CSTE UPDATE
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Counc of State and Territorial Epidemiologists

CSTE TO TESTIFY AT OSHA HEARING ON "PROPOSED RULE ON OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS"

Most of you are probably aware of the proposed OSHA guidelines on mandatory precautions for the prevention of the spread of bloodborne pathogens in the occupational setting. The guidelines are extensive and several CSTE members have made comments about the guidelines, both officially and unofficially. In fact, there have been so many suggestions and comments that the Executive Committee has decided that CSTE would officially respond to a variety of areas in the guidelines, including their lack of flexibility, the lack of documented scientific evidence to support some of the recommendations, and some of the issues surrounding the definition of infectious waste as it is affected by these guidelines. Kathy Gensheimer (Maine) and Rick Vogt (Vermont) are working with John Middaugh (Alaska) and several other members of CSTE in developing an official response from our organization. Rick Vogt will represent CSTE and testify at an OSHA hearing on these guidelines in New York on November 13, 1989.

AIDS REPORTING FROM VA HOSPITALS

As you probably know, the Veteran's Administration has taken a stance that their hospitals will not report cases of AIDS by name to state or local health departments unless the state has a law which requires reporting and provides a penalty for non-reporting. CSTE has taken a strong stance against this policy, as has CDC. Until this policy is changed, you can address this situation by doing the following:

> If your state has such a law, a letter describing the law should be sent to lawyers of each VA hospital in your state. Copies of the letter should also be sent to the hospital administrator and Susan Mather, M.D., M.P.H., Director, AIDS Program Office Staff, VA Central Office, Room 868, Washington, D.C. 20420.

Also, please let me know if you have specific instances where VA hospitals have refused to report by name. We plan to pursue as far as is necessary to have this VA policy changed.

NEW AIDS BILL IN CONGRESS

Representative Dannemeyer of California has authored a bill entitled "Public Health Response to AIDS Active 1989". The proposed bill would prohibit grants to states unless the state has HIV reporting, partner notification, routine offering of testing for marriage license applicants, certain hospital patients, sexually transmitted disease patients, IV drug users, family planning clinic visitors, and tuberculosis visitors (the wording is "routinely offer" HIV testing). The bill would also mandate testing of people incarcerated in state penitentiaries, and the state must provide civil and criminal penalties for knowingly transmitting HIV.

Apparently, this bill has received formal endorsement of the Arkansas Medical Society and the New York State Medical Society.

NEW STATE EPIDEMIOLOGISTS

Congratulations to Louise McFarland who was recently officially appointed as State Epidemiologist in Louisiana, and Diane Simpson who was named State Epidemiologist in Texas earlier this summer. Congratulations to both!

1990 CSTE MEETING - ALBANY, NEW YORK
APRIL 8-12, 1990

Next year's (1990) CSTE annual meeting will be held Monday, April 8 through Thursday, April 12 at the Sagamore Lake George, about 60 miles north of Albany, New York. Please mark your calendars NOW! Further details will be mailed soon from Dale Morse.

NOTES FROM THE CSTE CONSULTANTS

As discussed in a previous newsletter, I have asked the various CSTE consultants to give me regular reports on their activities. Many of you will be interested in the ongoing activities related to CSTE, and may want to contact these consultants for more information on these topics. Some of these reports follow:

CSTE REPRESENTED ON CID ADVISORY COMMITTEE (Larry Foster - Oregon)

"Fred Murphy, Director of the Center for Infectious Diseases, is convening consultants to serve as scientific advisors to the Center. The general purpose of bringing the consultants together is to advise Fred and his management team as they develop a long term strategic and operational plan.

Specific tasks for the consultants will include long term review of program priorities, defining the right balance between the Center's research and service responsibilities, establishing the optimal balance between international and domestic priorities, redefining the Center's unique national responsibility for study and prevention of both traditional and unusual disease agents, and designing preparedness to deal with newly emerging diseases.

The Advisory Board includes members who represent state epidemiologists, state public health laboratory directors, other federal agencies with a public health interest, academia, private medical practice, and private citizens. I represented CSTE at the group's first meeting in May.

The first meeting was primarily one of introducing the Center to the Board members. It is clear already, however, that the members are very interested in the issues being posed by Fred and his team. I am confident that the group will make a positive contribution to the long term planning of the Center. I am optimistic that the group will reinforce the importance of the Center's relationship with state health departments."

OCCUPATIONAL MEDICINE (Mark Roberts - Oklahoma)

"In August, NIOSH requested that CSTE provide a representative to attend an executive planning meeting for a national meeting on state-based occupational safety and health programs with emphasis on surveillance. A telephone conference call was held on September 7th with representatives of NIOSH, OSHA and several other organizations. The conclusions of the first meeting were:

1. There is a need to explore the possibility of developing a model occupational morbidity and mortality surveillance system for use in States.

2. There is a wide range of activity among states both in level of effort and assignment of responsibility.

3. NIOSH is proposing that a national meeting be held which will focus on the future role of state-based occupational safety and health programs. dates (Sept. 1990 and March/April 1991) are being considered.

CSTE is exploring the ideas put forth in the meeting and it appears there is definite need for improved surveillance activities in this area. The overall tone of the meeting was very positive, although it's too early to tell what the final direction of the meeting will be.

CSTE will be represented on both the executive and program planning committees. In the next month, we will be sending out a short questionnaire to identify each State Epidemiologist's role in occupational morbidity and mortality surveillance activities or which agencies in each state carry out this role."

DAY-CARE DISEASE (Mike Osterholm - Minnesota)

"There has been a recent concern expressed by various governmental agencies that regulate solid waste and private environmental groups regarding the use of disposable diapers and the problems they pose as an increasing burden of solid waste. In several communities, local ordinances have been submitted for consideration which would ban the use of disposable diapers in child day care because of this concern. While this is an important solid waste issue, there is a significant body of literature and unpublished data demonstrating that the use of these diapers, as opposed to cloth diapers, significantly reduces the incidence and severity of diaper dermatitis and provides for a greater containment of fecal material in the day care environment. These latter two issues are of great public health concern, particularly as we attempt to reduce the incidence of diarrheal illness associated with child day care attendance. I am currently putting together a bibliography of published/unpublished information regarding the comparative use of disposable and cloth diapers and their impact on diaper dermatitis and fecal containment. I will send a copy to each state epidemiologist within the next several weeks. You may find this useful if the issue of disposable diaper use arises in your community. If local or state health departments become aware of developments with regard to this issue, I would appreciate hearing about them in an attempt to keep CSTE members abreast of this ongoing discussion. I'd also welcome any thoughts any other members might have regarding this issue."

ABOUT CDC PMR-FIELD ASSIGNMENTS (John Horan, DFS, EPO, CDC)

"The CDC Preventive Medicine Residency provides EIS Officers an opportunity to expand their horizons in public health epidemiology during a third, post-EIS, year on CDC staff. Preventive Medicine Residents are required to spend the entire third year in an assignment different from the one they have just completed in EIS. However, they must take a temporary three-month assignment in a State position if they remain in an Atlanta center. Five former EIS Officers from Atlanta assignments have recently arrived at their duty stations in Colorado, Oregon, California (2), and Washington to begin a year as Preventive Medicine Residents in the Division of Field Services.

The Preventive Medicine Residency, like the EIS, is a program that emphasizes education and training as well as service in public health epidemiology. However, PM residents are substantially more experienced than new EIS Officers, and are capable of handling assignments and challenges that may be beyond the ability of brand new officers. The Division of Field Services would like to work with state epidemiologists and the PMR program to help residents find the most challenging and rewarding assignments in the states that have the most need for their epidemiologic skills. The PMR class for 1990 has recently been selected, and officers are beginning to meet with Dr. Lyle Conrad, DFS Director, to discuss possibilities about state-based positions. Due to a recent change in the procedure for selecting PMR assignments, the state-based positions selected by residents this year will be available for residents to select next year. State epidemiologists interested in consideration for a three- or twelve-month assignment for a PMR beginning July 1990 should contact Dr. Conrad (404-639-3187)."

Thanks to all those who contributed. If you have information you want shared through this newsletter, contact me. -- Greg Istre - Oklahoma