NEWS LETTER

CSTE UPDATE

Vol. 1996 No. 01
February 09, 1996

Council of State and Territorial Epidemiologists

INSIDE

CSTE/NASPHV 1996 Annual Conference

The 1996 joint annual conference of the Council of State and Territorial Epidemiologists (CSTE) and the National Association of State Public Health Veterinarians (NASPHV) is scheduled for Sunday, June 2 through Thursday, June 6, 1996 at the Portland Hilton in Portland, Oregon. The hotel has excellent rooms and meeting facilities with many opportunities for shopping, walking and entertainment. Room rates are $89 single; $104 double. If you wish, you can make room reservations now by calling (800)-HILTONS, (1-800-445-8667) or the local number (503-226-1611) and identify yourself as part of the CSTE/NASPHV meeting. This year's agenda will include an environmental workshop leading to recommendations for inclusion of environmental conditions on the National Public Health Surveillance System (NPHSS) and a training program for Centers for Disease Control and Prevention (CDC) chronic disease epidemiologists assigned to states.

We're in the preliminary stages of planning this year's agenda and would appreciate receiving your ideas and suggestions by February 28th so they may be considered at the March 19-20, 1996 meeting of the Executive Committee. The theme of our 1996 meeting is "Public-Health Epidemiologists: Changing times...Changing roles?" Linking ideas to this concept would be great, but is not required. Chronic, environmental, infectious, injury, maternal-child health, or cross-cutting issues are all appropriate. Please provide your ideas and suggestions to Dr. David Fleming by phone (503-731-4023), fax (503-731-4082) or e-mail (DavidW.Fleming@state.org.us). Additional information regarding registration and the agenda will be provided later. See you in Portland!

CSTE Annual Meeting Scholarships

President Dennis Perrotta announces that CSTE has funding available to assist approximately 15 members who may not otherwise be able to attend the June 2-6, 1996 CSTE Conference in Portland, Oregon. As in the past, applications for assistance will be considered from members who are working primarily in environmental or chronic disease public health epidemiology programs.

If you would like to apply for a scholarship, please provide the national office **by March 15, 1996** a brief letter to explain why other funding is not available and why financial assistance is required; identify other persons from your work unit or health department who will be attending; and indicate your willingness to be involved in a presentation. A maximum of $1,000.00 will be provided for each scholarship. You must be a member of CSTE with 1996 dues paid to be eligible for a scholarship.

Applications will be reviewed by the Executive Committee at their March 19-20, 1996 meeting. The national office will advise you by telephone of their decisions and provide information regarding travel arrangements at that time for those who are awarded scholarships.

Influenza Pandemic Preparedness

CSTE, the National Association of City and County Health Officials (NACCHO), and the Centers for Disease Control and Prevention (CDC) are collaborating on a project designed to develop guidelines for states and local areas to consider in developing influenza pandemic preparedness plans. Guidelines developed during the project will address areas similar to those outlined in a draft national plan prepared by the Federal Interagency Group on Influenza Pandemic Preparedness (FIGIPP). These areas include: surveillance, both disease and virologic; vaccination programs; information, education, and incentives; research; use of antivirals; liability; emergency response programs; and core public health services. The Federal group was convened in 1993 by the National Vaccine Program Office in recognition that the national plan needed to be updated with clear definitions of the roles and responsibilities of the involved Federal agencies. Dr. Kathleen Gensheimer (ME) and Dr. Dennis Perrotta (TX) are the current CSTE representatives on this group.

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CSTE, NACCHO, and CDC have formed a work group to provide overall direction and coordination to the project which will span an 18-month period. The members of the work group are: Drs. Gensheimer and Perrotta and Willis Forrester, CSTE, Ms. Nancy Rawding, Executive Director, NACCHO, Drs. Nancy Cox and Ray Strikas, and Mr. Alexander (Duke) Bell, CDC, and Dr. Peter Patriarca, Food and Drug Administration. Mr. Wayne Brown of Atlanta was selected by the work group in December 1995 as the contractor for the project; the work group held the first implementation meeting with him January 24, 1996 at the CSTE offices in Atlanta.

October 9-10, 1996 is the tentative date for a meeting in Atlanta at which approximately 40 representatives of state and local health departments and other organizations would be invited to provide perspectives and expectations to the contractor and work group on components of the guidelines. Letters of invitation to selected State Epidemiologists and City and County Health Officers with a draft agenda, including surveillance, vaccine delivery, coordination and communication, and emergency management break-out sessions will be provided this spring.

Early in 1997, two states and two local areas will work with the contractor to develop preliminary pandemic preparedness plans, using the draft guidelines resulting from the October meeting. The work group will be seeking states and local areas to participate in the development of these plans; CSTE has funding available to facilitate this part of the project. By mid-1997, the project is to conclude with the expectation that usable guidelines will have been developed and that model plans are available from the participating areas which others could use as they develop influenza pandemic preparedness plans.

CSTE National Office Staff Activities

Joyce J. Neal, Ph.D., M.P.H., began service with CSTE on July 5, 1994 as an epidemiologist to provide technical assistance and consultation to the States as they implement HIV prevention community planning. Joyce's main responsibility is to serve as a resource in using surveillance and epidemiologic data in guiding the HIV prevention community planning process. Critical reviews of epidemiologic profiles have been conducted and recommendations for revision have been provided upon request by surveillance or prevention staff from several project areas.

Some highlights from her activities include:

Assisted epidemiologists from several project areas with estimation of HIV prevalence;

Discussed various issues relating to HIV prevention community planning with health department epidemiologists, surveillance of prevention coordinators, community planning group (CPG) members, CPG needs assessment committees and data subcommittees from various project areas. These issues included: (1) confidentiality and data release policy; (2) use of epidemiologic data for HIV prevention community planning; (3) how or where to obtain various data; (4) limitations of data; (5) uses of surrogate data for prevention planning; (6) updating epidemiologic profiles for future applications; and (7) the amount of data that could be provided for small-population, low-incidence areas;

Staffed exhibit booth with other national technical assistance (TA) providers at the 1995 National Skills Building Conference sponsored by the National Association of People with AIDS (NAPWA), the National Minority AIDS Council (NMAC), and the AIDS National Interfaith Network (ANIN);

Worked with the Florida Department of Health and Rehabilitative Services to develop HIV epidemiologic profiles for regions selected for their diversity in population, AIDS incidence, and availability of data (e.g., rural areas, low AIDS incidence areas, metropolitan areas, areas with HIV seroprevalence data) in order to better provide technical assistance to project areas grappling with similar issues;

Coauthored "*Guidelines for Developing an Epidemiologic Profile for HIV Prevention Community Planning*" with Rob Janssen, HIV Seroepidemiology Branch, Division of HIV AIDS Prevention, Center for HIV, STD and TB Prevention, Centers for Disease Control and Prevention (CDC);

Gave talks regarding (1) uses of HIV surveillance data, (2) monitoring the AIDS epidemic and data needs, and (3) update on model epidemiologic profile project as an invited speaker at a number of meetings;

Facilitated/conducted workshops on epidemiologic profiles and understanding and using epidemiologic data in community planning; and

Participated in the four-day external review of the 1996 HIV prevention cooperative agreement applications which included analysis of the in-depth reviews of the epidemiologic profiles that were conducted during the external review of the '96 prevention cooperative agreement applications in progress.

Sandra W. Roush, M.T., M.P.H., began work with CSTE on November 1, 1995. Sandra is working with CSTE and the National Immunization Program (NIP), Centers for Disease Control and Prevention (CDC) to (1) assist state and local health departments in strengthening and improving surveillance for vaccine preventable diseases (VPDs), and (2) strengthen and improve the collection, analysis, dissemination and use of VPD

surveillance data at local, state and national levels.

Some highlights from her activities include:

Conducted a review of state immunization grants for Virginia, Florida, North Carolina and Mississippi;

Reviewed/revised disease-specific surveillance manual chapters, with NIP authors. Also contacted National Center for Infectious Diseases (NCID), CDC authors for (potential) chapters for pneumoccal disease, influenza, and hepatitis B. Drafted chapter for reporting at the state level;

Continued planning for satellite training surveillance course set for September 1996; and

Reviewed surveys of National Laboratory Training Network (NLTN) training needs and laboratory methods;

Summarized surveys of NLTN training needs; and

Participated in planning for initiatives in surveillance, including epi-capacity surveys, surveillance indicators, resources for surveillance, National Electronic Telecommunications Surveillance Systems (NETSS) evaluation, and proposed meetings with NIP, Epidemiology Program Office (EPO), CDC, and CSTE to plan for long/short range goals for VPD surveillance.

Matthew R. Pericles has been working with CSTE and the National Center for Environmental Health (NCEH) since July, 1995 as a systems analyst/programmer to provide assistance to state and local health departments in the development and implementation of childhood lead surveillance software.

Highlights from his activities include:

Created a new program that extracts data from the lead poisoning case management software called "Systematic Tracking of Elevated Lead Levels and Remediation (STELLAR)," for submission to the National Childhood Blood Lead Surveillance database, using their new guidelines;

Updated the electronic lab data import software called "State Online Lead Activity Reporting (SOLAR) Lab," to accept data from the Public Health Laboratory Information System (PHLIS) version III; and

Began converting SOLAR QR (software used to collect, merge, and report on the quarterly activity report required by CDC of all its lead grantees) for DOS to Windows.

CDC Celebrates 50 Years of Excellence in Public Health

The Centennial Olympic Games are not the only games in town this summer. As people throughout the nation and the world flock to Atlanta for this summer event, they might not be aware that the city is also the birthplace of the nation's prevention agency--the Centers for Disease Control and Prevention (CDC). The agency celebrates its golden anniversary as a public health institution on July 1, and a host of activities to mark the event have been scheduled throughout the year.

CDC has plenty of reasons to celebrate. CDC evolved from the World War II agency, Malaria Control in War Areas (MCWA). Dr. Joseph Mountin, who directed the Bureau of State Services in 1941, wanted a national effort to keep military bases and essential war industry-related establishments in the southern United States malaria-free. Dr. Mountin encouraged the federal government to establish MCWA in 1942 and, eventually, to convert it to the Communicable Disease Center in 1946. From these beginnings, CDC has matured to become the nation's prevention agency, working with others to prevention disease and injury. CDC's partnerships with state and local health departments; educational institutions; philanthropic foundations; international groups; and professional, voluntary, and community-based organizations are crucial to the success of this endeavor.

Collaborative efforts have focused not only on preventing new and re-emerging infectious diseases, but violence and injury prevention, environmental threats, workplace hazards, preventing chronic disease, and addressing issues related to promoting the health of women, children, and youth. In the past, CDC worked with its partners to prevent syphilis and eliminate smallpox and other communicable diseases. More recent efforts have been aimed not only at preventing a host of diseases, including breast cancer, prostate cancer, lead poisoning among children, and HIV/AIDS, but at promoting healthful behaviors, such as smoking cessation and the importance of obtaining prenatal care and immunizations, that profoundly affect the health and well being of the public.

CDC has teamed up with state and local health departments and other agencies and governments in conducting epidemiologic investigations of possible disease outbreaks; assessing people's exposure to environmental toxicants, such as pesticides or chemical warfare agents; dealing with hazards in the workplace; and responding to domestic and international disasters. For example, in 1995 in the wake of devastating tornadoes, hurricanes, earthquakes, and famines, CDC collaborated with many groups and relief agencies in assessing the magnitude of these disasters on the public health.

CDC's state-of-the-art laboratories offer yet another reason to celebrate. CDC is one of the only three institutions in the world

to house a Level Four, or "hot zone" laboratory. Here, scientists study viruses, such as Ebola and hantavirus, that cause diseases for which there are no known cures. These scientists describe their work as "drastically important, dangerous, slow, and demanding." Scientists at other CDC laboratories working in concert with other agencies and institutions, are developing ways to measure people's exposure to a variety of environmental toxicants, such as environmental tobacco smoke and pesticides, or are working to identify new disease-causing agents.

Visitors traveling the Information Superhighway for Olympic news can also visit CDC's homepage at http://www/CDC/gov and obtain information about its programs and services. At the click of a button, people can learn about disease outbreaks, trends in public health, and a variety of other subjects. Connecting CDC to the world in this way not only speeds crucial information to the public health community, but offers others a fascinating entry into the world of CDC, a world that has been built on a solid foundation of scientific accomplishment, collaboration, and intense dedication to improving the public health.

As Dr. David Satcher, CDC's Director, said recently, "during CDC's first 50 years, the CDC family and our partners have contributed to powerful scientific discovery and momentous public health achievements in improving the health of the nation and the world. As we review our past accomplishments, we are proud. As we look forward to our exciting future, we are energized." And when the Olympic events conclude and people return to their homes in other states and nations, CDC will continue partnerships, working to improve the public health well into the next century.

Membership Update

Over the past year, CSTE has more than doubled its membership! CSTE's 315 members have a diversity of interest and expertise including: state/territorial epidemiologists (19 percent), environmental (12 percent), chronic (12 percent), injury (14 percent), occupational (1 percent) and other epidemiologists (42 percent). If you would like to obtain a full copy of the CSTE Membership list, please contact the national office at 770-458-3811.

Welcome to New State Epidemiologists in:

Indiana	Dr. Gregory Steele
Rhode Island	Dr. Utpala Bandy

State Epidemiologist Positions Vacant in:

New Jersey
Arizona

To date, we have received membership dues from 29 states and 149 individual members. We appreciate the prompt payments. If you have questions regarding your dues status, please contact the national office (770-458-3811).

CSTE Executive Committee Meeting

The CSTE Executive Committee met in the new offices of the national headquarters in Atlanta January 17-18, 1996. The two-day meeting of the Executive Committee included discussions with CDC peers on a wide range of topics including the Integrated Health Information and Surveillance Systems Board, Electronic Laboratory Surveillance, HIV/Tuberculosis Data Sharing, Influenza, Cancer Registries and Surveillance, Maternal and Child Health Issues, Environmental Health Surveillance and other infectious diseases. Dr. Diane Dwyer (MD) and Dr. Phil Huang (TX) attended as guest epidemiologists. On the evening of January 17th, CSTE hosted an open house which provided an excellent opportunity for the group to interact with CDC colleagues on an informal level. The meeting also provided the Executive Committee with an opportunity to meet newly hired staff and learn more about their specific activities within the CDC programs on behalf of state and local health departments.

The next CSTE Executive Committee meeting will be held in Atlanta, March 19-20, 1996. If you have topics that you would like the Executive Committee members to address, please contact one of the Executive Committee members listed below. If you are ever in Atlanta, you are welcome to visit the new national headquarters office.

President: Dennis M. Perrotta, TX	(512-458-7268)
Vice-President: Richard E. Hoffman, CO	(303-692-2262)
President-Elect: David W. Fleming, OR	(503-731-4023)
Sec/Treasurer: Kathleen F. Gensheimer, ME	(207-287-5301)
Rebecca A. Meriwether, LA	(504-568-7210)
Nancy E. Stroup, GA	(404-657-7517)
Patricia Quinlisk, IA	(515-281-4941)
Henry Anderson, WI	(608-267-4853)
Guthrie S. Birkhead, NY	(518-473-4436)
James L. Hadler, CT	(203-566-1400)

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Executive Director: Willis R. Forrester, M.P.A.

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