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Council of State and Territorial Epidemiologists

VOGT REPRESENTS CSTE IN OSHA TESTIMONY

Rick Vogt represented CSTE in testifying about the proposed OSHA regulations with regard to bloodborne pathogens in the workplace. Rick made the point that there needs to be flexibility with regard to implementation of the regulations in the various different settings, and he reports that the panel seemed very receptive to his testimony. CSTE members who would like to have written copies of the testimony may feel free to write to Rick Vogt (Vermont) or Greg Istre (Oklahoma). Thanks again to Kathy Gensheimer (Maine) and John Middaugh (Alaska) who were instrumental in drafting the testimony.

REPORTS FROM REGIONAL MEETINGS:

NORTHEAST EPI MEETING (Dale Morse - New York)

"Over 70 epidemiologists from nine state health departments and Canada recently attended the N. E. Epi Conference held October 5-7, 1989 in Providence, Rhode Island. The conference was a memorable and successful one which included lively workshops and consensus building discussions, as well as a clambake and a river cruise.

Sessions on measles, Lyme disease, TB, S.E. in eggs, and AIDS, shared the limelight as state epidemiologists grappled with the need to make decisions and set policies in these areas. For example, as the number of S.E. outbreaks associated with eggs increases and spreads, it is clear that additional Federal action is required. CSTE must increase its pressure in this regard. CSTE must also lobby for increased Federal funding for the two-dose measles policy to avoid disruption of other vaccine programs.

The role of the "state epidemiologist" was also discussed at a rousing 7:00 a.m. breakfast meeting. The consensus was that state epidemiologists should emphasize their role in the application of sound epidemiologic principles, regardless of the subject area or individual health department structure. While infectious disease is clearly our power base and should be emphasized, recruitment of other epidemiologists with strong technical skills was supported. The group wanted to be viewed primarily as "epidemiologists" and not surveillance officers or data managers ("not our bag," "not in our purview"). We clearly need to pursue means of including our junior and senior members, as well as epidemiologists specializing in environmental or chronic disease epi. It was suggested that our chronic disease members be asked how their role could be improved. Perhaps they would be willing to get involved in activities such as upgrading the quality of epi presentations at the chronic disease meeting through abstract review."

WEST COAST EPIDEMIOLOGISTS' CONFERENCE (Larry Foster - Oregon)

The annual West Coast Epidemiologists' Conference was hosted by Washington State in the meeting's traditional setting of Ashland, Oregon. State and local epidemiology staff from California, Nevada, Oregon, and Washington, as well as epidemiologists from Alberta and British Columbia attended the one and one-half day session.

The formal presentations were on exclusively infectious disease topics, ranging widely from malaria in San Diego through HIV issues, hepatitis B vaccination, unusual salmonellosis outbreaks, meningococcal disease outbreaks, the two-dose measles vaccine controversy, public notification for hepatitis A in restaurants, malignant Group A beta-hemolytic streptococcal infections, special measles outbreak problems, H. influenzae vaccine efficacy, trends in selected STD's, infectious wastes, and infant botulism.

The emphasis of the meeting during both the formal and informal sessions was, as usual, on discussing problems of mututal interest and sharing potential solutions to those problems.

[Reports from Midwest & Southern Epidemiologists' Meeting will appear in next issue.]

FROM THE CSTE CONSULTANTS

CHRONIC DISEASE (Bob Spengler - Vermont)

"I have been appointed as an ex officio member of the Executive Committee of the Association of State and Territorial Chronic Disease Program Directors (ASTCDPD).

I attended the Fourth National Conference on Chronic Disease Prevention and Control in San Diego, September 21-23, 1989. The business meeting focused on the Year 2000 Health Objectives with basic concerns discussed. ASTCDPD is preparing a response to the drafted Year 2000 Health Objectives.

The ASTCDPD Executive Committee met by phone on October 19, 1989. It was decided that formal ex officio membership would be extended to the ASTHO affiliates of Nutrition Directors and Health Education Directors, like CSTE. The group is working the Public Health Foundation to publish a special report on state chronic disease programs. A survey will be designed to collect needed information on chronic disease activities in states with the report being presented at the next chronic disease conference in September 1990."

PUBLIC HEALTH FACULTY/AGENCY FORUM (Mike Osterholm - Minnesota and Art Liang - CDC)

"Improving the relevancy of teaching at schools of public health to public health practice is the focus of a Public Health Faculty/Agency Forum being convened by Johns Hopkins University School of Hygiene and Public Health (JHU). JHU is convening the Forum of educators and practitioners to develop recommendations and actions steps in four broad areas; biostatistics/epidemiology, health services administration, environmental health and the behavioral sciences. Mike Osterholm is CSTE's representative on the biostatistics/epidemiology work group. In addition to the formal membership of the work groups, each group will have 25 or more additional individuals involved in reviewing activities and recommending specific action steps for improving the relevancy of public health training to practice. If you are interested in providing input the the work groups, please contact Mike Osterholm, Minnesota Department of Health at (612) 944-5413 or Art Liang, Public Health Practice Program Office, CDC, (404) 639-1964. The Forum is established under a 12-month contract with Johns Hopkins University School of Hygiene and Public Health (JHU) and is funded jointly be Health Resources and Services Administration (HRSA) and Centers for Disease Control (CDC)."

LYME DISEASE MEETING (Dale Morse - New York)

"On November 13-14, 1989, I represented New York State and CSTE at a CDC Lyme disease advisory meeting (see attached agenda and attendees). The purpose of the meeting was to review and modify the current Lyme disease case definition for national surveillance. The five state epidemiologists also presented a summary of our concerns from the states' perspectives in regard to surveillance, epidemiologic studies and CDC funded state activities.

CDC has transferred its Lyme disease activities to the Division of Vector-Borne Infectious Diseases in Fort Collins, Colorado. Approximately 18 persons in this unit will be working on Lyme disease. In addition, approximately $2 million is in the pending Federal budget for 1990 to be devoted to CDC Lyme disease activities.

Two days of lengthy discussions resulted in development of a draft case definition which will be circulated for further comments. The revised case definition will:

be similar to the one used by CDC in 1984-87.
include very specific definitions for erythema migrans (EM) and for Lyme disease's secondary manifestations (musculoskeletal, neurologic, cardiac).
exclude nonspecific findings such as arthralgias.
emphasize the need for quality laboratory testing with national proficiency

testing oversight.
- define endemic area on a county basis by presence of tick vectors or two or more confirmed indigenous cases.
- include only one definition on a national basis. An asterisk will be used to indicate that non-endemic areas need to have confirmatory information that they do indeed have a case (e.g., similar to that which would be required to confirm a dengue diagnosis in an area where that disease would not be expected).

Extensive discussions were held on the problems with the current laboratory tests and their lack of sensitivity ar specificity for Lyme disease. There has also been major variability by lab. I presented data on our Lyme disea surveillance and on our labs proficiency testing program. Everyone felt that this data was encouraging and that th type of program should be extended on a national basis.

Thirty-three states and the District of Columbia have made Lyme disease reportable. The Council of State and Territori Epidemiologists will consider making it a national notifiable disease this coming year.

BE READY FOR NEW ACIP MEASLES STATEMENT (Greg Istre - Oklahoma)

The December 8, 1989 MMWR will have the updated ACIP recommendations for measles. The following informatio was taken directly from a summary from the Division of Immunization at CDC and should be available over Dialcom you need more of the rationale:

"The major recommendations are as follows:

1. A routine two dose schedule using combined measles-mumps-rubella vaccine. The first dose will generally be given at 15 months of age. The second dose will generally be given at school entry but flexibility is provided.

2. More aggressive outbreak control in school-based outbreaks. Revaccination is recommended for all persons in affected schools who have not received two doses of live measles vaccine on or after the first birthday and who do not have other evidence of measles immunity (i.e., prior physician diagnosed measles disease or laboratory evidence of immunity). Consideration should be given to revaccinating in unaffected schools at risk of measles transmission.

3. Measles in preschool children in areas with recurrent measles transmission. Lower the age of vaccination from 15 months to 12 months in counties or areas of counties at risk of preschool transmission (e.g., a county with more than 5 cases among preschool-aged children during each of the last 5 years; a county with a recent outbreak among unvaccinated preschool-aged children; or a county with a large inner city urban population.)

   College entrants. For persons born in or after 1957 two doses of live measles vaccine on or after the first birthday, or other evidence of measles immunity (i.e., prior physician diagnosed measles disease or laboratory evidence of immunity) should be required.

5. New hospital employees with direct patient contact. For persons born in or after 1957 two doses of live measles vaccine on or after the first birthday, or other evidence of measles immunity (i.e., prior physician diagnosed measles disease or laboratory evidence of immunity) should be required prior to employment. Since

some medical personnel who have acquired measles in medical facilities were born before 1957, requiring at least one dose of measles vaccine may be considered for older employees who are at risk of occupational exposure to measles.

6. Quarantine. Imposing quarantine measures for outbreak control is both difficult and disruptive to schools and other organizations. Under special circumstances restriction of an event might be warranted. However, this is not recommended as a routine measure for outbreak control."

In addition, the same MMWR will have a statement which discusses priorities for implementation for states which do not have adequate resources (which probably includes most of us) for implementing the full set of recommendations. It should be noted that the CDC, CSTE, and ASTHO will be working to obtain full federal funding for these recommendations, but in the meantime priorities will have to be set. The following priorities are recommended by CDC:

"Some localities may not be able to implement the two dose schedule until adequate resources can be obtained. Current federal grant funds were appropriated based on a single dose schedule. Thus, at the present time, projects cannot rely on federal support to implement the new schedule. As localities seek resources, the highest priority should be to continue the one dose schedule. This program should not be compromised. The second priority should be implementation of the more aggressive outbreak control revaccination strategies. The third priority should be implementation of a routine two dose schedule.

The above statement of priorities does not appear in the ACIP statement itself. However, it will be published in MMWR in a report on measles surveillance in the United States during the first 26 weeks of 1989. This report should be published at approximately the same time as the ACIP statement."

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

Send your ideas, comments, and news items for this newsletter to Greg Istre (Oklahoma State Health Department, 1000 N. E. 10th, Oklahoma City, OK 73152.