FEBRUARY 2012

CSTE UPDATE

COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS

A MESSAGE FROM THE CSTE EXECUTIVE DIRECTOR

Food safety and foodborne disease outbreak response is an important issue for applied epidemiologists and for CSTE. You may have seen the December 2011 MMWR and April 2011 technical report about CSTE's food safety epidemiology capacity assessment.

The 2010 assessment found that national foodborne disease epidemiology and surveillance capacity has increased since the last CSTE assessment in 2002, although critical gaps remain. The number of foodborne disease epidemiologist full-time equivalents (FTE) with an epidemiology degree working in state health departments increased 61.4% from 92 in 2002 to 148.5 in 2010. In 2010, across state, regional, and local health departments, a total of 787 FTEs were working as foodborne disease epidemiologists, 42% of whom have degrees in epidemiology. Respondents reported the need for an additional 304 FTEs, representing an approximate 38% increase over current staffing levels, to reach full foodborne disease program capacity at state, regional, and local levels. The greatest reported need was for additional staff with an MPH or other master's level epidemiology degree. States' need for additional foodborne disease epidemiologists was further supported by reporting from most respondents that one of the most common barriers to successful completion of foodborne disease investigations is lack of adequate staff.

The assessment clearly demonstrated a need for continued improvement and investment in public health IT infrastructure to adequately respond to foodborne disease. Investment in and development of electronic surveillance and reporting systems through federal capacity and preparedness funding has resulted in technology and infrastructure improvements, although most states continued to report a lack of core capacity that has directly affected their ability to investigate and intervene in the control of foodborne disease. Delayed notification from reporting sources was the most common barrier to investigation of foodborne disease/enteric illness outbreaks (cited by approximately 80% of states).

States consistently reported full legal authority to detect, investigate, and respond to foodborne diseases; this authority is granted either under general state public health statutes and regulations or, less commonly, under statutes or regulations specific to foodborne disease. The legal barrier most commonly reported dealt with constraints to conducting a coordinated response across local/state boundaries and with federal agencies, which might be related to the need for prioritizing the improvement of interagency relations, including discussions of enabling legal authority across jurisdictions.

Two other areas assessed include the initial distribution and uptake of the CIFOR *Guidelines for Foodborne Disease Outbreak Response* and the level of cooperation among food safety agencies.

CSTE is working to address these needed improvements directly with CDC and through CIFOR, the Council to Improve Foodborne Outbreak Response. CIFOR is a multidisciplinary collaboration of national associations and federal agencies whose goal is to improve methods at the local, state, and federal levels to detect, investigate, control, and prevent foodborne disease outbreaks. CIFOR identifies barriers to rapid detection and response to foodborne disease outbreaks and develops projects that address these barriers. CIFOR member organizations represent epidemiology programs, environmental health programs, public health laboratories, and regulatory agencies involved in foodborne outbreak surveillance and response.

Continued on page 2.

INSIDE

A MESSAGE FROM THE CSTE EXECUTIVE DIRECTOR

Continued from page 1.

CIFOR is co-chaired by CSTE and NACCHO, with Tim Jones (Tennessee Department of Health) and Joe Russell (Flathead City-County Health Department). In addition to Tim's leadership, Bill Keene (Oregon Department of Human Services) and Kirk Smith (Minnesota Department of Health) serve as representatives to the CIFOR Council, and Lauren Rosenberg is the staff lead at the National Office.

In 2009, CIFOR published the ***Guidelines for Foodborne Disease Outbreak Response***, a set of guidelines to help local and state public health, environmental health, food regulatory agencies, and laboratories improve their foodborne disease outbreak response activities and to help unify foodborne disease investigation work across the U.S. An accompanying **Toolkit** was released in 2011 to help agencies examine current practices to identify recommendations from the *Guidelines* to address needed improvements in outbreak response.

CSTE has funded 21 sites (16 states, 2 county-based areas, and 3 urban areas) to conduct trainings using the CIFOR *Guidelines* and Toolkit to identify needed improvements, to identify recommendations from the *Guidelines* to address those needs, and to create action plans for implementing those recommendations. To date, over 875 have participated in the state-based trainings. CSTE is currently accepting proposals to fund additional sites.

CIFOR is also working on a law project to address recognized legal barriers to effective foodborne disease outbreak response by creating tools that agencies can use to improve their legal preparedness. Several products will be created through this project, including a handbook for public health practitioners about foodborne disease outbreak response laws and policies and a state legal analysis report to analyze where selected states have clear legal authorities and where authorities are lacking.

The **2012 CSTE Annual Conference** will feature a Sunday pre-conference workshop, "Overview of Multistate Foodborne Disease Outbreak Investigations," to help epidemiologists learn how to investigate a multistate outbreak. Workshop topics will include who is involved in multistate investigations, detecting possible outbreaks using PulseNet, detecting and finding cases during the outbreak, hypothesis generation methods, analytic studies, and reporting outbreaks to NORS. Please visit the **Annual Conference website** for more information on this workshop and the Annual Conference.

CSTE RELEASES REPORT ON DATA SHARING WITH TRIBAL EPIDEMIOLOGY CENTERS

Privacy challenges are inherent in data-sharing practices between state, local, and tribal public health authorities. Law and policy makers at times struggle to find a common ground between individual privacy expectations and communal health authorities' needs for identifiable health data. Although the veracity of this observation extends to multiple data-sharing practices, tribal public health authorities such as Tribal Epidemiology Centers (TECs) nationally have reported extensive limitations concerning data sharing with state or local public health authorities. In January, CSTE released a report entitled, "*Legal Issues Concerning Identifiable Health Data Sharing Between State/Local Public Health Authorities and Tribal Epidemiology Centers in Selected U.S. Jurisdictions*" which assessed state laws regarding data sharing in a sample of states with federally recognized tribes. Through legal research and analysis, the report identifies state-specific laws (statutes, regulations, and cases) that authorize or limit the sharing of identifiable public health data between state public health authorities and TECs for lawful public health activities.

This assessment of the legal environment concerning data exchanges with TECs is based solely on the findings from the seven selected jurisdictions: Arizona, Florida, Maine, Nevada, Oklahoma, South Dakota, and Washington. The laws and statutes referenced in this report illustrate the precedence of data-sharing agreements but are not intended to provide a complete or exhaustive listing of all relevant statutes in the states. The report provides a foundation for examining potential privacy issues and solutions for current and potential TECs' partners regarding privacy implications of state laws in selected jurisdictions, as well as to facilitate public health data sharing. Included in the report are examples of laws relating to the sharing of identifiable health data. To view the full report, visit **www.cste.org.**

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

BIOSENSE 2.0 UPDATE

You have likely heard and engaged in many BioSense 2.0 discussions over the last year. CSTE continues to collaborate with CDC, ASTHO, NACCHO, and ISDS on BioSense 2.0 activities. While the cloud-based application launched in mid-November, the complete transition from the previous CDC-based BioSense system to the user-driven BioSense 2.0 will take two or more years.

CURRENT APPLICATION SCOPE

Currently, BioSense 2.0 accepts line-level data from emergency departments and urgent care centers shared by health departments or directly transmitted from health care facilities. These data are sent to a secure space within BioSense accessible only by the corresponding health department and any users it assigns. Eventually, BioSense 2.0 may expand to accept other data like electronic health records from inpatient and ambulatory settings.

Participating health departments can also elect to share aggregated data within BioSense 2.0. This optional component not only allows users to select which jurisdictions (including CDC) can see their data but also choose the granularity (state- or county-level) of this aggregated information.

GOVERNANCE UPDATE

CSTE continues to participate in the BioSense 2.0 interim governance group, currently comprised of members from CSTE, ASTHO, NACCHO, and ISDS, as well as CDC representatives. Richard Hopkins (FL) and Bryant Karrass (WA) represent CSTE and are currently helping to formulate the BioSense 2.0 Governance Charter. The charter outlines the structure, roles, and procedures of the permanent BioSense Governance Group, which will be comprised of representatives from a variety of stakeholder groups who will set the overall strategic priorities for BioSense 2.0. The interim group aims to finalize the charter by February so the permanent Governance Group can launch in March.

MEMBER OUTREACH UPDATE

CSTE continues to initiate BioSense 2.0 discussions with health departments. As of early January, 27 states were awaiting the Data Use Agreement to begin the formal process of joining BioSense 2.0. ASTHO recently began sending the Data Use Agreement to State Health Officials and State Epidemiologists in these interested states.

Last fall, CSTE hosted three webinars related to BioSense. These sessions showcased:

1. local and state health department uses of syndromic surveillance data,
2. how CDC utilized data from BioSense 1.0, and
3. a BioSense 2.0 application demonstration.

These webinar recordings are currently available for your viewing at **www.cste.org/BioSense.asp.**

LOOKING AHEAD, WHAT DOES THIS ALL MEAN FOR YOU

We encourage CSTE members to continue engaging in the BioSense redesign process. Thus far, you have impacted BioSense's development by providing thoughtful comments on the BioSense Strategic Plan and template Data Use Agreement, as well as generating constructive feedback during the CSTE Annual Conference and webinar series. Thanks to those members who contributed to these efforts.

States and territories continue to be the focus of the BioSense Team's recruitment efforts. Thus, you will have more opportunities to connect with the redesign team, including a half-day BioSense pre-conference workshop at the 2012 CSTE Annual Conference, and to determine if this program is a good fit for your jurisdiction. In February and March, CSTE will partner with ASTHO and ISDS on a new series of BioSense-related webinars on topics such as cloud-based technology, legal aspects of BioSense, and data elements. Invitations for these sessions will be sent to State and Deputy State Epidemiologists soon.

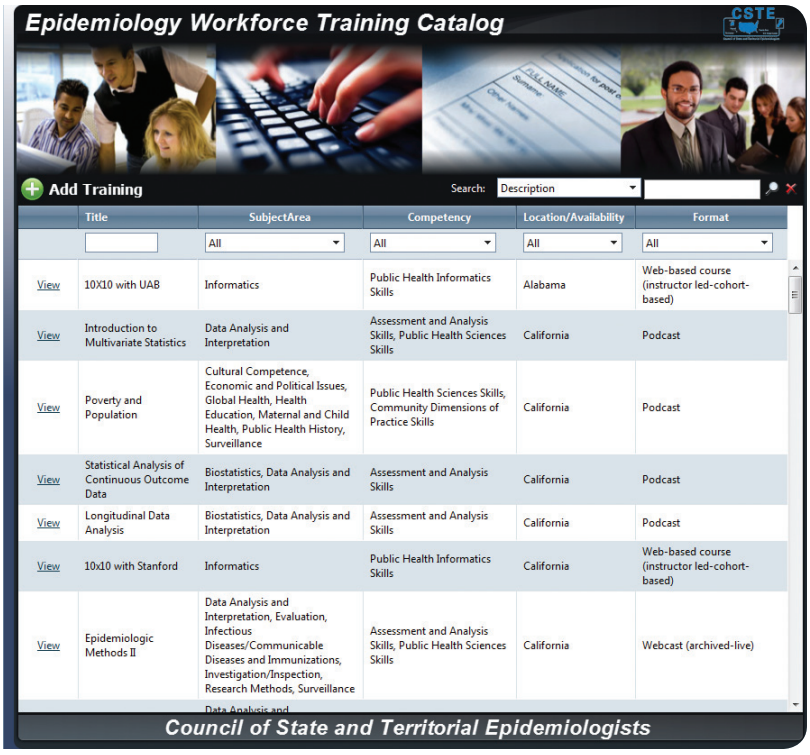
CSTE is committed to providing you with the most up-to-date information to facilitate this conversation. The CSTE BioSense website (**www.cste.org/BioSense.asp**) continues to be the main venue for releasing BioSense 2.0 information. The BioSense redesign page (**www.BioSenseRedesign.org**) contains additional details.

Please contact Beth Dunbar at edunbar@cste.org if you have any questions.

APPLIED EPIDEMIOLOGY WORKFORCE TRAINING CATALOG

CSTE is pleased to announce the creation of a new applied epidemiology workforce training database. The database is intended to serve as a comprehensive and current catalog of relevant epidemiology training opportunities for the existing applied epidemiology workforce at the state and local levels. The goal of this tool is to support and strengthen epidemiologic practice by increasing awareness of existing and new epidemiology training opportunities for the public health workforce.

The database allows users to search for and post existing applied epidemiology trainings. These trainings are available for search by subject area, relevant applied epidemiology competency, geographic location, and format of the training course. This database also has an interactive feature, which allows users to submit and update additional listings of applied epidemiology training programs and resources not included in the catalog already. Training opportunities include applicable non-degree seeking courses offered at universities and other institutions such as CDC.



	Title	SubjectArea	Competency	Location/Availability	Format
		All	All	All	All
View	10X10 with UAB	Informatics	Public Health Informatics Skills	Alabama	Web-based course (instructor led-cohort-based)
View	Introduction to Multivariate Statistics	Data Analysis and Interpretation	Assessment and Analysis Skills, Public Health Sciences Skills	California	Podcast
View	Poverty and Population	Cultural Competence, Economic and Political Issues, Global Health, Health Education, Maternal and Child Health, Public Health History, Surveillance	Public Health Sciences Skills, Community Dimensions of Practice Skills	California	Podcast
View	Statistical Analysis of Continuous Outcome Data	Biostatistics, Data Analysis and Interpretation	Assessment and Analysis Skills	California	Podcast
View	Longitudinal Data Analysis	Biostatistics, Data Analysis and Interpretation	Assessment and Analysis Skills	California	Podcast
View	10x10 with Stanford	Informatics	Public Health Informatics Skills	California	Web-based course (instructor led-cohort-based)
View	Epidemiologic Methods II	Data Analysis and Interpretation, Evaluation, Infectious Diseases/Communicable Diseases and Immunizations, Investigation/Inspection, Research Methods, Surveillance	Assessment and Analysis Skills, Public Health Sciences Skills	California	Webcast (archived-live)

The catalog can be accessed at www.cste.org/workforcetraining

For more information about the new workforce training catalog, please contact Ashlyn Beavor at **abeavor@cste.org**

SPOTLIGHT

NEW STATE EPIDEMIOLOGISTS

NEW YORK – Debra Blog, M.D., M.P.H.

Dr. Debra Blog has been appointed to the position of Director, Division of Epidemiology, for the New York State Department of Health, after serving in this position in an acting capacity for a year.

Dr. Blog received her Bachelor of Arts degree from Oberlin College and her Medical degree from the Albert Einstein College of Medicine. After receiving her M.D., she completed a residency in pediatrics at North Shore University Hospital in Manhasset, New York, and practiced general pediatrics in Colorado and Chicago.

In 2002, Dr. Blog received her Master's of Public Health degree from the University at Albany (SUNY Albany) School of Public Health, having served for two years as a Preventive Medicine Resident there and with the New York State Department of Health. Later that year, she became Medical Director for the Department's Immunization Program. Prior to her current appointment, she served as Bureau Director for the Department's Bureau of Immunization.

MISSOURI – George Turabelidze, M.D., Ph.D.

Dr. George Turabelidze serves as the State Epidemiologist for the Missouri Department of Health and Senior Services. Prior to his appointment to this position in 2011, he had been with the Department since 2003, having served as Medical Epidemiologist, Acting State Epidemiologist and Deputy State Epidemiologist. He is also a hospitalist with Mercy Medical Center in St. Louis, Missouri, and an Adjunct Clinical Associated Professor of Pediatrics with University of Missouri School of Medicine.

Dr. Turabelidze received his medical degree and Ph.D. from the St. Petersburg Pediatric Medical Academy in the former USSR. He completed residencies there and at the Yale University Primary Pediatrics Program of St. Mary's Hospital in Waterbury, Connecticut.

Dr. Turabelidze's primary public health interests include communicable disease and surveillance issues, workforce education, and public health research.

CSTE APPLIED EPIDEMIOLOGY FELLOWSHIP PROGRAM – OPPORTUNITY ON ALL SIDES

For Lauren Torso and Erica Smith, CSTE's Applied Epidemiology Fellowship recently opened doors to working with public health officials at all levels; participating in a state-level investigation; and getting first-hand experience in partnering on a federal investigation with the CDC. In turn, their work assisted the Pennsylvania Department of Health with an important investigation of novel influenza.

LAUREN TORSO
CSTE Applied Epidemiology Fellow

ERICA SMITH
CSTE Applied Epidemiology Fellow

For Lauren Torso and Erica Smith, CSTE's Applied Epidemiology Fellowship recently opened doors to working with public health officials at all levels; participating in a state-level investigation; and getting first-hand experience in partnering on a federal investigation with the CDC. In turn, their work assisted the Pennsylvania Department of Health with an important investigation of novel influenza.

As Fellows with the Pennsylvania Department of Health, Smith and Torso had the opportunity last year to work on a three-week field investigation and the continuing follow-up on what turned out to three cases of a novel influenza A variant, H3N2v. This variant influenza includes genetic material from both swine-origin and the "swine-like" 2009 pandemic H1N1 strain. Tests from one child were forwarded to the state public health lab as part of routine influenza surveillance. Results showed this type of variant influenza, and an investigation was initiated by the Pennsylvania Department of Health and CDC.

Smith, an Infectious Disease Fellow, had worked on flu investigations in the past, and Torso, an Infectious Disease - HAI Fellow, also joined the investigation team. "Fellowship mentors will often pull us in on interesting investigations and help us get out into the field for experience. We were called in early on this investigation, and got to work with the index case," said Torso.

Two additional cases of the same variant influenza strain were also identified among children during the investigation; all three children had visited a county fair. "We interviewed fair attendees who may have also been in contact with the pigs, as well as those who were in contact with the three original cases," said Smith. Twelve cases of H3N2v have been identified in the U.S. since August 2011. All cases identified in Pennsylvania have fully recovered from their illness.

As CDC reports all cases of human infection with novel influenza viruses to the World Health Organization, the Pennsylvania investigation quickly gained attention from the CDC. Smith and Torso were able to serve as liaisons between CDC and their department. "It was very valuable working with different partners – the CDC, hospital staff, and local public health," said Torso. "We got great firsthand experience learning how to keep everybody on the same page, keep everyone informed."

"It was a really interesting opportunity, working with a large investigation group from CDC, learning how they work in the field, especially in a unique situation that had a good outcome for the families," said Smith. "That's one of the best things about CSTE and the Fellowship. We get to lead investigations and also follow and partner with other organizations."

"As Fellows, we can ask to work with our mentors on various topics or projects, and we don't have to be restricted to just one subject area," said Smith. "No two days are ever the same; the phone rings and it could be anything."

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. Lauren's mentors are Ram Nambiar, MD, MPH and Zeenat Rahman, MBBS, MPH. Erica's mentors are Perrianne Lurie, MD, MPH and Andre Weltman, MD, MSc.

TWITTER & FACEBOOK

Friend us on Facebook!
www.facebook.com/csteepi

Follow us on Twitter!
www.twitter.com/csteconference

Dr. Steve Ostroff (back row) attends a consultation in Afghanistan to evaluate a CDC-funded influenza surveillance project

AFGHANISTAN CONSULTATION

In November 2011, I made a site visit to Afghanistan to evaluate the CDC-funded influenza surveillance project along with Charlene Sanders, Senior Program Manager and CDC Project Officer for this consultation. After decades of war, Afghanistan has one of the most degraded public health infrastructures in the world. This fact is unfortunately demonstrated by the poor life expectancy, high infant mortality, and disease surveillance data. Influenza is just one of many communicable and non-communicable disease problems competing for limited resources and staff in the Ministry of Health. Influenza is definitely a concern to Afghanistan in particular because of avian flu and the 2009 H1N1 pandemic.

Although this was not my first visit to Afghanistan, it was the first since the security situation had deteriorated over the past year with attacks occurring even in Kabul. A national conclave, Loya Jirga, that was called to discuss the future relationship with the U.S. military coincided with the timing of our visit, disrupting some of our plans. Security was even tighter than usual, a government holiday was declared, and our mobility was quite limited. We revised our schedule and still managed to carry out our intended activities over a truncated 5-day visit. We met with the head of the Afghan Public Health Institute, the director of disease surveillance, and the flu surveillance coordinator, we visited the central public health laboratory, and we saw flu surveillance in action at the main pediatric hospital, the Indira Gandhi Institute. We also met with colleagues from WHO. A full-day meeting was arranged with all 8 of the regional disease surveillance coordinators from across the country, despite how difficult it is for these individuals to travel through difficult terrain and hazardous war-impacted territory. But, after they all made it to the meeting, the regional coordinators took part in a spirited discussion of the successes and challenges over the first 5-year grant cycle, voicing lots of ideas about how to improve influenza surveillance over the next 5-year period. Their ability to accomplish so much in such difficult circumstances certainly puts our surveillance challenges in the U.S. in perspective.

We finished the visit with a 1-hour meeting with the Harvard-trained Acting Minister of Health, Dr. Surya Dalil, and discussed a range of topics including infant mortality, dengue, diabetes, and, of course, influenza. The Acting Minister is an impressive and passionate advocate for improving the health of the citizens of Afghanistan.

On the last evening in Kabul, we had an excellent dinner at the Hotel Serena hosted by Dr. Rashida Bano of WHO for the entire surveillance team, including the 8 regional surveillance coordinators (see photo). I look forward to returning to Afghanistan to see how well the plans to improve flu surveillance have progressed. Hopefully this will occur along with peace and security for this fascinating and tragic country.

- Dr. Steve Ostroff, Director
Bureau of Epidemiology
Pennsylvania Department of Health

Dr. Christine Hahn and Charlene Sanders (fourth and fifth from left) take a break for a lunch of homemade borscht with members of the influenza surveillance team in Ukraine during the site visit.

UKRAINE CONSULTATION

CSTE member Dr. Christine Hahn, State Epidemiologist in Idaho, recently joined CDC Senior Project Manager Charlene Sanders on a site review of an influenza surveillance project in Kiev, Ukraine funded by CDC through the Cooperative Agreement, "Sustaining Influenza Surveillance Networks and Response to Seasonal and Pandemic Influenza by National Health Authorities outside the United States." During the review, Dr. Hahn provided feedback on influenza surveillance in Ukraine over the past 5 years and assisted with planning for the newly implemented 5-year cooperative agreement.

Ukraine participants included Dr. Alla Mironenko, Laboratory Manager, National Influenza Center; Dr. Victor Marievsky, Director, and other staff from the LV Gromashevsky Institute of Epidemiology & Infectious Disease; and representatives of PATH-Global Health. The review determined that a robust, sustainable influenza sentinel surveillance system has been established in Ukraine, with strong geographic representation. There are opportunities to improve efficiency of the system, and there is an unexpectedly low fatality rate among SARI (severe acute respiratory infection) cases, possibly related to cultural barriers. These cultural barriers prevent elderly people with influenza-like illness from seeking treatment, and they may also be hospitalized at a lower rate than younger age groups. Recommendations were made on how to try to improve the assessment of mortality due to influenza in Ukraine.

From left: Dr. Christine Hahn, CSTE; Dr. Alla Mironenko, Laboratory Manager, National Influenza Center; Charlene Sanders, CDC, in front of the LV Gromashevsky Institute of Epidemiology & Infectious Disease in Kiev, Ukraine.

Drs. Islam, Huang, Rahman, and Husain at the Working Group meeting in Bangladesh

BANGLADESH CONSULTATION

CSTE member Dr. Youjie Huang visited the Institute of Epidemiology, Disease Control, and Research (IEDCR) in Dhaka, Bangladesh in December 2011. Dr. Huang, the chair of the CSTE Cancer Subcommittee and CSTE's BRFSS liaison, traveled to Dhaka to work with IEDCR investigators for a pilot BRFSS survey in Bangladesh.

IEDCR is the national institute responsible for disease surveillance and outbreak investigation in Bangladesh. IEDCR is a member of the International Association of National Public Health Institutes, Global Outbreak Alert Response Network, and Global Influenza Surveillance Network.

The majority of surveillance in Bangladesh is for communicable diseases. The surveillance system collects data from providers, people visiting health care facilities, or outbreak investigations. IEDCR conducted an in-person survey of behavioral risk factors among urban and rural adults age 25-64 years in 2002, but no telephone survey has been conducted for public health surveillance in Bangladesh.

Cell phone coverage has increased significantly in Bangladesh in recent years and provides a unique opportunity to conduct behavioral risk factor surveillance through cell phone surveys. Banglalink, one of the major cell phone companies in Bangladesh, is providing a random sample from its active cell phone numbers to IEDCR. This sample will be used for a public health survey for behavioral risk factor surveillance among cell phone users. A team of multi-disciplinary researchers with extensive public health experience working with the target population is developing the survey. IEDCR requested subject matter expertise from CSTE to help further design the survey.

Dr. Huang and IEDCR staff, including Drs. Mahmudur Rahman, Apurba Chakraborty, Mushtuq Husain, Khaleda Islam, Ahmad Raihan, Selina Khatun, and Sabbir Haider, attended a series of working group meetings during Dr. Huang's visit. At these meetings, the group decided the overall strategy of the survey, including target population, focus on major local health conditions and related behaviors, survey sample, and how the interviews will be conducted. The group also designed a survey questionnaire, adopting some U.S. BRFSS questions and using new questions to address the unique needs of disease prevention in Dhaka. The final questionnaire contains 42 questions in eight sections: health status, health care access, physical activity, diet, tobacco use, individual demographics, family information, and children's health condition.

Celebration of 40-year Victory Day in Bangladesh

The group drafted a protocol for the pilot study, based on the CDC BRFSS Operational & User's Guide with modifications based on needs unique to Bangladesh. The protocol addressed issues related to staff, training, survey methodology, data collection and management, and quality control.

Currently, Dr. Huang is working with IEDCR staff for additional steps through emails for implementing the pilot survey, including hardware and software issues and finalizing the questionnaire. The survey will be implemented in Dhaka in spring 2012 as the first public health telephone survey in Bangladesh.

2012 CSTE ANNUAL CONFERENCE REGISTRATION INFORMATION

Registration is required to attend the CSTE Annual Conference. Full conference registration includes admittance to one Sunday Workshop or Meeting; access to all sessions on Monday, Tuesday and Wednesday; access to the Exhibit Hall; access to receptions, but confirmation required at registration; and access for CSTE Members to the CSTE Business Meeting. One-Day registration is for Monday, Tuesday or Wednesday. A continental breakfast and morning and afternoon breaks are included with your registration fee. Lunch is not included with registration except on Sunday for session attendees that day.

Advance registration is recommended for your convenience and to avoid possible delays registering onsite. **An early-bird discount is offered for registrations received by 11:59 p.m. EST on April 20, 2012.** Regular fees are in effect after April 20, 2012.

REGISTRATION CATEGORIES	EARLY BIRD Before or on April 20 (Paid in Full)	REGULAR After April 20
MEMBER		
Full Conference	$395	$515
One Day	$205	$325
Student*	$130	$130
Guest - Conference	$65	$185
Sunday Workshop Only	$145	$195
NON-MEMBER		
Full Conference	$440	$560
One Day	$250	$370
Student*	$155	$155
Guest - Conference	$110	$230
Sunday Workshop Only	$190	$240
OTHER		
President's Banquet	$31	$36
Guest – Connections Reception	$15	$15
Guest – Opening Reception	$15	$15

**Student registration is for persons currently enrolled full time in an undergraduate or graduate program who are actively pursuing a degree in public health or related field. Proof of current enrollment maybe required.*

**Guest conference registration is for the spouse of an attendee registered for the full conference who is not involved in public health.*

Attendees requesting Sunday Session Only registration need to register through the individual sessions on the CSTE website at **www.csteconference.org.**

SUNDAY WORKSHOPS & MEETINGS:

There are a number of workshops and national meetings that will be held in conjunction with the 2012 CSTE Annual Conference on Sunday, June 3, 2012. Click here for more information: **www.csteconference.org**

2012 POSITION STATEMENT TIMELINE

MARCH 29
Deadline for submission of position statements

APRIL 19
Review by resolution committee

MAY 17
Position statements posted on CSTE web site

JUNE 7
CSTE business meeting

www.csteconference.org

REQUIRES A TICKET OR ADDITIONAL FEE

(sign up when you register)

Connections Reception and Fellowship Graduation Ceremony **TICKET**

Opening Reception **TICKET**

CSTE President's Banquet **FEE**

STEERING COMMITTEE CALL CALENDAR

To see a schedule of upcoming steering committee and subcommittee conference calls, please visit the CSTE website and click on the "Conference Call Schedule" link in the Quick Links box.

STAFF DIRECTORY

Pat McConnon
Executive Director
pmcconnon@cste.org

Ashlyn Beavor
Workforce and Fellowship Administrator
abeavor@cste.org

Angie Blocksom
Part-Time Accountant
ablocksom@cste.org

Beverly Christner
Director of Operations
bchristner@cste.org

Stephen Clay
Information Technology
sclay@cste.org

Shundra Clinton
Member Services Coordinator
sclinton@cste.org

Tarajee Curry
Administrative Assistant
tcurry@cste.org

Beth Dunbar
Associate Research Analyst
edunbar@cste.org

Kevin Gibbs
Information Technology
kgibbs@cste.org

Andrea Giorgi
Associate Research Analyst
agiorgi@cste.org

Monica Huang
Associate Research Analyst
mhuang@cste.org

Robert Jones
Part-Time IT
rjones@cste.org

Jennifer Lemmings
Epidemiology Program Director
jlemmings@cste.org

Amber Leonard
Administrative Assistant
aleonard@cste.org

Ellyn Marder
Program Intern
emarder@cste.org

Amanda Masters
Workforce and Fellowship Coordinator
amasters@cste.org

LaKesha Robinson
Deputy Director
lrobinson@cste.org

Lauren Rosenberg
Associate Research Analyst
lrosenberg@cste.org

MarySue Shulin
Business Manager
mshulin@cste.org

Erin Simms
Associate Research Analyst
esimms@cste.org

Caroline Tai
Program Intern
ctai@cste.org

Annie Tran
Associate Research Analyst
atran@cste.org

Shannon Whittington
Part-Time Accountant
swhittington@cste.org

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:

President **TOM SAFRANEK**
Nebraska Department of Health and Human Services
tom.safranek@nebraska.gov

Vice President **STEPHEN OSTROFF**
Pennsylvania Department of Health
sostroff@state.pa.us

President-Elect **LAURENE MASCOLA**
Los Angeles County Department of Public Health
lmascola@ph.lacounty.gov

Secretary-Treasurer **TIM JONES**
Tennessee Department of Health
tim.f.jones@tn.gov

Chronic Disease/MCH/Oral Health Chair
SARA HUSTON
Maine Center for Disease Control and Prevention
sara.huston@maine.gov

Environmental/Occupational/Injury Chair
MARTHA STANBURY
Michigan Department of Community Health
stanburym@michigan.gov

Infectious Disease Chair **ALFRED DEMARIA**
Massachusetts Department of Public Health
alfred.demaria@state.ma.us

Member At-Large **JANET HAMILTON**
Florida Department of Health
Janet_Hamilton@doh.state.fl.us

Member At-Large **KATRINA HEDBERG**
Oregon Department of Human Services
katrina.hedberg@state.or.us

Member At-Large **JOSEPH MCLAUGHLIN**
Alaska Section of Epidemiology
joseph.mclaughlin@alaska.gov