

MICHIGAN BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM: HIGHLIGHTS FROM 2004

By: Michelle Cook, M.P.H. and Ann Rafferty, Ph.D.

The Michigan Behavioral Risk Factor Surveillance System (BRFSS) is comprised of annual population-based telephone surveys of Michigan adults aged 18 years and older, i.e., the Behavioral Risk Factor Surveys (BRFS). The Michigan BRFSS is a component of the national BRFSS, which is coordinated by the Centers for Disease Control and Prevention (CDC).

The annual BRFS focus on health risk factors, preventive health practices, and chronic conditions related to the ten leading causes of death. The CDC provides the majority of the annual questionnaire, the surveillance portion of which includes questions that are asked every year or at some regular interval (i.e., every two or three years). In addition to these routinely asked questions, CDC has the option of including several “emerging core” questions that deal with new issues or risk factors, and MDCH has the option of including approximately 25 state-added questions that focus specifically on data needs in Michigan.

Preliminary estimates from the 2004 Michigan BRFS are available and highlights are presented in Table 1.

Less than 15% of Michigan adults were estimated to be in fair or poor health in 2004 and 14.2% of those aged 18-64 years had no health insurance. The majority of those aged 65 years and older had received a flu shot in the previous 12 months (66.6%); this proportion was similar to the estimate from the 2003

TABLE 1

Prevalence of selected risk factors and preventive behaviors: preliminary estimates from the 2004 Michigan Behavioral Risk Factor Survey		
Risk/behavior	Percent	95% Confidence Interval
General health fair or poor	14.4	(13.4-15.5)
No health insurance (18-64 year olds)	14.2	(12.8-15.7)
Had flu shot in past year (65+)	66.6	(63.6-69.5)
Current asthma	8.3	(7.4-9.2)
Current smoking	23.4	(22.0-24.9)
No leisure-time physical activity	22.1	(20.8-23.5)
Obese (BMI ≥ 30)	25.5	(24.0-26.9)
Ever been told diabetes	7.6	(6.9-8.5)
Had ≥ 1 sunburns in past year	38.3	(36.6-39.9)
PSA in past year (men 50+)	56.8	(53.0-60.4)
Mammogram & CBE in past year (women 40+)	55.7	(53.4-58.0)
Blood stool test in past 2 years (50+)	30.4	(28.4-32.5)
Sigmoid/colonoscopy in past 5 years (50+)	50.4	(48.2-52.6)

Michigan BRFS (67.4%, 95% CI = 63.8-71.0) despite the problems with vaccine supplies. Eight percent of

Michigan adults were estimated to have current asthma in 2004.

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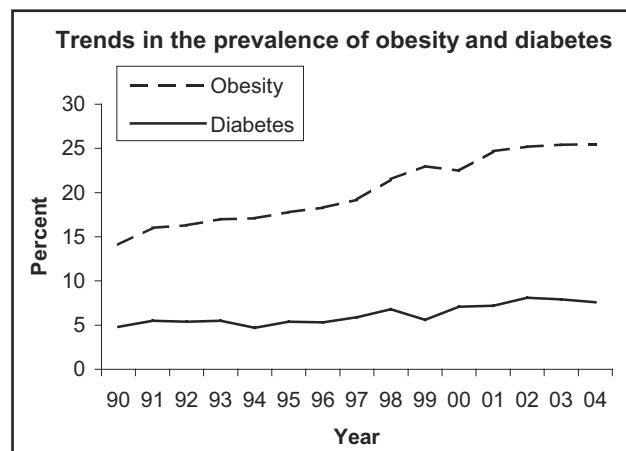
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Nearly one-quarter (23.4%) of Michigan adults were estimated to currently smoke cigarettes in 2004, 22.1% reported that they had not engaged in any leisure-time physical activities in the past month, and 25.5% were obese, with a Body Mass Index (BMI) of 30 or greater. Over seven percent (7.6%) of Michigan adults were estimated to have ever been diagnosed with diabetes.

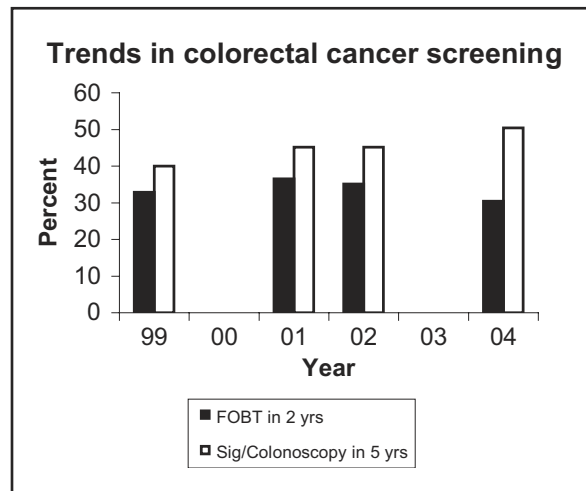
Most BRFSS indicators do not vary significantly from year to year; however, for those indicators that are collected consistently, we are able to monitor changes across a longer period of time. For example, although the prevalence of obesity has remained at approximately 25% since 2002, this prevalence has increased dramatically since 1990, from 14.1% in 1990 to 25.5% in 2004, as illustrated in the following figure. The prevalence of diabetes has also increased during this time period, from 4.8% in 1990 to 7.6% in 2004.



Questions about cancer screening and risk factors tend to be included in the BRFSS questionnaire every other year and were included in the 2004 Michigan BRFSS. Over half (56.8%) of men aged 50 and older reported having had a prostate-specific antigen (PSA) test in the past year, and a similar proportion (55.7%) of women aged 40 and older had had both a mammogram and a clinical breast exam (CBE) in the past year. From the colorectal cancer screening data, it was estimated that 30.4% of Michigan adults aged 50 and older had done a blood stool test within the past two years and 50.4% had had either a sigmoidoscopy or a colonoscopy within the past five years. Both of these indicate a significant change since 2002: a 4.7 percentage point decrease in

the proportion of adults aged 50 and older who had done a blood stool test within the past two years and a 5.2 percentage point increase in the proportion who had had a sigmoidoscopy or colonoscopy within the past five years. The 2002 estimates were 35.1% [32.8-37.4] and 45.2% [42.8-47.6], respectively. Looking at the colorectal cancer screening data from

a surveillance perspective, it appears that the prevalence of sigmoidoscopy/colonoscopy use has been consistently increasing since 1999, while the prevalence of blood stool tests (fecal occult blood test [FOBT]) does not show such a consistent trend. (See following figure.)



A full set of preliminary tables with estimates from the 2004 Michigan BRFSS are available on the MDCH BRFSS web page at http://www.michigan.gov/mdch/0,1607,7-132-2945_5104-12702--,00.html. Or, alternatively, go to <http://www.michigan.gov/mdch> and click on “Providers”, “Communicable & Chronic Diseases”, and then on “Behavioral Risk Factor Survey” which is located under “Epidemiology Services.” If you have any questions about these estimates, please contact Michelle Cook at cookm1@michigan.gov.

First Measles Case in Michigan since 2003

By: Joel Blostein, M.P.H.

On August 17, 2005 the Wayne County Health Department (WCHD) notified the Michigan Department of Community Health of a probable case of measles in a 12-year-old male who recently arrived in the U.S. from Yemen. WCHD’s investigation revealed he arrived on a Lufthansa flight from Frankfurt, Germany, on August 13, 2005, and had a rash onset on August 16, suggesting

he was communicable at the time of the flight. The clinical presentation was typical of measles and included prodromal signs and symptoms of fever, cough, coryza, and conjunctivitis. The last time a measles case was reported in Michigan was February 2003.

The young male was evaluated at two different emergency departments where a clinical diagnosis of measles was made

and subsequently confirmed by positive measles IgM serology. The source of the infection is unknown but likely occurred in Yemen approximately two weeks prior to the rash onset.

Polymerase chain reaction (PCR) testing conducted at the Centers for Disease Control and Prevention (CDC) was positive and genetic sequencing

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New Grants

The HIV, STD and other Bloodborne Infections Surveillance Section received \$99,170 from the Centers for Disease Control and Prevention for a 16-month supplemental HIV surveillance project entitled "Augmenting Laboratory Outcomes in HIV Assessment" (ALOHA). These funds are expected to be used to assist with and assess the impact of laboratory reporting of HIV. Michigan was one of five states funded for this project.

The Division of Environmental and Occupational Epidemiology was awarded \$790,000 (\$158,000 per year for five years) for occupational health surveillance, as a subcontractor to Michigan State University. Funding is from the National Institute for Occupational Safety and Health (NIOSH). Martha Stanbury will be the principal investigator on this project.

The Division of Environmental and Occupational Epidemiology was awarded \$94,000 (second year of a five-year grant) for Surveillance of Hazardous Substances Emergency Events Surveillance (HSEES). Funding is from the Agency for Toxic Substances and Disease Registry (ATSDR). Martha Stanbury is the principal investigator on this project.

The Epidemiology Services Division was recently awarded \$230,380 for the 2006 Michigan Behavioral Risk Factor Survey (BRFS). Funding is to conduct the Michigan BRFS, a statewide telephone survey of Michigan residents, aged 18 years and older. The survey is the only source of state-specific, population-based estimates of the prevalence of various behaviors, medical conditions and preventative health care practices among Michigan adults. Michelle Cook, Ann Rafferty, and Sarah Lyon-Callo are the contact persons for this project.

The Epidemiology Services Division was recently awarded \$30,000 for the 2006 Michigan BRFS Asthma Call Back Survey. These supplemental funds will be used 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 care professional that they had asthma. The follow-back interviews of the 2006 MI BRFS will provide detailed information on the impact and management of asthma among Michigan residents. Michelle Cook, Ann Rafferty, and Sarah Lyon-Callo are the contact persons for this project.

The Epidemiology Services Division was recently awarded \$46,295 by the Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration to include and analyze the Anxiety and Depression Module questions in the 2006 Michigan BRFS. This module will allow the calculation of current statewide prevalence estimates of depression in the general population and the effects of anxiety and depression as a co-morbid condition in people with other chronic conditions. Michelle Cook, Kathy

Haines, Ann Rafferty, and Sarah Lyon-Callo are the contact persons for this project.

The Epidemiology Services Division was recently awarded \$20,000 by the Centers for Disease Control and Prevention for the development and testing of questions related to the revised USDA Dietary Guidelines. Michelle Cook, Ann Rafferty and Sarah Lyon-Callo are the contact persons for this project.

The Bureau of Epidemiology recently was awarded \$760,500 by the Centers for Disease Control and Prevention for the final year of funding of a five-year Asthma Program Implementation Grant for Controlling Asthma from a Public Health Perspective. Many MDCH employees worked on this grant, including Sarah Lyon-Callo, Elizabeth Wasilevich, Robert Wahl, John Dowling, Tisa Vorce, and Denise Cyzman.

"First Measles Case in Michigan"

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determined the virus belonged to the D4 genotype, a type previously found in association with measles cases in Ethiopia, India, South Africa, and parts of Europe.

Public health follow-up included alert notifications to Michigan public health and medical communities through the Michigan Health Alert Network and CDC EpiX systems, as well as to the general public through press releases. Case-finding efforts to date have not identified any secondary cases, but health care workers should continue to have a high index of suspicion for possible cases among patients with febrile maculopopular rash illness, as measles is a highly contagious disease. The chain of measles transmission can involve undetected or unrecognized links; contemporary clinicians tend to be unfamiliar with measles due to its rare occurrence in the U.S.

Once an extremely common disease, measles no longer occurs endemically in the United States and North America. According to the CDC, as of August 27, 2005, there were 55 confirmed measles cases from 13 states. Ninety-six percent of these involved 12 different countries and were import-associated, including 17 imported cases and 36 cases that were epidemiologically linked to an imported case. The largest outbreak this year to date occurred in Indiana in the early summer, in which a 17-year-old unvaccinated female became infected while traveling in Romania, resulting in 33 additional cases across three subsequent generations of transmission. All but one of the cases occurred in a community that does not routinely accept vaccinations.

Michigan Scabies Prevention and Control Manual

By: Jennifer Beggs, MPH

The Michigan Department of Community Health (MDCH) Scabies Prevention and Control Manual has finally been released. The long-awaited manual provides sensible recommendations based on current best practices and scientific research to health care agencies (including, but not limited to: acute care, long-term care, assisted living, and homes for the aged). These recommendations are also applicable for institutions, such as child and adult day care facilities, foster care homes, homeless shelters, schools, and prisons.

Scabies is a nuisance disease that often results in crisis, fear, and panic. This manual addresses appropriate measures to prevent and control scabies. Information regarding scabies biology, clinical presentation, specimen collection, control measures, scabies medications, environment of care, education, outbreak investigation,

control measure evaluation, measures for prevention, child populations, and reporting are included in the manual. Sample fact sheets, letters for notification, investigation flow charts, and case tracking forms are also provided.

The manual and CD-ROMS have been distributed to Michigan local health departments. The CD-ROM has also been sent to all health care facilities. The manual can be found on the MDCH web site. To access the manual, go to www.michigan.gov/mdch. Click on the "Inside Community Health" link found on the left side of the page. Then click on the "Health Administration" link on the left side of the page, then the "Communicable and Chronic Disease" link found in the middle of the page. The manual is located in the "Spotlight" section. The manual can also be found by typing "Scabies Manual" in the search

field of the www.michigan.gov/mdch web page.

Please join me in thanking the Scabies Workgroup: Jennifer Beggs, John Bezzant, Diane Cole, John Dyke, Wendy Ehnis, Sandy Ennes, Erik Foster, Paula Hoegemeyer, Candice Jeminson, Michael Kaufman, Joyce Kenyon, Larry Lawhorne, Rose Lebbon, Brenda Matson, Ruth Anne Rye, Linda Scott, Patricia Somsel, Sue Spieldenner, Mary Grace Stobierski, James Sunstrum, Mark Szlacsky, Mari Pat Terpening, Pam VanVliet, and Edward Walker. The group collectively represents the MDCH Bureau of Laboratories, Bureau of Epidemiology, and the Bureau of Health Systems; Michigan State University; Michigan Society for Infection Control; various health care facilities; and local health department public health nursing.

2002 PRAMS Report

In June 2005, the Michigan Department of Community Health released the 2002 Michigan PRAMS Report. The Michigan Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing survey project of mothers who deliver live births in Michigan. PRAMS is part of an effort to reduce infant mortality and adverse birth outcomes by providing information useful for developing and implementing intervention programs and for evaluating existing programs. Data is collected through mailed and telephone surveys. Information is used to monitor progress toward national and state pregnancy-related health objectives, including the increase of positive birth outcomes.

PRAMS helps identify, monitor, and generate statewide estimates of selected self-reported maternal behaviors and experiences that occur before, during, and after pregnancy among women who deliver live-born infants. This recent report highlights interesting information about maternal health in Michigan, such as:

- Of the 43.2% of women who indicated they had an unintended pregnancy, over three-quarters were mistimed
- Approximately 45.7% of women who delivered a live born infant reported using contraception prior to pregnancy

- Approximately 56.4% of women planned on breastfeeding their infant
- Approximately 17.3% of women reported smoking in the last three months of their pregnancy
- Greater than 70% of women reported placing their infants to sleep on their back.

For more information about the Michigan PRAMS, please visit: <http://www.michigan.gov/prams> or contact: Yasmina Bouraoui at bouraoui@michigan.gov.

Bureau of Epidemiology Moves Downtown

By: Elizabeth Hamilton, M.P.H.

As many of you may know, the Bureau of Epidemiology is moving to new offices in downtown Lansing. The Capitol View building is located on Capitol and Townsend streets south of the State Capitol. The first wave of moves occurred the week of September 30th, making our first day in the new offices, Monday, October 3rd. Please be patient during future transitions as workflow is expected to be slow during the moves; email and phone calls may not be returned as promptly as usual.

The move schedule for the Bureau is as follows:

Division	Move Date	Floor
Division of Communicable Disease	September 30th	5th Floor
Epidemiology Services/Newborn Screening/Genomics	October 28th	4th Floor
Division of Environmental and Occupational Epi	October 28th	4th Floor
Division of Vital Records and Health Statistics	November 4th	3rd Floor
Division of Immunization	November 4th	5th Floor
Division of Vital Records and Health Statistics	November 11th	2nd Floor

The new address is: Attn: _____
Michigan Department of Community Health
201 Townsend Street
Capitol View Building, _____ floor
**Please indicate the appropriate floor*
Lansing, MI 48913

Mail sent to the old address will be forwarded, but please begin to use our new address. Staff phone numbers will not change.

Visitors to the new offices should park in the Townsend Street parking ramp (attached to the new building) for hourly parking or find other parking downtown.

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Stobierski Recognized for Veterinary Public Health

Mary Grace Stobierski, the Epidemiology Section Manager in the Division of Communicable Disease at the Michigan Department of Community Health, was recently selected as a Diplomat of the American Veterinary Epidemiology Society, a career award for work in veterinary public health and epidemiology. The Veterinary Epidemiology Society presented the award to Dr. Stobierski during the 142nd American Veterinary Medical Association Annual Convention on July 19, 2005, in Minneapolis, MN.

Upcoming Conference

The Annual Michigan Epidemiology Conference will take place on Friday, March 31, 2006, at the University of Michigan Towsley Center in Ann Arbor. This annual conference is organized by the Epidemiology Section of the Michigan Public Health Association. For more information, please contact Carla Merritt at: merrittc@michigan.gov or Joyce Lai at: laijoy@michigan.gov.

Employee Focus – Patrick Fineis

Patrick Fineis, is the Perinatal Hepatitis B Coordinator for the Immunization Outreach and Education Section in the Division of Immunization at the Michigan Department of Community Health (MDCH). He has worked for the State of Michigan for 14 years, beginning with the Department of Labor where he processed workers' compensation claims. When a position opened up as the general office assistant for the Perinatal Hepatitis B Program at MDCH, he jumped at the chance to move his career in a new direction. Fineis soon found himself immersed in immunization activities at the state, and has since advanced to his current position.

Fineis was born and raised in Lansing. His education and professional training has focused on family life education and social work, which he sees as beneficial to his current role as the Perinatal Hepatitis B Coordinator. Fineis works with families and extra special cases requiring intervention.

The overall goal of the Perinatal Hepatitis B Program is to protect the infants born to pregnant women who are infected with hepatitis B virus. In his position, Fineis coordinates the activities of the program with the help of four great team members. His team is usually notified by laboratories, or by local health department staff about positive infections in pregnant women. However, Fineis states that it is estimated that there are many more infected pregnant women that are not being identified, and therefore, has placed increased emphasis on identifying these women.

Fineis enjoys his work at MDCH and finds that his responsibilities are constantly changing. Although challenging, his efforts are both personally and professionally rewarding in the sense "of knowing you're making a difference." He reports there has been great progress in recent years in decreasing the number of infants who acquire Hepatitis B infection from their mothers. This is, indeed, one of the

several motivating factors that keeps Fineis excited about his work.

Being family-oriented, Fineis loves spending his free time with his children. With the help of two roommates, he currently cares for several adopted and foster children, and one biological child, devoting much of his time to raising kids. And if that wasn't a full-time job in itself! Fineis also volunteers with the Salvation Army (Christian Services/Love Inc.), and each year he helps coordinate and organize the Thanksgiving and Christmas basket donations at MDCH.

As the holidays are quickly approaching, he asks that we all remember the true spirit of giving, and include these charitable causes in our busy holiday routines. You can find out more about volunteering or donating to the Thanksgiving and Christmas baskets by contacting him via phone at: (517) 335-9443 or via email at: fineisp@michigan.gov.

New Morbidity Monitoring Project

The Michigan Department of Community Health (MDCH) has been awarded funding from the Centers for Disease Control and Prevention (CDC) to participate in a new enhanced HIV surveillance project, the Morbidity Monitoring Project (MMP) for the next four years. Since 1999, MDCH has participated in the pilot project, the Survey of HIV Disease and Care (SHDC), which has included medical record reviews and interviews. MMP will consist of interviews and medical record reviews of persons in care for HIV and replaces both the Adult/Adolescent Spectrum of Disease (ASD) and Supplement to HIV/AIDS (SHAS) projects that Michigan participated in from 1990 until CDC discontinued them in June 2004. While ASD and SHAS were conducted in Detroit, the MMP will be statewide. Linkage of data from interviews and medical record reviews will be a powerful tool for studying the influences of behavioral and

environmental factors on HIV disease status and vice versa. MMP interviews will address access to and utilization of health care by HIV-infected persons, and quality of life among persons living with HIV. MMP medical record reviews will address, for example, the treatments prescribed and diagnoses of conditions that may be related to HIV.

MMP will provide data that is population-based and representative at the national, state, and local levels. Consultants from the Rand Corporation are performing the sampling. They are using a three-stage sampling scheme similar to the one used for the HIV Cost and Services Utilization Study (HCSUS). The statewide sample of facilities and individual physicians that provide HIV-related care will include all sizes and locations of providers, and the participation of all selected providers will be crucial for the validity of the national, state, and local data analyses.

MDCH Welcomes New EIS Officer

The Bureau of Epidemiology recently welcomed a new Epidemic Intelligence Service (EIS) officer from the Centers for Disease Control and Prevention, **Mark Gershman, M.D.** Dr. Gershman will be with the Bureau for the next two years, working specifically with communicable diseases. Dr. Gershman attended McGill University in Montreal and the University of North Carolina Medical School. Has served as a family physician for the past 16 years, most of which was spent practicing with the Indian Health Service in New Mexico. Dr. Gershman lives with his wife Stacey and daughter Sophia in East Lansing and they are expecting a new baby in November. They enjoy foreign travel, outdoor activities such as downhill, cross-country and back-country skiing, mountainbiking, hiking, backpacking and running. *Welcome Dr. Gershman!*

Mosquito-Borne Diseases in Michigan – 2005 Update

By: Erik Foster, M.S.

Eastern Equine Encephalitis (EEE)

Recently, EEE was identified in white-tailed deer in western Michigan. This is only the second confirmation of EEE in deer in the U.S., the first being a report from Georgia in 2001. The five animals in question showed signs of neurologic illness, and a “sickly” appearance prior to death.

Specimens were submitted for Chronic Wasting Disease (CWD) testing, and were negative, but EEE was confirmed by virus isolation and histopathology. In addition, EEE was diagnosed in three horses in western Michigan in close proximity to the deer cases. EEE has a natural cycle within *Culiseta melanura* mosquitoes (which prefer avian hosts) and birds (similar to West Nile virus), and is normally associated with marshes, bogs, and wetlands. This mosquito-borne disease, historically endemic in southern Michigan, is transmitted to mammals primarily by cattail and salt marsh mosquitoes (*Coquillettidia perturbans*, *Ochlerotatus sollicitans*), which will bite birds, humans, and horses.

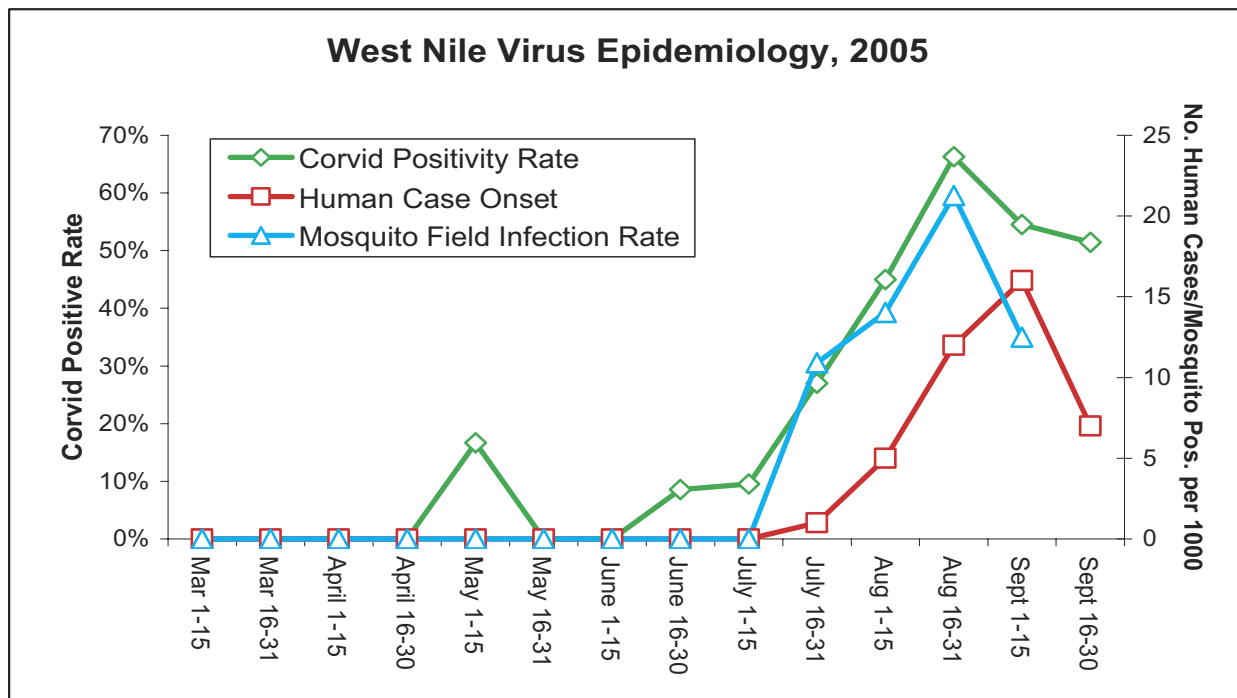
Eastern Equine Encephalitis causes acute encephalitis, and clinical disease in humans can be severe with a case fatality rate of approximately 35% (90-95% in horses). It is characterized by fever, signs of neurologic dysfunction, and high cell counts in cerebrospinal fluid with early granulocytic predominance. High-risk groups include people over the age of 50, and children younger than age 15. An estimated 35% of survivors can suffer permanent neurologic sequelae. The first confirmed case in Michigan was reported in 1980, with additional human cases

in 1991, 1993, 1995, 1997, 2001, and 2002.

Hunters in Kent and Montcalm counties are urged to exercise extra caution during this fall hunting season by observing the following safety procedures recommended by the Department of Natural Resources since 2002:

- **Avoid mosquito bites!**
- Hunters should not handle or consume wild animals that appear sick or act abnormally, regardless of the cause. All deer meat should be cooked thoroughly (170-180 degrees) to kill this virus as well as any other viruses and bacteria present.
- Always wear heavy rubber or latex gloves when field-dressing deer.
- Handle knives carefully to prevent accidental cuts.
- Minimize contact with brain or spinal tissues. Do not cut into the head of any deer that behaved abnormally, even to remove the rack. When removing antlers from healthy deer, use a hand saw rather than a power saw, and always wear safety glasses.

West Nile Virus Epidemiology, 2005



- Bone out the carcass, keeping both the head and spine intact.
- Wash hands with soap and water after handling carcasses and before and after handling meat.
- Thoroughly sanitize equipment and work surfaces used during processing with bleach solution (one tablespoon of bleach to one gallon water). Consider keeping a separate set of knives used only for butchering deer.
- Freezing meat will not kill the EEE virus.

West Nile virus (WNV)

Dead bird and mosquito surveillance indicates that WNV continues to pose a threat to Michigan’s citizens. An increase in WNV positive corvid submissions occurred from late July to early September 2005, as noted in the above graph. Corresponding to this rise in positive corvids is a rise in positive mosquito pools. The mosquito infection rate above represents the average rate from *Culex* spp. submissions in Oakland County (the closest sampling point to the majority of human cases).

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New Employees

Carrie Arnold, M.P.H., is the new TB Program Coordinator in the Division of Communicable Disease. Her duties include case management, outbreak investigation, database management, and analyses of epidemiologic data. Arnold is originally from the Detroit area, and received her M.P.H. in epidemiology from the University of Michigan this past spring. Her thesis work involved risk factors for extrapulmonary tuberculosis. Arnold has previous experience working with several local health departments across Michigan. Her undergraduate degree in biochemistry and math is from Hope College in Holland, Michigan.

Joan Ehrhardt, M.S., C.G.C., recently joined the Genomics Unit as the Birth Defects Program Coordinator. Ehrhardt received her B.S. in molecular genetics from Purdue University. Her M.S. in Genetic Counseling was completed at

the University of South Carolina, School of Medicine. Previously, Ehrhardt was a Genetic Counselor in the Pediatric Genetics Clinic at the Children's Hospital of Michigan, Detroit Medical Center.

Curi Kim, M.D., is the new Preventative Medicine Resident at the Michigan Department of Community Health. Dr. Kim will complete a practicum with the Communicable Disease Division for the next three months. She is a board-certified family practitioner, and completed her family practice residency program at the University of Michigan School of Medicine.

Allison Mentele, M.S., was recently hired through the Michigan Public Health Institute as the new PBB Project Coordinator with the Division

of Environmental and Occupational Epidemiology. She received her undergraduate degree in human biology as well as her M.S. in Epidemiology from Michigan State University. Her thesis work entailed the analysis of physician notes from a clinical trial by text mining.

Gina Moreno, B.A., was hired by the Michigan Public Health Institute as a Section Secretary for the Communicable Disease Division. Previously, Moreno worked for Dean Trailways of Michigan for seven years, and was involved in Accounting and Record Compliance. She earned her Business Associate degree from Lansing Community College in 1999.

Jeff Pollet, M.D., M.P.H., is the new CSTE fellow in the Maternal and Child Health Epidemiology Unit.

Recent Presentations

Mark Caulder presented "Epidemiology and Genetic Burden of Sudden Cardiac Death in the Young" on September 21, 2005, at the *Sudden Cardiac Death in the Young Symposium* in East Lansing.

Erik Janus presented "Tools for Public Health Response to Chemical Emergencies" on August 23 and 25, 2005, in Mackinaw City and Lansing at the *Public Health Response to Chemical Terrorism and Chemical Emergencies* conference sponsored by the Michigan Department of Community Health and the University of Michigan.

Sarah Lyon-Callo, Elizabeth Wasilevich, and **John Dowling** presented "The Asthma Initiative of Michigan: the Evolution of a Program" and "Michigan's Experience with Evaluation: the Good, the Bad, and the Ugly" on May 12, 2005, to the *Science Meeting of the Air Pollution and Respiratory Branch* at the Centers for Disease Control in Atlanta, GA.

Barb Neureither and **Mary Teachout** have been presenting a workshop called "Genetics

to Genomics" for high school biology and health teachers around the state. This workshop is intended to raise awareness of the role of genomics and chronic disease and encourage teachers to incorporate this information into their classes. Ten workshops have been given so far with five more scheduled.

The following Bureau of Epidemiology employees presented at the *2005 Council of State and Territorial Epidemiologists Annual Conference* on June 5-9, 2005, in Albuquerque, NM.

Kevin Dombkowski, **Elizabeth Wasilevich,** and **Sarah Lyon-Callo** presented "Pediatric Asthma Surveillance Using Medicaid Claims."

Tatisha McCainey, Ann Rafferty, and **Michelle Cook** presented "Alternative Mail Survey for Non-respondents of the 1998 Michigan Behavioral Risk Factor Survey."

The following Bureau of Epidemiology employees presented at the *Michigan's*

Premier Public Health Conference sponsored by the Michigan Association for Local Public Health on October 11-12, 2005, in Grand Rapids.

Patty Clark, **Rachel Potter, Dawn Sievert,** and **Eden Wells** presented "Preparing for the Pandemic: A Novel Comprehensive Influenza Surveillance System" in a breakout session.

Violanda Grigorescu presented "Strategies for High-Risk Mothers and High-Risk Babies" in a breakout session.

Erik Janus presented "The Use of Chemicals as Weapons: Myths and Realities" in a breakout session.

Tatisha McCainey, Laurie DeDecker, and **Ann Annis** presented a poster "Incorporating Genomics Into Existing State Level Chronic Disease Surveillance/Registry Systems."

New Publications

Alarcon WA, Calvert GM, Blondell J, Mehler L, Sievert J, Propeck M, Tibbetts D, Becker A, Lackovic M, Soileau S, Das R, Beckman J, Male D, Thomsen C, **Stanbury M**. Acute illnesses associated with pesticide exposure at schools. *JAMA* 2005;294:455-465.

Council of State and Territorial Epidemiologists (**Largo T** and **Stanbury M** listed as contributors and members of editorial board). Putting Data to Work: Occupational Health Indicators from Thirteen States for 2000. October 2005. Available at: <http://www.cste.org/>

Davis SI, Blanck HM, Hertzberg VS, Tolbert PE, Rubin C, **Cameron LL**, Henderson AK, Marcus M. Menstrual function among women exposed to polybrominated biphenyls: a follow-up prevalence study. *Environmental Health* 2005;Aug 9,4:15.

Grigorescu V, Paustian M, Copeland G, El Reda D, and Baker G. Contribution of Preterm Births to the Population of Michigan's Children's Special Health Care Services Program. *Journal of Registry Management* 2005;32(3):132-136.

Hembroff LA, Rusz D, **Rafferty A, McGee H**, and Ehrlich N. The cost-

effectiveness of alternative advance mailings in a telephone survey. *Public Opinion Quarterly* 2005;69:232-245.

Largo T and Scarpetta L. Emergency Department Visits for Injury in Michigan, 2001. MDCH report September 2005.

Schwartz A and **Stanbury M**. Occupational Pesticide Illness and Injury Surveillance in Michigan: June 2001 - December 2003. Michigan Department of Community Health. June 2005. Available at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5105-87109--,00.html

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