FALL 2010

CSTE UPDATE

COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS

A MESSAGE FROM THE PRESIDENT

One of my favorite philosophers, Yogi Berra, is often quoted as saying, "You can observe a lot by watching." To my knowledge, he's never been a member of CSTE. But he could have had us in mind when he made that statement. Because at our core we epidemiologists are keen observers; we study the patterns of illness and injury in our populations and attempt to explain what we see. Disease surveillance forms the basis for these observations and is the foundation upon which sound prevention and control efforts are built. This is true whether we work primarily in infectious diseases, environmental health, chronic disease, or injury epidemiology. Surveillance has always been central to the role and operation of CSTE since we were given responsibility for developing the list of nationally notifiable diseases in the 1950s.

Addressing surveillance activities at CSTE is another of the priorities for my presidency. This emphasis will hopefully allow CSTE to better support the practice of disease surveillance at the state, territorial and local level. The last substantial effort that was made to examine CSTE's disease surveillance activities occurred in the mid-1990s and resulted in the formidable Blueprint for a National Public Health Surveillance for the 21st Century, authored by Becky Meriwether (www.cste.org/pdffiles/Blueprint.pdf).

However, much has changed since the mid-1990s. Several major trends shape today's surveillance enterprise in ways that could not be anticipated or fully appreciated in the mid-1990s. Among these are concerns about bioterrorism. The emphasis on preparedness since 2001 has fostered new approaches to disease monitoring and even new terminology (e.g., syndromic surveillance, biosurveillance, and BioSense). It has also created new partners and raised expectations for public health.

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CSTE 2011 ANNUAL CONFERENCE

The CSTE 2011 Annual Conference Program Planning Committee invites you to submit abstract proposals for breakout, roundtable and poster presentations at the upcoming conference to be held June 12 -16, 2011 in Pittsburgh, Pennsylvania. This year's theme is "The Changing Healthcare Landscape: New Opportunities for Improving Population Health".

Abstracts must be received by Friday, January 7, 2011 at 11:59 PM EST through the online CSTE abstract submission database at www.cste.org.

INSIDE

CSTE
Council of State and Territorial Epidemiologists

A MESSAGE FROM THE CSTE EXECUTIVE DIRECTOR

What will the applied epidemiologist of the future look like? What will his or her responsibilities be in the next three to five years? What skills and training will be needed to fulfill those responsibilities?

These and other related ideas will be addressed at our third Workforce Summit, which is planned for mid-February 2011. As we all see and experience firsthand, the field of epidemiology evolves very quickly. So we will work to update and review the progress of the issues we promised to address in our first two summits on this topic. We'll look at what deliverables can be brought to conclusion, if any need to be put to different use, and where we go from here.

We have high expectations of this meeting, based on what came out of the others. For example, the CSTE Fellowship Program was an idea from the first summit in 2003, and it is now a vibrant, well-accepted program throughout the country. We have about 30 Fellows a year and a 72 percent retention rate of Fellows working in state and local public health departments.

To continue our successful workforce development efforts, we need to look at what we've accomplished and what next steps should be taken.

The planning committee – which includes CSTE and CDC representatives, an academic partner and a CSTE Past President – is working to determine the attendee list and agenda.

Another workshop that will help CSTE focus our future efforts will be held in Denver next March. This strategy session on surveillance and informatics is the first step in a process that will be tackled systematically. In this series of meetings, we will revisit the "roadmap to surveillance" that identified the roles of CSTE and states in public health surveillance and their relationship with federal agencies concerning this topic.

Given all the changes in informatics and electronics, we need to take a fresh look at the roles of the states and of CSTE, and what the roadmap might look like in the next three to five years. Invitees include the CSTE board and subcommittees, APHL, ASTHO, CDC, NACCHO and several other associations.

If you have suggestions or ideas concerning these important gatherings, please contact me. Input and feedback from you will help us make these meetings effective tools for continuing to successfully support public health epidemiology.

A MESSAGE FROM THE PRESIDENT

Continued from page 1.

The revolution in information technology has also been transformative for public health surveillance, making surveillance more efficient and timely. But evolving technology also makes possible data streams and patterns of data flow that challenge our traditional approaches and roles for disease surveillance. Even our notifiable diseases position statements look far different and are more complicated than we ever imagined. Finally, health care reform means that even more changes are afoot. Health Care Reform offers many opportunities, and almost as many concerns, regarding disease surveillance. One only has to consider the potential offered by electronic health records and meaningful use requirements to appreciate how this may play out over time.

Addressing the gamut of surveillance issues in CSTE, let alone those at the state, territorial, and local level, is a substantial task. But we need to start somewhere. Yogi Berra also said, "If you don't know where you are going, you might wind up someplace else." To assure this doesn't happen, in March CSTE will hold a day-and-a-half surveillance workshop. This will allow us to frame the discussion and identify some of the major challenges, gaps and opportunities. This workshop should result in a white paper that outlines the core principles and priorities for disease surveillance as currently practiced at the state, territorial, and local level. This meeting should be viewed as the kick-off for a series of workshops that will take place over time, with the ultimate outcome being a blueprint and vision for disease surveillance now and in the future. Details of the workshop are still being finalized, and we appreciate former CSTE President Perry Smith taking the lead on this effort. As always, we welcome any feedback from you to make CSTE as responsive to your needs as possible.

CDC FIELD EPIDEMIOLOGY TRAINING PROGRAM: CSTE CONSULTANTS PROVIDING SUPPORT

FINALIZING CURRICULUM FOR MOROCCAN PROGRAM

Raoult Ratard, the State Epidemiologist for the Louisiana Office of Public Health, traveled to Rabat, Morocco n July to provide subject matter expertise to the CDC Field Epidemiology Training Program this summer.

Beginning in October 2010, the Moroccan Field Epidemiology Training Program – which has been modeled after the EIS program – will include nine trainees selected from highly-qualified public health staff from Moroccan institutions. The July workshop was held to finalize the curriculum for the training program and to introduce the field supervisors to their roles, discussing goals and objectives, types of field experiences, problems encountered in similar programs, and solutions. Discussion topics included prioritizing surveillance, analysis and reporting of surveillance, outbreak detection, monitoring and tracking, and evaluation criteria.

Dr. Ratard reports that "all in attendance indicated enthusiastically that they had learned much from the presentations and discussions."

SURVEILLANCE OF DISEASES AND INJURIES AT MASS GATHERINGS

In September, CSTE consultant Dennis Perrotta traveled to Amman, Jordan for a consultation with CDC, the Eastern Mediterranean Public Health Network (EMPHNET), and the Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET). The project is to enhance preparedness, surveillance and response during mass gatherings in the Middle East/North Africa region.

CSTE was requested to co-sponsor the project and to provide a consultant to participate in the training effort regarding surveillance of diseases and injuries at mass gatherings. The five-day workshop consisted of lectures, discussion and other strategy sessions to assist attendees' efforts towards effective surveillance at mass gatherings. Participating Middle East/North Africa region countries were Afghanistan, Iraq, Morocco, Egypt, Yemen, Pakistan, Jordan, and Saudi Arabia.

Dr. Perrotta was designated as the mentor to the Field Epidemiology Training Program in Saudi Arabia, working with team members on a surveillance project proposal. He will continue to mentor the program during the next six months. A follow-up meeting is being planned by CDC to assist Field Epidemiology Training Program fellows in writing constructive reports regarding their mass gathering surveillance project.

OCCUPATIONAL HEALTH SUCCESS STORIES

The CSTE Occupational Health subcommittee has gathered state 'success stories' and is working with the National Institute of Occupational Safety and Health (NIOSH) to publish a short document to be released early next year. These are two of the success stories to be published in this document.

USING DATA TO PROMOTE PREVENTION

California, Massachusetts, Michigan and New Jersey

According to data from the four states, nearly 1 out of 10 reported cases of work-related asthma was related to cleaning products. Most of these workers developed asthma after starting their jobs, with approximately 20% of them working directly with the cleaning products and the other 80% working near areas being cleaned. In response to these findings, the states came together to recommend that known asthma-causing agents be prohibited from products certified by third-party environmental standards. They successfully worked with Green Seal, an environmentally focused non-profit, to include this prohibition in the recent revision of the standard for industrial cleaning products, GS-37. In addition, the states are collaborating with schools and hospitals to adopt safer cleaning practices and products.

MOBILIZING PARTNERSHIPS TO ADDRESS HAZARDS

Washington

A review of surveillance data in Washington state identified trucking as second only to construction in the burden and risk for lost-time workers' compensation claims. To help reduce the risks workers face in the trucking industry, Washington developed the Trucking Injury Reduction Emphasis through Surveillance (TIRES) program. The TIRES program brings together multiple partners to collaborate on identifying hazards, promoting prevention, and improving occupational safety and health across the trucking industry.

The partnership's website, www.KeepTruckingSafe.org, provides access to educational posters, tip sheets, true story narratives and reports. The website continues to be a popular resource, with an average of 6,500 downloads per month. Additionally, the program has mailed out materials to 750 trucking companies and stakeholders, with another 290 receiving electronic materials via the TIRES E-news newsletter. In a recent survey of trucking employers, 83% reported that they intended to make at least one change as a result of the TIRES publications.

2011 STATE REPORTABLE CONDITIONS ASSESSMENT (SRCA)

The State Reportable Conditions Assessment (SRCA) is an annual assessment that collects information on each state's reporting requirements for conditions defined as reportable to public health by clinicians, laboratories, hospitals, and other reporters. The results of the SRCA are posted on CSTE's website and shared with CDC for use in the MMWR's nationally notifiable disease tables. The 2011 SRCA will collect this information in a more comprehensive manner than in the past. The tool will allow states to customize their responses by adding their specific reporting timeframes, implicit reporting category and laboratory test result data values. The CSTE-CDC planning group is currently in the design and development phase and is collaborating with APHL on harmonizing the laboratory data values in the SRCA.

In order to begin building the 2011 SRCA, we are collecting two pieces of information in this year's 2010 SRCA:

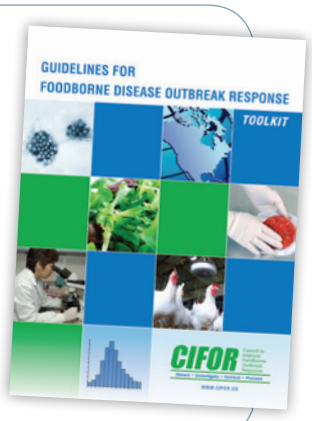
- Reporting timeframes applicable to reportable conditions in your jurisdiction (e.g. "immediately", "1 business day", etc.).
- Implicit reporting categories, or general categories such as "rare disease of public health interest" that may apply to reporting for conditions not explicitly named on your reportable disease list.

CIFOR GUIDELINES TOOLKIT

As a follow-up to the July 2009 release of the Council to Improve Outbreak Response (CIFOR) Guidelines to Improve Foodborne Disease Outbreak Response, a Toolkit will be released later this fall to aid in the implementation of the recommendations in the Guidelines.

This Toolkit has been designed for use by multidisciplinary groups within a jurisdiction to assess current activities and procedures in a particular area, to prioritize the recommended CIFOR Guidelines recommendations within that area, and to determine how to best implement those prioritized recommendations. The Toolkit guides the group through a series of 12 focus-area worksheets, examining recommendations from the Guidelines in each of these areas.

The Toolkit will be available in print and electronic formats later this year at www.cste.org and www.cifor.us.



Class VIII Applied Epidemiology Fellows

THE CDC/CSTE APPLIED EPIDEMIOLOGY FELLOWSHIP PROGRAM WELCOMES CLASS VIII

The CDC/CSTE Applied Epidemiology Fellowship program, a workforce initiative developed to increase capacity and train recent graduates in applied epidemiology, is continuing to grow each year. CSTE is pleased to announce the entry of Class VIII, with 28 Fellows.

Class VIII started their fellowship assignments in June 2010, and recently convened in Atlanta for a week long orientation program that oriented fellows to the fellowship and brought in guest speakers on various topics. Class VIII Fellows are placed in the program areas of Infectious Disease, Healthcare-Associated Infections, Quarantine, Maternal and Child Health, Chronic Disease, Occupational Health, Environmental Health, Substance Abuse, and Injury. The Fellows are assigned to 23 state and local health departments throughout the country.

CSTE is excited to welcome this new class of Fellows and looks forward to working with them during their two year Fellowship!

Class VIII Applied Epidemiology Fellows

Back Row: **Lizzie Harvey, MPH**, *Maternal and Child Health*, Massachusetts; **Matthew Thomas**, PhD, MS, MPH, *Infectious Disease-HAI*, Vermont; **Jennifer Sears, MPH**, *Infectious Disease*, Philadelphia; **Julia Howland, MPH**, *Infectious Disease*, Illinois; **Hilarie Martin, MPH**, Occupational and Environmental Health, Minnesota; **Alex Freiman**, *Infectious Disease*-HAI, Kentucky; **Erica Smith, MPH**, *Infectious Disease*, Pennsylvania; **Kate Habicht, MPH**, *Infectious Disease-HAI*, South Carolina; **Gaia Abell, MPH**, *Maternal and Child Health*, Louisiana; **Lee Karlsson, MS**, *Environmental Health*, Vermont; **Jennifer Meyer, MPH**, *Maternal and Child Health*, Missouri; **Lauren Joe, MPH**, *Occupational and Environmental Health*, California; **Jessica Seay, MPH**, *Maternal and Child Health*, Wisconsin; **McKaylee Robertson, MPH**, *Infectious Disease*, New York City; **Rebecca Yau, MPH**, *Injury*, New York City

Front Row: **Jennifer Marcum, DrPH, MS**, *Injury*, Nebraska; **Nicola Lancki, MPH**, *Infectious Disease-Quarantine*, New York City; **Jasmine Saadatmand, MPH**, *Infectious Disease*, San Francisco; **Katie Miller, MPH**, *Infectious Disease*, Washington State; **Jennifer Merte, MPH**, *Environmental Health*, Clark County, Washington State; **Kim Hekman, MPH**, *Substance Abuse*, Michigan; **Teal Featherston-Wilkinson, MPH**, *Infectious Disease-Quarantine*, Atlanta; **Steffany Cavallo, MPH**, *Infectious Disease-HAI*, New Hampshire; **Kailey Nelson, MPH**, *Infectious Disease-Quarantine*, Minneapolis, Minnesota; **Lindsey Jones, MPH**, *Chronic Disease*, Tennessee; **Gandarvaka Gray, MPH**, *Maternal and Child Health*, Virginia; **Lindsay Womack, MPH**, *Maternal and Child Health*, Florida; **Laura Vonnahme, MPH**, *Infectious Disease-Quarantine*, Seattle, Washington

The CDC/CSTE Applied Epidemiology Fellowship Program Welcomes Class VIII

Class VIII Fellows listen to Dr. Michael Bell, MD, Deputy Director of the Division of Healthcare Quality Promotion (DHQP) from CDC, present on Hot Topics in HAI at the Class VIII Fellowship Orientation in Atlanta.

Class VIII Fellows during Dr. Jim Buehler's (Office of Surveillance, Epidemiology and Laboratory Services, CDC) session on *Hot Topics in Public Health- Healthcare Reform, Electronic Health Records, and Surveillance*

FOOD SAFETY EPIDEMIOLOGY CAPACITY ASSESSMENT

The CSTE 2010 food safety epidemiology capacity assessment was conducted earlier this year. One hundred percent of states responded to the assessment, which was conducted in April.

The assessment found that there are 787 full-time equivalent personnel (FTEs) working in foodborne disease epidemiology at the state, regional and local health department levels. Approximately 617 (78%) of this total possess a degree in epidemiology (330; 41.9% of total), a degree in nursing (217; 27.6%), or have completed at least some coursework in epidemiology (69.5; 8.8%).

States report a need for a total of 304 additional FTEs, or a 38.6% increase over current staffing levels to reach full capacity in foodborne programs. States' need for additional foodborne epidemiologists is further supported by the majority reporting that one of the most common barriers to successful completion of foodborne investigations is lack of an adequate number of staff.

The report also finds that there is a need for continued improvement and investment in public health information technology infrastructure to adequately respond to the increasing burden of foodborne illness. Finally, the results indicate that states' working relationships with public health agencies such as CDC, environmental health and laboratories are generally reported as good or excellent, versus those with non-public health agencies like FDA, USDA and state agriculture agencies, which were much more likely to have relationships characterized by states as fair, poor or nonexistent. Improvement in interagency relationships needed for increasingly complex investigation and response should be a national priority.

The full technical report will be available later this fall at **www.cste.org**.

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

The Class IX Fellowship application is open online at www.cste.org from November 1, 2010, through February 1, 2011. For more information, contact Amanda Masters at amasters@cste.org or 770-458-3811.

CANCER CLUSTER INVESTIGATION GUIDELINES

On July 27, 1990, Guidelines for Investigating Clusters of Health Events was published in Morbidity and Mortality Weekly Report (MMWR) Recommendations & Reports (MMWR 1990; 39(RR-11)). There have been substantial changes in the investigation of cancer clusters, specifically, in states since the 1990s. CSTE and the Centers for Disease Control and Prevention, Agency for Toxic Substances and Disease Registry (CDC/ATSDR) are collaborating to address subsequent developments in an updated document for national consideration. For this MMWR update, the scope of the document will be limited to cancer cluster investigations only, rather than clusters of health events. Issues expected to be addressed include triggers for investigating, data interpretation and risk communication in the public health cancer cluster response, and statistical and epidemiologic techniques.

In preparation for the MMWR update, the workgroup created the CSTE-CDC Cancer Cluster Investigation Assessment to identify how states currently approach cancer cluster investigations. The goal of this assessment was to illustrate state involvement in cancer cluster investigations and identify current resources and resource needs. The CSTE national office has completed this assessment with all 50 states participating. Results will be summarized in fall 2010 and presented to the workgroup and distributed to state and deputy state epidemiologists.

BIOMONITORING GUIDELINES

The Association of Public Health Laboratories (APHL) has developed a five-year plan to establish a National Biomonitoring Network of public health laboratories (http://aphl.org/aphlprograms/eh/Documents/NBMSummary2009.pdf). APHL has met with their members to discuss the development and deployment of new analytical methods, quality assurance for testing, data reporting requirements and other laboratory-related concerns for a national system.

APHL recognizes that biomonitoring goes beyond the laboratory and that an effective national biomonitoring system requires the skills, expertise and supporting infrastructure of a variety of additional entities and individuals. CSTE members are collaborating with APHL to develop guidelines for epidemiologists in state health departments interested in biomonitoring projects. Guidance will include information on study planning and organization, biomarker selection, community engagement, sample collection and storage, and statistical analysis and interpretation of biomonitoring results.

The final document will be distributed in early 2011.

CHRONIC DISEASE AND MATERNAL AND CHILD HEALTH EPIDEMIOLOGY CAPACITY:

The 2009 National Assessment of Epidemiology Capacity supplemental reports on chronic disease and maternal and child health epidemiology capacity will be released this fall. Please check www.cste.org for updates.

UPDATE YOUR MEMBER PROFILE AT WWW.CSTE.ORG!

CSTE organizes its membership into Steering and Sub-Committees to address issues of importance by topic. Members can help shape the national public health agenda by becoming active in Sub-Committees or connecting with other members in their field of expertise through Interest Areas.

At any time, members may update their level of involvement in the work of Sub-Committees, Interest Areas and Consultancies through the Member Profile page at www.cste.org/dnn/ManageGroups/tabid/221/Default.aspx (login required).

If you are interested in leadership opportunities through chairing a Sub-Committee or being a consultant, please contact a Steering Committee Chair or the National Office. If you have any questions, please contact Shundra Clinton, Member Services Coordinator, at sclinton@cste.org.

Look for the addition of Mental Health as a new interest area in the Substance Abuse, Local and Tribal Epidemiology Steering Committee!

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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:

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