NEWS LETTER

CSTE UPDATE

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Council of State and Territorial Epidemiologists

President's Message

Do state-based epidemiologists of different disciplines have much in common with one another? As CSTE has expanded its scope and increased the diversity of its membership, whether there will continue to be issues of relevance to all members has been a bit of an open question. Well, my vote after the last couple of months is an experienced "yes." In fact, we seem to be on the upslope of crosscutting issues coming in CSTE's direction (admittedly with the occasional active prod of appropriate outside folks by our staff and members). Below is a sampling to give you a sense of the range of activities in which our organization is becoming involved.

- *Public health and confidentiality of medical information.* The National Committee on Vital Health Statistics has been charged by Health and Human Services (HHS) to develop standards for confidentiality of medical records, as mandated by the Kennedy-Kassenbaum bill. CSTE has provided fairly extensive testimony, advocating for our special needs regarding disease reporting, other types of surveillance, registries and vital records.

- *Surveillance Systems for the year 2010.* In preparation for the development of the year 2010 Health Objectives, HHS conducted a Healthy People 2000 review of Surveillance and Data Systems. CSTE was asked to represent state concerns at this meeting, and we were able to advocate for a number of qualities of surveillance systems that sometimes get lost at the federal level, including relevancy, flexibility, timeliness, responsiveness and usefulness.

- *CDC's Preventive Medicine Residency (PMR).* CDC's PMR program is evolving to meet new requirements from the American Board of Preventive Medicine. CDC will now pay for an MPH year before the practicum year, but in return will owe CDC a "pay-back" year at the end of the residency. As originally conceived, residents spending the practicum year in a state would be forced to move back to Atlanta (or other Public Health Service facility) afterwards, effectively eliminating the PMR as a venue for getting trained epidemiologists into career tracks at state health departments. We're working with Art Liang (the PMR Director) and others to fix this problem and also to establish state-based supervisor representation on the CDC PMR Advisory Board.

- *Assessment Initiative funding.* Competitive funding to improve state-based capacity for the more effective collection and use of state-based data will be available this fiscal year in the form of a new round of Assessment Initiative funding from CDC. We've been working with Scott Wetterhall in the Epidemiology Program Office (EPO), CDC to try and assure that state needs are addressed in the project and that the Request for Proposal (RFP) is available to all prospective applicants with maximum lead time.

- *WONDER and the Internet.* As most of you have read, WONDER is planning a move to an Internet-dependent e-mail system. While this is a good thing for many, CSTE has urged EPO not to forget the needs of the economically or geographically

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challenged health departments, particularly those who may not have easy local internet access or alternative ways of electronically sending formatted documents. If you or local health departments you support fall into this category, a word directly from you to the WONDER folks is also recommended.

- *The D.C. information service.* It's here! (And described more fully on page 3).

- *Public Health Leadership Training.* Although few would deny the importance of public health leadership training of state health commissioners/officers, the long term yield of this investment is limited because many leave the positions after only a few years. An important complimentary strategy is leadership training of key health department management staff, especially epidemiologists who serve as the bridge between science and public health practice. We've been working hard over the past couple of months to make this point with the folks at Public Health Practice Program Office (PHPPO), CDC (who fund the CDC Public Health Leadership Institute) and Robert Wood Johnson (RWJ), who are considering an initiative to improve public health leadership training. Progress to date has been steady, but slow.

- *The National Public Health Surveillance System (NPHSS).* We've taken one more small step in our leap towards a 21st century blueprint for surveillance. The Surveillance Coordinating Group at CDC has asked for ideas/guidance in how to "get started" with NPHSS. We've suggested some practical first steps including: 1) not worrying about "getting started", 2) acknowledging instead that a national public health surveillance system and a comprehensive list of surveillance elements already exists (in a *de facto* way as the agglomeration of all our categorical systems), 3) figuring out, through a comprehensive assessment, what this current system is, 4) determining how it might be improved if we viewed it rationally instead of categorically, and 5) fixing it, in part by assuring that appropriate folks are around the table when decisions are made. Stay tuned.

The mission of CSTE is to increase the ability of state-based epidemiologists to get our work done. To accomplish this, CSTE must, of course, continue to represent and advocate for specific issues in infectious disease, environmental health, chronic disease, injury, and maternal and child health. But, in this era of blurring of fiscal and programmatic boundaries, increasing emphasis on partnerships and devolution of power to the states, there is a growing demand for a voice that can articulate views that cross categorical lines. For state-based epidemiologists to be effective, we need to identify and capitalize on these opportunities. The alternatives are to do nothing and hope, or worse, to rely on someone else to say what we think.

David W. Fleming
President, CSTE

Membership Update

CSTE members who have not paid their 1996 &1997 dues should send a check payable to CSTE for $30.00. This will ensure your status as an active member and will allow you to continue receiving communications.

The state of Vermont Department of Health has appointed Peter D. Galbraith, D.M.D., M.P.H., as the Vermont State Epidemiologist. Dr. Galbraith began his position with the Department of Health effective January 13th. Welcome aboard!

The new State Epidemiologist for New Hampshire is Jesse F. Greenblatt, M.D. He will assume this position effective March 15, 1997. Congratulations!

The state of Idaho has appointed Christine G. Hahn, M.D., as the new State Epidemiologist effective immediately. Good luck!

Art DiSalvo a longtime Association of State and Territorial Public Health Laboratory Directors (ASTPHLD) liaison to CSTE retired February 6, 1997. We wish you well!

Positions Available

Washington State Department of Health has a vacancy in the senior-level epidemiologist position. (360) 705-6040

Michigan Department of Community Health has vacancies in the following positions: Chief, Bureau of Epidemiology; Chief HIV/AIDS-STD Division; and Chief, Immunization Division.

Kentucky Department for Public Health has vacancies in the following positions: State Epidemiologist, Surveillance and Evaluation Team Leader, and Data Manager. (502) 564-7996

Interested persons should contact the state health department for more information.

CSTE National Headquarters Update

The CSTE National Headquarters staff has continued to grow over the past couple of months. Currently CSTE employs 16

full time staff members. Below is a brief description of the newest members to the staff.

Ms. Linda Martin, Data Dissemination Epidemiologist has been with CSTE since January, 1997.

Ms. Angie H. Waddell has replaced Ms. Kathy Getz as Program Coordinator. Ms. Waddell has been with CSTE since November, 1996.

Ms. Kathy Getz has been promoted within CSTE as Program Director for Hepatitis, Environmental Health, and Injury and Occupational Health.

In addition, CSTE received funding to support the addition of one program director, two epidemiologists and one additional secretary to implement the project objectives of the current budget period.

1997 CSTE Meeting Planning Underway

Dr. Gus Birkhead, President-Elect, is well underway with planning for the 1997 CSTE meeting which will be June 15-19 in Saratoga Springs, New York (near Albany). The meeting will be at the Sheraton Saratoga Springs Hotel, and reservations should be made now by calling 518-584-4000 (indicate you will be attending the CSTE meeting).

The Executive Committee will be meeting in Atlanta March 11-12 and considerable effort will go into development of the agenda. The meeting "construct" will be along the lines of previous meetings: plenary, concurrent, and committee sessions; Monday evening reception, Tuesday evening social event, Wednesday President's banquet, and Thursday morning, business session. Proposed agenda items should be submitted to Dr. Birkhead (phone: 518-473-7542; fax: 518-486-1315; internet: gsb02@health.state.ny.us) in time for the Executive Committee to consider at the March 11-12 meeting.

We anticipate having meeting scholarship funds for travel and per diem available for 8-10 CSTE members. Additional information will be provided following the upcoming Executive Committee meeting.

Robert Koch-Institut

Representatives from the Robert Koch-Institut in Berlin, including Dr. Reinhard Kurth, Director, visited CSTE just before the Executive Committee meeting this past January. Dr. Fleming and Willis Forrester were able to meet with them and discuss CSTE's relationship with CDC.

CSTE received a letter of thanks from the Robert Koch - Institut and reads as follows:

"...We thank you for the warm welcome that was extended to us during the visit to CSTE last week. We were particularly grateful for the discussion with Dr. David Fleming. It was extremely useful to hear CSTE's perspectives on how CDC relates to the states and how CSTE facilitates that interaction. Needless to say, the information gained during our visit will greatly aide us in strengthening our institution's leadership position in public health in Germany, particularly in regards to developing relationships between our federal government and states in the fields of epidemiology and public health.

We hope that you or other members of CSTE will be able to visit the Robert Koch-Institut on one of your future trips to Europe. We would greatly enjoy reciprocating the hospitality we received during our visit to CSTE."

Dr. Reinhard Kurth
Director, Robert Koch-Institut

Health Information Contractor Selected

The Executive Committee and the Executive Board, Association of State and Territorial Laboratory Directors are delighted to announce that Timothy Bell & Company, Reston, Virginia, has been selected as the contractor to provide Congressional, government, and other information services to the members of both organizations during the next year.

Marcia Mabee, M.S.W., M.P.H., Ph.D, of the firm will serve as the health issues and information management officer for the contract. She has fifteen years experience in health policy and issues analysis and has successfully performed information analysis and presentation services for more than fifty national health groups. She has extensive and established working relationships with Association of State and Territorial Health Officials (ASTHO), American Public Health Association (APHA) and key Congressional staff members of important health committees as well as within the Administration at the White House, Department of Health and Human Services (DHHS), Office of Management and Budget (OMB), and Centers for Disease Control and Prevention (CDC).

Dr. Mabee will be meeting with the Executive Committee March 11 and the ASTPHLD Executive Board on April 4. We are excited about the prospects of being able to provide each CSTE member information in a manner that permits clear understanding of each issue, time for meaningful input to relevant government entities and allied organizations such as ASTHO and APHA, and guidance about the most effective

manner to influence action.

Thanks to those who responded to our survey of interests last year, the following have been initially identified as priority items: Chronic Diseases: (1) Tobacco Use; (2) Cancer Registries; (3) Breast and Cervical Cancer; (4) Diabetes; and (5) Cardiovascular Disease; Environmental Health: (1) Water Quality; (2) Asthma; (3) Lead; (4) Birth Defects Surveillance; and (5) Emergency Response; Infectious Diseases: (1) Emerging Infections; (2) Antibiotic Resistance; (3) HIV/AIDS/STD; (4) Food borne Disease Outbreaks; and (5) Vaccines/Vaccine Preventable Diseases. These priorities do not necessarily exclude other areas of interest, but will provide the starting point for the information services activity.

This new CSTE/ASTPHLD effort is made possible by dues revenue, so it is imperative that each State and Territory contribute by paying established dues: $650 annually for the 25 most populous states and $450 for other states and territories.

Hepatitis C: A National Public Health Focus

CSTE is working with CDC and Milestone Medical Communications to sponsor a program that will help make hepatitis C a national priority among public health physicians and public health policy decision makers. The program will be held May 30-31, 1997 in Dallas at the Hotel Crescent Court. Dr. E. Russell Alexander, Chief of Epidemiology, Seattle-King County Department of Public Health and Dr. Miriam Alter, Chief, Epidemiology Section, Hepatitis Branch, CDC are co-moderators of the program.

Meeting planners would like to have 10-12 CSTE Epidemiologists with strong interest in hepatitis C to participate in panel discussions. Transportation and per diem expenses will be paid and each participant will receive a $500 honoraria. CSTE President Dr. David Fleming is seeking CSTE members who would be interested in attending.

Consultant Appointments

Thank you to those who indicated their willingness to represent CSTE as topic consultants during the next year. As you recall from the interest survey, some topics were added and some were deleted. Within the next month, those appointed will be receiving letters from Dr. David Fleming confirming the appointment and outlining consultant responsibilities.

We really appreciate the excellent response to the interest survey.

Educational Opportunity for Public Health Professionals

The Centers for Disease Control and Prevention (CDC) has established a new graduate level academic certification program in conjunction with the Schools of Public Health at Emory University, Johns Hopkins University, Tulane University, and the University of Washington. The program has been designed to support the development of technical and managerial expertise needed in order to build capacity in core public health functions and to enhance their public health prevention efforts.

Beginning in the summer of 1997, and for the next three years, this program will provide graduate level training in public health for up to 160 public health practitioners each year. Twenty percent or up to 32 of the school's available slots will be available to state and local health practitioners.

Each school will offer a 12-15 month program that will include accredited graduate-level courses and a practicum in the field of public health. The curriculum will incorporate both on-campus study and distance-based course work that will utilize on-line computer interaction including the Internet.

Individuals interested in more information or applying to this program should contact the schools directly. The following is a list of the contacts for each school with their phone number:

University of Washington
Jack Hilovsky
(206) 616-9460

Tulane University
Martha Cuccia
(504) 998-7778

Johns Hopkins University
Barbara Zirkin or Andrew Lentz
(410) 614-7741 or (888) 548-6741

Emory University
Deborah Byrd
(404) 727-3317

Helene D. Gayle, M.D., M.P.H.
Director, National Center for HIV, STD, and TB Prevention

Public Health Prevention Service

The Centers for Disease Control and Prevention (CDC) invites applications for the Public Health Prevention Service (PHPS), a new and unique national training program for masters-level health professionals. The first class of 25 PHPS participants is scheduled to begin in September 1997.

PHPS offers three years of hands-on experience, training and supervision in successfully applying public health science and theory to the realities of building the programs that protect and improve the public's health. Participants in PHPS will learn how to effectively apply surveillance, epidemiology, social and behavioral science, social marketing, health communications, and other disciplines to planning, implementing, and evaluating prevention strategies that are practical and effective at the community, state, and national levels.

In the first year of the PHPS program, participants will have two different assignments at CDC headquarters in Atlanta, Georgia. The second and third years will be devoted to a single assignment, with a variety of responsibilities, in a state or local health department. These assignments mirror the types of roles in state, local, and federal health agencies, as well as voluntary, community, and managed-care organizations, for which participants in the PHPS will be well qualified upon completion of the program.

Eligibility: Professionals with a strong interest in a career in public health and both:

- A masters degree related to public health and
- U.S. Citizenship

At least one year of public health work experience, which may include an internship or a thesis project in a community setting as a part of a masters degree, is highly desirable.

Starting salary is expected to be about $30,000, with annual increases. Benefits include vacation, sick leave, health insurance, and some relocation expenses. Expenses related to the interview are the responsibility of the applicant.

Application deadline: April 15, 1997.

For further information or an application:

- Public Health Prevention Service
  Division of Applied Public Health Training, EPO
  Centers for Disease Control and Prevention
  1600 Clifton Road, Mailstop D-18
  Atlanta, Georgia, 30333
- E-mail: epo-phps@cdc.gov
- Web site: www.cdc.gov/epo/dapht/phps
- Program Coordinator: (404) 639-4087

CDC is an equal opportunity employer and provides a smoke-free environment.

* References to CDC include the Agency for Toxic Substances and Disease Registry

Arthur P. Liang
Epidemiology Program Office, CDC

1997 Draft of CDC's *Screening Lead Poisoning in Young Children: Guidance for State and Local Public Health Officials* Released

A draft version of the revised CDC childhood lead screening guidelines was released in the *Federal Register* on February 21, 1997. After a 6-week period of public comment, the draft will be finalized and is expected to be released in the summer of 1997. CDC first published guidance on the prevention of childhood lead poisoning in 1975 with updates to these guidelines published in 1978, 1985, 1991. Each new edition has incorporated new scientific and practical information on how best to reduce the adverse effects of lead on the health of young children.

This current draft guidance, entitled *Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials* is narrower in scope than previous editions. It does not modify CDC's position on the adverse health effects caused by lead. Instead, it makes recommendations to improve the effectiveness of lead screening. The recommendations are written for state and local public health officials who will make screening recommendations for their jurisdictions. Other audiences include public health agencies, health care organizations including managed-care organizations, pediatricians and other providers of health care to children.

The recommendations in this draft guidance are intended to increase screening and follow-up care for children who most need these services while ensuring that prevention approaches are appropriate to local conditions. The draft guidance is designed to assist informed and inclusive decision-making at the state and local level and discusses state and local planning for lead screening.

Dr. Henry Anderson (Wisconsin), along with other state public health officials, participated in informal review of the draft guidelines during the document's development. Dr. Anderson praised CDC's openness and receptiveness during the process, "At CSTE's suggestion, the role of state health departments in determining screening guidelines in their state was strengthened and clarified. I believe that the process outlined in the draft screening guidelines is one that will lead to better screening of children than we currently have. I think it's worth the effort for state health departments to assume a leadership role in this, with CDC's support behind us."

A copy of the draft document published in the *Federal Register* and instructions for making comments about the draft can be obtained by calling the toll free number: 1-888-232-6789.

CSTE Consultant Reports - 10/96 to 02/97

ASTHO

Dennis M. Perrotta, Conference Call with ASTHO in reference to 1997 Committee Meeting, 11/96

Confidentiality Legislation

David W. Fleming, National Center on Vital and Health Statistics (NCVHS) Hearings on Confidentiality Legislation, 12/96

Enteric Infections

Dale L. Morse, Food Borne Surveillance Report Meeting, 10/96

Genetics

Eugene J. Lengerich, Genetics Task Force Conference held by the CDC, 01/97

Environmental Health

Henry A. Anderson, ASTPHLD - Drinking Water and Public Health Conference, 10/96

Tim O'Leary-ASTHO, CSTE Representative, EPA Stakeholders Meeting on the Development of a Drinking Water Identification Method, 11/96

HIV/AIDS

Susan J. Klein, HIV Prevention Consultant's Meeting, 12/96

Jeanette Stehr-Green, HIV Testing and Counseling Meeting hosted by UCSF Center for AIDS Prevention Studies (CAPS), and National Association of State and Territorial AIDS Directors (NASTAD), 12/96

Tamara Hoxworth, HIV Prevention Indicators Projects (HPIP) Meeting held by the CDC, 12/96

Guthrie Birkhead, HIV Home Sample Collection Kits; Maximizing the Public Health Benefits conference sponsored by ASTHO, 11/96

Immunization

Reginald F. Finger, CDC/ASTHO Bi-Weekly Immunization Conference Call, 10/96

Dale L. Morse, Department of Health Human Services Review of Immunization Infectious Diseases (Emerging Infections), 10/96

Patricia Quinlisk, CDC/ASTHO Bi-Weekly Immunizatic Conference Call, 12/96

Reginald F. Finger, CDC/ASTHO Bi-Weekly Immunization Conference Call, 01/97

Reginald F. Finger, CDC/ASTHO Bi-Weekly Immunization Conference Call, 01/97

Reginald F. Finger, CDC/ASTHO Bi-Weekly Immunization Conference Call, 01/97

Leadership

Dennis M. Perrotta, Public Health Leadership Institute Planning Meeting Conducted by the Center for Health Leadership and the CDC, 01/97

STD

Diane M. Simpson, STD Prevention Division's Operational Plan for 1997 Consultation, 10/96

Guthrie S. Birkhead, Future Directions in Partner Notification Policy, Practice, and Research Conference sponsored BY CDC and Health Resources and Services Administration (HRSA), 10/96

Diane M. Simpson, STD Strategic Planning Meeting, 11/96

Tuberculosis

Kathleen F. Gensheimer, Advisory Committee for the Elimination of Tuberculosis (ACET), 10/96

Reminder: Epi Capacity Assessment is an Ongoing Service of CSTE

In September, CDC has approved funding for CSTE to provide Epi Capacity Assessment assistance as an ongoing service to State and Territorial health agencies. After three years of development, field testing, and revision, the assessment mechanism has matured into a reliable and flexible method for documenting point-in-time performance and identifying ways of strengthening epidemiologic capacities.

Recent assessment activities include the Connecticut Department of Health's chronic disease programs; and, with adaptations by CDC's EPO (Art Liang, Division of Training, and George Stroh, Division of International Health), an assessment of the impact of CDC training provided to Russian epidemiologists.

Connecticut's objective for the assessment was to establish a base-line for planning long-term capacity development. CSTE members Mary Kapp served as Site Coordinator for the assessment with Jim Hadler and Mary Lou Fleissner providing valuable guidance to the assessment team. In response to assessment findings, Departmental staff representing programmatic, epidemiologic, and management interest formed a broad-based work group to initiate specific activities for improving their epidemiologic capacities.

As one component of a collaborative venture between the United States Agency for International Development (USAID), CDC, and the Russian Federation, EPO modified the CSTE Assessment Guide to identify "...changes in the practice of epidemiology which resulted" from CDC training programs conducted for Russian epidemiologists during the preceding two years. During August and September 1995, 47 Russian epidemiologists attended training courses on Applied Epidemiology and Biostatistics at CDC in Atlanta. Follow-up workshops were presented in Moscow and Perm during May and June 1996. For two weeks in January 1997, Art and George used the amended CSTE guide to interview their Russian colleagues at their work places in Moscow and Perm.

Assessment services can be obtained by contacting either Willis Forrester or John Hybarger at the CSTE. Preliminary steps involve mainly establishing the health agency's scope of interest (i.e., the organizational units to be included) and providing CSTE both with existing information about their organization and unit's missions, and a completed questionnaire for each unit to be included. On-site activities center on obtaining additional information by interviews with affected managers and epidemiologists, developing conclusions, and providing detailed feedback to the organization. A written report is subsequently provided to the health agency.

Cryptosporidium and Water: A Public Health Handbook to be Announced

An audioconference is planned for April 24, 2-4:30 pm EDT to provide information about the handbook *Cryptosporidium and Water*. A panel of experts, including representatives from the Centers for Disease Control and Prevention, U.S. Environmental Protection Agency, and the City of Milwaukee will conduct a question and answer session on cryptosporidiosis and the impact of EPA's Information Collection Rule.

Details on how to register for the audioconference will be available soon from Association of State and Territorial Health Officials (ASTHO), National Association of City and County Health Officials (NACCHO), and American Water Works Association (AWWA). The handbook is now in preparation and will be distributed in the near future.

Request to CSTE for Assistance in Identifying Cases of Idiopathic Pulmonary Hemorrhage/Hemosiderosis Among Infants

The National Center for Environmental Health has been assisting the Ohio Department of Health in an epidemiologic investigation of a cluster of cases of pulmonary hemosiderosis among infants in Cleveland, Ohio. Preliminary results from that investigation indicate an association between pulmonary hemosiderosis and home exposure to toxigenic molds including Stachybotrysatra.

To find out whether the association identified in Cleveland is apparent among cases from other parts of the country, we would need to do a national case-control study. We would appreciate your assistance in bringing new cases of idiopathic pulmonary hemorrhage among infants under a year of age to our attention. We are also attempting to identify cases through the American Academy of Pediatrics Section on Critical Care and through contacts with intensive care units of several major pediatric hospitals.

Although pulmonary hemosiderosis is a rare disease (incidence in one Swedish study was 0.24 case per million children per year), we believe it is important to identify and study new cases because of its high mortality (about 30% in the Cleveland area) and because of the possibility of implementing preventive measures if the association with toxigenic mold is confirmed.

For additional information, please contact Ruth Etzel, M.D. at 770-488-7321 or RAE1@CDC.GOV

ASTHO is Moving

Effective Friday, February 28, 1997, ASTHO's new address will be:

1275 K Street, NW
Suite 800
Washington, D.C. 20005
Phone (202) 371-9090 Fax (202) 371-9797