. A CDC cooperative agreement has enabled IEDCR, a part of the Ministry of Health and Family Welfare of the Government of Bangladesh, to set up 14 district-level hospital surveillance sites for influenza-like-illness (ILI) and severe acute respiratory infection (SARI). IEDCR works closely with ICDDR,B, which, in collaboration with CDC, conducts a number of influenza research and non-research projects, including community surveillance for pneumonia and influenza, hospital-based ILI and SARI surveillance and surveillance for human infections with avian influenza viruses among live bird market workers.

For the national IEDCR surveillance system, district hospitals conduct ILI and SARI surveillance one to two days each month and submit case report forms and respiratory specimens to IEDCR. Our surveillance review included site visits to two hospitals in northeastern Bangladesh. We learned that despite competing responsibilities (100-150 outpatients per physician per day), the physicians and laboratorians were committed to the influenza surveillance project. Although there had been some challenges in implementing surveillance, the IEDCR central laboratory received over 2,300 specimens during the first 19 months of implementation. We reviewed the methodology and ways to enhance the surveillance system. We also discussed data dissemination to the sites and other stakeholders.

We were very impressed by the vision and commitment of the leadership at IEDC, the IEDCR laboratory (which is a WHO National Influenza Center and has Biosafety Level 3 capabilities), and the close collaborative relationship with the influenza research group at ICDDR,B.

*- Ruth Lynfield, State Epidemiologist at the Minnesota Department of Health*

*A tour of the Nepal Ministry of Health's National Public Health Laboratory (NPHL)*
*From left to right: Dr. Joe McLaughlin, CSTE; Ms. Karen Siener, CDC;*
*Mr. Bishnu Upadhyay, NPHL; Ms. Ashley Fowlkes, CDC;*
*Dr. William Schluter, WHO; Dr. Kedar Baral, PAHS; Mr. Prakash Thapa, PAHS;*
*Dr. Purushottam Prasei, PAHS; and Dr. Geeta Shakaya, NPHL*

# NEPAL CONSULTATION

In January 2012, I travelled to Nepal with CDC representatives Ashley Fowlkes, CDC Influenza Surveillance and Outbreak Response Team Epidemiologist, and Karen Siener, CDC Influenza Division Project Officer. The purpose of the visit was to perform an evaluation of Nepal's CDC-funded influenza project. The grantee, Patan Academy of Health Sciences (PAHS), started receiving funds in 2009. Surveillance-related objectives in Nepal include developing an influenza control policy, monitoring circulating influenza viruses, and helping detect and monitor influenza outbreaks. PAHS coordinates influenza-like illness (ILI) and severe acute respiratory illness (SARI) surveillance activities in three hospital-based locations, strategically located in population hubs in the eastern, central, and western regions of the country. At the end of the visit, we presented a summary of what we learned to the PAHS team, commended their work to date, and offered an extensive list of recommendations on how to continue to mature the system.

It was gratifying to be able to provide what felt like a meaningful contribution to the project. Even though our time with the PAHS team was short, it was rich. We were able to drill down to the nuanced details of their surveillance system and identify areas in need of improvement. Moreover, I learned a number of lessons from the PAHS team (and my CDC colleagues) that will help us improve our ILI surveillance work here in Alaska. Finally, I know that I often take for granted the progress we've made in the United States in terms of disease surveillance, and find myself feeling frustrated at times with our seemingly slow rate of progress in adopting cutting-edge technologies into our public health infrastructure. It only takes a short trip to Nepal to recognize how good we have it!

*- Joe McLaughlin, State Epidemiologist,*
*Alaska Department of Health and Social Services*

SPOTLIGHT

# NEW STATE EPIDEMIOLOGISTS

CSTE would like to highlight two new State Epidemiologist and their positions. Both David Trump, MD, MPH, MPA and Cherie Drenzek, DVM, MS have been in public health for many years. Their new positions are opportunities for them to continue their work within the field of applied epidemiology.

## David Trump, MD, MPH, MPA – Virginia

David Trump, MD, MPH, MPA has been named the new State Epidemiologist and Director of the Office of Epidemiology for the Virginia Department of Health (VDH). He has been with VDH since 2005, serving as the director for Virginia's Peninsula Health District, which covers five jurisdictions in the Newport News/Williamsburg area. His new responsibilities include statewide programs for communicable disease investigation and surveillance, immunizations, environmental epidemiology, and STD/HIV/TB services. He is looking forward to the breadth and depth of the public health challenges that will arise through the shift from the district level to the state level. Dr. Trump's career included time as a Navy preventive medicine officer, including public health leadership positions for the Navy Surgeon General and at the Pentagon. "Part of public health is that there is no one path leading to a position as a State Epidemiologist," Dr. Trump said.

## Cherie Drenzek, DVM, MS – Georgia

Cherie Drenzek, DVM, MS was named State Epidemiologist for the Georgia Department of Public Health in August 2011. Dr. Drenzek oversees the activities and budgets for several areas within the department, including acute diseases, HIV, tuberculosis, STDs, and chronic diseases. The Georgia Epidemiology Program has approximately 100 employees who assist the organization in addressing important health issues. Dr. Drenzek is from Detroit, Michigan and received her bachelor's degree in Biological Sciences and her Master's degree in Food Microbiology from Wayne State University in Detroit. She attended Michigan State University College of Veterinary Medicine and received her DVM in 1995; the same year, she entered the Epidemic Intelligence Service program at CDC and was stationed in the Rabies Section. Following EIS, Cherie served as an Assistant Professor of Epidemiology at the University of Georgia's College of Veterinary Medicine. Cherie has been with the Georgia Department of Public Health since 1999, serving in a variety of roles including infectious disease medical epidemiologist, preparedness epidemiologist, and State Public Health Veterinarian. Cherie served as Director of the Acute Disease Epidemiology Section and Deputy State Epidemiologist from 2005 to 2011.

# 2012 CDC ORIENTATION FOR NEW STATE EPIDEMIOLOGISTS

CSTE and CDC hosted the 4th annual CDC Orientation for New State Epidemiologists February 27-29, 2012. This 2 ½ day meeting provided participants an opportunity to become familiar with CDC organizational structure, activities, and resources for state health departments. Objectives focused on connections with CDC subject matter experts, resources such as EIS and state-based programs, emergency communication systems including EPI-X, and the Emergency Operations Center (EOC). Highlights included presentations from approximately 60 CDC leaders, including a session with Dr. Frieden on CDC and State public health priorities and challenges.

Participants included Debra Blog (New York State), Cherie Drenzek (Georgia), Kathy Lofy (Washington State), Mary McIntyre (Alabama), Maria Moll (Pennsylvania), David Trump (Virginia), and George Turabelidze (Missouri).

# CIFOR WEBINARS

The Council to Improve Foodborne Outbreak and Response (CIFOR) announces a new webinar series developed to providing training and education on foodborne disease outbreak response to those at the state and local levels. The webinar series was developed in conjunction with University of North Carolina Gillings School of Global Public Health. Additional details about each webinar are provided below.

## Using the *CIFOR Guidelines for Foodborne Disease Outbreak Response* and Toolkit for Improving Outbreak Response

### WEBINAR 1

Tuesday, May 15, 2012 at 2pm EDT

***Target audience: State Epidemiologists or senior-level epidemiologists***

This webinar, targeted to senior-level public health professionals involved in foodborne disease outbreak response, will describe how state and local health agencies can use the CIFOR Guidelines for Foodborne Disease Outbreak Response in improving their outbreak response and how participants can integrate the Guidelines using the CIFOR Toolkit into their agencies. Participants will hear about one state's recent efforts to identify and implement needed improvements to outbreak response practices.

Speakers:

- Tim Jones, MD: State Epidemiologist, Tennessee Department of Health, CIFOR Council co-chair
- Tracy Miller, MPH: State Epidemiologist, North Dakota Department of Health
- Amy Nelson, MPH: University of North Carolina Center for Public Health Preparedness

Webinar Goals:

- To describe ways in which the CIFOR Guidelines for Foodborne Disease Outbreak Response can support state and local health agencies
- To explain how to use the CIFOR Toolkit
- To give participants reasons to use the CIFOR Toolkit in their jurisdictions

**To register for this webinar, please click here.**

### WEBINAR 2

Monday, May 21, 2012 at 1pm EDT

***Target audience: Foodborne disease epidemiologists***

This webinar, targeted to public health professionals working in foodborne disease outbreak response, will review outbreak investigation methods and show participants how to use the CIFOR Toolkit. Participants will learn about implementing the CIFOR Guidelines using the Toolkit and hear about two states' recent experiences using the Toolkit to make needed improvements.

Speakers:

- Bela Matyas, MD, MPH: Health Officer, Solano County Health Department, California CIFOR Council representative
- Leslie Tengelsen, PhD, DVM: Idaho Department of Health and Welfare
- Louisa Castrodale, DVM, MPH and Ginger Provo, RN: Alaska Division of Public Health
- Amy Nelson, MPH: University of North Carolina Center for Public Health Preparedness

Webinar Goals:

- To review methods to investigate a foodborne disease outbreak
- To introduce the CIFOR Guidelines for Foodborne Disease Outbreak Response
- To describe the tools and focus areas included in the CIFOR Toolkit

**To register for this webinar, please click here.**

# CIFOR STATE TRAINING SUMMARY

CSTE has awarded subgrants to 21 sites to conduct trainings using the CIFOR (Council to Improve Foodborne Outbreak Response) Guidelines for Foodborne Disease Outbreak Response Toolkit. Each site conducted a multidisciplinary training using the Toolkit to identify recommendations from the Guidelines to be implemented.

Over 980 people have participated in the trainings, representing a wide variety of disciplines including epidemiology, environmental health, public health laboratories, public health nursing, and more. All of the trainings used a dedicated facilitator to go through the steps of the CIFOR Toolkit: describe current activities and procedures in a particular focus area and identify targets for improvement, prioritize CIFOR recommendations to address those targets, and outline steps to implement high priority CIFOR recommendations. The type of training varied, although many sites reported similar improvements to be made. Here are summaries of three of the trainings that have taken place.

## WEST VIRGINIA

West Virginia conducted trainings to implement the *CIFOR Guidelines for Foodborne Disease Outbreak Response* using the CIFOR Toolkit in two stages in Spring 2011. First, a state-level evaluation was conducted to assess the foodborne outbreak detection and response system. Second, a regional-level evaluation was conducted to identify the specific issues within each of our 8 surveillance regions.

The state-level evaluation took place in two half-day sessions and included state-level epidemiology, environmental health, laboratory, and department of agriculture staff. An outside facilitator, who contributed to writing the CIFOR *Guidelines*, was brought in to help the team with the process and allow the foodborne epidemiologist to fully participate in the evaluation.

Notification and complaint systems were the main area identified at the state level needing attention. As a result of this evaluation, a standardized complaint module was added to the electronic environmental health software package that was currently under development. This addition will not only facilitate standardized collection of food complaints but will allow for the systematic evaluation of these complaints at the regional and/or state level. Beginning July 1, 2012, this module will begin pilot testing in 10 local health departments.

The regional level training was held as a one-day workshop. Each surveillance region (8 total) was represented by a mixture of public health nurses and sanitarians from local health departments within the region and the regional epidemiologist and district sanitarian assigned to each region. In general, each regional team consisted of 6 to 8 people. The state foodborne disease epidemiologist served as moderator for the session and provided the overview and details at the beginning of the workshop. Each regional team was facilitated by a member of the state epidemiology staff who had already been through the evaluation process when it was conducted at the state level.

Each regional team conducted the evaluation specific to their region and selected the focus areas that were most pertinent to their region. The most common focus areas selected to work on were Relationships with Relevant Agencies (Focus Area 1) and Notification and Complaint Systems (Focus Area 4). Each region came up with activities and actions for their region. The regional epidemiologist for each region will serve as the champion for the tasks and help foster the *CIFOR Guidelines* activities during subsequent regional meetings.

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# CIFOR STATE TRAINING SUMMARY

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## CONNECTICUT

The Connecticut Department of Public Health (CTDPH) hosted a one-day CIFOR workshop in May 2011. The workshop was attended by 133 individuals representing state and local agencies and two tribal nations. Over half of Connecticut's 77 local health departments and the Connecticut Department of Consumer Protection participated. Attendees represented a variety of disciplines and functions including epidemiology, environmental health, public health laboratory, public health nursing, emergency preparedness, regulatory, communications, and legal counsel.

Four Focus Areas were reviewed during the workshop: Relationships with Relevant Agencies and Organizations (Focus Area 1), Communications (Focus Area 3), Initial Steps of an Investigation (Focus Area 6), and Control of Source at Implicated Facility (Focus Area 10). These specific Focus Areas were preselected by a workshop planning subcommittee, which included representatives from the Epidemiology Program, Food Protection Program, and Local Health Administration. These Focus Areas were selected because they dealt with issues that have been particularly challenging for Connecticut in responding to outbreaks.

A clear outcome of the workshop was the identification of several issues of high priority for the participants, necessitating further discussion and evaluation for implementation in Connecticut. These issues revolve around three main themes – the role and utility of an incident command system or structure during foodborne outbreak investigations, establishing protocols to enable rapid and open information sharing between public health and regulatory agencies, and conducting debriefings or "hot washes" involving all collaborating agencies after each outbreak investigation. Next steps for Connecticut include establishing smaller workgroups with state and local representatives to work together on these issues and develop consensus recommendations in these areas to help improve foodborne disease outbreak response in Connecticut.

## KANSAS

A one-day CIFOR workshop was held in Topeka in February 2012; 24 participants attended representing the Kansas Department of Agriculture (KDA), the Kansas Health and Environmental Laboratories (KHEL), the Kansas Department of Health and Environment – Bureau of Epidemiology and Public Health Informatics (KDHE), local health departments (LHDs), and KDA contract counties. This multidisciplinary group was identified as the CIFOR Toolkit Team and was tasked with reviewing the foodborne outbreak response processes in Kansas and to identify gaps and needed improvements.

CIFOR Toolkit Team members were divided into discipline-based groups and were instructed to identify priorities in their programs as well as problems they may have encountered during previous outbreak investigations. Each group reported their findings and a facilitated discussion after the breakout session helped to pinpoint the critical areas that the larger group as a whole would focus on for the remainder of the workshop. The focus areas that team members prioritized and selected were Communications (Focus Area 3) and Initial Steps of an Investigation (Focus Area 6).

One of the gaps identified was a lack of communication between KDA inspectors and LHD staff. To enhance communication between LHD staff and food inspectors assigned to their county, a list of inspectors has been provided to the epidemiology bureau, which was then disseminated to LHDs as well. The second gap identified by the CIFOR Toolkit Team was a lack of knowledge of proper food sample collection procedures for both LHD staff and food inspectors. To improve clinical specimen and food sample collection and submission to KHEL, a just-in-time online training tool is being developed about proper collection of food samples, the proper method for stool specimen collection, and how to complete the required laboratory submission paperwork. In addition to the online training, LHD staff can access the list of inspectors assigned to their region and request assistance with food sample collection during an outbreak response. Epidemiologists will also work with department of agriculture representatives to provide training to inspectors during their annual meeting on outbreak response and sample collection and submission.

Overall, CIFOR Toolkit Team members recognized areas for improvement and selected specific action items to address those areas. After the proposed action items have been completed, smaller, more focused meetings with individual agencies will be held to implement additional CIFOR Guidelines recommendations in Kansas.

CSTE is funding an additional round of Toolkit trainings to implement the *CIFOR Guidelines for Foodborne Disease Outbreak Response.* If your jurisdiction is interested in conducting a Toolkit training, please contact Lauren Rosenberg at **lrosenberg@cste.org.**

# CLIMATE CHANGE SUBCOMMITTEE – PILOT SUMMARY REPORT

CSTE brought together a group of interested epidemiologists in 2004 to establish the State Environmental Health Indicators Collaborative (SEHIC). The climate change workgroup was formed out of this effort and began with a comprehensive review of the scientific literature to identify outcomes and actions related to climate change. This effort led to the development of 24 climate change indicators. To gather information on their use and utility, the indicators were pilot tested by health departments around the country and then revised based on their feedback. At the conclusion of the pilot in 2011, a summary report detailing the findings was compiled and is now available on the CSTE website (**www.cste.org/climatechange.asp**) This document summarizes the feedback received from participants on the ease of calculation, time requirements for calculating each indicator, perceived usefulness, and likelihood of adoption. The revised indicator documents are currently being piloted, and the revised indicators, along with a written summary of the second round of pilots, will be posted on the CSTE website.

**For more information on the climate change indicators, please contact Erin Simms at esimms@cste.org.**

# INAUGURAL DISASTER EPIDEMIOLOGY REGIONAL TRAINING

The inaugural Disaster Epidemiology Regional Training took place on April 25-26, in Los Angeles, CA. CSTE collaborated with CDC's National Center for Environmental Health/Agency for Toxic Substances and Disease Registry and National Institute for Occupational Safety and Health, the UCLA Center for Public Health and Disasters, the Los Angeles County Department of Public Health, and the Southwest Regional Public Health Training Center to provide this training opportunity. The training brought together three existing federal tools for epidemiologists in disaster situations, Community Assessment for Public Health Emergency Response (CASPER), Emergency Responder Health Monitoring and Surveillance (ERHMS), and Assessment of Chemical Exposures (ACE), into one convenient location. CSTE President-Elect, Laurene Mascola, opened the training with a welcome message to the 70 attendees that were trained during this two-day event.

This training provided an opportunity for epidemiologists to develop technical skills needed in all phases of the disaster cycle, which can be utilized to produce actionable information during an emergency. CASPER is a rapid assessment of the health status and basic needs of a disaster-affected community. Data are gathered using valid statistical methods in order to provide accurate information and allow public health and emergency managers to prioritize their responses and rationalize the distribution of resources. The ERHMS training will cover protecting emergency responders before, during, and after an event, particularly around the issues of health monitoring and surveillance. The ACE training will cover performing a rapid assessment after a large-scale chemical release, including assessing exposure, health effects, impact on the health care system, and the emergency response.

The goals of the training were to build capacity in local, Tribal, and state health departments for disaster epidemiology; to raise awareness and utilization of these tools to cross-train other epidemiologists; to provide an opportunity for regional and local partners in California to gain shared information and skills; and to strengthen preparedness to better respond to and recover from intentional and unintentional disasters.

**For more information about this training or CSTE's other disaster epidemiology activities, please contact Erin Simms at esimms@cste.org.**

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*Meeting participants discuss "ideas for action" in regional roundtable discussions.*

# WESTERN REGION TRIBAL EPIDEMIOLOGY MEETING

On February 23, 2012, CSTE, the Arizona Department of Health Services, and various Tribal Epidemiology Centers (TECs) in the Western U.S. hosted a Western Region Tribal Epidemiology Meeting in Phoenix, AZ. The one-day meeting brought together over 75 attendees representing tribes, local and state health departments, Indian Health Service, TECs, and organizations for tribal and urban Indian health programs. The meeting was held to discuss relevant issues regarding American Indian/Native American (AI/AN) health, particularly to improve the quality of AI/AN health data and equitable and timely access to AI/AN health data. Invited attendees included epidemiologists, statisticians, data managers, leadership, legal representation, and other interested parties from Alaska, Arizona, California, Colorado, Idaho, New Mexico, Nevada, Oregon, Utah, and Washington State.

The morning session included presentations on the current state of AI/AN health data and ideas for improvement. Presentation topics included an introduction to data linkages, the importance of accurate data collection at all steps of health reporting in reducing racial misclassification, and increasing access to community-specific data from state, tribal, TEC, and federal perspectives. Throughout the morning, participants were asked to reflect on the presentations and jot down "ideas for actions" they could implement at their respective organizations.

The afternoon session allowed time for regional discussions among participants to develop plans for collaboration. During the afternoon, the attendees participated in geographically-defined roundtable discussions where the "ideas for action" were prioritized by members of the roundtables for future collaborations. The roundtable discussions allowed those working in various programs areas and organizations with sometimes overlapping jurisdictions to meet and share their perspectives on priority topics. A sample of the results of these discussions include plans to develop formal data sharing agreements and memoranda of understanding, increased communication between participants, and improved tribal consultations allowing for more participation. One notable outcome of this meeting is the creation of the Navajo Nation Data Improvement Task Force, which has initiated plans for regular conference calls and an in-person meeting with involvement from the states, TEC, and IHS office to create the infrastructure to improve health data in that area. Overall, attendees appreciated the intent of the meeting and the opportunity to meet with their colleagues and counterparts, and they would be interested in attending similar meetings in the future.

The February meeting was the third regional tribal epidemiology meeting hosted by CSTE to bring together Tribal Epidemiology Centers and the states and tribes they serve. The first regional meeting was the Tribal Epidemiology Liaison Training held in May 2009 in partnership with the Northern Plains and Great Lakes Tribal Epidemiology Centers. The second regional meeting was hosted by CSTE and the United Southern & Eastern Tribes in April 2010 to develop recommendations on how tribes, states, and TECs might better partner to improve AI/AN disease surveillance, enhance communication, and collaboration and to introduce the production of tribe-specific reports for public health decision making. A summary of this third meeting will be posted on the CSTE website on the Tribal Epidemiology Subcommittee page.

**For more information, please contact Annie Tran at atran@cste.org.**

# VENTILATOR-ASSOCIATED EVENTS SURVEILLANCE DEFINITION ALGORITHM:

## A new approach to surveillance for ventilator-associated conditions and complications in the CDC's National Healthcare Safety Network

Beginning September 2011, CDC's Division of Healthcare Quality Promotion (DHQP) convened a working group with representatives from professional organizations and federal agencies to examine the current National Healthcare Safety Network (NHSN) ventilator-associated pneumonia (VAP) surveillance definition. The initial in-person meeting in Atlanta and monthly conference calls resulted in the proposed new ventilator-associated events (VAE) definition and algorithm, which was submitted to the National Quality Forum (NQF) in February 2012 for consideration in place of the current NHSN VAP surveillance definition.

Carole Van Antwerpen, Assistant Bureau Director for the healthcare associated infections (HAI) program with the New York State Department of Health, represented CSTE on the VAP working group. Carole has been actively involved in the field of hospital epidemiology and infection prevention since 1974 and had unique experience to contribute to the VAP working group's work revising the VAP surveillance definition. Carole says that "the most rewarding aspect of this experience was the collaborative efforts and commitment of all the working group members and DHQP staff to develop a definition that would be useful in promoting improved outcomes overall of patients on ventilators, beyond VAP."

HAIs are an important cause of preventable harm in hospitalized patients. VAP is among the most common HAIs, but accurate surveillance for VAP is difficult because of the lack of objective, reliable, valid definitions. CDC has been working to improve surveillance for ventilator-associated events in adult patients, in close collaboration with representatives from partner organizations including CSTE, APIC, HICPAC, IDSA, SHEA, and the Critical Care Societies Collaborative. A CDC working group made up of members of each of these organizations has developed a new approach to surveillance for ventilator-associated conditions and complications that acknowledges the inaccuracies inherent in the diagnosis of VAP today and focuses instead on more general, objectively-defined measures of ventilator-associated conditions and complications. The proposed surveillance definition algorithm for ventilator-associated events has been submitted for consideration to the National Quality Forum and is anticipated to be implemented in NHSN in 2013. The new surveillance definition algorithm is not intended for use in the clinical management of patients.

The proposed NHSN surveillance definition algorithm is only for use with patients 18 years or older, patients who have been intubated and mechanically ventilated for at least 3 calendar days, and patients in acute and long-term acute care hospitals and inpatient rehabilitation facilities. The new algorithm will detect ventilator-associated conditions and complications, including (but not necessarily limited to) VAP; requires a minimum period of time on the ventilator; focuses on readily-available, objective clinical data; and does not include chest radiograph findings. CDC is working on operational guidance to help healthcare facility staff implement the new algorithm for electronic or manual event detection, once it is ready for deployment in NHSN, expected to be in early 2013.

**For more information about the proposed algorithm, please contact Carole VanAntwerpen, the CSTE representative to the working group, at clv02@health.state.ny.us or Shelley Magill at smagill@cdc.gov.**

# CSTE FELLOWS RECEIVE RECOGNITION THROUGH MMWR PUBLICATIONS

CSTE's Applied Epidemiology Fellowship opens doors for Fellows to work with other public health officials on outbreak investigation teams, participate in state-level investigations, and get first-hand experience, which resulted in MMWR publications for 3 current Fellows: Steffany Cavallo, MPH, CPH; Julia Howland, MPH; and Lindsay Womack, MPH.

## STEFFANY CAVALLO, MPH, CPH

*Steffany Cavallo, MPH, CPH came to the New Hampshire Division of Public Health Services, Department of Health and Human Services (DHHS) as a CDC/CSTE Applied Epidemiology Fellow and has recently taken a full-time position with the same organization within the Bureau of Infectious Disease Control.* Cavallo explained that DHHS received a call from a physician regarding a large group of youth hockey players who had become seriously ill. As a Fellow, she assisted with the epidemiologic investigation by developing questionnaires, ensuring all exposed cases were identified and interviewed, and analyzing the collected data. Cavallo said this was a very exciting project to work on because she learned a lot about outbreak response and investigation as well as the publication process. However, she says, "It was very concerning that these players were so sick." The illness was caused by exposure to nitrogen dioxide gas in an indoor skating rink. As this was an unusual incident, it generated national attention as well as public interest. The article, "Exposure to Nitrogen Dioxide in an Indoor Ice Arena—New Hampshire, 2011" was published in MMWR on March 2, 2012.

## JULIA HOWLAND, MPH

*Julia Howland, MPH is an Applied Epidemiology Fellow with the Illinois Department of Public Health and is graduating in August.* Howland says that the article, "Tuberculosis Outbreak Associated with a Homeless Shelter—Kane County, Illinois, 2007–2011" had many partners involved including local and state health departments and CDC. Howland helped with the investigation of the outbreak and writing the publication, which was published in MMWR on March 23, 2012. This tuberculosis outbreak is the largest currently occurring in the United States and is concerning because it could potentially affect many more people. Howland said that when she presented this information to other public health professionals at the 2011 American Public Health Association Annual Meeting, it was well-received because tuberculosis is still "so much of a problem among people experiencing homelessness in the United States." Howland commented there have been other tuberculosis outbreaks among homeless populations around the country, highlighting the need for increased attention and resources for tuberculosis control in shelters.

## LINDSAY WOMACK, MPH

*Lindsay Womack, MPH is a current Applied Epidemiology Fellow with the Florida Department of Health and is graduating in July.* She worked on the investigation "Ectopic Pregnancy Mortality — Florida, 2009–2010," which was published in the MMWR February 17, 2012. The multidisciplinary investigation team looked at ectopic pregnancy mortality rates to determine if there was an increase in ectopic pregnancy deaths, not expecting mortality from ectopic pregnancy to increase. After further investigation, the team discovered that the majority of women who died from ectopic pregnancy in 2009–2010 tested positive for illicit drug use, primarily cocaine. The investigation team recommended promoting awareness among women and health-care providers and ensuring early access to care for pregnant women. Womack began her Fellowship with the Florida Department of Health after receiving her Masters of Public Health. "I didn't expect to publish an MMWR during my fellowship, but I'm thankful for the opportunity to work on a project with this much importance," she said. She commented about how much she learned during this process. After graduating from the Fellowship, Womack plans to go to the University of South Florida to earn her PhD in Epidemiology.

*The CDC/CSTE Applied Epidemiology Fellowship was created in 2003 to strengthen the workforce in applied epidemiology at state and local health agencies. CSTE, in collaboration with the CDC, the Health Resources and Services Association (HRSA), and the Association of Schools of Public Health (ASPH), established the two-year Fellowship program to give recent graduates from schools of public health rigorous preparation and advanced training for successful careers as state or local applied epidemiologists. Each Fellow is assigned to a designated host health agency and two experienced mentors.*

# CSTE INTERN WINS OUTSTANDING PRACTICUM EXPERIENCE AWARD

Ellyn Marder won the Outstanding Practicum Experience Award at the Emory University Rollins School of Public Health "Public Health in Action" awards reception in April for her practicum work at CSTE's National Office. Ellyn, who graduates from the Rollins School of Public Health with her Master of Public Health in epidemiology in May, completed her practicum at CSTE, focusing on workforce projects. Ellyn was selected as one of 15 finalists to develop a poster on her practicum project.

The project focused on CSTE's 2010 Epidemiology Enumeration Assessment, which aimed to enumerate state- and local-level epidemiologists in the U.S. to determine the effects of the fiscal crisis on the state epidemiology workforce. The issue brief for the Epidemiology Enumeration Assessment is available on the CSTE website. The assessment also resulted in an MMWR report, "The Epidemiology Workforce in State and Local Health Departments — United States, 2010," published March 30, 2012.

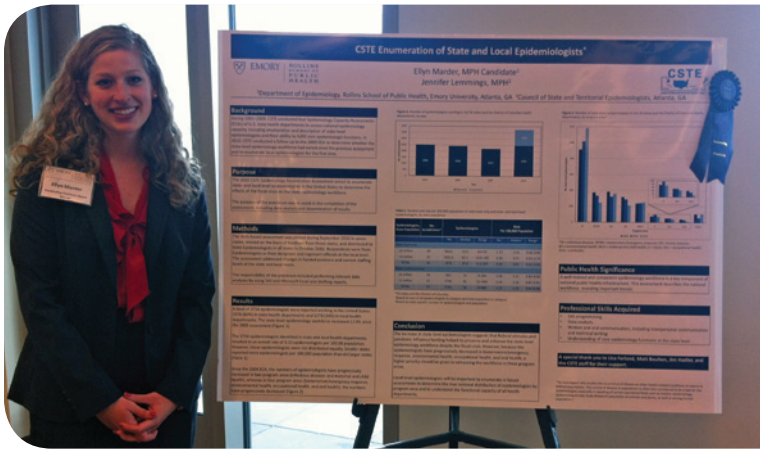
Ellyn is pleased to have received the award, saying that her collaboration with state partners and experienced individuals was one of the reasons she wanted to work with CSTE. "I'm excited to have been chosen for this award, since one reason to attend the Rollins School of Public Health was their emphasis on applied public health experience," she said. "This has been a defining experience to help me prepare for my career at a state health department." Ellyn has accepted a position as a CDC/CSTE Applied Epidemiology Fellow with the Tennessee Department of Health. She will be part of Class X and will be working on foodborne disease projects under the mentorship of John Dunn, Tim Jones, and Rand Carpenter.

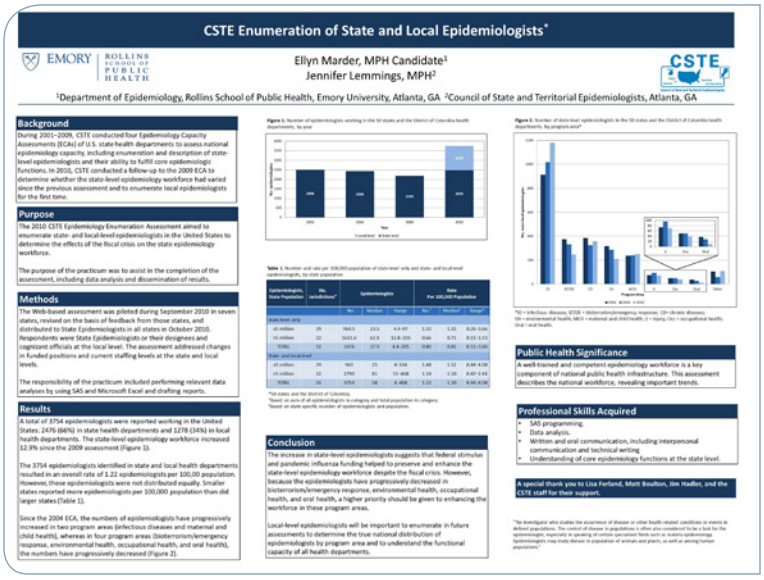
## 2010 CSTE Epidemiology Enumeration Assessment - Results

The 2010 CSTE Epidemiology Enumeration Assessment aimed to enumerate state- and local-level epidemiologists working in the United States and to determine the effects of the fiscal crisis on the state and territorial epidemiology workforce.

The results comprise responses from all 50 states and the District of Columbia. In 2010, a total of 2476 epidemiologists worked at the state level for the 51 jurisdictions. An additional 1278 epidemiologists employed or contracted by local health departments were identified. Epidemiologists working for states or local jurisdictions totaled 3754 or 1.22 epidemiologists per 100,000 population in 2010. The 2,476 state-level epidemiologists represented a 12.9% increase from the 2,193 epidemiologists enumerated in 2009, a 1.6% increase from 2006, and a 0.9% decrease from 2004. The number working in different program areas shifted noticeably from 2006, with increases in the numbers working in infectious diseases and in chronic disease and decreases in most other areas, except maternal and child health.

For more information and results from the 2010 Enumeration Assessment, please visit **http://www.cste.org/webpdfs/ECAEnumeration4pgFINAL.pdf.**



# 2012 CSTE ANNUAL CONFERENCE
# JUNE 3-7 • OMAHA, NEBRASKA

Public Health 2012: Stand Up and Be Counted

CENTURY LINK CENTER OMAHA

## EXHIBIT HALL

The conference Exhibit Hall will feature displays by vendors from around the country, poster presentations, Connections Reception, breakfast and breaks and seating for networking. Please take time during the conference to visit the Exhibit Hall.

### Exhibit Hall Schedule

| | |
|---|---|
| Sunday, June 3* | 12pm - 7pm |
| Monday, June 4 | 7am - 4pm |
| Tuesday, June 5 | 7:30am - 4pm |
| Wednesday, June 6 | 7:30am - 10:30am |

**NEW hours for poster display and student poster presentations. Exhibitors will be available on Monday through Wednesday.*

## EXHIBITORS (confirmed as of May 1)

| BOOTH # | ORGANIZATION |
|---|---|
| 201 | Advanced Business Software |
| 103 | Agency for Toxic Substances and Disease Registry (ATSDR) |
| 106 | APIC Consulting Services, Inc. |
| 202 | Association of Maternal & Child Health Programs (AMCHP) |
| 300 | Association of Public Health Laboratories |
| 101 | Atlas Public Health |
| 203 | BioSense Redesign |
| 304 | CDC, EPI-X |
| 208 | CityMatCH |
| 200 | Consilience Software |
| 107 & 109 | Council of State and Territorial Epidemiologists |
| 207 | Health Monitoring Systems, Inc. |
| 102 | Healthcare Cost and Utilization Project (HCUP) |
| 204 | MCH Epi Group |
| 104 | National Hansen's Disease Programs |
| 100 | UNMC College of Public Health |

## POSTER PRESENTATIONS

| CenturyLink Center Omaha • Grand Ballroom B&C | |
|---|---|
| **SUNDAY • JUNE 3** | |
| Poster Display for Award Finalists and Students | 12 – 7 pm |
| Student Poster Presentations | 5:30 – 6 pm |
| **MONDAY • JUNE 4 • DAY 1** | 10- 10:30 am |
| | 1 – 1:30 pm |
| | 3:30 – 4 pm |
| **TUESDAY • JUNE 5 • DAY 2** | 10 – 10:30 am |
| | 1 – 1:30 pm |
| | 3:30 – 4 pm |

*Continued on page 15.*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## SUNDAY MEETINGS

| ROOM | FUNCTION | TIME |
|---|---|---|
| 204 | HIV Surveillance Coordinators Workshop | 8 – 5 pm |
| 208 | Epidemiology Training Workshop – Introduction to Public Health Law | 8:30 – 4:30 pm |
| 207 | NASPHV Annual Business Meeting | 8:30 – 5 pm |
| 216 | National Meeting of Influenza Surveillance Coordinators | 8:30 – 4:30 pm |
| 213 | National Meeting of Occupational Health Epidemiologists | 8:30 – 5 pm |
| 201 | Overview of Multistate Foodborne Disease Outbreak Investigations Workshop | 8:30 – 5 pm |
| 202 | Critically Assessing the NNDSS Enterprise | 9 – 5 pm |
| 214 | National Meeting of Environmental Health Epidemiologists | 9 – 5 pm |
| 206 | Healthcare Associated Infections (HAI) Workshop | 10 – 3 pm |
| 209 | The Role of Epidemiology in Community Health Assessments Workshop | 10 – 5 pm |
| 203 | BioSense 2.0 Workshop | 1:15 – 5:15 pm |
| 205 | Change is Coming: The New World of ICD-10-CM | 1:30 – 4:30 pm |

## PLENARY SPEAKERS

| MONDAY • JUNE 4 • DAY 1 | GRAND BALLROOM A | 8:00 - 10 am |
|---|---|---|
| Thomas R. Frieden, Director, Centers for Disease Control and Prevention | | |
| Linda R. Murray, Chief Medical Officer, Cook County Department of Public Health | | |
| William Foege, Senior Fellow, Global Health Program, Bill & Melinda Gates Foundation | | |
| **TUESDAY • JUNE 5 • DAY 2** | **GRAND BALLROOM A** | **8:30 - 10 am** |
| Stephen A. Bezruchka, Senior Lecturer, University of Washington School of Public Health | | |
| Robert R. Recker, Director, Osteoporosis Research Center | | |
| Robert F. Anda, Co-Principal Investigator, Adverse Childhood Experiences Study | | |
| **WEDNESDAY • JUNE 6 • DAY 3** | **GRAND BALLROOM A** | **8:30 - 10 am** |
| Jonna AK Mazet, Professor of Epidemiology and Disease Ecology and Director of the One Health Institute and Wildlife Health Center at UC Davis School of Veterinary Medicine | | |
| David N. Fisman, Dalla Lana School of Public Health | | |
| John S. Brownstein, Harvard Medical School | | |

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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 2011-2012 Executive Board members are:

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