SPRING 2011

CSTE UPDATE

COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS

A MESSAGE FROM THE PRESIDENT

It's hard to believe that it's already spring, a period that is traditionally a very busy time for CSTE. Our annual meeting in Pittsburgh is rapidly approaching. As occurred last year in Portland, the level of interest in the upcoming annual meeting is exceptional. We had around 600 abstracts submitted for presentation, and the abstract quality is at an all-time high. Thanks to the strong work of Tom Safranek and the planning committee, the plenary speakers and sessions are finalized and will hopefully have thought-provoking, practical, and important information for each and every attendee.

Pittsburgh is a wonderful city for our meeting, and the conference facility is excellent. I look forward to seeing as many of you as possible in Pittsburgh. Kudos to Beverly Christner and staff in the National Office for all the hard work that goes into putting on the annual meeting. They make it look easy.

In February, we held two face-to-face meetings that addressed two of the major priorities of my presidency: workforce and surveillance. The workforce summit, organized by former CSTE President Bob Harrison and current Executive Board member Katrina Hedberg, was held in San Diego. The discussion clearly demonstrated the challenges all of us on the front lines of epidemiology are facing in growing priority areas like chronic disease, injuries, substance abuse, mental health and occupational health while trying to sustain our workforce in the more traditional infectious disease and environmental health arena.

A clear theme from the meeting is the need to retool the existing workforce and train the workforce of the future in emerging areas, especially informatics. We plan to have a report of the workforce summit available by the annual meeting and will highlight the findings and examine opportunities to implement the priority recommendations in Pittsburgh.

The surveillance workshop took place in Denver and was organized by former CSTE President Perry Smith. The primary purpose of this workshop was to examine the blueprint that was developed in the mid-1990s that formed the basis for the National Notifiable Diseases Surveillance System (NNDSS), examine the impact of the changing landscape of the last 15 years, and identify what needed to be changed and what remained relevant.

Continuing on the findings of the workforce summit, informatics was viewed as a major area of investment and capacity development. We also plan to have a report of the surveillance workshop available for discussion in Pittsburgh.

The Executive Board held its spring meeting in Washington in mid-March. During this meeting, Board members also met with relevant Congressional offices and personnel. This was an opportunity to highlight the importance of frontline epidemiology, the need to build the workforce and programs to meet current and future challenges, and the potential impact of proposed cuts to the resources of our federal colleagues, particularly the CDC. Given that our visits coincided with the ongoing continuing resolutions for FY11 and the recent release of the proposed FY12 budget, I hope our input will help protect our priority needs.

Lastly, I would once again like to point out that we are a member-driven organization. That means that getting the important work of CSTE done depends on the contributions of each and every one of us. I would like to give my sincere thanks to those who already volunteer generously of their time to act as consultants, serve on committees, or make themselves available for consultation.

However, we still heavily rely on a relatively small cadre of members to carry the weight of our activities. I am well aware that with reduced budgets and staff, each of us is stretched thinner than ever. But I would ask each of you, especially those who serve as State Epidemiologists or deputy State Epidemiologists, to volunteer for at least one committee or activity in CSTE. We need your input, we need your insight, and we need your support. I would be happy to talk to any of you who have thoughts or ideas about how you can contribute in the coming months.

And once again, I look forward to seeing as many of you as possible in Pittsburgh.

INSIDE

CSTE
Council of State and Territorial Epidemiologists

Representatives from CDC, CSTE, and Morocco at the 2nd Mass Gatherings Workshop

CSTE CO-SPONSORS MASS GATHERINGS WORKSHOP IN MOROCCO

CSTE Consultants Dr. Dennis Perrotta and Dr. Jay Butler, and CSTE National Office Staff member Jennifer Lemmings joined CDC's Center for Global Health to facilitate the second Mass Gatherings Workshop February 19-25, in Marrakech, Morocco.

The Eastern Mediterranean Public Health Network (EMPHNET), CDC and CSTE co-sponsored this multi-stage project, which was designed to enhance preparedness, surveillance and response during mass gathering events using the Field Epidemiology Training Programs (FETPs) in the Middle East/North Africa (MENA) Region. Seven MENA countries participated: Iraq, Afghanistan, Morocco, Yemen, Egypt, Saudi Arabia and Jordan. CSTE sponsored travel for many of these MENA region participants.

Objectives of the workshop included enhancing the understanding of public health surveillance at mass gathering events and improving oral and written scientific communications among participating FETP officers. CSTE Consultants and CSTE National Office staff participated in presenting didactic lecture, moderating sessions, and providing one-on-one mentorship with assigned countries. CSTE will continue to work with the assigned countries in producing a quality publication suitable for inclusion in a peer-reviewed journal supplement.

Dr. Jay Butler presenting an award of completion to Dr. Mohammad Iqbal Aman from Afghanistan

Dr. Dennis Perrotta mentoring a member of the Saudi Arabia team

Dr. Jay Butler working with the Afghanistan participants

2011 PUBLIC HEALTH SURVEILLANCE WORKSHOP

In February 2011, CSTE convened a group of surveillance experts to begin the process of developing an updated strategic vision for public health surveillance that addresses the needs at all levels of public health. The workshop convened 40 leaders in surveillance and informatics including CSTE Executive Board members, local and state public health epidemiologists, academics, and staff from the Centers for Disease Control and Prevention (CDC), the Association of State and Territorial Health Officials (ASTHO), the National Association of City and County Health Officials (NACCHO), and the Public Health Informatics Institute (PHII).

Presentations on the various perspectives of surveillance from the local, state and federal levels were given to identify the key areas for discussion during the workshop. To focus discussion, the workshop's agenda was centered on the content of the 1996 publication, *Blueprint for a National Public Health Surveillance System for the 21st Century*, by Rebecca A. Meriwether.

The goals and objectives of the Public Health Surveillance Workshop were:

- To bring together national leaders in public health surveillance to begin the process of developing an updated strategic vision for public health surveillance that addresses the needs at both the local/state/territorial and federal levels.
- To revisit the Blueprint and create a white paper describing updated guiding principles for conducting public health surveillance in the current environment.
- To identify new priority areas of surveillance activity within the areas of infectious disease, chronic disease, environmental/occupational/injury, and large urban-local surveillance that may need addressing within an updated Blueprint.
- To suggest future surveillance activities and roles for CSTE.

CSTE will convene a follow-up meeting at the 2011 Annual Conference in Pittsburgh, Penn., during a Sunday pre-conference workshop to discuss the content of a new roadmap for public health surveillance. A meeting summary will be available at the CSTE exhibit booth at the 2011 Annual Conference.

NEW ONLINE COMMUNITY FOR MCH EPIDEMIOLOGISTS

The MCH Epi Group is pleased to announce the launch of their redesigned website (**www.mchepi.org**) as an online community for collaboration between state, local, tribal and other MCH epidemiologists. Registration is quick and free; it provides the ability to post to the discussion forum, but is not necessary to view the forum.

The MCH Epi Group was formed in 2009 by a group of practicing maternal and child health epidemiologists with the mission of promoting the use of data to guide public health practice and improve maternal and child health. The organization accomplishes this by supporting the use of effective public health surveillance and epidemiologic practice through training, capacity development and peer consultation; developing standards for practice; and advocating for resources and scientifically based policy. The group convenes annually at the MCH Epi Conference.

The MCH Epi Group is an organization that does not require or offer formal membership. Instead, the MCH Epi Group is comprised of MCH epidemiologists who wish to advance the field by working together both formally and informally. The newly designed website is one of the major tools facilitating this collaborative work. We encourage group participants to join one or more of our partner organizations such as AMCHP and CSTE.

For more information, please visit the website and/or contact Bill Sappenfield at **Bill_Sappenfield@doh.state.fl.us.**

SUMMIT ASSESSES WORKFORCE CHALLENGES

In February 2011, CSTE hosted the third Workforce Summit in San Diego, Calif., to describe current applied epidemiology workforce challenges and develop recommendations that provide a strategic direction for CSTE's future activities. The Summit convened 40 leaders in applied epidemiology including CSTE Executive Board members and CSTE Past Presidents, as well as representatives from state and local health departments, the Centers for Disease Control and Prevention (CDC), the Association of Schools of Public Health (ASPH), the Association of Public Health Laboratories (APHL), the National Association of City and County Health Officials (NACCHO), the Health Resources and Services Administration (HRSA), and schools of public health including Emory University and the University of Michigan.

Marty LaVenture, Director of the Office of Health Information Technology at the Minnesota Department of Health, presents 'Health Information Systems and Epidemiologists' during a breakout session at the 2011 CSTE Workforce Summit

The Summit included presentations on topics such as summarizing CSTE's past and current workforce initiatives, measuring the epidemiology workforce, and epidemiologic competencies and skill sets. The agenda was discussion driven to allow participants sufficient time to identify and discuss recommendations.

The goals and objectives of the Workforce Summit were to:

- Review and assess progress in developing applied epidemiology training and capacity since the second CSTE Workforce Summit in 2007.
- Identify training needs and opportunities for local, state and federal epidemiologists over the next five years.
- Make recommendations for local and state epidemiology leaders, CDC and other partners for improvements in training and workforce capacity for applied epidemiology.

A summary report of the Workforce Summit including next steps for CSTE will be available in June 2011.

NATIONAL ASSESSMENT OF FOOD SAFETY EPIDEMIOLOGY CAPACITY RELEASED

CSTE is pleased to announce the release of the 2010 National Assessment of Food Safety Epidemiology Capacity.

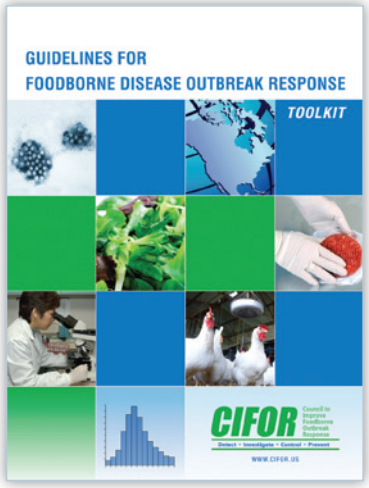
Recommendations from this report include:

- Increase staff working in foodborne disease epidemiology and surveillance in state and local health departments.
- Enhance epidemiology training opportunities for the existing workforce in the foodborne disease epidemiology and surveillance program area to promote a well-qualified public health workforce.
- Increase investment in information technology to realize greater improvements in capacity for the detection, reporting, investigation and surveillance of outbreaks of foodborne disease/enteric illness.
- Develop strategies for further enhancing the relationship between state/local health departments and federal regulatory agencies (e.g., FDA and USDA) in collaborating on foodborne disease outbreak response.
- Develop marketing strategies to increase awareness and use of the CIFOR *Guidelines* Toolkit.

Please visit **www.cste.org** to view the report. Copies have been mailed to State Epidemiologists and foodborne disease epidemiologist points of contact. If you would like a hard copy of the report, please contact Lauren Rosenberg (**lrosenberg@cste.org**) at the CSTE National Office.

TOOLKIT FOR *GUIDELINES FOR FOODBORNE DISEASE OUTBREAK RESPONSE* NOW AVAILABLE

CSTE has copies of the Toolkit for the *Guidelines for Foodborne Disease Outbreak Response* available for your health department! This Toolkit has been developed to aid the implementation of the *Guidelines for Foodborne Disease Outbreak Response* at state and local levels.



The Toolkit walks public health practitioners through a series of worksheets designed to help jurisdictions identify which recommendations from the *Guidelines* would be most useful for their jurisdiction. The worksheets divide the *Guidelines* into 12 focus areas, which cover the most critical elements of outbreak response that are likely to be common to most jurisdictions and most outbreaks. The Toolkit guides users through a range of activities, from describing current activities and procedures to prioritizing CIFOR *Guidelines* recommendations to address needed improvements, and finally, making plans to implement the selected recommendations.

CSTE has funded 19 sites throughout the country to conduct trainings on the *Guidelines* using the Toolkit. These trainings will take place during spring and summer of 2011. The trainings will use a variety of methods, including individual trainings in local jurisdictions, one statewide training and regional trainings. The sites have identified facilitators from outside their jurisdiction or someone within the health department. The trainings will use several focus areas from the Toolkit to identify which recommendations from the *Guidelines* can help improve their foodborne outbreak response policies and procedures. The sites will be evaluating their training, and quantitative and qualitative results from these evaluations will be available starting in late summer 2011.

If your state has planned or is planning to conduct training, please let us know! We would love to hear how you are using the Toolkit to implement the Guidelines.

To access electronic copies of the Toolkit, visit **www.cste.org**. To obtain a hard copy of the Toolkit including a CD, please contact Lauren Rosenberg at 770-458-3811 or **lrosenberg@cste.org**.

2011 CDC ORIENTATION FOR NEW STATE EPIDEMIOLOGISTS

CSTE and CDC hosted the third annual CDC Orientation for New State Epidemiologists, February 14-16. This two-and-a-half day meeting provided newly appointed State Epidemiologists 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 50 CDC leaders, including a session with Dr. Frieden on CDC and state public health priorities and challenges.

State Epidemiologists in attendance included Sharon Alroy-Preis (New Hampshire), Paul Byers (Mississippi), Mary DiOrio (Ohio), Thomas Erlinger (Texas), Deborah Klaus (Navajo Tribal Epidemiology Center), Anil Mangla (Georgia), and Tracy Miller (North Dakota), and David Wong (National Park Service).

CSTE congratulates these State Epidemiologists on their appointment and looks forward to working with them closely in the future!

SPOTLIGHT

NEW STATE EPIDEMIOLOGISTS

New Hampshire – Dr. Sharon Alroy-Preis

On July 1, 2010, Dr. Alroy-Preis joined the Division of Public Health Services within the Department of Health and Human Services as the new State Epidemiologist for Public Health.

Dr. Sharon Alroy-Preis received her degree of Doctor of Medicine cum laude from the Technion, Israel Institute of Technology. She completed Internal Medicine residency at Lady Davis Carmel Medical Center, Haifa, Israel. She then continued to work as an attending physician and was the director of the regional outpatient clinic of the largest HMO in Israel.

In November 2007, Dr. Alroy-Preis moved with her family to New Hampshire and completed an Infectious Disease fellowship at Dartmouth-Hitchcock Medical Center, in Lebanon. As part of her interest in public health and health care delivery, she completed a Preventive Medicine residency at Dartmouth and received her Masters in Public Health from The Dartmouth Institute for Health Policy & Clinical Practice, Dartmouth Medical School.

Texas – Dr. Thomas (Tate) Erlinger

Dr. Thomas (Tate) Erlinger received his medical degree from the University of Texas Health Science Center at San Antonio and his residency in Internal Medicine at the University of Chicago. After residency, Dr. Erlinger completed a three-year General Internal Medicine fellowship at the Johns Hopkins School of Medicine and received a Master's in Public Health at the Johns Hopkins Bloomberg School of Public Health.

Dr. Erlinger remained on faculty at Johns Hopkins for an additional five years. He conducted research in various areas of chronic disease epidemiology and clinical research, including cardiovascular disease, nutrition and obesity. After moving to Texas in 2005, he served in the role of Director of Clinical Research Development for the University of Texas Medical Branch (UTMB) Austin campus until 2007.

From 2007 to 2010, Dr. Erlinger served as the Director of Hospital Epidemiology and Infection Control and the Director of Measurements, Evaluation and Clinical Research for the Seton Family of Hospitals – a not-for-profit organization. The Seton Family is the leading provider of health care services in Central Texas, serving an 11-county population of 1.8 million.

Dr. Erlinger has been an author or co-author of numerous scientific publications. His current interests include surveillance modeling, quality improvement, health care safety and chronic disease epidemiology.

2011 STATE REPORTABLE CONDITIONS ASSESSMENT

The 2011 State Reportable Conditions Assessment (SRCA) will feature enhanced customizable screens that will allow states and territories to complete reportable disease information that more accurately reflects current reporting requirements. Jurisdictions will be able to specify the timeframe for reporting and specify reporters to public health. The tool will also have a search and filter option that will facilitate data entry.

The 2011 SRCA will be showcased during a software demonstration on Monday, June 13, at the CSTE Annual Conference. All SRCA users and State Epidemiologists are encouraged to attend.

2011 CSTE ANNUAL CONFERENCE
JUNE 12-16 • PITTSBURGH, PENNSYLVANIA

The Changing Healthcare Landscape:
New Opportunities for Improving Population Health

EXHIBIT HALL

The conference Exhibit Hall will feature displays by vendors, poster presentations, software demonstrations, activity posting center and cyber café. Please take time during the conference to visit the Exhibit Hall. The Exhibit Hall is not open on Sunday.

Exhibit Hall Schedule

Monday, June 13	7 AM – 3:30 PM
Tuesday, June 14	7 AM – 3:30 PM
Wednesday, June 15	7 AM – 10:30 AM

EXHIBITORS (confirmed as of May 1)

BOOTH #	ORGANIZATION
208	Agency for Healthcare Research and Quality
101	Atlas Public Health
309	BioSense Program Redesign
105	CDC, BRFSS
303	CDC, Career Epidemiology Field Officer Program
103	CDC, Epi-X
302	Collaborative Fusion, Inc.
300	Consilience Software
202 & 204	Council of State and Territorial Epidemiologists
109	Food Safety News
305	Health Monitoring Systems
205	IBM
102	Instantatlas - Geowise, Ltd.
301	International Food Protection Training Institute
201	National Park Service Office of Public Health
108	Orion Health
308	Quidel Corporation
209	Scientific Technologies Corp.
200	The Society for Healthcare Epidemiology of America
104	University of Pittsburgh Graduate School of Public Health

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2011 CSTE ANNUAL CONFERENCE

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AGENDA AND ONLINE ITINERARY PLANNER

COMING SOON– Conference attendees will have the ability to view and search detailed session information, including individual abstracts, online through the CST website. Build your own schedule through the online "Itinerary Planner" function. Once your personal itinerary is built, you may print it either with or without abstract text. A booklet of abstracts will be available online for attendees to view and print. Given the numerous presentations and environmental friendly efforts, CSTE will not provide a hardcopy booklet of abstracts.

JUNE 12-16 **PITTSBURGH** PENNSYLVANIA

MEETING LOCATION

Conference sessions on Sunday through Wednesday, including exhibit hall, registration, pre-conference workshops/meetings, plenary sessions, breakout sessions, and poster sessions will be held at the **David L. Lawrence Convention Center**. Roundtable, Discussion Rooms and the CSTE Business Meeting will be held at the **Westin Convention Center Pittsburgh.**

CONCURRENT BREAKOUT SESSIONS

Committee identification for concurrent breakout sessions are abbreviated as follows:

CD Chronic Disease/MCH/Oral Health
CC Cross Cutting
ENV Environmental Health
EOI Environmental Health/Occupational Health/Injury
EB Executive Board
ID Infectious Disease
INJ Injury
OCC Occupational Health
SUR Surveillance/Informatics

pocket agenda

STAY CONNECTED

The CSTE conference website will be updated on an on-going basis during the meeting, so check it often for recent information, Change Sheet, Late-breakers, and more. During the conference, daily updates will be sent by email to all attendees!

NAME BADGES

Name badges, any pre-purchased event tickets and a pocket agenda will be mailed the week of May 16 for pre-registered attendees. Please wear your name badge throughout the conference, including receptions and the CSTE President's Banquet.

Conference check-in and registration opens at 7:00 a.m. on Sunday, June 12 at the David L. Lawrence Convention Center, 1000 Ft. Duquesne Boulevard, Pittsburgh, Pennsylvania 15222.

Onsite Registration Desk Hours

Sunday, June 12	7 AM – 3:30 PM
Monday, June 13	7 AM – 3:30 PM
Tuesday, June 14	7 AM – 3:30 PM
Wednesday, June 15	7 AM – 1:30 PM

SOFTWARE DEMONSTRATIONS

Software Demonstrations are a new type of presentation format at the CSTE Annual Conference to highlight state- or CDC-led projects. These demonstrations exhibit how these projects utilize cutting edge technology or software in novel ways to capture information related to surveillance and epidemiology. These demonstrations will be held in the Exhibit Hall, and presenters will be available for group discussion during presentation times. This new presentation format is a great opportunity to get a hands-on experience with new surveillance technologies and approaches to local, state, and federal surveillance efforts. Please see your 2011 CSTE Annual Conference agenda for more information and a list of presentations available.

Software Demonstrations:

Monday
7:30am-3:30pm ET

Tuesday
9:30am-3:30pm ET

Wednesday
7:30am-10:30am ET

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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 2010-2011 Executive Board members are:

President **STEPHEN OSTROFF**
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