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MDCH
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Out of Africa

By: Kimberly Signs, D.V.M.

In 2004, Wisconsin and Ohio reported incidents involving the possession of Giant African Land Snails (GALS) in community schools as classroom pets. GALS are listed as major agricultural pests in the United States, under the Plant Pest Act of 2000. As a result, their importation, entry, exportation, or movement in interstate commerce is prohibited without the authorization of the U.S. Department of Agriculture, Animal Plant Health Inspection Service (USDA/APHIS).

The Giant African Land Snail, believed to be native to coastal East Africa, has been introduced into many countries around the globe. The large snails, which can grow to eight inches in length and have shells the size of a fist, are prolific breeders, and voracious eaters. They are hermaphrodites, containing both male and female sex organs. A single breeding can result in thousands of eggs laid in clutches of 100-400 eggs at a time. They are highly adaptable and can survive in many different habitats. Although they thrive best in warm tropical climates, they can hibernate in colder climates and survive through winter months. Scientists consider GALS to be one of the most damaging snails in the world. They are known to eat at least 500 different types of plants, including lettuce, peanut, rubber, and most varieties of beans, peas, cucumbers, and melons.

These snails can also pose a threat to public health, as they can serve as the intermediate host for the rat lungworm Angiostrongylus cantonensis, found in African rodents. If infected, the snails shed lungworm larvae in their secretions. Humans can be infected by inadvertently ingesting the larvae, either after handling the snails, or by eating undercooked snails. The larvae can migrate to the brain, causing eosinophilic meningitis. For these reasons, the USDA/APHIS confiscate the snails and trace their sources.

The 2004 investigation in Wisconsin revealed that these mollusks made their way into the pet trade (an arena where their banned status was unknown) and were being promoted as interesting specimens for classroom study. This was alarming to USDA/APHIS because classroom "pets" often end up in the hands of citizens who may not be aware of their proper care, or of any regulations that might apply to their release into the wild.

As a result of this concern, in May of 2004, the Michigan Department of Community Health, along with the Michigan Departments of Agriculture and the USDA/APHIS issued a joint press release and mailed letters to educators and pet store operators in the state warning them about illegal GALS. They provided a toll-free hotline for citizens to contact the USDA. As a result of this action, the USDA in Michigan has confiscated nearly 1000 adult snails and their eggs. Fortunately, no human illness has been associated with the snails confiscated in Michigan.

The GALS have not become established in any natural environments in the U.S. However, an incident that took place in Florida in the 1960s illustrates the threat these snails can pose. A boy smuggled three snails home to Florida after a visit to Hawaii. He intended to keep them as pets, but his grandmother subsequently released them into the back yard. Ten years and $1 million dollars later, the USDA was able to eradicate the infestation, collecting over 18,000 adult snails and countless eggs.

If you would like more information about this issue, visit www.michigan.gov. Or visit http://www.aphis.usda.gov.

TABLE OF CONTENTS

DCH-0709 (Rev. 8/02)

MDCH Conducts Air Testing in Oakland County

By: Christina Bush, M.S.

The Toxicology and Response Section of the Division of Environmental and Occupational Epidemiology recently completed a report detailing an Exposure Investigation (EI) regarding ambient air quality around Continental Aluminum, an aluminum recycling smelter located in Lyon Township, Oakland County. The township had petitioned the federal Agency for Toxic Substances and Disease Registry (ATSDR, with whom the Michigan Department of Community Health [MDCH] has a cooperative agreement) for a public health assessment of emissions from the plant, with the primary concerns being odorous air emissions and associated health effects.

The EI occurred March 1 to May 31, 2004. The EI protocol involved testing the air for chemicals typically emitted by aluminum recycling smelters. Two air monitoring trailers were placed at a local elementary school in the predominant downwind direction from Continental Aluminum. There was continuous monitoring for acidic aerosols and mercury vapor, intermittent sampling for airborne metal particulates, and instantaneous, or "grab," sampling for volatile compounds during odor events. In addition, local meteorological conditions were recorded continuously and referred to when evaluating the data. MDCH involved all stakeholders in developing the protocol and selecting local persons to sample odor events. Stakeholders included township officials, representatives of Continental Aluminum, the Oakland County Health Department, the Michigan Department of Environmental Quality, the township fire department, school officials, environmental groups, and local residents.

The EI report is expected to be released for public comment in late March, 2005. MDCH has been in regular contact with the community, conducting meetings and sending e-mail/US mail updates. Due to MDCH's involvement, community meetings that might have been acrimonious resulted in meaningful dialogue, agreements, and compromises between diverse groups.

An extended benefit occurred when local healthcare providers contacted MDCH for guidance regarding blood aluminum testing requested by parents of Lyon Township schoolchildren. MDCH conferred with the Michigan Poison Control Center, the regional Pediatric Environmental Health Specialty Unit, the ATSDR regional office, and the ATSDR Division of Toxicology to develop two factsheets (one for healthcare providers, the other for the public) that discuss evaluating aluminum exposure. The Michigan Poison Control Center has added the factsheets to their resources to assist the public and medical community alike.

New HIV/ AIDS Reporting Requirements

On April 1, 2005, Public Act 514 will go into effect, requiring all laboratories to report HIV test results to the state or local health department. Previous law mandated physicians, but not laboratories, to report all cases of HIV infection. Under the revised law, clinical laboratories have seven days to report positive HIV Western blot results. Furthermore, results of tests performed for the management of HIV, such as CD4 counts and viral loads, are required to be reported within 30 days of testing. This revision to include laboratories in HIV reporting will support public health efforts to prevent and manage HIV by improving the timeliness and completeness of reporting. The Bureau of Epidemiology, HIV/STD and Bloodborne Infections Surveillance Section is currently working with clinical laboratories to assess the most efficient way to implement the law. In addition, the new law will potentially increase the availability of federal resources for Michigan's public health HIV/AIDS programs. To access reporting forms and instructions, visit www.michigan.gov/mdch and click on 'Providers', 'Departmental Forms', 'Communicable Disease Case Definitions and History Forms'. For more information, call (313) 876-0353 in Southeastern Michigan, or (517) 335-8165 in out-state Michigan.

Recent Publications

Hoyle, T. and **R. Swanson,** "Assessing What Child Health Information Systems Should be Integrated: The Michigan Experience." *Journal of Public Health Management and Practice,* 2004; November (Supplement), S70-S77.

A Case Study

This issue of Epi Insight spotlights an E. coli O157:H7 cluster investigation that occurred in Michigan in 1997. Undertaken by Breuer et al., this case study is well documented and widely utilized in teaching epidemiologic principles and practice. This story, along with others, is available through the Centers for Disease Control and Prevention Public Health Training Network online via: http://www.phppo.cdc.gov/phtn/casestudies/

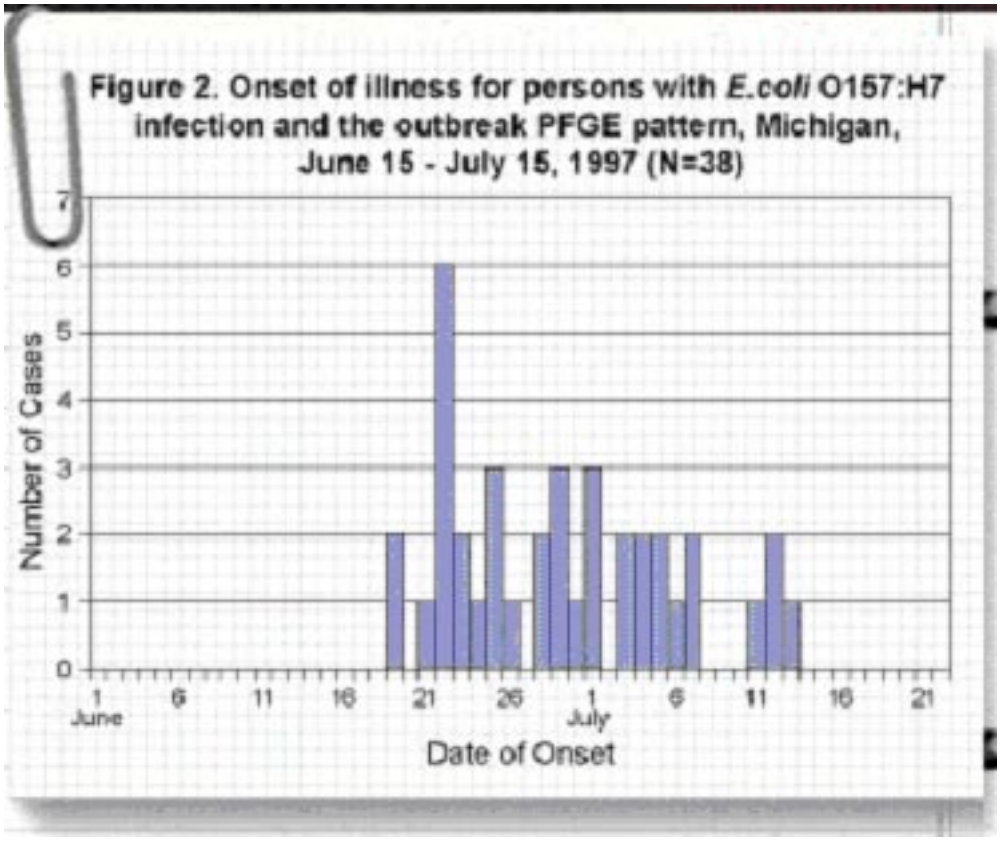
In the summer of 1997, an Infectious Disease Specialist at the Michigan Department of Community Health (MDCH) discovered there were 35 reports of E. coli O157:H7 in June, compared with only 15 cases in June 1996, and nine cases in June 1995. Additional reports continued in July, and no obvious epidemiologic linkages between patients were found. Through the use of pulsed field gel electrophoresis (PFGE), a method for subtyping microorganisms based on their DNA composition, the State Bureau of Laboratories confirmed that 29 E. coli O157:H7 isolates from June and July had identical PFGE patterns, representing a possible outbreak.

An investigative team was formed, and according to their case definition, 38 patients were considered to be associated with this epidemic. The team created an epidemic curve (Figure 2) to chronologically describe the occurrence of cases. The typical incubation period for E. coli is 3-4 days. Further investigation showed that the 38 patients resided in ten different counties. Team members compared this outbreak to the 'usual' reports of E. coli. Among sporadic E. coli cases not associated with this outbreak, about 52% were female, and 25% were aged 20-59 years. In contrast, 68% of the outbreak cases were female, and 58% were aged 20-59 years.

Based on the epidemiologic description of the Michigan outbreak, which sources of contamination can you **rule out,** and why? (Choose all that apply.)

1. Contaminated raw milk
2. Contaminated water
3. Food eaten at a picnic
4. Person-to-person transmission
5. A restaurant chain

For the Answer, see page 6.



MDCH Draft Pandemic Influenza Plan

By: Eden V. Wells, M.D., M.P.H.

The Draft of the 2004 Michigan Department of Community Health (MDCH) Pandemic Influenza Plan entered the final review and editing phase in early January 2005. The 2004 plan is an update of the previous Pandemic Influenza Plan-Michigan 2002, and incorporates recommended state and local responses and key activities outlined in the core document of the Department of Health and Human Services Draft Pandemic Influenza Preparedness and Response Plan released in August of 2004. A final draft should be available this Spring.

There is a significant change in the 2004 MDCH Pandemic Influenza Plan. It will no longer be a "stand-alone" plan; rather, it is one disease-specific appendix to the Communicable Disease Annex of the MDCH All-Hazards Response Plan. The All-Hazards Plan is still in process, with an anticipated final review to occur soon, and is an attempt to streamline responses to public health emergencies. It has become incumbent upon agencies to develop multiple event-specific response plans, especially since the events of September 11, 2001, and many activities in public health response are similar, regardless of the public health emergency. Thus, an All-Hazards Planning structure was developed, which comprises all of the "backbone" MDCH activities and responsibilities common to any public health emergency. The Annexes address the specific MDCH roles in chemical, biological, radiological, nuclear, and natural disasters.

Due to concerns about avian influenza activity in Southeast Asia and the need to be as prepared as quickly as possible for an eventual pandemic, we have expedited the completion of the Pandemic Appendix while completing the All-Hazards Plan. Almost 30 MDCH staff members have been involved in the creation of this document, and have done so despite their other work responsibilities, and all should be credited with having done an excellent job.

Monitoring Birth Defect Rates in a Cohort of Perinatally HIV-Exposed Infants

By: Glenn Copeland, M.B.A., Nilsa Mack, M.P.H., Yolande Moore, M.P.H. and Eve Mokotoff, M.P.H.

A poster was presented at the 2005 National Birth Defects Prevention Network (NBDPN) Annual Meeting, January 24-26 in Scottsdale, AZ on a study which conducts routine linkages between the Michigan Birth Defects Registry (MBDR) and a registry of children perinatally exposed to HIV to evaluate the relative risk of birth defects within the cohort. By linking the MBDR to a registry of all infants born to HIV positive mothers, 631 infants in the exposed cohort were identified for the Michigan occurrent/resident population of live births between 1992 through 2001. Of these 631 infants, 93 had one or more reportable conditions identified within the MBDR. The linked data was used to develop incidence rates for the exposed cohort and for all occurrent/resident Michigan births. Incidence rates and relative risk ratios were developed for detailed categories of birth defects. The incidence of one or more reportable conditions within the exposed cohort was 1473.9 per 10,000 compared to 751.4 for the general population. Much of this significant (alpha =.05) excess in rate is easily attributed to significantly elevated rates of reporting selected infectious conditions (110.9 vs. 11.5) and maternal exposures (633.9 vs. 29.7). The incidence rate for one or more congenital anomalies was found to be 554.7 (N=35) within the exposed cohort and 569.9 in the MBDR generally. Congenital anomaly rates for specific congenital anomaly groupings found elevated but not significantly higher rates in the cohort, particularly for central nervous system (63.4 [N=4] vs. 34.4) and cleft palate/cleft lip (31.7 [N=2] vs. 15.5). Available data suggests no evidence of an elevated overall risk of congenital anomalies among perinatally HIV-exposed infants. While the rates of some specific anomalies were elevated but not significant, due to the small size of the Michigan cohort, it would be premature to conclude that an elevated risk is or is not present. As monitoring continues and the cohort increases in size, a clearer picture of the birth defects risk among Michigan infants may become evident. The continued monitoring of this cohort is indicated.

The Health Disparities Reduction and Minority Health Program

By: Shannon L. Zackery, M.P.H.

In Michigan, infant mortality, heart disease, cancer, diabetes, and HIV/AIDS all disproportionately impact communities of color. In particular, African American males in Michigan have the shortest life expectancy of any demographic group. As a result, Surgeon General Kimberlydawn Wisdom identified the elimination of health disparities as a strategic priority in her "Prescription for a Healthier Michigan."

In response, the Michigan Department of Community Health (MDCH) is improving the way it addresses health disparities between populations. The Health Disparities Reduction and Minority Health Program was developed in 2004. Under the direction of Loretta Davis-Satterla, this program is composed of several components: an MDCH Health Disparities Workgroup, health disparity specific-epidemiological staff, a request for proposal for $900,000 to fund targeted interventions aimed at reducing health disparities, and website development.

In November 2004, a position was created to support the new initiative. The Health Disparities Epidemiologist, Shannon Zackery, is the liaison between various chronic disease, maternal and child health, infectious disease, and environmental and occupational epidemiological and statistical staff to collect and collate data, produce statistical reports and provide epidemiological analyses. Zackery is responsible for making recommendations for data collection and database management. In addition, she will prepare and present data to relevant MDCH program staff, and facilitate construction and maintenance of a health disparities webpage. Also part of the new initiative is Jacquetta Hinton, Departmental Specialist, whose responsibility is handling programmatic tasks. Hinton brings over ten years experience to the team, coming to this program from the Office of Minority Health.

The elimination of health disparities is a cross-functional objective. The Health Disparities Workgroup is comprised of 23 members from various disciplines within MDCH. This workgroup represents a collaborative effort between the members of MDCH and the Health Disparities Reduction and Minority Health Program. Its goals are:

- To increase the awareness of health disparities by disseminating data;
- To decrease the burden of disparities by distributing information on public health interventions with proven effectiveness; and
- To establish a systemic approach to interdepartmental collaboration and communication.

To date, this group has developed PowerPoint presentations to give information to the public, and health disparity factsheets targeting African American and Latino/Hispanic populations.

For more information regarding the health disparities initiative, please contact: Shannon L. Zackery at: zackerys@michigan.gov.

MDCH Announces New Surveillance System for Hazardous Substance Releases

By: Martha Stanbury, M.S.P.H.

In January 2005, the Michigan Department of Community Health (MDCH) began data collection for a new surveillance system to track adverse health effects from acute releases of hazardous substances. This system, titled Hazardous Substances Emergency Events Surveillance (HSEES), is funded by the federal Agency for Toxic Substances and Disease Registry (ATSDR). The HSEES program was established by ATSDR in 1990 with five participating states. Currently, fifteen state health departments including Michigan have cooperative agreements with ATSDR. The goal of HSEES is to reduce injury and death from events concerning hazardous substances among first responders, employees, and the general public.

The Michigan HSEES program (MI-HSEES) is collecting information about hazardous releases based on a number of laws and regulations that require reporting of hazardous substance releases to state and federal agencies, including the Michigan Departments of Environmental Quality, Agriculture, Labor and Economic Growth, and State Police, and the federal National Response Center and Department of Transportation. These agencies forward reports to the MI-HSEES program. MI-HSEES expects to receive about 500 reports per year that meet the definition of a qualifying event.

HSEES events are defined as releases of at least one hazardous substance that is uncontrolled or illegal and requires removal, cleanup or neutralization according to federal, state or local law. Threatened releases also qualify if they involve public health actions such as evacuation and would have required removal, cleanup or neutralization according to federal, state or local law. A substance is considered hazardous if it might reasonably be expected to cause adverse human health effects. (Only releases of petroleum products are excluded from HSEES by federal law.)

The HSEES protocol followed by all participating states includes collection and data entry of detailed information about each event. This information consists of: the substance(s) involved; quantities released; geographic location; factors contributing to the release, such as equipment failure, human error, weather, or intentional act; information about injured persons (e.g., age, sex, type and extent of injuries); actions taken to mitigate the impacts of the release on the environment and human health, such as decontamination, evacuation and sheltering in-place; and other details about the event.

The HSEES system generates information that is used by participating states to conduct prevention activities. Some examples include: providing data for Hazardous Material (HazMat) training courses; providing data by county on spills to assist with the proper placement of HazMat teams and equipment; developing and distributing fact sheets on frequently spilled chemicals, such as chlorine and ammonia; and providing data to support legislative actions to regulate a hazardous substance.

HSEES data have been analyzed and published in numerous reports and peer-reviewed journals. References and links to publications are at http://www.atsdr.cdc.gov/HS/HSEES/.

MDCH is pleased to join this larger initiative to conduct surveillance of hazardous substance releases, and anticipates using MI-HSEES data to prevent and reduce adverse health effects of hazardous substance releases in Michigan. For more information, contact Martha Stanbury at: stanburym@michigan.gov or 517-335-8364.

Fifth Annual Michigan Communicable Disease Conference

Save the Date

The Michigan Department of Community Health, Division of Communicable Diseases will host the fifth Annual Michigan Communicable Disease Conference on May 19 and May 26, 2005. The location for the May 19th conference will be the Treetops Resort in Gaylord, MI. The May 26th conference will be held at the Sheraton Hotel in Lansing, MI. The all-day conferences will provide the latest and greatest communicable disease information on such topics as TB in the Workplace, Michigan Surveillance Systems, Raccoon Rabies, the Michigan Communicable Disease Emergency Rule, Norovirus Environmental Cleaning Guidelines, and numerous other topics. Any persons involved with communicable disease prevention and control (such as public health nurses, sanitarians, medical directors, health officers, infection control professionals, and infectious disease physicians) are welcome to attend. Information for registration will be provided in late March or early April. Questions may be referred to Jennifer Beggs, Infectious Disease Epidemiologist, at (517) 335-8165 or e-mailed to beggsj@michigan.gov.

Upcoming Conferences

The **Great Lakes Cancer Symposium** will be held April 26, 2005 at the Kellogg Center in East Lansing. If you have any questions, please contact Linda Fortin at lfortin@epi.msu.edu.

Employee Focus-Janice Bach, M.S., C.G.C.

Janice Bach has a twenty-five year history with the Michigan Department of Community Health (MDCH). Originally from the Philadelphia area, Bach received a biology degree from Oberlin College, Ohio, and an M.S. in Human Genetics from the University of Michigan. Beginning in 1980, she worked concurrently as a certified genetic counselor at Henry Ford and Children's Hospital in Detroit and as a genetics/public health consultant with MDCH. Bach has played key roles in Michigan's efforts to promote genetics and genomics in public health, and in 1998, became the State Genetics Coordinator.

Bach has been involved in multiple state genetics projects, and currently manages four grants. Beginning in 2000, she provided oversight for a statewide genetics needs assessment, which culminated in development of a State Genetics Plan. Implementation of the plan will provide a better understanding of the public health impact of heritable conditions and birth defects throughout the life cycle, while improving and promoting quality genetic services in the state. (More information about the state plan can be found at: www.migeneticsconnection.org.) During this time, she co-founded the MDCH Genomics Work Group, whose function is to facilitate integration of genomics into public health programs. In 2003, Bach was instrumental in obtaining a five-year cooperative agreement from the Centers for Disease Control and Prevention (CDC), which has allowed the MDCH genomics team to pursue activities in chronic disease areas. Only three other states received this award.

Additionally, Bach serves as the project co-director of another CDC cooperative agreement now in its seventh year. The Michigan Birth Defects Registry was newly awarded five-year funding for the purpose of improving and integrating surveillance data for use in prevention and referral programs. Bach co-directs a regional genetics collaborative, and also directs a state grant, both funded by the Health Resources and Services Administration (HRSA). The state HRSA project intends to facilitate early identification of newborn genetic conditions and improve genetic health outcomes in Michigan through education, provider training, and integration of newborn screening with other data systems and programs. The regional HRSA program involves a consortium of seven states working together to improve the health of children and families with heritable conditions.

Being involved in so many projects, Bach keeps a hectic work schedule. She believes strongly in her efforts to promote increased awareness of genomics issues and integration into all areas of public health. Through her years of experience at MDCH, she has gained a valuable understanding of how the different departments and programs relate to one another, and recognition of the "big picture." She views one of her greatest contributions as being integral in the expansion of genomics program activities and core staff.

Bach lives near Chelsea with her husband, who is a computer engineer, and her youngest daughter, a middle school student. She has a son in college in Florida, and another daughter who will soon be graduating from the University of Michigan. Having an active family, she enjoys attending her children's many sporting events, including synchronized figure skating, Irish step dancing, track, soccer, and tennis. Her hobbies include gardening, traveling, and swimming.

The Answer: A Case Study

The epidemic curve suggests that the E. coli O157:H7 outbreak is not due to a common point source, thereby ruling out one-time social events, such as food eaten at a picnic. It is also unlikely that the outbreak is related to contaminated water, since several counties were involved. Patients would not have the same water supply, and multiple simultaneous water contaminations across the state would be improbable.

Given the distribution of the cases and no obvious linkages between patients, person-to-person transmission also seems unlikely, but cannot be ruled out without knowledge of travel among cases or contact with other ill persons. The high proportion of females aged 20-59 years among the E. coli O157:H7 cases may suggest an unusual contamination source, such as a product used by women in this age group. Similarly, it follows that contaminated raw milk cannot be ruled out, since it is a widely distributed commercial product. Additionally, a restaurant chain may use a common source of raw ingredients, and should not be eliminated.

Through further investigation, the epidemic team determined the source of the outbreak to be linked to alfalfa from a seed lot in Idaho that was suspected to have been contaminated from cattle manure. The E. coli O157:H7 outbreak turned out to be a multi-state epidemic, as PFGE subtyping determined patients in Virginia, North Carolina, and Ohio to be infected with the same strain as those in the Michigan outbreak. The implicated alfalfa was recalled, public health announcements were made, and safety and control measures were initiated by alfalfa producers and distributors. No further cases were identified in Michigan after July. As a result of infection, 36 patients were hospitalized, four with hemolytic uremic syndrome, but no deaths occurred.

New Grants

The Division of Environmental and Occupational Epidemiology was recently awarded approximately $190,000 for a two-year grant cycle, with the Department of Environmental Health Sciences, University of Michigan School of Public Health to study the "Impact of Exposure to Urban Air Toxics on Asthma in the Pediatric Medicaid Population in Dearborn, Michigan." The study will assess the relationship between exposure to ambient levels of selected urban air toxics (UATs) and urgent care utilization for asthma by children enrolled in Medicaid in Dearborn. Selected UATs include 1,3-butadiene, acetaldehyde, acetonitrile, benzene, carbon tetrachloride, chloroform, formaldehyde, methylene chloride, tetrachloroethene, and trichloroethene. Bureau of Epidemiology staff who will be working on this project include: Bob Wahl, Julie Wirth, and Elizabeth Wasilevich.

The Immunization Division recently received a $168,300 grant, "Registry Sentinel Site Implementation" to improve the quality of registry data and to allow funding of a full-time epidemiologist to analyze registry data and publish findings with the Centers for Disease Control and Prevention.

Michelle Cook, Sarah Lyon-Callo, and Ann Rafferty of the Epidemiology Services Division were recently awarded $496,000 to fund an "Asthma Call Back Survey" through March, 2006. These supplemental funds will be used to expand the sample size of the 2005 Michigan Behavioral Risk Factor Survey (BRFS) to over 12,000 completed interviews and to conduct follow-back telephone interviews with respondents who report that they or a child in their household had ever been told by a doctor, nurse, or other health professional that they had asthma. The expanded sample size of the BRFS will allow for more granularity on data collected on the core survey, allowing for analyses at the regional level, without having to collapse multiple years of data. The follow-back interviews will provide detailed information on the impact and management of asthma among Michigan residents.

Michelle Cook and Ann Rafferty were recently awarded $12,896 for an "Influenza Vaccine-Related Questions" project. These supplemental funds were provided by the Centers for Disease Control and Prevention (CDC) to add 14 influenza questions to the Michigan BRFS from November 1, 2004 to February 28, 2005. These questions will provide detailed data on the proportion of adults and children who received a flu shot during the current season and in 2003/2004, as well as reasons why people did not receive a flu shot.

Michelle Cook, Pat Smith, and Ann Rafferty were recently awarded $20,000 to study sexual and intimate partner violence. These supplemental funds were provided by the CDC to include the Sexual Violence and Intimate Partner Violence (IPV) optional modules in the 2005 Michigan BRFS. These modules will allow the calculation of current statewide prevalence estimates of non-fatal IPV and sexual violence for both men and women in the general population.

The Michigan Birth Defects Registry was recently awarded $180,000 over five years for the "Integration of Surveillance Data in Public Health Prevention and Referral Programs and Evaluation of Referral Effectiveness." Janice Bach and Glenn Copeland will function as the principal investigators. This funding will allow MDCH to continue to improve the quality and use of birth defects data in prevention and referral programs for children with special health needs.

New Employees

Linda L. Stewart is the new Field Phlebotomist with the Epidemiology and Surveillance Section in the Environmental and Occupational Epidemiology Division. She will be responsible for field data and specimen collection, and lab processing for ongoing studies of individuals exposed to PBBs, PCBs, and brominated flame retardants. Stewart has a B.S. in Biology and Medical Technology from Western Michigan University and is a Registered Medical Technician.

Pat Vranesich, R.N., B.S.N. has recently accepted the position of Outreach and Education Section Manager for the Division of Immunization. Vranesich has had many years of practical immunization experience, most recently as the Division of Immunization Field Representative for southeast Michigan. Before working for MDCH, she worked for Children's Hospital of Michigan for 25 years.

Carlene Lockwood is the new Secretary for the Division of Immunization's Outreach and Education Section. She has been with the Division since May 2004 in a temporary capacity. She has an extensive background in office management especially in conference and meeting planning.

John Baker is a new Administrative Support Clerk for the Division of Immunization's Michigan Childhood Immunization Registry (MCIR) and the School Immunization Record Keeping System (SIRS) areas. He worked for the Division since early 2004 as a temporary employee.

Rachel Potter, D.V.M., M.S., is the newest Vaccine Preventable Disease Epidemiologist within the Division of Immunization. Potter will serve as the primary point of contact for the Influenza Sentinel Provider Surveillance Project and will also work on other influenza and vaccine preventable disease issues. She received both her D.V.M. degree and M.S. in Epidemiology from Michigan State University. She most

continued on page 8

Recent Presentations

The following Bureau of Epidemiology employees presented at the Tenth Annual Maternal and Child Health Epidemiology Conference, December 8-10, 2004 in Atlanta, GA.

Chidinma N. Alozie and **Violanda Grigorescu** presented "Burden and racial distribution of disease among Michigan primiparous women delivering a singleton live birth: 1995-2001" in a poster session.

Darline ElReda, Violanda Grigorescu, and Samuel Posner presented "Preterm birth in women of Arab ancestry-Michigan, 1993-2002" in an oral presentation.

Violanda Grigorescu, Frederico Mariona, **Helen Sanders,** and **Norma Killilea** presented "New method for ascertaining maternal deaths in Michigan, 1999-2002" in an oral presentation.

Violanda Grigorescu, Michael Paustian, and **Glenn Copeland** presented "Contribution of preterm births to Michigan CSHCS program" in a poster presentation, which was awarded the First Place Poster.

Cassandre Larrieux, Violanda Grigorescu, Yasmina Bouraoui, Katherine McGrath-Miller and **Douglas Paterson** presented "The experience of stressful life events in pregnant women in Michigan" in an oral presentation.

Michael Paustian presented, "The Michigan Oral Data System: Identifying oral health needs" in a poster presentation.

Amy Schultz, **Violanda Grigorescu,** and **Cassandre Larrieux** presented "Use of contraceptive methods in women with unwanted pregnancies, MI PRAMS, 1996-2000" in a poster presentation.

The following Bureau of Epidemiology employees presented at the Pregnancy Risk Assessment Monitoring System (PRAMS) annual meeting, December 6-7, 2004 in Atlanta, GA.

Violanda Grigorescu, Amy Schultz, **Cassandre Larrieux, Yasmina Bouraoui,** Katherine McGrath-Miller, and **Rupali Patel** presented "What do you know about unwanted pregnancy in Michigan – PRAMS, 1996-2000" in a poster presentation.

The following Bureau of Epidemiology employees presented at the 2005 National Birth Defects Prevention Network (NBDPN) Annual Meeting, January 24-26, 2005 in Scottsdale, AZ.

Rupali Patel, Violanda Grigorescu, Glenn Copeland, Jane Simmermon, and **Janice Bach** presented "Trends of Major Birth Defects in Michigan, 1992-2001" in a poster presentation.

Sarah Lyon-Callo, Leslie Boss, and Marielena Lara presented "State and Local Policies Impact on Asthma Disparities" at the National Workshop on Reducing Asthma Disparities, February 21, 2005 in Chicago, IL.

Sarah Lyon-Callo and Wanda Hernandez presented "Summary of CDC Asthma Grantees Activities to Identify and Reduce Asthma Disparities" in a plenary session at the National CDC Asthma Grantee Meeting, February 15, 2005 in Denver, CO.

Elizabeth Wasilevich, Susan Bohm, and **Michelle Cook** presented "Asthma Severity Based on Michigan Behavioral Risk Factor Survey" at the National CDC Asthma Grantee Meeting, February 16, 2005 in Denver, CO.

"New Employees"

continued from page 7

recently worked as a research assistant in the Department of Epidemiology at Michigan State University, coordinating a study of the effects of organochlorines on male reproductive health.

Shannon Zackery, M.P.H. is the new Health Disparities Epidemiologist. She will work with chronic disease, maternal and child health, infectious disease, environmental, and occupational epidemiological and statistical staff to compile data to characterize health disparities in Michigan. Zackery has a M.P.H. in Hospital and Molecular Epidemiology from University of Michigan and a B.S. from Michigan State University.

Mary Teachout, B.S., M.A.T., is the new Genomics Educator in the Genetics and Newborn Screening Unit. Teachout previously worked at Ionia County Community Mental Health as a social worker with mentally ill and developmentally disabled adults and has also taught kindergarten. She received a B.S. in Biopsychology from Grand Valley State University and a Master's in Education from Aquinas College.

EPI INSIGHT is published quarterly by the Michigan Department of Community Health, Bureau of Epidemiology, to provide information to the public health community. If you would like to be added or deleted from the EPI Insight mailing list, please call 517-335-8165.