CSTE UPDATE
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Council o State and Territorial Epidemiologists

EOSINOPHILIA-MYALGIA SYNDROME HOTLINE AND TREATMENT REGISTRY (Dave Fleming - Oregon)

"I was asked to represent CSTE at a meeting convened by the Public Health Foundation regarding eosinophilia-myalgia syndrome (EMS). The meeting was held at the request of the Council for Responsible Nutrition, the trade association for manufacturers and suppliers of L-tryptophan. The purpose was to identify EMS-related projects that the trade association could help fund.

The outcome of the meeting was:

1. The Public Health Foundation would take the lead in establishing a toll-free EMS Hotline to provide information and referrals to health professionals and the public.

2. The Public Health Foundation would take the lead in developing a treatment registry containing information on difficult-to-treat patients that will assist health care providers in caring for patients with EMS.

States may be asked to assist in these projects by sending a letter announcing the projects to reporting physicians. Concern was expressed that the optimum time and greatest need for conducting these studies had passed.

A proposal was made to establish a nationwide registry in which all patients with EMS would be tracked over time. The bulk of the work for this project would have fallen to health departments. This proposal was deemed not feasible.

UPDATE ON THE NATIONAL HEALTH OBJECTIVES ACT (George Degnon - ASTHO)

A memo updating us on the progress of the National Health Objectives Act, in which ASTHO has taken a lead role is attached to the back of this newsletter, for your information.

LEAD POISONING (Sue Binder - CDC)

"Lead poisoning remains the most common environmental disease of children; yet, it is completely preventable. A Strategic Plan for the Elimination of Childhood Lead poisoning is being developed at the request of Dr. James O Mason, Assistant Secretary for Health, U.S. Department of Health and Human Services. The plan will be complete by August 5, 1990. Among the most critical recommendations are likely to be: 1) increased lead abatement activities 2) expanded childhood lead poisoning prevention programs, and 3) development of national surveillance for elevated lead levels. Steps required for achieving these will be outlined in detail. In addition, the plan will include an agenda for public awareness and education and an agenda for research. The plan is being developed with the help of other Federal, State, and local agencies and private organizations."

Further information about the plan is available from Dr. Sue Binder, CDC, (404) 488-4880.

EPO PLANS FURTHER DEVELOPMENT OF EPIDEMIC SURVEILLANCE (John Horan - CDC)

"In 1988, CDC's Epidemiology Program Office participated with four states (Maryland, New York, Oklahoma, Washington) in a 5-month pilot project of a computerized system of epidemic surveillance (MMWR 1989;38:694-6). The results were presented at the 1989 CSTE meeting; and the CSTE subsequently passed a unanimous resolution supporting the concept of state-based epidemic surveillance and requesting that CDC provide financial support to states to participate in the further development of such a system.

In response, EPO has sought and received funding from the CDC Prevention Research & Development Program to further develop this system in a longer and larger project in 1990. A Request for Quotation will be synopsized in the Commerce Business Daily in late March. Absolute criteria for participation will be announced and eligible parties are encouraged to apply.

The long-range objective is development of national computerized epidemic surveillance, integrated into the current existing system for notifiable diseases (NETSS). Systematic epidemic surveillance can improve disease preventio efforts at both state and national levels. Epidemic disease per se is a substantial public health burden in terms of bot morbidity and economic cost; and much of it is, or should be, preventable. Data collected in this system can be use to assess adequacy of basic public health standards, monitor seasonal and geographic trends of epidemic disease assess timeliness and sensitivity of reporting sources, and document program activities, accomplishments, and needs For states that have no epidemic surveillance program, this system can provide one; for those that already have functional system, it will provide standardized, comparable data from neighboring states and regions."

EIS CLASS OF 1990 (Mary Moreman - CDC)

"The Epidemiology Program Office, Centers for Disease Control, recently selected the incoming EIS Class for 199(A total of 63 officers will be brought on duty in July and will attend the 39th Annual EIS Conference, April 23-27. Th class consists of 50 physicians (79%), 5 veterinarians (8%), 6 PhD/DrPH's (9%), and 2 nurses (3%). Females compris 52% of the incoming class and minorities 17%. During the assignment weekend activities on April 28 and 29, the nev officers will choose from over 150 jobs including 38 submitted by State Health Departments."

FROM THE ACIP (Greg Istre - Oklahoma)

"The ACIP is currently working on updates of six statements. The following are very brief outlines of the propose statements:

1. Influenza -- The statement for the 1990-91 Influenza control recommendations will be similar to wha has been published in previous years, with the exception that the statement about antiviral medication is combined with the section on vaccine, instead of being separate as it was last year. In addition, a

2. Typhoid Vaccine -- The preliminary draft if Typhoid Vaccine Recommendations include both the liv attenuated (Ty 21a) oral vaccine and the inactivated parenteral vaccine. The vaccine will b recommended to travelers for areas where there is a recognized risk of exposure to typhoid for thos who have imminent exposure to a typhoid carrier, and certain microbiology laboratory workers.

3. Adult Immunizations -- The draft of the Adult Immunization Statement will incorporate recent relevan ACIP Statements, in addition to the others which have been included in the past.

4. Rabies -- The Rabies statement is undergoing an update, which will include a discussion of managemen of individuals who have received rabies prophylaxis regimens outside of the U.S.

5. Rubella -- The proposed revision of the Rubella Statement will include more information regardin chronic or recurrent reactions to rubella vaccine, and incorporate the recommendations for the new two dose schedule for MMR vaccine (as is outlined in the Measles Statement), and updates informatio about laboratory diagnosis.

6. Japanese encephalitis -- A draft statement in its very early stages was discussed, and will undoubtedl be considered at a future meeting of the ACIP. It appears that there is an effective vaccine agains Japanese encephalitis, but it is not currently licensed in the U.S.

If you have specific comments, requests, or ideas about these topics please contact me."

LET'S WELCOME DALE

Congratulations to Dale Morse (NY) who will take over as CSTE President at the end of our annual meeting next month in Albany. With the presidency comes the editorship of this Update (Pam and Genny here in the office are glad o that), so look for future issues of the Update to be postmarked from New York. Keep your reports and ideas coming to Dale--it is your input that makes the newsletter possible.--GRI

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TO: ASTHO AFFILIATE PRESIDENTS

FROM: GEORGE DEGNON AND VALERIE WHITE

DATE: FEBRUARY 7, 1990

RE: NATIONAL HEALTH OBJECTIVES ACT

The National Health Objectives Act was introduced on February 1, 1990 by Senator Tom Harkin (D-IA), Senator Orrin Hatch (R-UT), Senator Claiborne Pell (D-RI) and Senator Edward Kennedy (D-MA) and 12 other co-sponsors: Thad Cochran (R-MS), Paul Simon (D-IL), Nancy Kassebaum (R-KS), Quentin Burdick (D-ND), Dave Durenberger (R-MN), Bob Kerrey (D-NE), Brock Adams (D-WA), John Chafee (R-RI), Bob Graham (D-FL), Patrick Leahy (D-VT), Mark Hatfield (R-OR) and Daniel Inouye (D-HI).* Se the Congressional Record for February 1, page S703, for additional details.

The introduction of the bill with such a distinguished list of co-sponsors is a great accomplishment for ASTHO and its affiliate groups. We are appreciative of those affiliates which provided ASTHO with a letter of support: Nutrition Directors, Maternal and Child Health Directors, Dental Directors, Laboratory Directors, Epidemiologists, Nursing Directors and Public Health Education Directors.

The bill, S. 2056, has been retitled "The Health Objectives 2000 Act." Senators Harkin, Hatch and Pell will shortly be writing to all other members of the Senate inviting them to become co-sponsors.

We are requesting that all affiliates assist ASTHO in securing additional co-sponsors for this legislation. You may wish to suggest to your members the following actions:

1) If Senators are co-sponsors, congratulate them on their leadership on this most important issue and thank them for agreeing to work on this issue of promoting health and preventing disease.

2) If Senators are not co-sponsors, write a letter mentioning the bill and specifically requesting that they contact Senator Harkin's office to be listed as co-sponsors;

3) Communicate any written or oral conversations with Senators offices regarding the bill to the ASTHO office, so that we may continue with appropriate follow-up; and

4) If your group has not already done so but is in support of the legislation, provide ASTHO with a letter of support.

ASTHO has achieved the first important step toward passage of legislation which will benefit all aspects of the state public health agencies, but there is still a long way to go. Your assistance in lobbying for the bill is both appreciated and needed.

We are still attempting to line up co-sponsors in the House and expect the House version of the bill will be introduced in the next month. We will let you know as soon as the legislation is introduced.

Copies of the bill may be secured from your Senators offices or by sending a mailing label to: Senate Document Room, U.S. Senate, Washington, DC 20210

*also, Dodd (CT), Matsunaga (HI), Riegel (MI), Wirth (CO), Bingaman (NM), Bradley (NJ) and Conrad (ND)