Council of State and Territorial Epidemiologists

CSTE UPDATE

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UPDATE: PILOT PROJECT ON SURVEILLANCE OF EPIDEMICS

(John Horan - CDC)

Epidemic disease is a preventable public health problem. Surveillance of epidemics can provide basic data on incidence, risk factors, and efficacy of prevention measures, just as surveillance provides such data for specific notifiable diseases. The Epidemiology Program Office (EPO) of CDC and the state epidemiology programs in nine states (Maryland, Mississippi, Missouri, New York, Oklahoma, Rhode Island, South Dakota, Vermont, and Washington) are conducting a 12-month pilot project of surveillance of epidemics. This summary is based on data from the first 17 weeks of the project (7/1/90 through 10/27/90). These are preliminary data reported through a pilot system; therefore, the data should be interpreted with caution.

So far 205 events, representing over 3,000 cases, have been reported. These include 72 large outbreaks ($\geq$10 persons ill), with over 2,500 cases, including four deaths. Eighteen (25%) of the large outbreaks were reported in restaurants or resorts/hotels, and 14 (19%) in medical care settings or nursing homes. The most commonly reported suspect causes of large outbreaks were acute gastrointestinal illness, etiology unknown 29 (40%); salmonellosis 10 (14%); and shigellosis 9 (13%). In addition, there were 14 sentinel case reports of single cases of hepatitis A in commercial foodhandlers. The time from onset of the case to receipt of the report by the state health department was one week or less for 8 (57%) of these reports, two weeks or less for 11 (79%), and less than three weeks for all 14.

These preliminary data suggest the potential utility of a uniform system of epidemic surveillance. Data on outbreaks in "preventable" settings (restaurants or in high-risk populations (nursing homes) can help evaluate the efficacy of public health regulations or standards of practice. Sentinel case reports may help determine if disease reporting is timely enough for epidemic prevention and control measures to be implemented, if needed. The data provided by this system can complement the already existing national systems of foodborne and waterborne disease outbreak surveillance. Those systems provide important detail about epidemics that this system cannot offer; however the timeliness, simplicity and sensitivity of the epidemic surveillance could be enhanced by a system such as this. The pilot project will continue through June 1991. Upon completion, each participating state will evaluate the system in terms of cost, utility, and the basic attributes of a surveillance system. For more information, contact Dr. John Horan, EPO, CDC (404-639-0336).

FIRST NATIONAL CONFERENCE ON LYME DISEASE TESTING
(Matt Cartter - Connecticut)

Dr. Cartter, Dr. Morse and Dr. Osterholm represented CSTE on October 31 through November 2, 1990, at the First National Conference on Lyme Disease Testing. The meeting was sponsored by ASTPHLD, CDC and the FDA, and included representatives from industry. CDC and ASTPHLD presented results of their joint evaluation of commercial Lyme disease test kits. Sixteen kits were tested against the CDC ELISA; seven kits with the highest concordance were sent to four participating state public health laboratories for testing using a panel of 158 serum specimens. Concordance between results of individual test kits and between laboratories varied widely. Sensitivity and specificity were difficult to evaluate. Recommendations were developed on the use and continued evaluation of serologic tests for Lyme disease. Proceedings of the conference, including recommendations, will be published by ASTPHLD in early 1991. A synopsis of the results of the meeting is proposed for publication in the MMWR.

CSTE HIV COMMITTEE MEETING WITH CDC
(Larry Foster - Oregon)

The CSTE HIV Committee met on October 30 1990 with HIV staff from CDC

Reporting of HIV-positive individuals was discussed. Five states are now participating with CDC in evaluating HIV reporting.

Budget issues were discussed. Final congressional action, on appropriation levels dropping the formula approach to funding for HE/RR and CTS activities, had occurred so recently that CDC had not had the opportunity to finalize their plans for distribution of funds.

Kathleen Toomey reported on progress toward evaluation of partner notification. A report form which can be used for recording partner notification activities for HIV as well as for other STD's is in the final stages of development.

David Bell reported that developing guidelines for dealing with HIV-infected health care workers is, as expected, proving to be very difficult in the absence of data about risk. When draft guidelines are developed, they will be distributed widely for comment.

Martha Rogers reported that good progress is being made toward developing another set of guidelines. These will present recommendations for preventing HIV infection in women, preventing transmission to partners, and infants, and prevention of progression of HIV disease.

ASTHO HIV COMMITTEE MEETING WITH CDC
(Larry Foster - Oregon)

Barbara DeBuono and Larry Foster attended the meeting of the ASTHO HIV Committee with CDC staff on November 20, 1990. A central agenda item was the HIV budget for 1991. Although not all details are finalized because of the major last-minute changes made by Congress, CDC is attempting to provide level funding to state health departments. CDC will also be focusing on eleven special budget initiatives:

(1) Simplified reporting system.
(2) Standardized HIV reporting.
(3) Occupational transmissions.
(4) Evaluation of counseling and testing.
(5) HIV transmission among women and children.
(6) Evaluation of HIV Prevention Street Outreach for IVDU's.
(7) Annualization of National Minority Grant Program.
(8) High risk youth.
(9) National AIDS Information Clearinghouse
(10) National AIDS Hotline.
(11) Laboratory training and Quality Assurance.

Looking forward to January, 1992, Alan Hinman pointed out that the CARE Act funding formula for counseling and testing services will begin to take effect. The results of this will be exacerbated then by the fact that at least 35% of the funds must be spent on early intervention, diagnosis, and treatment. If funding levels do not increase, this will mean significant CTS shortfalls for many states. (THIS DOES NOT APPLY TO 1991.)

Considerable discussion was also devoted to strategies for enhancing collaboration between public health and substance abuse agencies in HIV prevention.

Plans to propose changing immigration regulations so that infectious TB would be the only excludable communicable disease were also discussed. If successfully implemented, this proposal will probably take effect in the summer of 1991.

REPORTING OF HIB INVASIVE DISEASE

The Executive Committee is recommending that invasive HIB disease be made a nationally notifiable condition. Forty-three states and territories now have some form of HIB reporting. FDA approval of a HIB vaccine beginning at two months of age will make HIB essentially a preventable condition, making reporting important as a sentinel event. A proposal to officially make HIB nationally notifiable will be discussed and voted on at CSTE's May annual meeting. In the meantime, states and territories are encouraged to report cases through the NETSS system

ACIP UPDATE
(Greg Istre - Oklahoma)

At the most recent meeting of the ACIP in October, discussions about three ACIP statements took place: the Haemophilus Influenza statement, the DTP statement, and the Smallpox Vaccine statement.

The FDA recently licensed a haemophilus conjugate vaccine (PRP-HbOC), from Praxis Lederle (see MMWR, October 5, 1990). Since this vaccine has been approved for use by the FDA, and since a recent efficacy study from northern California demonstrated a very high protective efficacy, the ACIP statement will reflect the recommendation for universal use of this HIB vaccine at two, four and six months of age. A booster will be recommended at 15 months of age as well. Its use in children who are more than six months of age will be as outlined in the summary in the October 5, 1990 MMWR.

The DTP statement will have several changes, the most important of which is to remove all references to a specific rate of occurrence of encephalopathy following DTP. The ACIP considered recent data as well as re-analysis of the British National Childhood Encephalopathy Study. The revision of the ACIP statement will say the following: "A causal relation between DTP vaccine and brain damage has not been proven. If the vaccine does so, it must be exceedingly rare" . . . "the risk estimate of 1:140,000 for serious acute neurologic illness and 1:330,000 for brain damage should no longer be used."

With regard to smallpox vaccine usage, it is likely that healthcare workers who remove contaminated dressings from patients who are immunized with recombinant vaccinia virus (for example in several of the vaccine trials for HIV, etc.) will be added to the list of those who might be considered "at risk," and might benefit from smallpox vaccination.

If any of you want more detail about these issues, or have suggestions or ideas, please let Dr. Istre know.

-- MEETING ANNOUNCEMENT --
NATIONAL CONFERENCE ON STATE-BASED OCCUPATIONAL HEALTH AND SAFETY ACTIVITIES
(Tim Groza - NIOSH)

The Centers for Disease Control and the Department of Labor have planned the National Conference on State-Based Occupational Health and Safety Activities for September 3-6, 1991, in Cincinnati, Ohio. State health officials and epidemiologists interested in the prevention and control of occupational diseases and injuries will be encouraged to attend. Further details can be obtained from Tim Groza (404-639-3345).

SUMMARY: NORTH CENTRAL REGIONAL CSTE MEETING
(Kris MacDonald - Minnesota)

The sixth annual North Central Regional CSTE meeting was held in Chicago, Illinois, October 11 & 12, 1990. Representatives from the following states attended: North Dakota, Kansas, Nebraska, Minnesota, Wisconsin, Iowa, Missouri, Illinois, Michigan, Indiana, and Ohio. The meeting began with a general session which included an update by Mr. George Stoh from the Division of Field Services, Epidemiology Program Office, CDC; an update on notifiable diseases by Dr. Melinda Wharton, Division of Surveillance and Epidemiologic Studies, CDC; and an update on injury surveillance by Mr. Owen Devine, Division of Injury Control, Center for Environmental Health and Injury Control, CDC. Other topics included in the general sessions were public health and the media by Bruce Dan, MD, from the American Medical Association; current trends in foodborne disease by Michael Osterholm, PhD, Minnesota Department of Health; and infectious waste by Laverne Wintermeyer, MD, Iowa Department of Public Health. Two concurrent sessions took place at the meeting, one on infectious disease epidemiology and one on environmental, chronic and injury epidemiology. The infectious disease epidemiology sessions focused on a variety of different outbreak investigations including Salmonella javiana infection, diarrheal illnesses associated with blue-green algae infection, and tuberculosis. Other topics included parvovirus infection during pregnancy, hepatitis B prevention programs, measles control, rubella, and issues regarding HIV (including noncompliant carriers and HIV in health-care workers). The environmental, chronic and injury epidemiology sessions included discussions on agricultural injury surveillance, mercury exposure from fish in American Indians, current studies of human and animal exposures to superfund site containments and access to state-of-the-art management of breast cancer for rural women.

The meeting was well attended and offered an opportunity to discuss a wide variety of pertinent topics. Next year's meeting will also be held in Chicago and will be hosted by the Michigan Department of Health.

CSTE "PUMP HANDLE AWARD" PLAQUE FINDS A HOME(S)

Dr. Greg Istre has negotiated not one, but two homes for CSTE's annual "pump handle award" plaque. As a result one plaque will reside at CDC and one at ASTHO headquarters. Dr. Jeff Davis was the 1990 recipient of the first award.

FIFTH NATIONAL CONFERENCE ON CHRONIC DISEASE PREVENTION AND CONTROL FROM 1190 TO 2000 (OCTOBER 17-19, 1990, DETROIT, MI)

(Robert Spengler - Vermont)

Robert Spengler attended a very well organized and exciting conference on chronic diseases. Among the topics were: demographic change and impacts on chronic diseases, international chronic disease control, disadvantaged populations, legislation, youth and chronic disease, cardiovascular disease issues/programs, breast and cervical cancer control, quality of life and disability, dietary fat and nutrition, business as partners in chronic disease prevention and health promotion, state and community tobacco control activities, special topics on risk/data/programs, a review of Michigan prevention programs, and the science and politics of tobacco control.

With CSTE involvement in the Conference Planning Committee, this year's conference included 70 presented papers (130 abstracts submitted) and a well attended poster session. It is anticipated that this format will continue and the scientific sessions will improve the quality of the overall program.

If you were not able to attend and want more information, you should contact your state representative who attended and ask for their copy of the meeting abstracts or other materials brought back from the conference.

At the Association of State and Territorial Chronic Disease Program Directors (ASTCDPD) business meeting, a proposal was submitted to request more formal recognition of chronic disease epidemiologists in states and support from CDC. Dr. Spengler will be working on this resolution with the presidents of CSTE and ASTCDPD.

1991 CSTE MEETING - SAN DIEGO CALIFORNIA

MAY 20-23, 1991

Don't forget next year's (1991) CSTE annual meeting is to be held from Monday, May 20 through Thursday, May 23, 1991, in San Diego, California. Further details will be forthcoming from Dr. Larry Foster.

Send your articles or ideas for articles for the Newsletter to:

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