NEWS LETTER

CSTE UPDATE

Vol. 1996 No. 3
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Council of State and Territorial Epidemiologists

President's Message

Well, we've built it, and they are coming.

CSTE is growing -- in membership, scope, expertise and influence. To the many of you who have been working years to make this happen, I'm sure this news comes as no surprise. (Hopefully, though, it does bring a little gratification!) To celebrate our success and diversity a bit, I've highlighted below just a few of the current issues on which CSTE folks are working.

Through the efforts of our skilled and dedicated (doesn't *begin* to cover it) CSTE staff, our cooperative agreement with CDC for the upcoming year exceeds 2 million dollars. Our award includes both funding to maintain our core capacity provided through EPO as well as funding for many new and ongoing special projects in infectious, environmental and chronic disease arenas from NCEH, NCID, Immunizations, and NCCDPHP. Check out the article on page 3 for details.

Our Washington DC information service is about to become a reality. Even better, ASTPHLD (the state lab directors association) has decided to join with us, doubling the resources available for this project. As promised, the activities of this project are being guided by the results of the survey you filled out during the summer. See pages 5-6 for a summary of the survey results.

CSTE has been invited to sit on CDC's new Integrated Health Information and Surveillance Systems Board.

INSIDE

The purpose of this board is to "formulate and enact policy concerning the planning, development, maintenance, and use of integrated public health information and surveillance systems" (good idea, huh?). Hopefully, the Board will provide the forum to address the many cross-cutting issues needed to move towards a unified national public health surveillance system. Paul Stehr-Green from Washington, our lead surveillance consultant, has agreed to serve as CSTE's representative. (Gus Birkhead, our long-standing, former and very able lead surveillance consultant VERY wisely decided to begin to spend his "free" time planning for our next annual meeting in New York.) Talk with Paul if you want more information or have ideas or input. Our decision at the Portland meeting to add smoking prevalence to the list of conditions under national public health surveillance has struck a responsive chord. The decision was highlighted in the MMWR celebrating CDC's 50th birthday and has attracted national media attention. We are working with the Office of Smoking and Health and the Behavioral Risk Factor folks to release the first round of data for the November MMWR issue coinciding with the Great American Smoke Out. EPO will be incorporating reporting on this condition (BRFSS data) into next year's annual report of notifiable conditions.

We are working productively with ASTHO (!) on a number of projects. CSTE has representatives on all five ASTHO policy committees, including Mike Osterholm from Minnesota on Infectious Diseases, Chris Maylahn from New York on Prevention, Roger Rochet from Georgia on Access, Richard Hopkins from Florida on Health Information/Core Public Health and Henry Anderson from Wisconsin and Dennis Perrotta from Texas on Environment. In addition, Dennis Perrotta is also serving on the ASTHO Management Committee and the planning committee for next year's annual ASTHO meeting (we've tripled his CSTE consultancy salary).

We're moving ahead with development of a guideline/agreement for swapping of staff epidemiologists between states and CDC (a quasi-sabbatical program), starting with NCID. Becky Meriwether from Louisiana has volunteered to take the CSTE lead on this, with help from Mack Sewell from New Mexico and myself. Give Becky or one of us a call if you have questions or ideas about this.

The recent cyclospora outbreak once again highlighted the complexity of multi-state outbreaks. Several folks have

suggested that some general guidelines for coordinating investigation and media activities *developed in advance* might help us out next time. Patty Quinlisk from Iowa, with the help of Kris MacDonald from Minnesota and Kathy Gensheimer from Maine have volunteered to work with Steve Ostroff and others from CDC on this. I'm sure they'd appreciate ideas (and help).

Keep an eye out for the upcoming survey of interest in serving as a CSTE consultant. The breadth of areas on which our opinion is being solicited is increasing. In addition, we're seeking folks willing to serve as "state-based mentors" for our CSTE epidemiologists and as technical resources for our special projects. Consultancies offer a great opportunity to feel like you're doing something that makes a difference. Please consider it.

Some key issues that we already know we'll be talking about with CDC at the next Executive Committee meeting in January include changes in CDC's PMR program (see article below), making the Public Health Leadership Institute more available to state-based epidemiologists, and the future of Assessment Initiative activities at CDC. Give me a call if you have questions (or answers) about these issues, or there are other items you want to be sure make it on the agenda.

Perhaps the most amazing thing about the above highlights is that they represent only a small fraction of CSTE member and staff activities.

The purpose of CSTE is to make our jobs easier, more interesting, and most importantly -- more effective. As with any voluntary organization, our fortune is directly dependent on the amount of energy we are willing to invest. Through your willingness to become involved, we are succeeding. A collective pat on the back for all of us.

David W. Fleming, M.D.
President

Preventive Medicine Residency Program

All residency programs, including Preventive Medicine, are undergoing greater scrutiny from the Accreditation Council for Graduate Medical Education for the quality of the training that they provide. Although the Centers for Disease Control and Prevention's (CDC) program has made substantial changes since 1989, changes in the speciality and the accreditation criteria have required our program to make some major changes in order to retain accreditation. The major changes in the CDC Preventive Medicine Residency (PMR) are:

(1) The PMR practicum will no longer be 24 months. The second year of EIS is no longer the first year of PMR. This year, the new residents will be starting in July 1997. Currently, we have no first year PM Residents.

(2) All PM Residents without an MPH will be able to attain the degree at the completion of EIS. Following the MPH year (or following EIS for those PM Residents with a prior MPH), the PM Residents will participate in their practicum year. This year will be most similar to the former second year of the PMR.

(3) PM Residents will still be required to have either a year in a health department or at the CDC, complementing their EIS experience.

We are interested in learning more about the various MPH/MS programs through the country, especially those near (and with close relationships with) state and local health departments. Health departments who are recruiting for a CDC PM Resident this year should send us the names of institutions in your area that have MPH or equivalent programs to add to your position descriptions. You can send this information to Art Liang (see below).

We are also interested in health departments who might be willing to have a CDC PM Resident participate in a two-year field assignment, combining study towards an MPH with the practicum experience. If interested, ASAP please contact Dr. Arthur P. Liang, CDC, Preventive Medicine Residency at 404-639-3187 (tel), 404-639-2222 (fax), or APL1@EPO.EM.CDC.GOV (e-mail).

Otherwise, next year's deadline for proposals to have a CDC PMR assigned to your state beginning in 1998 will be March 30, 1997.

Arthur P. Liang
Epidemiology Program Office, Centers for Disease Control and Prevention

CSTE Presidents

Can you help identify previous CSTE Presidents? Listed below is a time line dating back to 1961. There are years in which we do not have the name of the President. If you can provide additional information, please contact Willis Forrester at the CSTE national headquarters office (770-458-3811).

1961 - 1966	unknown
1966 - 1967	Gerald E. McDaniel, M.D. (South Carolina)
1967 - 1973	unknown
1974	Nicholas J. Fiumara, M.D. (Massachusetts)

1975 E. Charlton Prather (Florida)
1976 - 1977 Ronald Altman, M.D., EIS '60 (New Jersey)
1977 - 1978 unknown
1978 - 1979 Durwood L. Blakey (Mississippi)
1979 - 1980 unknown
1980 - 1981 Martin D. Skinner, EIS '68 (Missouri)
1981 - 1982 Tom Halpin. M.D. (Ohio)
1982 - 1983 Grayson Miller, Jr., M.D., EIS '74 (Virginia)
1983 - 1984 Andrew G. Dean, M.D., M.P.H., EIS '74 (Minnesota)
1984 - 1985 Jeffrey P. Davis, M.D., EIS '73 (Wisconsin)
1985 - 1987 Richard L. Vogt, M.D., EIS '77 (Vermont)
1987 - 1989 Harry F. Hull, M.D., EIS '75 (New Mexico)
1989 - 1990 Gregory R. Istre, M.D., EIS '80 (Oklahoma)
1990 - 1991 Dale L. Morse, M.D., EIS '76 (New York)
1991 - 1992 Larry Foster, M.D. (Oregon)
1992 - 1993 Ed Thompson, M.D. (Mississippi)
1993 - 1994 Michael T. Osterholm, Ph.D., M.P.H. (Minnesota)
1994 - 1995 Richard E. Hoffman, M.D., M.P.H., EIS '78 (Colorado)
1995 - 1996 Dennis M. Perrotta, Ph.D. (Texas)
1996 - 1997 David W. Fleming, M.D., EIS '83 (Oregon)

CSTE/CDC Cooperative Agreement

The 1996 - 1997 CSTE/CDC cooperative agreement was funded for a total annual budget of $2,212,715. Listed below is an abbreviated summary of projects that were funded.

National Headquarters Office: This project continues funding to support central office staff: to facilitate closer working relationships among state and other epidemiologists, to provide consultation and advise to appropriate disciplines in CDC and other health agencies, and to provide technical assistance to the Association of State and Territorial Health Officials (ASTHO). The total approved budget to support the national headquarters is $138,876.

Providing Specialized Consultations to CDC This project is to assist CDC in incorporating perspectives of state and local epidemiologists and health department staff on important topics of national, public health interest. CSTE membership's expertise provides consultation to CDC in a large number of areas including HIV/AIDS, sexually transmitted diseases, influenza, tuberculosis, chronic diseases, occupational health, and others. This project funds a number of activities including the following:

(1) Surveillance Coordination Workgroup meetings. Funds are provided to enable a CSTE representative to participate in the quarterly meetings of this workgroup;

(2) Executive Committee meetings. Funds are provided to support quarterly meetings of the CSTE Executive Committee for the purpose of providing a forum in which CDC programs and CSTE can collaborate on topics of mutual interest;

(3) National Coalition for Adult Immunization. The Steering Committee of the National Coalition for Adult Immunization conducts four meetings annually with CSTE representation. The aim of this group is to improve the immunization status of adults, through information and education, to the levels specified by the Surgeon General. Travel funds are provided through this project;

(4) Influenza Planning Consultation. CSTE, the Food and Drug Administration (FDA), the National Association of County and City Health Officials (NACCHO), and CDC are collaborating to develop guidelines for a state/territorial influenza pandemic plan. The project includes two tracks: (1) development of guidelines that would address states with county health departments that provide limited primary medical care and routine preventive health services such as STD treatment, childhood and adult immunizations, and hypertension screening; and (2) a plan that would address states that do not have traditional county health departments, do not provide primary care, and provide very limited or no preventive health services. The plan is being coordinated by Mr. Wayne Brown, CSTE contractor. For more information regarding this project, please refer to the February 1996 edition of the CSTE Update.

(5) Surveillance of Hemolytic Uremic Syndrome (HUS). To build on existing surveillance infrastructure, CSTE will consult with CDC and states which are enrolled in CDC's Emerging Infection Program (EIP) and actively participating in surveillance of food borne diseases in order to identify methods of implementing surveillance for HUS.

(6) Impediments to State TB and HIV Data Sharing. CDC has requested CSTE consultation in analyzing legal and administrative impediments to sharing of information about HIV and TB. CSTE will engage the services of Gostin and Associates to work closely with CSTE and the CDC Office of General Counsel in planning and carrying out such a survey and disseminating the results. It is expected that the consultation will result in a better understanding of the impediments to the sharing of information, so that more complete surveillance of HIV and TB will

occur.

(7) PHS HIV Counseling and Testing Guidelines. The Ryan White Care Act recently enacted by the US Congress calls for CDC and states to enhance surveillance and evaluation activities related to perinatal HIV transmission and requires CDC and states to implement a new reporting system for determining the rate of AIDS cases as a result of HIV transmission.

CSTE received $182,471 to support the above activities.

Provide a Forum for the Exchange of Information The annual conference provides an forum in which CDC staff have an opportunity to update members on current national activities, consult with CSTE membership about important public health issues, and interact in formal and informal sessions. Funds are available to provide travel assistance to members to attend the four and one/half day conference. ($15,000)

Building Capacity of Occupational Disease and Injury Surveillance in State Health Departments CSTE was awarded funds in this project to facilitate the development of state-based occupational disease and injury surveillance through the sponsorship of meetings. The meetings are jointly planned and coordinated by the National Institute for Occupational Safety and Health (NIOSH) and CSTE. Funds ($77,790) were provided to conduct conferences which serve as a forum for states involved or interested in target-condition-specific surveillance activities conducted under the NIOSH Sentinel Event Notifications Systems for Occupational risk (SENSOR) and Adult Blood Lead Epidemiology and Surveillance (ABLES) programs.

Epidemiologic Technical Assistance: Vaccine Preventable Diseases Funds ($239,000) were awarded in this project to enable CSTE to continue to provide appropriate technical assistance to state and local health departments. The assistance focuses on: (1) developing and participating in activities and strategies to enhance vaccine-preventable disease surveillance in state and/or local health departments; (2) developing and implementing strategies specifically directed to enhancing varicella surveillance at the state health department level; and (3) documenting the investigating and reporting practices of state and territorial health departments specifically directed to rubella and congenital rubella syndrome. CSTE employs two full time epidemiologists, Ms. Sandra Roush and Dr. Pamela Meyer to meet the above stated objectives.

Epidemiologic Technical Assistance: Environmental Health This project was awarded funds ($457,681) to continue to provide technical assistance to state/local health departments in environmental health, specifically blood lead levels in children and other environmental health concerns. There is a broad range of existing and emerging environmental issues affecting the states that continue to require a strengthened and coordinated response from CSTE and CDC. These include: (1) developing demonstration environmental surveillance systems; (2) assessing the effect of environmental contaminants and other environmental agents on human health; (3) assessing the remediation costs associated with environmental agents; (4) developing a training infrastructure for environmental health scientists and allied personnel at CDC and in the states; and (5) working to alleviate other affects of environmental hazards on human health. CSTE employs three full time epidemiologists (Dr. Kim Blindauer, Ms. Adrienne Ettinger and Dr. Annette Ashizawa) and one systems analyst, Mr. Matt Pericles, to meet the above stated objectives.

Epidemiologic Technical Assistance for HIV Community Planning This project provides technical assistance to state/local health departments and community planning groups for HIV prevention planning. HIV prevention community planning refers to an ongoing process by which comprehensive HIV prevention activities are the result of participation of representatives from affected communities who have a voice in shaping resource allocation decisions. The community planning process for HIV prevention activities was implemented to develop local capacity to have prevention activities based upon local data reflecting the present and future impact of HIV/AIDS. The goals of this project are to: (1) develop and maintain a core expertise in the application of HIV/AIDS surveillance epidemiologic data to the HIV prevention community planning process; (2) provide a resource to states regarding the most effective ways to incorporate epidemiologic data in HIV community planning; (3) evaluate the use of epidemiologic data by planning groups in setting priorities for HIV prevention activities at the state and local level; and (4) identify unmet needs voiced by health departments and planning groups and develop creative recommendations to meet these needs. CSTE employs two full time epidemiologists, Dr. Joyce J. Neal and Dr. A.D. McNaghten to provide technical assistance for the above stated objectives. This project has been awarded $293,801 to continue the technical assistance provided by CSTE.

Developing Chronic Disease Epidemiologic Capacity at the State Level Funds were awarded to CSTE for this four-year collaborative project to assist states in developing chronic disease epidemiologic capacity ($430,000). In year one of this collaborative project, CSTE (1) assessed the chronic disease epidemiologic capacity of 14 states; (2) enhanced the chronic disease epidemiologic capacity of at least nine states; and (3) provided partial funding for the salary and fringe benefits of a chronic disease epidemiologist to five states

(Vermont, Florida, Maine, Kansas, and Nebraska) and one state in 1997 (Alabama). Building on the year one objectives successfully achieved, CSTE plans to (1) enhance the epidemiologic capacity of 90 percent of the states to analyze and translate available Behavioral Risk Factor Surveillance System (BRFSS) data into information that can be effectively used in state level program planning and policy formation; (2) assess the epidemiologic capacities of five additional states; (3) assist from three to five states in the recruiting, orienting, and training of chronic disease epidemiologists; (4) monitor the programmatic and financial performance of five contractor states; (5) identify and award available funds to one additional state to support the salary and fringe benefits of a chronic disease epidemiologist; (6) assist eight to twelve states in developing skills and techniques necessary to analyze and effectively use available BRFSS data; and (7) develop and distribute improved templates and standard tables, figures and chart formats for presenting BRFSS data.

Three new projects were funded during this cooperative agreement and include the following activities.

Technical Assistance for State Epidemiology Capacity Assessment This project provides funds ($78,096) to establish a focus with the CSTE national office for strengthening the abilities of states and territories to accomplish basic epidemiologic functions. Specifically, this project will enable CSTE to assist states in the conduct of systematic assessments of program-specific or organization-wide capacities to perform basic epidemiologic functions, recommend strategies for strengthening areas of perceived weakness, and stimulate the development of strategies for improving all around epidemiologic performance.

Epidemiologic Technical Assistance: Cancer Prevention and Control This project provides funds ($130,000) to collaborate with the Division of Cancer Prevention and Control (DCPC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), CDC to increase the capacity of state cancer control programs. Specifically, to: (1) analyze and use data effectively in the design of surveillance, screening, follow-up, educational and quality assurance activities; (2) design, implement, and evaluate epidemiologic studies to assess the impact of intervention strategies; (3) develop protocols of analyzing readily available, but unused databases; and (4) maintain current knowledge, plan for, and systematically integrate rapidly advancing genetic technology into the operational and educational components of comprehensive cancer control activities.

Epidemiologic Technical Assistance: Viral Hepatitis Surveillance This project will enable CSTE to employ an epidemiologist to provide technical assistance to assist states and CDC to improve the completeness, accuracy, simplicity, and usefulness of the viral hepatitis surveillance system. Funds ($170,000) were awarded to accomplish the following objectives: (1) evaluate the impact of Hepatitis B vaccination programs; (2) evaluate the effectiveness of Hepatitis A vaccination recommendations; (3) target Hepatitis A vaccine usage; and (4) monitor the changes in the epidemiology of Hepatitis A vaccination recommendations and vaccine usage through collaboration between CSTE and CDC.

Membership Update

CSTE currently has 350 members working in the areas of chronic disease, injury, infectious disease, environmental health, and occupational health. Included with the CSTE Update is a current membership list. The information provided on the list should include a current title, address, telephone and fax numbers and an Internet address. If there are changes that need to be made to the list, please direct them to Ms. June Miller, CSTE Secretary.

80 members have not yet paid their $15.00 individual dues for 1996. Please send payments to the CSTE national office. (2872 Woodcock Boulevard, Suite 303, Atlanta, Georgia 30333) Members who have not paid dues for 1996 will be removed from the membership list effective January 1, 1997.

Vermont and New Hampshire currently have vacancies in the state epidemiologist positions. Interested persons should contact the state health departments for more information.

Washington Update

CSTE is pleased to announce that the Association of State and Territorial Public Health Laboratory Directors (ASTPHLD) will be joining CSTE in its efforts to keep members better informed of legislation impacting public health. The organizations are currently seeking a contractor to provide information to members.

During July and August, CSTE conducted a survey of all CSTE members to identify some broad areas of priority interest that would guide a Washington-based contractor. The top five most frequently listed priority areas in each category are:

Chronic Diseases

1. Tobacco Use
2. Cancer Registries
3. Breast and Cervical Cancer
4. Diabetes
5. Cardiovascular Disease

Environmental Health

Water Quality
2. Asthma
3. Lead
4. Birth Defects Surveillance
5. Emergency Response

Infectious Diseases

1. Emerging Infections
2. Antibiotic Resistance
3. HIV/AIDS/STD
4. Food Borne Disease Outbreaks
5. Vaccines/Vaccine Preventable Diseases

In the crosscutting issues area, the top five most frequently ranked in order of importance are:

Federal Legislation Affecting Public Health
2. Surveillance/Core Data Elements
3. Electronic Sharing of Public Health Data
4. CDC Budget
5. Confidentiality/Access to Public Health and Medical Records

Many topics in each category were mentioned. The national headquarters office has compiled a list which shows all topics which were mentioned, showing the number of "hits" for each if more than one. For a full copy of this list, please contact Ms. Kathy Getz, CSTE Program Coordinator (770-458-3811).

CSTE Executive Committee Meeting

The Executive Committee met in Atlanta September 11-12, 1996. Joining the CSTE Executive Committee was Dr. Paul Stehr-Green, State Epidemiologist, Washington.

The agenda consisted of discussions on the following topics: chronic disease epi capacity financial awards; CSTE Washington Liaison; Surveillance Coordination Workgroup Meetings; ASTHO Prevention and Access Committee; CSTE Data Release Policy; Confidentiality Issues; TB and CSTE Data Release Guidelines; Annual Data Summary; Blood Safety Issues; Coordination of Multi-State Outbreaks; Indian Health Service regional Epi Centers; Smoking Prevalence Position Statement; Behavioral Risk Factor Surveillance System; 1996 Position Statements; and State-based surveys. The CSTE was joined by representatives from the TB Elimination Program, the Epidemiology Program Office, National Center for Infectious Diseases; and National Center for Chronic Disease Prevention and Health Promotion for a wide variety of topics.

In addition, the CSTE Executive Committee met with the Association of State and Territorial Public Health Laboratory Directors' (ASTPHLD) Executive Board to discuss areas of possible collaboration between the two organizations. These discussions included the Washington-based information services; advocacy efforts; privatization of public health; EIS and EID fellowship linkages; national surveillance systems; data release policy; and case definitions for laboratory reporting.

The CSTE President, Dr. David W. Fleming, Oregon and President-elect, Dr. Guthrie S. Birkhead, New York stayed in Atlanta an additional day to meet with other key CDC staff. These included Dr. Stephen Thacker, Director, EPO; Dr. Denise Koo, EPO; Dr. Dixie Snider, Office of the Director; Dr. James Hughes, Director, NCID; Mr. Henry Cassell, Procurement and Grants Office (PGO); Dr. Helene Gayle, Director, National Centers for HIV/STD/TB Prevention (NCHSTP); Dr. Stephen Wyatt, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP); and Dr. James Marks, Director, NCCDPHP.

For a full copy of minutes from the Executive Committee meeting, please contact the CSTE national office at 770-458-3811.

CSTE National Headquarters Update

The CSTE National Headquarters staff has rapidly increased over the past five years. Currently CSTE employs 13 full time staff members. Below is a brief description of each staff position.

Mr. Willis Forrester, Executive Director has been with CSTE since May, 1994. Mr. Forrester manages the CSTE headquarters office.

Ms. Kathy Getz, Program Coordinator has been with CSTE since August, 1992. Ms. Getz assists in the overall coordination of the functions of the national headquarters office and provides a national headquarters focus for the National Public Health Information Coalition.

Mr. John F. Hybarger, Special Projects Officer has been with CSTE since May, 1995. Mr. Hybarger assists in the fiscal, administrative and scientific management of the Chronic Disease, Cancer Prevention, HIV, and Occupational Health projects.

Ms. June Miller, Secretary has been with CSTE since October, 1995. Ms. Miller assists in the overall operation of the office

which includes maintaining all CSTE membership records and CDC/WONDER groups for electronic communication with CSTE members.

Ms. Clara Jenkins, Business Manager has been with CSTE since December, 1996. Ms. Jenkins manages the Federal and non-Federal financial accounts, prepares overall budgets for the cooperative agreement application, administers the CSTE employee benefit plan, and completes and files all Federal and state employee tax and reporting forms. Ms. Jenkins also provides accounting services for the National Public Health Information Coalition.

Dr. Joyce Neal, Epidemiologist has been with CSTE since July, 1994. Dr. Neal provides technical assistance and consultation for HIV/AIDS community prevention planning activities.

Dr. A.D. McNaghten, Epidemiologist has been with CSTE since September 1996. Dr. McNaghten provides technical assistance and consultation for HIV/AIDS community prevention planning activities.

Ms. Sandra Roush, Epidemiologist has been with CSTE since November, 1995. Ms. Roush provides technical assistance to States and CDC for vaccine-preventable diseases activities.

Dr. Pamela Meyer, Epidemiologist has been with CSTE since September, 1996. Dr. Meyer provides technical assistance to States and CDC for vaccine-preventable diseases.

Dr. Kim Blindauer, Epidemiologist has been with CSTE since December, 1995. Dr. Blindauer conducts and implements complex epidemiologic studies and investigations of diseases and their relationship to the environment. She responds to state and local health agency inquiries and requests for assistance related to health effects associated with environmental exposures.

Ms. Adrienne Ettinger, Epidemiologist joined CSTE in January 1996. Ms. Ettinger is primarily involved in assisting state health departments in implementing childhood lead surveillance programs.

Dr. Annette Ashizawa, Epidemiologist joined CSTE in August, 1996. Dr. Ashizawa primarily assists state and local health departments in environmental health studies and related prevention activities, including assisting in the development of appropriately trained environmental public health workers.

Mr. Matt Pericles has been with CSTE since July 1995. Mr. Pericles is a systems analyst for the childhood lead screening program.

In addition, CSTE received funding to support the addition of two special projects officers, three epidemiologists and one additional secretary to implement the project objectives of the current budget period.

CSTE 1997 Annual Conference

The 1997 annual conference is scheduled for June 15 - 19, 1997 at the Saratoga Hotel Conference Center in Saratoga Springs, New York. Dr. Guthrie S. Birkhead, President-elect will provide more specific information regarding the annual conference over the next several months. Plans are well underway to provide participants with a diverse and informative program. Mark you calendars now!

Survey of CSTE Recommended Notifiable Diseases and Condition

A summary of notifiable diseases reported by state is attached. Please review the information listed for your state and report any changes to the CSTE national headquarters office (770-458-3811).

CSTE Consultants

CSTE has provided a number of consultations over the past year to various public health topics most of which are listed below. A special thanks to the consultants listed for their hard work and contribution to CSTE.

Cancer

Richard S. Hopkins, "A Comprehensive and Integrated Public Health Approach to Cancer Prevention and Control" 05/96
Eugene J. Lengerich, "The Prevention and Control of Oral and Pharyngeal Cancer" 08/96

Enteric Infections

Linda A. Chiarello, "Workshop on Safe Syringe and Needle Disposal" 06/96
Duc J. Vugia, "Cyclospora" 07/96

Environmental Health

Henry A. Anderson, "National Center for Environmental Health Meeting in Atlanta" 02/96

HIV/AIDS

Richard Danila, "HIV Post-exposure Management of Health Care Workers Workshop" 03/96
Guthrie S. Birkhead and Kristine L. MacDonald, "Consultation on Monitoring the HIV Epidemic Among Childbearing Women and Their Infants" 05/96
James T. Rankin and Ellen Jones-Mangione, "Consultation on Syringe Laws and Regulations" 05/96

Immunization

Patricia M. Quinlisk, "Conference Call with the Steering Committee of the National Coalition for Adult Immunization" 02/96
Reginald Finger, "Conference Call on the Adolescent Immunization" 03/96
Reginald Finger, "CDC/ASTHO Bi-weekly Immunization Conference Call" 03/96
Reginald Finger, "CDC/ASTHO Bi-weekly Immunization Conference Call" 04/96
Reginald Finger, "CDC/ASTHO Bi-weekly Immunization Conference Call" 05/96
Patricia M. Quinlisk, "CDC/ASTHO Bi-weekly Immunization Conference Call" 06/96
Reginald Finger, "International Elimination of Measles Conference" 07/96
Reginald Finger, "CDC/ASTHO Bi-weekly Immunization Conference Call" 07/96
Reginald Finger, "CDC/ASTHO Bi-weekly Immunization Conference Call" 08/96
Reginald Finger, "CDC/ASTHO Bi-weekly Immunization Conference Call" 09/96
Reginald Finger, "ASTHO Immunization Workgroup Meeting" 09/96
Reginald Finger, "Annual Meeting of the Varicella Vaccine Pregnancy Registry Board" 10/96
Reginald Finger, "CDC/ASTHO Bi-weekly Immunization Conference Call" 10/96

Injury Control

Richard E. Hoffman, "STIPDA and NCIPC Meeting 08/96
Richard E. Hoffman, "STIPDA and NCIPC Meeting" 10/96

Occupational Health

Henry A. Anderson, "NIOSH - National Occupational Research Agenda 01/96 (3 workshops)

Other Agencies

Dennis M. Perrotta, "Indian Health Service (IHS) Conference Call -Epidemiology Advisory Workgroup" 10/96

Public Health Policy

Richard S. Hopkins, "ASTHO - Health Information/Core Public Health Policy Committee" 07/96

Surveillance

Guthrie S. Birkhead, "Surveillance Coordination Group CDC -Video Teleconference" 02/96
Guthrie S. Birkhead, "Public Health Research Protection of Human Subjects in Public Health" 03/96
Guthrie S. Birkhead, "Surveillance Coordination Group, CDC" 08/96

Tuberculosis

Kathleen F. Gensheimer, "Advisory Committee for the Elimination of Tuberculosis (ACET)" 04/96

HIV/Immunization Survey Available

Copies of the "Legislative Survey of State Confidentiality Laws with Special Emphasis on HIV and Immunization" can be obtained by calling the CDC National AIDS Clearinghouse at 1-800-458-5231 and asking for publication D914. Their fax number is 1-300-251-5343. There is a limit of one copy per request.

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