NEWS LETTER

CSTE UPDATE

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Council of State and Territorial Epidemiologists

President's Message

Members of the CSTE Executive Committee took part in a very productive three days in Washington, D.C. at the end of March. On Sunday, March 22, we spent most of the day in a mini-strategic planning session. This is an initial attempt to look at the mission of CSTE and develop priority areas for the next 3-5 years using a strategic planning framework that many of us have experienced in state health department planning exercises in recent years. A write-up will be distributed at the annual meeting and a session is planned to get membership input. Stay tuned.

We spent Monday and Tuesday, March 23-24, basically taking Washington by storm (You didn't see it on the evening news? Must have been other more newsworthy things going on.) We met with folks from a number of federal agencies, other Association of State and Territorial Health Officials (ASTHO) affiliates and public health organizations, and did educational visits to Capitol Hill. In Health and Human Services (HHS), we met with Peggy Hamburg, the former New York City health commissioner who recently became the Assistant Secretary for Planning and Evaluation. Peggy has a strong public health background and was supportive of CSTE's bringing the local/state epi perspective to the national level, and in particular to the HHS data council. We will be working with her office to figure out ways to do that. Other federal agency folks we met with included NCHS, EPA, the White House and HHS AIDS Advisors' offices, and a two hour joint meeting with Food and Drug Administration (FDA), United States Department of Agriculture (USDA) and Centers for Disease Control and Prevention (CDC) on food-related issues which Dale Morse, CSTE Consultant, helped put together and chaired.

There were also productive meetings with ASTHO, the National Alliance of State and Territorial AIDS Directors (NASTAD), the Association of State and Territorial Public Health Laboratory Directors (ASTPHLD), the Association of State and Territorial Chronic Disease Program Directors (ASTCDPD) and the Association of Maternal and Child Health Programs (AMCHP), as well as the American Public Health Association (APHA). Finally, the Executive Committee, CSTE staff, and our Washington consultant, Marcia Mabee, split up and made over a dozen educational visits to congressional offices. The focus in the visits was on introducing CSTE as a resource to provide the scientific, practical, state/local epi input into policy decisions. We also explained the need for core public health capacity at the state and local level in the areas of surveillance, epi capacity, etc. With major proposals for increased funding for the National Institutes of Health (NIH) swirling around, we explained the need for public health infrastructure to ensure that new scientific discoveries are applied and accessible to all populations.

All in all, it was a very successful several days, and a first for CSTE.

Lot's else happening.... Sets of indicators and case definitions for surveillance for chronic conditions as well as case definitions for environmental health surveillance are, or soon will be, circulating for comment. The hope is to consider and vote on them at the annual meeting in June, so get your two cents in now. Also, in response to some rumblings on the number of surveys that epidemiologists working in states are subjected to, CSTE has developed a survey policy to try to inject some reason into the process.

That's it for now. Keep those cards and letters coming. See you in Des Moines!

Gus Birkhead

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A Letter From the Executive Director

Dear Members of CSTE:

I will be leaving CSTE on May 29, 1998 for personal and family reasons that have become increasingly important to me. It is with a great sense of pride that I reflect on your organization's accomplishments of the last four years. Deciding to leave CSTE has been one of the toughest decisions I have ever had to make - difficult because of the tremendous support and vitality of the membership and the dedication and expertise of the national office staff.

I am confident that CSTE will continue to grow in membership and depth, become even more recognized as an important and critical partner in public health issues, and remain a vital and energetic organization. I sincerely appreciate the privilege which has been mine to have worked for you.

Willis Forrester
Executive Director

Hepatitis C Prevention Initiative

A lot has been happening on the hepatitis C front recently. In late January, Dr. Donna Shalala, the Secretary of Health and Human Services (HHS), issued a letter in support of recommendations made last August by the Public Health Service Advisory Committee on Blood Safety and Availability regarding the notification of persons who received blood transfusions from donors that were subsequently found to test positive for antibody to hepatitis C virus. In her statement, the Secretary also expressed support for the committee's recommendation to initiate an educational campaign for the public and their health care providers to identify persons who received blood transfusions before multiantigen testing was widely available (before June 1992) as well as other persons at risk of HCV infection.

Funds to support the programs necessary for implementing these recommendations have not yet been allocated but are being requested for fiscal year 1999. CDC has been tasked with developing a plan for implementing these recommendations which will be submitted to HHS for review and approval. The plan that is being developed describes activities required to implement and evaluate a comprehensive national program to prevent and control HCV infection and HCV-related chronic liver disease that include:
1. identification, testing, and counseling of prior transfusion recipients and other persons at-risk for HCV infection; 2. educational efforts directed to health care and public health professionals to improve the identification of persons at risk of infection and ensure appropriate diagnosis, medical management, treatment and counseling; and 3. surveillance and evaluation to monitor disease trends and determine the effectiveness of the various activities in identifying persons infected with HCV, providing appropriate medical follow-up, and promoting healthy lifestyles and behaviors.

Implementation of this plan will involve efforts of Federal agencies, State and local health departments and private, voluntary and non-governmental organizations. During 1998, meetings with representatives from the public health community and other groups will be convened to develop approaches for identification, testing and counseling of HCV-infected persons. When funding is identified, CDC will provide assistance to state and local health departments to develop their capacity to carry out the appropriate implemented activities.

A session at the June CSTE meeting is planned to provide more information about these activities.

Hepatitis A and the IG Shortage

The latest on a continuing problem.... After running out of IMIG in January, a limited supply is now available through FFF Enterprises (1-800-843-7477). Centeon, previously a major producer of IMIG, is seeking to reestablish production, but it is not known how long it will be before this occurs. IG continues to be produced by the Michigan Biologics Institute and the Massachusetts Public Health Biologic Labs. Given the continuing shortage, the importance of prioritizing the use of IG according to the criteria detailed in a CSTE memo dated September 6, 1996 is crucial so that it will be available for use as post-exposure prophylaxis for people known to have been exposed to HAV. In the event that IG once again runs out, tetanus immune globulin (TIG) which is also available through FFF can be used to provide protection following exposure. Use of vaccine rather than IG for preexposure protection of travelers is encouraged. The latest information on current availability of IMIG is available by consulting the hepatitis home page at http://www.cdc.gov/ncidod/diseases/hepatitis/hepatitis.htm

Note: In addition to the ongoing shortage of IMIG, there was also a recent shortage of IVIG. For more information on this, contact FDA at (301)827-3518.

Surveillance for Perinatal HBV Infections

Efforts are being made to establish a pilot surveillance system for perinatal hepatitis B virus (HBV) infections which are defined as hepatitis B surface antigen (HBsAg) positivity in any infant aged >1-24 months who was born in the U.S. or in U.S. territories to an HBsAg positive mother. The objectives of establishing surveillance for these infections are to determine the importance of hepatitis B virus mutants in perinatal infections and to identify other factors that affect the ability of hepatitis B vaccine to effectively prevent perinatal HBV infections. State health departments identifying cases of perinatal HBV infections are encouraged to contact the CSTE epidemiologist (Annemarie

Wasley) in the Hepatitis Branch at CDC at (404)639-2709 for more information on how to report these cases.

Results of 1997 CSTE-CDC-ASPH Survey

The CSTE-CDC-ASPH Survey of Sentinel Environmental Disease Surveillance Systems was conducted in the summer of 1997. Information was collected on the following non-occupational sentinel environmental conditions: heavy metal poisoning (lead, cadmium, arsenic, mercury), pesticide poisoning, carbon monoxide poisoning, heatstroke, hypothermia, acute chemical poisoning, methemoglobinemia, and asthma. Survey responses were obtained from all 52 of the states contacted. Summarized below are the current statewide surveillance activities, sources of data, and federal funding for surveillance systems.

A total of 174 environmental public health surveillance systems were identified. For the purpose of this survey, a surveillance system was defined as either Category 1: Data collection only, Category 2: Data collection and review, or Category 3: Data collection, review, and case investigation. (Table 1)

TABLE 1 NUMBER OF SYSTEMS BY CATEGORY

CONDITION	CAT 1	CAT 2	CAT 3	TOTAL
ELEVATED BLOOD LEAD LEVEL (CHILDREN)	1	2	48	51
ELEVATED BLOOD LEAD LEVEL (ADULTS)	3	7	18	28
PESTICIDE	4	4	12	20
MERCURY	0	6	8	15*
ARSENIC	0	4	6	11*
CADMIUM	0	4	6	11*
METHEMOGLOBINEMIA	2	2	5	9
ACUTE CHEMICAL	1	4	3	8
CARBON MONOXIDE	3	2	2	7
ASTHMA	1	5	0	6
HEATSTROKE	0	3	1	4
HYPOTHERMIA	0	3	1	4
TOTAL	15	46	110	174**

*= One state conducted data collection and case investigation as requested , but no routine review

** = Includes 3 systems that conducted data collection and case investigation as requested, but no routine review

With the exception of one state, all states had at least one environmental public health surveillance system. Only one state (Missouri) had surveillance systems for all twelve of the environmental conditions listed on the survey. The median number of surveillance systems per state was two, with about half of the states having one or two systems.

The primary source of data for the majority (91%) of the childhood and adult lead surveillance systems was mandatory laboratory-based reporting. For all other conditions, laboratory-based reporting was the most common (40%), followed by clinician reporting (21%), hospital discharge data (15%), reports from poison control centers (8%), and self-reports (7%).

The majority (70%) of childhood lead exposure surveillance systems are either entirely or largely dependent on federal funds, as are half of the adult lead exposure systems. However, the majority (77%) of the surveillance systems that do not track lead exposure are not dependent on federal funds.

For a copy of the full report, contact the CSTE office or CDC NCEH Surveillance Branch at (770)488-7060. Please see the May 1997 CSTE Newsletter for a summary of the results of a similar survey conducted in 1996 by PHF-CDC-ASPH.

CSTE Annual Meeting

Dr. Patti Quinlisk, President-Elect, is well underway with planning for the 1998 CSTE meeting which will be June 7-11 in Des Moines, Iowa. The meeting will be at the Des Moines Marriott, and reservations should be made no later than May 18 by calling 1-515-245-5500 (indicate you will be attending the CSTE meeting).

The Executive Committee will be meeting in Atlanta April 22 and considerable effort will go into finalizing the agenda. The meeting "construct" will be along the lines of previous meetings: plenary, concurrent, and committee sessions; Monday evening reception, Tuesday evening social event, Wednesday President's banquet, and Thursday morning, business session. There will also be an outside expert brought in to conduct a four-five hour workshop on risk communication on Sunday, June 7.

Registration materials for the meeting will be mailed out within the next couple of weeks. The materials will also be posted on CSTE's web site (http://www.cste.org) as they become available.

We do **not** anticipate having any meeting scholarship funds for travel to the meeting.

CSTE Consultant Reports -

01/98 to 3/98

Surveillance

Gianfranco Pezzino, HL-7 Winter Working Group meeting, 01/12-16/98

Paul Stehr-Green, SCG and HISSB meetings, 2/98

Gianfranco Pezzino, Surveillance Integration Project meeting, 02/23-24/98

Environmental Health

Bela Matyas, Lead Reporting: EBLL's vs. All Leads, 03/98

Infectious Disease

Jesse Greenblatt, Epidemiology Training, FDA, 01/14-15/98

Sue Klein, HIV Prevention Consultants meeting, 02/17-18/98

Sue Klein, HIV Prevention Consultants meeting, 03/02/98

General/Cross-Cutting Issues

Norma Kanarek, National Arthritis Action Plan meeting, 03/98

HEALTHY PEOPLE 2000

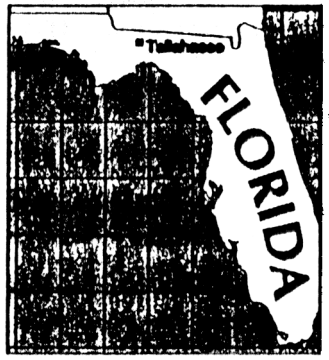
CONSORTIUM EXCHANGE

BUSINESS GROUPS TO JOIN IN HEALTHY PEOPLE 2010 DEVELOPMENT

THE PARTNERSHIP FOR PREVENTION received a grant from the Robert Wood Johnson Foundation to convene a Healthy People 2010 Business Advisory Council. Composed of business leaders from approximately 25 large, medium, and small businesses, this group will assist in the development of Healthy People 2010 objectives and will develop strategies for the private sector in achieving these objectives. For more information, contact Sarah Knab at Partnership for Prevention at (202)833-0009.

FLORIDA REPORTS PROGRESS

BUILDING HEALTHY COMMUNITIES TOGETHER: Health Status Report, which was recently released by the Florida Department of Health, seeks to answer the question, "How healthy is Florida." This document details Florida's successes and challenges for improving Floridians' health status. Some of Florida's successes include: a reduction in infant mortality to a rate below the national average; a decrease in repeat births to teens; a 90 percent reduction in primary and secondary syphilis; and a 50 percent decrease in the age-adjusted death



from heart disease. Some of Florida's challenges include: reducing unfavorable birth outcomes for nonwhites; purchasing new drug combinations for persons with AIDS; and reducing deaths and disabilities resulting from chronic diseases, the leading killers of Floridians. For more information, contact Kathy Winn at (850)487-3220

FIDO! FRIEND OR FOE?

DID YOU KNOW THAT by age 12 almost half of American children are bitten at least once by a dog. Two students from Auburn University's College of Veterinary Medicine have taken on this important public health problem by developing a coloring/activity book entitled, *Fido! Friend or Foe?—Reducing Dog Bite Injuries in Children Through Public Education.* This book educates elementary school-aged children and their parents about the dos and don'ts of dog safety and on how to avoid dog bites. Parents are encouraged to read through the book with their children to reinforce the messages

500,000 copies and make them available through its local agents. A Spanish version is also available from Auburn University. For more information and for copies of the Spanish version book, contact: Charles Hendrix at (334)844-2688 or hendrcm@vetmed.auburn.edu.

FORD AND NHTSA TEAM TOGETHER

STUDIES SHOW THAT OVER half of all child car seats are installed incorrectly. In response to this statistic, the National Highway Traffic Safety Administration (NHTSA) developed education materials on how to install child safety seats and booster seats. Entitled *Protecting Your Newborn*, this video and instructor's guide were developed for use by childbirth educators to teach parents about proper restraint and transport of infants and children in motor vehicles. They provide detailed explanations on how to install child safety seats and booster seats. NHTSA partnered with Ford Motor Company in the production and distribution of these educational materials. Almost 100,000 copies were distributed to all hospitals in the U.S., to the members of several childbirth educator associations, and to 40,000 obstetricians and gynecologists who were likely to be involved in childbirth education. Please fax materials requests to the media and marketing division at NHTSA at (202)493-2062.

Camera-ready copies of Consortium Exchange are available upon request

EXEMPLARY MENTAL HEALTH PROGRAMS IN SCHOOLS

AN ESTIMATED 15 TO 20 PERCENT of children and adolescents have mental health problems severe enough to warrant treatment. School psychologists play a large role in improving many students' lives by working with the students, their families, and often other mental health professionals. The National Association of School Psychologists has published a guide to some of the best school and community-based mental health programs in which school psychologists were engaged in program development, implementation, and or evaluation. *Exemplary Mental Health Programs: School Psychologists as Mental Health Service Providers* highlights 119 programs in 44 States. To order this publication, contact Victoria Stanhope at (301) 657-0270 ext. 223 or vstanhope@naspweb.org

ABOUT CONSORTIUM EXCHANGE

Healthy People 2000 CONSORTIUM EXCHANGE is an information resource for *Healthy People 2000* Consortium members to share news about prevention activities related to achieving one or more of the Nation's health promotion and disease prevention objectives. Please send news about your programs and activities to Janet Samorodin, MPH, Office of Disease Prevention and Health Promotion, 200 Independence Avenue, S.W., Room 738G, Washington, D.C. 20201; (202) 260-2322; Fax (202) 205-9478; Jsamorodin@osophs.dhhs.gov

Healthy People 2000 is a national initiative to improve the health of all Americans through prevention. It is driven by 319 specific national health promotion and disease prevention objectives targeted for achievement by the year 2000. *Healthy People 2000*'s overall goals are to: increase the span of healthy life for Americans, reduce health disparities among Americans, and achieve access to preventive services for all Americans.

INFO ON THE WEB

American Alliance for Health, Physical Education, Recreation, and Dance (AAHPERD) ***(http://www.aahperd.org/index.html)***: Eight sites in one. Each member of AAHPERD provides a home page that includes publications, membership, and conference information. There is also information on AAHPERD's research consortium.

Association of Asian Pacific Community Health Organizations (AAPCHO) ***(http://www.aapcho.org)***: If you are interested in information on health issues related to Asian Americans and Pacific Islanders (AAPI), check out this site. Some unique features include policy information links to other AAPI health sites, AAPCHO program information, and a calender of national and local events of interest to AAPIs or people who work with them.

National Education Association Health Information Network (NEAHIN) ***(http://www.nea.org/hin)***: This site provides information on breast and cervical cancer, environmental issues, HIV, and other areas that affect school employees and the children they serve. Two free newsletters *HSHINT* (HIV) and *The Source* (Environmental issues) are available on line. A new discussion group is available on indoor air quality issues in schools.

Wellness Councils of America (WELCOA) ***(http://www.welcoa.org/)***: This site provides information on worksite health promotion and WELCOA's WELLCITY USA project as well as information on National Health Days. A listing of America's Healthiest Companies and WELCOA's regional and State affiliates is also available.

The Office of Disease Prevention and Health Promotion welcomes the 12 newest members of the Healthy People Consortium. We look forward to working with you on national health objectives for the years 2000 and 2010.

American Academy of Physician Assistants

American Association of Colleges for Teacher Education

Association of Asian Pacific Community Health Organizations

Center for Science in the Public Interest

Council of State and Territorial Epidemiologists

Farm Safety 4 Just Kids

National Association of Local Boards of Health

National Association of School Psychologists

National League of Cities

Shape Up America!

Society for the Advancement of Women's Health Research

Stop Teenage Addiction to Smoking