CSTE UPDATE

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Council of State and Territorial Epidemiologists

IS THE ANNUAL CSTE MEETING ON YOUR CALENDAR?

Plan to attend the annual CSTE meeting in Albany on April 8-12, 1990. Send your suggestions for agenda items to Dale Morse (NY) by February 15th. You should have received a packet from Dale about this.

UPDATE ON "ASYNCH" (Greg Istre - OK)

"Members of the CSTE Executive Committee have now had access to ASYNCH (a telephone voice message system) for about six months. The consensus of the group is that it is a great time-saver and an efficient way to reach other state epidemiologists and CDC staff who are also on ASYNCH. It has been particularly useful in rapidly disseminating information on recent issues such as EMS, Ebola virus, rubella vaccine and other timely issues. I am working with Steve Thacker of EPO in trying to expand access to ASYNCH to more state epidemiologists (eventually all, we hope). ASYNCH is an efficient way to communicate, and eliminate "telephone tag". I think that ASYNCH, combined with fax machines and Telenet will finally give us the ability to reach every state epidemiologist rapidly with timely information."

REPORT FROM INTERNATIONAL SYMPOSIUM ON HEPATITIS B (Rick Vogt - VT)

"I recently represented CSTE at the Hawaii International Symposium on Hepatitis B in January 1990. By and large, I think that there is a consensus that we are moving towards universal childhood vaccination against Hepatitis B. I think one of the key selling points is that is that the price of Hepatitis B vaccine for infants will drop to $5-10 per dose. Under those circumstances, it would be cost-beneficial for all areas except for the lowest prevalence areas in the United States. The group at the conference is going to establish a task force to provide a focus for lobbying and direction. I suggested that CSTE be on the task force. Basically, I think the epidemiologic information is clear that we need to move in the direction of universal childhood vaccination since it was clear by the data that was presented that our current strategy addressing hepatitis B is failing."

ASTPHLD MEETING (Ken Wilcox - MI)

"I represented the CSTE at a meeting organized by the ASTPHLD to arrive at a position to recommend to ASTHO on the public health laboratory role in early intervention and treatment of Human Immunodeficiency Virus Infections. The meeting of a group of 19 persons from varying disciplines was held in Amana, Iowa from December 11-13, 1989. The basic problem is that current medical management of persons infected with HIV is dependent on the assessment of immune status, and most public health laboratories are not technically equipped to offer these services. If early intervention programs become a major activity in the control of AIDS, public health laboratories need to determine what services are appropriate for them to offer.

The deliberations began from the assumption that, "The development of an integrated program for the care and management of individuals at all stages of HIV infection is an essential component of the national response to the AIDS epidemic and should be given highest priority. The goal of this program must be early intervention to prevent transmission of HIV and to delay progression in infected persons." The approach is the one espoused by Don Francis, et. al. (JAMA, Nov 10, 1989;2572-6). It is recognized that the problems posed by this effort and the methods of response will be different in different states, but the basic elements of medical care, including early intervention, psychosocial support, and preventive counselling should be available for infected persons.

The overall role of public health laboratories was seen as providing leadership in the following areas:

1. assuring the accuracy of testing in the public and private sectors
2. assuring availability and accessiblity of quality assured testing
3. developing and validating laboratory services and tests
4. training of personnel to provide services
5. assuring clarity and accuracy in reporting of results

The report then provides some specifics concerning testing to identify HIV infected individuals and testing to stage HIV infections, including the assessments of the person's immune status and disease state. One overriding concern, of course, is funding or resources. Without a consensus and sense of priority for this approach, it is unlikely that resources will be identified that will permit implementation on any useful scale. In order to meet public health laboratory responsibilities there must be new funds to be able to adopt technologies not presently available in our laboratories.

If the approach of early intervention with HIV infected persons as proposed is adopted as the principle method for dealing with the epidemic, it will be crucial for those designing implementation programs to involve the laboratories early on to assure appropriate services. Laboratories cannot just respond by extending their existing work to deal with the problems presented by early intervention activities if they are to be effective. A more fundamental issue for the epidemiology community is whether this early intervention approach is to be embraced as the priority activity to deal with the epidemic. This should be a topic for our annual meeting."

YEAR 2000 OBJECTIVES AND NHOA (Carl Tyler - CDC)

"The Year 2000 Objectives for the Nation will be released in September, 1990. President Bush is expected to endorse the national health objectives and give the keynote address at a two-day conference in Washington to kick off the decade-long initiative.

Developing The Year 2000 Objectives for the Nation involved 21 groups of DHHS health professionals, more than 25 public hearings around the Nation, review by health experts from outside the Federal govenment, and, most recently, a rigorous review of the comments made by more than 700 groups and individuals late last year. The 21 DHHS groups and the staff of the Office of Disease Prevention and Health Promotion is using this commentary to substantially improve the content and quality of the document. A community workbook, which integrates both the Objectives and the Model Standards, is planned for publication three months after the September conference.

Priority Area 21--Surveillance and Data Systems is especially important for CSTE. At the end of 1989, there were 110 specific objectives and 28 special population targets groups for which no baseline existed. Emphasis on the need for data on the health problems of minorities increased with each draft of the Objectives. Common data elements, health status indicators, and personnel needs (including epidemiologists) also have special emphasis. Linking surveillance and data systems, the health problems cited in the first nineteen Priority Areas, and the problems of access to preventive services (Priority Area 20) should prove a challenge for epidemiologists.

The National Health Objectives Act

ASTHO states that Senators Harkin (D-IA), Kennedy (D-MA), and Hatch (R-UT) are committed to sponsor the National Health Objectives Act as are more than a half dozen other senators. Sponsorship among members of the House is not final, but ASTHO is discussing with Congressman Waxman (D-CA) and his staff the possibility that he might be the principal sponsor. ASTHO is preparing a staff paper in support of the legislation, anticipating that it will be introduced in the Senate this February. ASTHO members are now in the process of contacting the Congressional delegation to seek additional co-sponsors in both the House and Senate. Hearings may be held in the House in May or June on both the National Health Objectives Act and the IOM Report. The proposed level of authorization, presently $600M, is being negotiated down to $300M. ASTHO has met with nearly 100 health and medical organizations to seek their support. The outlook for passage of this legislation is promising."

DID YOU LEAVE YOUR COAT IN OKLAHOMA CITY?

We know that many of you left your heart in Oklahoma City after the last CSTE meeting, however someone also left a jacket. It is a men's all-weather type, green, Woolrich, size small. Please contact Greg Istre's office at 405-271-3266 to claim this item.

SEND US YOUR IDEAS ABOUT THE NEW CSTE AWARD

We need your ideas for a title for the new CSTE Award for Applied Epidemiology (some suggestions include "Snow", "Langmuir", and "Pump Handle" award -- surely you can think of other good ones), and we need your nominations for a recipient of the award. Send them with the attached form to Greg Istre by February 15, 1990.

Send your articles or ideas for articles for the newsletter to:

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