N E W S L E T T E R

CSTE UPDATE

Vol. 1997 No. 3
September 30, 1997

Council of State and Territorial Epidemiologists

President's Message

Greetings and congratulations on your vital organization, the Council of State and Territorial Epidemiologists. CSTE continues to grow and mature: we have a membership now approaching 450, a national office with 20 employees including a number of masters and doctoral level epidemiologists, and an annual budget in the neighborhood of $2.5 million. CSTE is continuing its long tradition of active partnership with the Centers for Disease Control and Prevention (CDC) and a number of key ASTHO affiliates in all matters of national, state and local public health significance where epidemiology plays a role (I can't think of many areas where it doesn't). We are also reaching out to new partners among the federal agencies, ASTHO affiliates, and national public health organizations to expand our scope.

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The strength of any organization is best measured by the active participation of its members. In CSTE's case, our list of consultants, which spans the topical areas of public health, is the best indication of CSTE's continued vitality. Thanks again to our consultants who volunteer their time, energy, and family stability to help keep us at the table in national discussions of importance. Every one of you can become a CSTE consultant by responding to the interest survey which CSTE sends out yearly. Look for the next survey form by the end of the year.

Our CSTE staff is also an important ingredient in our organization's growth. I would encourage you to read the bios and areas of interest/activity of the CSTE staff outlined in the enclosure, and to call upon them as needed.

Another measure of success is participation in the CSTE 1997 Annual Meeting. This year's meeting in Saratoga Springs in June drew 294 registrants, including 71 hardy souls who came in early for the Sunday cancer cluster workshop. Thanks to Becky Meriwether and others for conceiving, planning and conducting the workshop. The workshop was so successful that CDC has awarded us funds to develop proceedings from the workshop. The participant evaluation forms handed in after the annual meeting indicate little sentiment for a longer meeting (a summary evaluation report is enclosed). We'll continue to try to squeeze the increasingly large number of agenda topics into 3½ days.

The breadth of the organization's interests is evident in the 34 position statements that were passed at the annual meeting. This is a record for an annual meeting going back at least 10 years. The record in the category of position-statements-by-an-individual goes to Mike Osterholm with 6. Mike, who is CSTE's all-around utility infielder, had missed last years meeting and was probably making up for lost time.

Congratulations to Patty Quinlisk, who was elected to the position of President-Elect at the Saratoga meeting, and will be planning the 1998 CSTE Annual Meeting. The meeting will be in Des Moines, Iowa, the week of June 8-13. Hold the date. A call for topics will come out after the first of the year. The Sunday pre-meeting session was so successful this year that Patty is planning to have one in Des Moines. One idea for a topic is media/risk communication training. Let Patty know what you think of this or if you have other ideas (of course, those with ideas are welcome to help organize the session!!).

CSTE's presence in Washington D.C. is now well established with Marcia Mabee, our consultant in a joint contract with ASTPHLD, the lab directors' association. Marcia produces the bi-monthly Washington Report which keeps CSTE members up to date on the goings-on in Washington that may effect state and local public health. I have found the report very useful to give us a "heads-up" on issues. Some hot issues were not on CSTE's radar screen before, like the data and confidentiality issues relating to the Kennedy/Kassabaum bill. I would encourage you to give Marcia and us feedback on the report, and also any questions or special requests for

information that you may have.

In this era of the Internet, organizations are measured by their World-Wide-Web sites. CSTE is now a player on the web, thanks to Willis Forrester, our self-taught Web Master. The Washington Report, the text of the current CSTE position statements, Executive Committee meeting agendas, the description of staff positions and projects, and the e-mail addresses of Executive Committee members are all available on the CSTE web site. You can check out the web-site at http://www.cste.org Please give Willis feedback on what you would like to see on the web site. I would also encourage you be sure that your state health department web-sites have links to the CSTE home page.

CSTE continues to focus on some key, bread-and-butter issues. Surveillance is still a major focus. Paul Stehr-Green is performing yeoman's service by being the CSTE representative on both the CDC Heath Information and Surveillance Systems Board (HISSB) and the Surveillance Coordination Group (SCG). The main thrust of CSTE's efforts is to achieve full implementation of our concept of a National Public Health Surveillance System. This is a challenge, but under Paul's leadership we are beginning to make important strides.

I also know that EIS issues are of great concern to the CSTE membership. We are working closely with EPO to try to recruit and place an EIS class with significant representation in state assignments. Jerry Gibson is our EIS consultant, and I would encourage you to contact him if you have ideas or have developed materials which hi-light the excitement of state-based assignments. Jerry is also the contact on the new CDC Public Health Prevention Service. The first class of 25 Prevention Service assignees is currently beginning rotations at CDC, and the plan is to send them to 2-year state assignments next fall.

It was recently announced that Dr. David Satcher, Director of CDC, has been nominated to the post of Surgeon General and Assistant Secretary for Health in Washington. We wish Dr. Satcher well in his new position, which is critical to the nation's pubic health efforts, and believe he is a great choice. I have written to the Secretary of Health and Human Services to recommend that the recruitment for the new CDC director consider candidates with state health department experience and to offer CSTE's help to identify suitable candidates.

The CSTE Executive Committee continues to be a major focus of policy discussion and formal contact with CDC for the organization. This year three new members have joined the committee: Bruce Brackin, MS, in the environmental slot, Eugene Lengerich, NC, filling out a one-year vacancy in the chronic disease slot, and Jerry Gibson, SC, in one of the three member-at-large slots. They join Kris MacDonald, MN, Mack Sewell, NM, Becky Meriwether, LA, Kathy Gensheimer, ME, secretary-treasurer, Dave Fleming, OR, past president, Patty Quinlisk, IA, and myself on the committee.

The range of expertise reflected on the Executive Committee is impressive, and again, spans many areas of public health. This is particularly important for me, given that my area of responsibility in my day job is circumscribed to AIDS issues. We are now routinely distributing agendas and minutes of the executive committee meetings so people can see what we're talking about.

Please feel free to bring issues to my attention. I'm at gsb02@health.state.ny.us I'm looking forward to a good year. See you at EIS and in Des Moines, if not before.

Gus Birkhead

International Conference on Emerging Infectious Diseases

Marriott Marquis Hotel
Atlanta, Georgia USA
March 8-11, 1998

The International Conference on Emerging Infectious Diseases will be convened to (1) encourage the exchange of scientific and public health information on global emerging infectious disease issues; (2) highlight programs and activities that address emerging infectious disease threats; (3) identify program gaps; (4) increase emerging infectious disease awareness in public health and scientific communities; and (5) enhance partnerships in addressing emerging infectious diseases.

The meeting will consist of plenary sessions and symposia with invited speakers as well as oral and poster presentations based on the submission of an accepted abstract. Major topics will include current work on surveillance, epidemiology, research, communications and training, and prevention and control of emerging infectious diseases as well as topics related to emergency preparedness and response. Abstracts should address new reemerging, or drug resistance infectious diseases which affect human health including foodborne diseases, tropical diseases, sexually transmitted diseases, infectious respiratory diseases, infectious diseases transmitted by animals and arthropods, infections acquired in health care settings, infectious diseases of infants and children, infectious diseases in immunodeficient persons, infectious diseases in minority and other at-risk populations, blood safety, and xenotransplantation.

Deadline for submission of abstracts is October 3 1997.

Registration will be limited to 2500 participants.

Additional information on abstract submission, registration, and exhibit opportunities can be obtained by sending an E-mail message to meetinginfo@asmusa.org or by calling 202-942-9248. Proceedings of the conference will be published in the *Emerging Infectious Diseases* journal.

Varicella Surveillance: Technical Assistance Available

The availability of an effective vaccine to prevent varicella underscores the need for states and territories to monitor varicella incidence, morbidity and mortality. Varicella is reportable in 19 states and 4 territories even though it is not nationally notifiable. While passive reporting is the most common type of surveillance for varicella, there are other types of surveillance that states and territories could implement such as death certificate review, computerized searches of hospital discharge databases, school-based reporting and/or sentinel surveillance until vaccine use becomes widespread and the number of varicella cases drop substantially. Varicella could be included in existing surveillance systems.

Death certificate review

At the June 1997 annual meeting, CSTE adopted a position statement encouraging states and territories to investigate all varicella-related deaths. Accurate information on the number of deaths, the decedents' demographic characteristics, pre-existing medical conditions and varicella complications may provide insight into why deaths are occurring and how others may be prevented. CDC and CSTE staff are developing a death investigation form that could be used by states to collect standard information for comparison across states. States interested in developing and/or piloting the form are encouraged to contact the CSTE or CDC varicella staff.

Varicella hospitalizations

Analysis of hospital discharge databases may provide information on the number and demographic characteristics (e.g., age, gender, race/ethnicity) of persons hospitalized with varicella as well as hospital charges. Pre-vaccine trends could be assessed by analyzing hospitalizations prior to 1995. Ongoing annual analysis will provide information on the impact of the vaccine on varicella morbidity. More complex analysis could be an excellent student project. CSTE varicella surveillance staff can provide consultation for analysis.

School-based varicella surveillance

Since varicella incidence continues to be highest among children one to ten years of age, school surveillance, especially covering all age groups from pre-school through high school, would allow states to monitor shifts in the ages of cases. Michigan's years of experience with statewide school-based surveillance for varicella and all other communicable diseases indicates that schools can provide useful surveillance information, even without a law requiring them to report.

Sentinel surveillance

Sentinel surveillance systems can provide timely trend information where the identification of every case is not crucial and in a relatively inexpensive manner. Several states are developing sentinel varicella surveillance. Most are enrolling reporters within geopolitical areas such as health districts. Sentinel reporters could include schools, child care centers, medical practices, etc. CSTE and CDC are developing guidelines for states and territories interested in establishing sentinel varicella surveillance.

For technical assistance: State and territorial health department staff who are interested in developing varicella surveillance, or developing or conducting surveys (e.g., to assess vaccine coverage, identify barriers to vaccine use, barriers to reporting, etc), and would like assistance are encouraged to contact Dr. Pamela Meyer, CSTE's staff epidemiologist for varicella surveillance at (404) 639-8538

"The Kids and Pet Connection: Let's Talk About Rabies" and "Let's Talk About Lyme Disease" Videos

Kevin G. Lynch, with the Moriches Hospital for animals, produced two videos for children called "The Kids and Pet Connection: Let's Talk About Rabies" and "Let's talk About Lyme Disease.

In a letter to CSTE, Dr. Lynch states the following

" The purpose of these videos is to give children the knowledge and confidence to protect themselves and their special friends we call pets from Rabies and from Lyme Disease. I have addressed these videos to children because it is my belief that by educating a child, we simultaneously educate a parent and a future adult, thereby accessing a greater proportion of the population over a longer time frame.

The videos follow a format whereby the source of the disease is explained, the symptoms are described, and the treatment and preventive techniques are illustrated in comprehensive but simple terms which children can readily understand without becoming unduly alarmed. Children's natural fascination with animals and the human-animal bond are enhanced to attract and keep a child's attention during the 26 minute presentation.

The Lyme Disease video was favorably reviewed by the School Library Journal and Booklist, and has been shown in school and library settings. Both the Rabies and Lyme Disease videos have been televised on local New York public television channels. The American Veterinary Medical Association has included the Lyme Disease video in their resource library and is currently reviewing the Rabies video.

As our goals appear to be the same, to educate people in preventive health techniques, I hope that these videos will be of assistance to epidemiologists."

If anyone is interested in further information please contact Dr. Lynch at the following address:

The Moriches Hospital for Animals
214 Main Street
Center Moriches, NY 11934
(516) 878-1600 (tel)

Positions Available

Six new Positions with the Florida Bureau of Epidemiology:

This is a preliminary announcement of six new positions with the Bureau of Epidemiology, Florida Department of Health. For more information about each of the positions, please write or e-mail the contact persons for each position. They will be formally advertised in September; close dates are not known at this time but will likely be in October.

The Bureau is increasing its professional staff by a total of nine positions between January 1997 and January 1998, to a total of .21.Three have already been hired, including recent EIS graduates as our lead chronic disease epidemiologist and for our Miami regional Epidemiologist position, and an experienced nurse epidemiologist for the corresponding position in Tampa. In addition, the unit that operates the Behavioral Risk Factor Surveillance Systems (BRFSS) and the Pregnancy Risk Assessment Monitoring System (PRAMS) will be joining the Bureau in the next few months.

1. **Public Health Veterinarian**. Position in Tallahassee for veterinarian with public health training and experience to coordinate all surveillance and disease control efforts for zoonotic and vector-borne diseases, including rabies, ehrlichiosis, dengue, encephalitis, etc, and to be a member of our outbreak investigation and special studies team. Contact Dr. Steve Wiersma, Deputy State Epidemiologist, at the address below. E-mail "Steven_Wiersma@dcf.state.fl.us"

2. **Communicable Disease Epidemiologist**. Position in Tallahassee for experienced public health epidemiologist to coordinate surveillance, prevention, and control of antibiotic resistance in bacterial species of clinical and public health importance, and to be a member of our outbreak investigation and special studies team. Contact Dr. Steven Wiersma, as above.

3. **Two Regional Epidemiologists**. Position in Jacksonville and in Orlando for experienced public health epidemiologists to provide technical assistance and consultation to county health departments in multi-county areas of the state. Will assist with development of surveillance systems at the local level, assist with and/or lead outbreak investigations, and participate in or lead special projects in their area or statewide. Jacksonville position to be housed with Central State Laboratory. Contact Dr. William Bigler at the address below. E-mail "Bill_Bigler@dcf.state.fl.us"

4. **Chronic Disease Epidemiologist**. This Tallahassee position will be our lead person on managed care issues in relation to chronic disease prevention: monitoring chronic disease risk factors and efforts to modify them in managed care enrollees, participating in development of "report cards" for managed care organizations, modifying state health data systems to capture information about health plan enrollment. Contact Dan Thompson, Administrator, Chronic "Dan_Thompson@dcf.state.fl.us"

5. **Perinatal Epidemiologist**. This Tallahassee position will be our lead epidemiologist on perinatal issues, working closely with Maternal and Child Health, Children's Medical Services, and county health department staff. Lead analyst of Florida PRAMS data (1993-96 data available); participate in interprogram program planning and evaluation workgroups; analyze linked infant death/birth/hospital discharge data and develop and analyze file of linked births to same mother. Contact Dan Thompson, as above.

Mailing address:

Bureau of Epidemiology
Florida Department of Health
1317 Winewood Blvd.
Tallahassee, FL 32399-0700

General phone number 850-488-2905

Richard S. Hopkins, MD, MSPH
State Epidemiologist and Bureau Chief
Florida Department of Health
Richard_Hopkins@dcf.state.fl.us

Centers for Disease Control and Prevention:

The Centers for Disease Control and Prevention is recruiting physicians, epidemiologists, and public health advisors for international positions with the Polio Eradication Activity. Major duties include assisting national health officials plan, implement, and evaluate activities to eradicate polio with emphasis on implementation of surveillance and national immunization days. Applicants should have international experience, preferably in public health. Candidates for physician or epidemiologist positions must have a masters level or equivalent training in epidemiology. Fluency in a foreign language and immunization program experience are desirable but not required.

The position announcements are posted on the CDC home page; FAX copies can be obtained from Shkinia Mack, 404/639-8242, stm7@cdc.gov. Bob Keegan or Anne-Renee Heningburg at 404/639-8252 can answer questions about the positions.

CSTE Consultant Reports

06/97 to 08/97

ASTHO Policy Committee

Jeanette Stehr-Green, teleconference of ASTHO Policy Committee, 6/20/97

Jeanette Stehr-Green, teleconference of ASTHO Policy Committee, 7/14/97

Immunizations

Reginald F. Finger, teleconference, 6/11/97

HIV/AIDS

Richard N. Danila, External Consultants meeting, 7/24-25/97

Surveillance

Paul Stehr-Green, SCG meeting, 6/4/97

Paul Stehr-Green, HISSB and SCG meeting, 8/12/97

Membership Update

Virginia's State Epidemiologist, Dr. Grayson Miller, has taken a position as a District Health Director in Petersburg, VA, effectively immediately. Suzanne R. Jenkins will be the State Epidemiologist.

CSTE UPDATE
Published by CSTE.

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