CSTE UPDATE

Council of State and Territorial Epidemiologists

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ACIP UPDATE

(Gregory Istre, MD - Oklahoma)

The most recent ACIP meeting was held February 26-27, 1991. Several items were discussed, the most important were the following.

Polio: The enhanced inactivated polio vaccine (EIPV) grown in vero cells, was discussed and it is planned that this vaccine will probably be available in the summer of 1991. The projected price will be approximately $17.50 per dose initially, which hopefully will drop as volume increases, and may approach the cost of OPV eventually. EIPV will also be available in a single dose vial. Supposedly, up to 40 or 50 million doses per year will be capable of being produced.

H. Flu Vaccine: There is preliminary data which indicates that children can get a booster response from any of the conjugate vaccines, even if different conjugate vaccine has been used for the primary series. This information has not yet been published.

Hepatitis B: A draft statement which dealt with universal immunization of infants against hepatitis B was presented. The universal immunization of infants appears to be the only way to effectively control hepatitis B, since recent efforts at vaccinating high risk groups have not been successful. The cost of the infant dose for hepatitis B vaccine will probably be in the range of about $6 per dose. A draft statement was reviewed at this meeting and it was generally agreed that the committee would favor universal immunization of infants against hepatitis B, but a final statement will be presented at the next meeting in June, for a review. There was substantial discussion about the need for federal funding for such a program to be successful, and the need for combining antigens into one injection for infant immunization with DTP, HIB, Hepatitis B, etc. Please see the January 1990 CSTE Update Newsletter for a review of this issue from a summary of an international symposium which was attended by Dr. Rick Vogt.

DTP: The extensive DTP statement is still in the process of being revised and is nearing final form. As I mentioned in the last ACOP Update, there will be changes in the list of contraindications and in the statement which deals with the rate of encephalopathy following DTP immunization.

Smallpox Vaccine: The vaccinia vaccination (smallpox vaccine) recommendation will be expanded to include health care workers who deal with patients who have had recombinant vaccinia vaccines, and laboratory workers who handle the vaccines.

Measles: There was discussion of the "white paper" of which we have all received a copy. There was unanimous support for the recommendations in this white paper, which was the product of the National Vaccine Advisory Committee.

UPDATE ON SURVEILLANCE COORDINATING GROUP MEETING -- MARCH 26, 1991

(Richard Vogt, MD - Vermont)

The March Surveillance Coordinating Group meeting had a number of issues of interest to CSTE membership. First, version 2.0 of PHLIS has been completed and CID plans to distribute this to all state laboratories no later than mid-year. The plan is for laboratories to begin to report cases of enteric diseases directly to CID sometime in the near future. The information will be made available to state epidemiologists in NETSS format. The Center for Infectious Diseases plans to work with computer-technical individuals in each state to facilitate the transfer of information from the laboratory to the state epidemiologist. There will be regional training sessions offered to both laboratory directors and state epidemiologists at some time in the future. Currently, travel funds have not been allocated for this activity, so state epidemiologists may have to pay for this themselves.

The Surveillance Division at CDC will be contracting to develop statistical packages to use on state surveillance data over the next year. They plan to develop PC modules for trend analyses, cluster determination, completeness of information, and denominator information. If you have other ideas for this project, please contact Donna Stroup at 404-639-3048.

Finally, Dr. Rick Goodman announced that there will be a formal evaluation of the MMWR over the next one to two years. States will have an opportunity to give CDC their opinions on the state utility of the MMWR. Dr. Vogt suggested to Dr. Goodman that they should solicit comments from all 50 states and territories since there may be a wide range of opinions on the utility of the MMWR. He stated that this was not a part of the contract agreement, but would see if it could be incorporated into the process.

NATIONAL WORKSHOP ON HEALTH STATUS INDICATORS FOR THE YEAR 2000 OBJECTIVES

(Dale Morse, MD, MS - NY; Denny Donnell, MD, MPH - MO)
(MaryLou Fleissner, Dr. PH - IN; Henry Anderson, MD - WI)
(Becky Meriweather, MD - NC; Kathleen Acree, MD - CA)
(Barbara DeBuono, MD, MPH - RI)

From April 1-3, 1991, we represented CSTE at the above conference in Washington. The meeting was held to develop a set of health status indicators for the year 2000 objectives which would be available at the local, state and federal level. The purpose of this set of indicators will be to provide an assessment of the overall health status of a community. Attempts were made to select indicators that are readily and uniformly understandable and acceptable; and are measurable using data available or easily obtainable. These 30-40 indicators will not replace the comprehensive list of 300 measurements of a community's progress toward the year 2000 objectives, instead, this minimal data set will allow monitoring of trends over time in a standardized manner and facilitate comparison between and among communities.

Forty-eight draft indicators were developed in the five areas of:

- Maternal and Child Health
- Communicable Disease
- Chronic Disease
- Access to Care/Preventive Services/General Health Indicators
- Environmental/Occupational/Injuries

Once finalized these indicators will help fulfill mandates of the year 2000 objectives, the Health Objectives 2000 Act and the Institute of Medicine Report on the Future of Public Health. Please contact one of the CSTE attendees if you want to view the draft indicators.

IMMUNIZATION UPDATE - EXCERPTS FROM THE CSTE-CDC SEMIANNUAL MEETING
MARCH 29, 1991

(Dale Morse, MD, MS - New York)

Major items relevant to New York included:

Hepatitis B - OSHA Regulations

Most states expressed displeasure with OSHA's zeal in pushing hepatitis B immunization of some groups with minimal risk of HBV exposure. Specifically, OSHA has cited numerous agencies with public safety workers (policeman, firefighters, correction officers), school playground attendees and even janitors, irrespective of any documented risk of exposure to blood or HBV.

It was agreed that public safety workers should not be universally targeted for HBV vaccine (unless performing EMT duties or substantial risk was documented) and that persons with low, but potential risk of exposure could be handled more appropriately with post-exposure treatment. Some states like Minnesota also have data to show that health care workers in certain geographic areas are also not at risk for HBV. CDC will discuss these issues with OSHA.

Universal HBV Immunization of Infants

It is expected that ACIP will endorse this concept as early as its June meeting. CSTE emphasized the need to develop combined antigen shots and to provide adequate funding to support such an initiative.

CSTE will consider a position statement to address this issue

Immunization Grant Funding

The highest priority is being given to immunizing preschool children including funds to improve the infrastructure to provide such vaccines. Additional personnel and grant funds will be available for this effort.

CSTE will consider a position statement to support preschool measles immunization activities including a mandate to study whether requiring immunizations for WIC and AFDC clients would be a beneficial and effective strategy. CSTE will also serve on an expert panel to develop standards for the provision of vaccines in clinic settings.

HIB Vaccine

Two HIB vaccines have recently been licensed for immunization of infants beginning at two months of age. Unfortunately, differences in vaccine schedules by manufacturer and the need for multiple doses has led to some confusion and logistic problems.

CSTE asked CDC to help develop guidelines for HIB immunization requirements in day care settings and to present an update at the CSTE annual meeting.

EXERPTS FROM CSTE-CDC SEMIANNAUL AIDS/HIV EPI MEETING - MARCH 28, 1991
(Dale Morse, MD, MS - New York)

Major issues of note included:

Changing Immigration Policies --- The new immigration law goes into effect June 1, 1991, and includes a Public Health Service review of excludable conditions. The Public Health Service has proposed eliminating all currently listed communicable diseases with the exception of active tuberculosis. In response to this proposal, the Public Health Service has received over 40,000 comments from 60,000 persons. Approximately 90% were against the change because HIV would be dropped; of these, approximately 50% were against the change because of the costs of providing care to HIV infected persons.

The final decision is pending, but there may be separate lists to differentiate between public health risk and budgetary concerns.

Drug-Resistant TB in HIV Patients --- Outbreaks of of drug-resistant TB with nosocomial transmission to staff and patients are occurring among HIV-infected persons. These persons have an increased likelihood of developing active TB if infected. Therefore, the potential for propagation and spread of these outbreaks is high.

The Council of State and Territorial Epidemiologists pointed out the need for enhanced laboratory TB susceptibility testing and surveillance, for guidelines on preventive therapy for contacts of rifampin resistant TB cases and for technical expertise to assess ventilation and isolation conditions in health care settings. Some of the items may be considered for CSTE position statements. The latter is of particular concern because CDC has lost much of its previous technical expertise which provided consultation on building design and specifications.

Ryan--White Bill --- If authorized, the proposed legislation will have significant effects on HIV/AIDS funding with 42 states receiving less funding under the proposed formula which is linked to AIDS cases. A major requirement will be the need to document that identified HIV positive persons are linked into HIV services. This will be a particular challenge for states without HIV reporting.

The Council of State and Territorial Epidemiologists members can attend a briefing on Sunday night, May 19, 1991, from 6:30-9:30PM in San Diego, while at the CSTE annual meeting.

Guidelines for HIV-Infected Health Care Workers --- Despite the New York Times leak of proposed guidelines, CDC has not yet finalized or released guidelines for review and comment.

Certificates of Confidentiality --- The potential widespread issuance of certificates of confidentiality, which could exempt reporting of notifiable diseases by NIH funded researchers, would have a major impact on HIV/AIDS/CD reporting to state and local health departments. ASTHO and CSTE are opposed to such exemptions which could result in significant secondary preventable disease transmission and are working with CDC to resolve this issue.

HIV Classification/System and AIDS Case Definition --- A revised classification system for HIV infection and disease in adolescents and adults is under consideration.

Most CSTE members present, favored reporting of all HIV infections over revising the current AIDS case definition. However, there may be merit in expanding the AIDS case definition to include some currently missed conditions which are associated with severe morbidity and immunosuppression.

PROPOSAL FOR CSTE EXECUTIVE COMMITTEE EXPANSION

(Dale Morse, MD, MS - New York)

As the role and activities of CSTE have expanded over the last several years it has become apparent to a number of us that the Executive Committee should also increase to meet new responsibilities. While CSTE consultants and committee chairs have helped represent CSTE at a number of meetings, Executive Committee members have often had more requests for travel than can be handled, including a number outside our areas of expertise. As the organization matures and expands to cover epidemiologic activities in a number of areas, it would be beneficial to expand the Executive Committee to include CSTE members from different disciplines as well.

To meet CSTE future needs, the Executive Committee is recommending that the Executive Committee be expanded. The proposed change in the bylaws is listed below and would expand the Executive Committee from seven persons (four officers and three members) to ten persons (four officers and six members). This expansion would be phased in over three years, with election of two new members-at-large each year instead of one. To encourage representation from all active CSTE disciplines, the Executive Committee will be charged with the responsibility of nominating individuals, to the extent possible, from these subgroups.

An alternate proposal, which should also be discussed at the annual meeting, would be to expand the Executive Committee to include representatives from all active committees of ten or more members (or similar type language).

Proposed Bylaw Change To Be Discussed and Voted on at the Annual Meeting

( ) = Exclusion
_ = Addition

Article III Executive Committee. The governing body of this Council shall be known as the Executive Committee

The Executive Committee shall be composed of the officers of the Council and (three) six elective members to serve one three-year term each. (One) Two new elective members shall be elected at each regular meeting. In case of a vacancy in (the) a previously filled position of an elective member, the position shall remain vacant until the next regular meeting of the Council, at which time the replacement shall be elected only for the remainder of the three-year term. To the extent possible, the Executive Committee will nominate candidates to represent the active disciplines within the organization.

1991 CSTE MEETING - SAN DIEGO CALIFORNIA

MAY 20-23, 1991

This year's CSTE meeting will be one of several that week in San Diego. In addition to ASTHO's annual meeting, CDC will be holding its annual STD-HIV Prevention conference. We hope to take advantage of the overall meetings to enhance and expand participation at our meeting. The agenda is taking shape and will include major contributions by Environmental, Occupational and Injury epidemiologists. Multiple position statements are being developed for consideration, and Dr. Stephen Thacker will give an update on EPO activities and CSTE/CDC interactions. We hope to continue our discussions of CSTE's future role and are optimistic that we are close to obtaining long term organizational support. Come to find out more and to help us plan our future. See you there!

NEW STATE EPIDEMIOLOGIST

SOUTH CAROLINA

Congratulations to Jeffrey L. Jones, MD, MPH, who has just taken the position of State Epidemiologist for the State of South Carolina.

NEW STATE EPIDEMIOLOGIST

FLORIDA

Congratulations to Richard S. Hopkins, MD, MSPH, (former State Epidemiologist in Colorado) who has just taken the position of State Epidemiologist for the State of Florida.

SEND YOUR ARTICLES OR IDEAS FOR ARTICLES FOR THE NEWSLETTER TO:

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