CSTE UPDATE LETTER

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Council of State and Territorial Epidemiologists

President's Message

Being CSTE President is both a rewarding and humbling experience. Rewarding because of the large number of issues with which the organization is involved. And humbling... for the same reason. Just the sheer volume of e-mail traffic is staggering. Again, many thanks to Willis Forrester, Kathy Getz, John Hybarger and the Atlanta office staff for their continued great efforts on behalf of CSTE.

Thanks also to the many members who participate as consultants and represent the CSTE on national panels and at meetings. You are the strength of the organization. In this regard, the Executive Committee and I will be selecting the list of CSTE consultants and ASTHO-affiliate liaisons for the next year at the January Executive Committee (E.C.) meeting (January 27-28). If you haven't returned your CSTE interest survey, please do so immediately.

Here are just a few highlights of what CSTE is up to this year:

We are planning to hold our March **E.C. meeting in Washington**, D.C. (March 23-24). This will give us an opportunity to meet with a number of our federal and affiliate partners on their home turf, allow us to work more closely with our Washington-based consultant, Marcia Mabee, and hopefully give us a better sense of how the place works.

We will be meeting with staff from the CDC director's office at the January E.C. meeting to discuss the issue of the **CDC "taps"** which are or will be reducing the funding going to states on all CDC funding lines. CDC's stated purpose for these "taps" is to fund CDC central administration, which has heretofore not had a line in the federal budget. While this seems to be a worthy cause, to reduce existing funding to states to achieve it is difficult. We will work to identify other ways to address this problem and to soften the blow on states.

Plans are proceeding for the 1998 **International Conference on Emerging Infectious Diseases** in Atlanta in March 8-11. Funding is available for three participants per state. Please be sure that you have submitted your registration if you intend to attend the conference.

Heroic efforts are underway to develop lists of **conditions recommended to be under surveillance and case definitions** for those conditions, in the areas of chronic diseases, environmental health, injury, maternal child health and occupational health. The plan is that draft position statements will be circulated to all states for comment prior to the CSTE Annual Meeting in June, and that as many as possible will be voted on at the meeting. Thanks to Henry Anderson, Richard Hoffman, Becky Meriwether, Joanne Walker Shields, Chris Maylahn and Gene Lengerich who are the leads for CSTE in this process.

CSTE has proposed to the National Center for Environmental Health that we use some existing funds in the cooperative agreement to undertake a **strategic planning process for environmental epidemiology**. We will be discussing this further at the January E.C. meeting, and if all goes well, will be asking for volunteers to participate in the process in the near future.

Patty Quinlisk is continuing the work of planning the **CSTE Annual Meeting** to be held June 8-11, 1998 in Des Moines. We will soon be sending out the call for topics for the meeting in January. A Sunday session on dealing with the press and risk communication is in the works.

That's all for now. Best Wishes for a Happy New Year.

Gus Birkhead

CSTE UPDATE
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Epi Exchange Program

As part of the 1997-1998 CDC/CSTE Cooperative Agreement, CSTE has been funded to facilitate personnel exchanges between state health departments and CDC to provide for professional development and mutually beneficial work products and/or program development. Participating state and federal epidemiologists should also gain insight into the issues, limitations, and challenges faced by colleagues at other levels of the public health system. As a result, working relationships, knowledge and productivity should be enhanced.

Funding is currently available to support travel and living expenses for personnel exchanges in infectious diseases, particularly emerging infections and foodborne diseases. Other possible areas of opportunity include Chronic Diseases, Environmental Health, Injury Prevention, Maternal and Child Health and Reproductive Health.

CSTE members and CDC staff are encouraged to propose personnel exchanges in other topical areas. CSTE and the State Branch/Division of Applied Public Health Training/Epidemiology Program Office will work with relevant CDC programs to determine if such an arrangement can be made.

CSTE members and CDC staff may propose a project/activity they are personally interested in arranging, may respond to offerings by state/CDC programs or may propose an opportunity in their state/CDC program for a visiting epidemiologist.

For more information or applications and project proposal forms contact Kathy Getz, CSTE Program Director, at (770) 458-3811 or getz100w@cdc.gov (e-mail).

HIV/AIDS Prevention Community Planning

External Review:
An external review of the cooperative agreement applications for 1998 HIV/AIDS Prevention funds was conducted November 3-7, 1997. Twelve teams comprising an epidemiologist, a behavioral scientist, a community representative, a health department representative, and two CDC project officers reviewed applications to provide project areas with specific ideas on how to enhance their HIV prevention community planning process, and build stronger, more effective HIV prevention programs. The role of the epidemiologist in the process was to determine if the epidemiologic profile answered the four key questions according to the *Suggested Guidelines for Developing an Epidemiologic Profile*, to look for proper use and presentation of the data, and to look for linkages between the epidemiologic profile and the needs assessment, priority setting, and selection of target populations.

Epidemiologists participating in the review were Ken Carley (Connecticut Department of Public Health), Maria Courogen (Washington State Department of Health), Talmage Holmes (Arkansas Department of Health), Donna Ing (CDC), Wendelyn Inman (Tennessee Department of Health), Karen Kelley (New York State Department of Health), A.D. McNaghten (CSTE), Chris Murrill (CDC), Joyce Neal (CSTE), Walt Senterfitt (Los Angeles Department of Health Services), Katherine Stone (CDC), and Francisco Sy (University of South Carolina).

The question regarding how best to evaluate the quality and usefulness of epi profiles is one that we have been asking for several years now. What is the usefulness of a stellar epi profile if the community planning group doesn't understand or trust the information to use it for decision-making or priority setting? Conversely, the epi profile may be of poor quality (data not explained well or misinterpreted, very few sources of data presented, etc.) and the community planning group may embrace it as the foundation upon which all subsequent decisions and prevention planning is based. Furthermore, a profile from a low morbidity area may include only AIDS case data and the conclusions drawn from it may be no different than if many other sources of data were available, raising the question about the minimum amount of information a profile should include, or depending on the level of morbidity in a project area, what data are sufficient? Additional questions include how to integrate, synthesize, and make sense of data on surrogate markers for high-risk behavior, what recommendations to make about assessing the epidemic in the face of differential declines in the progression to AIDS, how useful are HIV prevalence estimates in planning prevention, and what to do about the fact that future projections (of HIV/AIDS incidence or prevalence) cannot be made because of uncertainties in the probability distribution of time from infection to severe immunosuppression.

Please forward any comments or suggestions you may have about assessing the quality and utility of epidemiologic profiles or prevention planning to Dr. Joyce Neal at the CSTE National Headquarters Office (tel: 404-639-2048, e-mail address: jxn4@cdc.gov).

1998 HIV Prevention Summit:
The 1998 Prevention Summit: HIV Prevention Community Planning Leadership Meeting will be held March 29-April 1, 1998 at the Regal Riverfront Hotel in St. Louis, MO. For the past few years, this meeting has been held in Atlanta as the "Co-Chairs" Meeting. In the spirit of inclusiveness, the 1998 meeting is being opened up to other persons involved in HIV Prevention Community Planning. Also, for the first time, the conference program will be based on abstracts submitted for workshops, roundtable sessions, and poster presentations.

As CSTE staff epidemiologists, we are submitting three

abstracts for workshops, which are tentatively described as "Epi 101: using data for decision-making (or what is an epi profile and what do all these numbers mean, anyway?)," "Obtaining and using data from difficult to reach populations" (will address Native American populations, migrant farm workers, and frontier areas), and "Current and emerging issues in using HIV/AIDS epidemiologic data in the HIV prevention community planning process" (will discuss problems in making projections, problems in interpreting HIV reporting data, why declines in AIDS incidence and deaths do not mean HIV incidence or prevalence are declining, etc.). Several state- or county-based epidemiologists will be participating as presenters in these workshops to provide the state or local perspective.

We would like to invite all epidemiologists who work in HIV/AIDS, STD, or TB prevention, work with community planning groups, or those interested in learning more about HIV Prevention Community Planning to attend this meeting. For meeting registration and hotel reservation forms (due 03/06/98) please call the National Minority AIDS Council (NMAC) at 202-483-6622.

Submitted by:

Joyce J. Neal, PhD, MPH
A.D. McNaghten, PhD, MHSA

Genetics and Public Health Assessment

Recent discoveries in genetics associate specific gene variants with the development of disease or chronic conditions, many of which affect broad segments of the population. Examples include hereditary hemochromatosis, BRCA1&2 and breast cancer, and Alzheimer's disease. Putting genetic information to use in public health and health care involves diagnosing, treating and preventing disease, disability and death among people who inherit specific genotypes. In a recent position statement, CSTE recommended developing an understanding of states' needs and capacity to address issues of human genetics and public health. CSTE further encourages public health departments in states to develop plans and strategies to include genetics in program planning, epidemiologic investigations, surveillance, and public health research.

To begin to address these issues, CSTE, in collaboration with the Association of State and Territorial Health Officials (ASTHO), and with input from the Office of Genetics and Disease Prevention (OGDP) at the Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA), is implementing a new project. This initiative is intended to alert public health officials to new developments in genetics and public health, and to obtain information about the status of current program activities, key issues, and needs for future program development.

Part of this project will be a state by state survey of genetics-related programs, surveillance, laboratory testing, policy, research, and educational opportunities and needs. The survey will be conducted in January and February, 1998, and will address both maternal and child health as well as chronic disease. A variety of individuals will be asked to participate in the survey process, including the State Health Officer, State Epidemiologist, Laboratory Services Director, newborn screening and cancer registry directors, and epidemiologists, program directors, and health educators associated with maternal and child health and with chronic, occupational, and environmental disease. The information obtained from this survey will help shape educational and coordinating efforts of the collaborating organizations, and will help promote information exchange among states and these organizations.

Preliminary results from this survey will be summarized in a report prior to May 1, 1998 which will be distributed to states. These preliminary results will also be presented at the First Annual Conference on Genetics and Public Health: Translating Advances in Human Genetics into Disease Prevention and Health Promotion, May 13-15, 1998. Survey results will also help focus the final program planning efforts for this conference.

CSTE encourages your collaboration in this effort!

Margaret Piper, PhD, MPH

International Conference on Emerging Infectious Diseases Update

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

The International Conference on Emerging Infectious Diseases (ICEID) continues to develop with more than 500 registrants as of December 5, 1997. The Conference Steering Committee (CSC) meet on a weekly basis and is concentrating on the program agenda and exhibits/posters sessions.

The conference is co-sponsored by the Centers for Disease Control and Prevention (CDC), the Council of State and Territorial Epidemiologists (CSTE), the American Society for Microbiology (ASM), and the CDC Foundation. The CDC Foundation has received approximately $90,000 in conference contributions.

The American Society for Microbiology has received 583 abstracts which were submitted to the ICEID Program Committee for criteria acceptance. The Program Abstract Review Committee which is comprised of selected CDC and non-CDC personnel has completed the initial review. The Program Abstract Review Committee will finalize the

evaluation and make selections on the abstracts by mid to late December.

Additional information on 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.

EIS Pizza Party

CSTE is pleased to sponsor the traditional pizza party Thursday, April 23, 1998, during the EIS Conference week (April 20-24, 1998). This event has enabled an informal opportunity for state representatives to meet the graduating EIS officers and Preventive Medicine Residents and, not to mention, the seemingly endless supply of pizza and beer. So, don't forget to mark your calendar!

New Branch Chief Appointed for Air Pollution

Stephen Redd, M.D., is the newly appointed Chief of the Air Pollution and Respiratory Health Branch, National Center for Environmental Health, Centers for Disease Control and Prevention. Dr. Redd comes to the Branch from the National Immunization Program, where he served as the Chief of the Measles Elimination Activity. Dr. Redd received his medical degree from Emory University in Atlanta and completed his residency in Internal Medicine at the Johns Hopkins Medical Institutions.

Positions Available

The South Carolina Department of Health and Environmental Control is currently recruiting for the position of Physician II, Division of Disease Control and Epidemiology. Send resumes and applications to:

Shannon M. Rea
SC DHEC/Disease Control and Epidemiology
Box 101106
Columbia, SC 29211-0106
Phone (803) 737-4165
Fax (803) 737-3979

The South Carolina Department of Health and Environmental Control is also seeking an individual to head a newly created epidemiology unit. Interested parties should contact:

Harold Dowda, Ph.D.
8231 Parkland Road
Columbia, SC 29223
Phone (803) 935-7042
Fax (803) 935-7357
E-mail: dowdahe@columb68.dhec.state.sc.us

There are currently two positions available in the State of Hawaii Department of Health located in Honolulu. One is a physician administrator who serves as the Chief of the Communicable Disease Division, the other is the Chief of the Tuberculosis Control Branch. Interested applicants should send their resume to:

Paul V. Effler, M.D.
State Epidemiologist
Interim-Chief, Communicable Disease Division
State of Hawaii
Department of Health
P. O. Box 3378
Honolulu, Hawaii 96801-3378
Phone: (808) 586-4586

In 1995, CSTE was awarded funds to employ two epidemiologists to facilitate the provision of technical assistance for vaccine preventable diseases (VPD) to state and local health departments. Specifically, the focus of the project is to (1) develop and participate in activities and strategies to enhance vaccine preventable disease surveillance at the federal, state and/or local levels; (2) develop and implement strategies specifically directed to enhancing varicella surveillance at the state health department level; (3) respond to state and other health agency inquiries and requests for assistance related to surveillance of VPDs; and (4) to provide consultation and assistance to state and other health agencies on VPD health studies and related prevention activities.

In 1997, the project was expanded to include the following activities: (1) development and delivery of training by enabling CSTE to employ a skilled individual to provide training assistance; (2) employ an epidemiologist to assist in coordinating the state and national development of the Perinatal Hepatitis B and Adolescent Immunization programs.

Currently, CSTE has one position vacant in its vaccine preventable diseases project. CSTE is recruiting a doctoral-level epidemiologist to provide technical assistance services to states for the development, implementation and improvement of surveillance and related prevention activities for varicella. Specifically, this position will focus on the following activities: (1) Provide technical assistance to state/local health departments; (2) Assist NIP staff with dissemination of surveillance information related to varicella; (3) Assist with national disease surveillance; and (4) Provide technical support to the staff and Executive Committee of the Council of State and Territorial Epidemiologists. This position was formerly held by Dr. Pamela Meyer who recently left CSTE to take a permanent position with the National Center for Environmental Health (NCEH), CDC. We will miss Pam.

For more information regarding this position, please contact Kathy Getz, CSTE Program Director, at 770-458-3811.

CSTE Consultant Reports -

09/97 to 12/97

Immunizations

Patricia Quinlisk, ASTHO immunization teleconference, 12/10/97

Surveillance

Paul Stehr-Green, SCG meeting, 10/97

Paul Stehr-Green, SCG and HISSB meetings, 10/97

Environmental Health

Jim Miller, EPA/CDC Workshop on Waterborne Disease Occurrence, 10/9-10/97

Henry Anderson, NIOSH Respiratory Surveillance Data System (RDSS) meeting, 9/97

Chronic Disease

Norma Kanarek, National Arthritis Action Plan Workgroup meeting, 12/1-2/97

Infectious Disease

Kenneth Gershman, 1999 Comprehensive STD Prevention Systems Program Announcement External meeting #2, 9/23/97

Michael Osterholm, congressional testimony with the full Senate Agriculture, Nutrition and Forestry Committee, 10/8/97

James Hadler, CDC Conference on HIV-Associated Tuberculosis, 9/97

Lisa Conti, Psittacosis Compendium Committee meeting, 9/97

Kathleen Gensheimer, Tuberculosis Review: A Focus on Collaboration and Priority Setting, 10/29/97

Jesse Greenblatt, Food Safety Initiative meeting at CDC, 10/29-30/97

Jesse Greenblatt, "3rd Annual Federal/State Conference on Food Safety," 11/20-30/97

Cross Cutting/General Issues

Jerome Gibson, Public Health Prevention Service: "Planning for State and Local Assignment," 12/1/97

CSTE Staff Update

CSTE has recently (October 1997) added a new employee, Ms. Rebecca Hart. Ms. Hart is an epidemiologist working in the National Center for Environmental Health (NCEH), CDC to provide technical assistance to state health departments for environmental health concerns in the U.S.-Mexico border areas. The nature of the technical assistance may be in the form of studies of respiratory morbidity, air quality, and lead exposure among children residing in the U.S. border states. Welcome Rebecca!

In 1995, CSTE was awarded funds to assist state and territorial health departments to develop and maintain effective surveillance of elevated blood lead levels in children, to better address health effects associated with environmental exposures, to assist state and territorial health departments in environmental studies and related prevention activities as they pertain to air pollution, and to develop a childhood lead screening software program. Mr. Matt Pericles completed the software program, October 1997 and has since left CSTE. Ms. Adrienne Ettinger, formerly working in childhood lead, recently took a permanent position with NCEH, CDC.

In 1997, CSTE was awarded funds to employ an epidemiologist to assist U.S.-Mexico border States in improving the environmental health of border communities by identifying and addressing those environmental concerns that pose the highest human health risk. CSTE has expressed concern about the serious public and environmental health problems which exist in the U.S.-Mexico border area, including a position statement recommending increasing resources to support public health infrastructure and interventions in the area which was adopted at the most recent annual meeting. The assistance this employee will provide is closely related to the on-going CSTE environmental health effort directed to improving childhood lead poisoning surveillance which has been demonstrated in this and other environmental health activities. For more information regarding this or other activities within the National Center for Environmental Health, please contact Ms. Rebecca Hart (U.S.-Mexico border health) directly at 770-488-7260, Dr. Kim Blindauer at 770-488-7278 (health studies), Dr. Annette Ashizawa (respiratory health) at 770-488-7318, or Ms. Kathy Getz, CSTE Program Director, at 770-458-3811.

AMCHP Has Moved

The Association of Maternal & Child Health Programs has moved as of May 31, 1997. The new address is as follows:

1220 19th Street, NW
Suite 801
Washington, DC 20036

Phone and fax numbers remain the same.

202/775-0436 (Phone)
202/775-0061 (Fax)