LIFE BEGINS IN AFRICA

APHL and LIFE

During the week of February 19 through the 25th, APHL members Dr. Burt Wilcke (VT), Dr. Frances Pouch-Downes (MI), Dr. Mike Kimberly (TN), Dr. Karim Hechemy (NY), Kajari Shah (APHL Director of Global Health) and the author were in Harare, Zimbabwe at the invitation of the WHO African Regional Office (WHO-AFRO) and the CDC Global Aids Program (CDC-GAP). There were two purposes for this visit. First, to attend a meeting of the first group of African countries that have been targeted by the LIFE (Leadership and Investment for Fighting the Epidemic) project and second, to do some preliminary work in Zimbabwe, one of the four countries APHL will be working in during this initial phase of the LIFE initiative.

To refresh everyone’s memory, the LIFE initiative is a cooperative project targeting those countries with epidemic rates of AIDS and HIV infections. Many of these countries are developing countries in sub-Saharan Africa, but also include countries in Southeast Asia, South America and India. The initial phase of the LIFE project, and the one for which funding was appropriated in the FY 02 federal budget covered fourteen countries in Africa and India. APHL entered into a cooperative agreement with the CDC-GAP to work with the countries of Zimbabwe, Botswana, South Africa and India.
to help them strengthen and develop their laboratory systems and integrate them with their AIDS prevention and control programs. Dr. Wilcke is our country lead for Zimbabwe, Dr. Pouch-Downes is our country lead for Botswana, Dr. Kimberly is our country lead for India, and Dr. Hechemy is our country lead for South Africa. My role is as overall program coordinator for our organization’s participation in the LIFE project.

During the first two days of our visit, we had the opportunity to visit laboratory facilities in the country-side, as well as in Harare, which allowed our members to get a first-hand sense of strengths and limitations of the laboratory systems within these countries. We also got the opportunity to see newly constructed laboratory space for Zimbabwe’s national reference laboratory, which their Ministry of Health envisions being their preeminent public health laboratory. These two days also afforded our members the chance to interact with CDC staff assigned to Zimbabwe and Ministry of Health staff. These preliminary steps are essential to establishing the kinds of working relationships that will be needed to assist countries in developing practical and proficient laboratory systems to support their AIDS prevention and control activities.

The next three days were spent attending a meeting/workshop sponsored by WHO-AFRO to strengthen laboratory systems for HIV/AIDS in the African Region. One focus of the meeting was to work on developing some regional recommendations regarding the application and use of serological tests, including rapid tests for HIV/AIDS, the application and use of advanced viral methods, and quality assurance and information management. A second focus was to introduce the concept of developing a regional network of national laboratories. Such a network could facilitate the sharing of kit evaluation data, enhance quality assurance of laboratory testing throughout the region especially in the areas of proficiency testing and monitoring performance of rapid tests, and to promote communication between laboratories. APHL was asked to give a short presentation introducing our organization to the attendees and describing our role in the LIFE project. As is the case in many professional meetings, the real value of this meeting came during the breaks, lunch, dinners, and the conclaves in the hotel bar where we could all sit down and talk, and our members could get acquainted with the people they will be working with.

Finally, I would note that LIFE will go on. There will be plenty of opportunities for our members to contribute to this project, especially as training needs get identified and plans are developed to address those needs. Also, other countries came to us and expressed considerable interest in having us work with them under the LIFE initiative. So, the potential is there for additional work depending on the interest of the membership. And while the glamour may be in the international travel (though those of us on the 20 hour flight home were not feeling especially glamorous), hosting visiting scientists from these countries ultimately provides a much more long-lasting benefit to the country and is as personally rewarding as the travel. If you are interested in participating in this significant project, please feel free to contact APHL’s Global Health Program staff or me. (see page 12)

Your Man in Harare
Eric C. Blank, Dr.P.H.
President’s Thoughts

There’s No Way Without All of Us!

The last quarter of this presidential year is here, but that doesn’t mean the pace of activity is slowing. Not only do we all have our individual careers and distractions with our budget cycle, legislative impact reports, travel restrictions, staff changes, and winter driving, but we also take part of our days to work on activities outside our own laboratories. I am referring to you Members who step forward and volunteer to serve on committees, give presentations, meet your legislators, review draft documents, sit in on teleconferences, and go to meetings as a representative of yourselves, your state and/or APHL. The only virtue of being a President of this Association is to be able to see from a different vantage the dedication of Members and Staff of APHL, and wonder at the source of energy all expend. It is stimulating and daunting.

It hasn’t always been this way, of course. When my first employer in a public health laboratory, C. D. McGuire, Ph.D. was in the precursor to this organization, he went to one meeting a year, learned something about complement fixation or discussed the relative merits of RPR vs. VDRL. He did a bit of association business, and went back home for another year. I was his employee when he was president for two terms, and it didn’t seem as he mentioned the Conference of Public Health Laboratory Directors all that often. His recent death brings back those memories of his activity being local, i.e. Colorado, for he was not expected to look beyond the state lines as we do.

Times have changed, but so have we.

As many of you have, I have also begun looking ahead to the Joint Annual Meeting in Portland with a desire to see my friends and colleagues to visit about those ideas, people and things important to us. Much will happen between now and then, but stay well and safe till we meet.

Ron Cada, President

Summary of Board Actions

Summary of Recent Board Action
The APHL Board of Directors met twice in the past few months. Please find a summary of recent Board actions below. For further information, or if you wish to have a full copy of the minutes sent to you, please contact Kelly Deeb via email at kdeeb@aphl.org or at 202-822-5227, ext. 221.

√ Participated in a focus group on Defining Core Capacities

√ Received requested report from Membership committee with no action taken
SUMMARY OF BOARD ACTIONS

√ Provided input into plans for the rollout of NCEH’s National Exposure Report and state-based biomonitoring programs

√ Participated in an in-depth financial discussion and received Auditors Report for 1999-2000

√ Endorsed the NLTN reorganization plan

√ Passed an interim position statement on the Use of Non-Culture Assays to Detect Communicable Diseases

√ Approved the MISC Committee recommendation to pursue a strategic alliance on IT issues with Lockheed-Martin

√ Approved plans to celebrate Association’s Fiftieth Anniversary in 2002

√ Authorized the Association to contract with Lang Group, Inc. to serve as auditors for one additional year

√ Approved Infectious Disease Committee recommendation to hold annual infectious disease meeting for Fall, 2002 in the topical area of STDs, to include HIV. The board also indicated that the meeting should allow for hot topics in the ID arena.

√ Approved two surveys for distribution to APHL state members: Annual LabNet survey (reformatted to reflect the core functions) and a STD survey.

MEMBER NEWS

Alaska Opens New Public Health Facility

Emphasizing the importance of modern facilities for maintaining and improving the health of Alaskans, Gov. Tony Knowles helped formally open the new Alaska Public Health Laboratory and Office of the State Medical Examiner in Anchorage, on January 26, 2001.

“The opening of this state-of-the-art facility is an important occasion for Alaskans,” Knowles said. “The new Public Health Laboratory and Office of the State Medical Examiner offer capabilities that are crucial to our efforts to combat disease and minimize health threats to our communities.”

Alaska has the highest rate of botulism in the country and one of the highest rates of tuberculosis. Newer diseases like hepatitis C also pose a risk to Alaskans, while outbreaks of bacterial and viral disease are on the rise.

Knowles joined Department of Health & Social Services Commissioner Karen Perdue at the site of the new facility for the event. “We have an incredible staff of professionals who work hard every day to protect Alaskans,” she said. “Now they can do that job more effectively and more efficiently.”
**MEMBER NEWS**

The Alaska Public Health Laboratory plays a pivotal role in outbreak investigation, control, and treatment. The new state-of-the-art facility improves the department’s ability to detect, diagnose and control communicable diseases in Alaska. It also boasts a Biosafety Level 3 suite which enables infectious disease specialists to safely work with such highly contagious diseases as tuberculosis, botulism, brucella, moulds, and other pathogens. The suite also enables staff to rapidly detect and characterize these agents, minimizing health threats to the public. The move consolidates the former Public Health Laboratories of Juneau and Anchorage, allowing the facility to work more efficiently.

The Office of the State Medical Examiner supports the justice system and public health surveillance by providing forensic pathology services to determine cause of death in suspicious or unattended deaths. The new facility provides a safer and more efficient work environment and will reduce stress on family members of deceased persons by providing video-viewing capabilities.

Knowles, with the support of the legislature, authorized $18.4 million for the funding of the 37,500-square foot facility, which was designed and built by Anchorage-based firms. The previous laboratories were housed in leased office space that were not suitable for laboratory operations, and the Medical Examiner has been operating out of inadequate temporary space provided by the Department of Public Safety, which needs the areas for their own functions.

In addition to the opening of the new facility, several people were honored at the event for their service and contributions. Dr. Peter Nakamura, Director of the Division of Public Health and Dr. Michael Probst, former State Medical Examiner, who are both leaving state service were awarded plaques of appreciation for their service.

Recognition was also given to legislators and staff who were instrumental in bringing the new facility into being. Those presented with certificates of appreciation included Sen. Johnny Ellis, and former Sen. Tim Kelly. Staff members recognized were Gregg Herriford, Laboratory Improvement Manager; Dr. Katie Kelley, former Chief, Section of Laboratories; Karen McDermott, Lead Investigator, Office of the State Medical Examiner. Anchorage Laboratory Manager Rose Tanaka was also given a special recognition for her service to the department.

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**Romesh Guatom, PhD** has become the Director of Washington State Public Health Laboratories (PHL). Previously Dr. Guatom had served as Director of the Office of Public Health Microbiology at the PHL and as Molecular Epidemiologist, managing the PHL’s Molecular Methods Development Laboratory. We welcome Dr. Guatom to APHL.

On March 6th we learned that Dr. John Hitz will soon step down as the laboratory director for the state of Oklahoma and return to Tennessee where he will become the Director of Environmental Chemistry in the state’s central facility in Nashville. Dr. Hitz will remain an active member of the Association. It is APHL’s understanding that the Oklahoma position will remain open until the end of March.

Sadly, APHL has learned of the recent deaths of two Emeritus members. **Dr. Frank Pauls** (former Alaska Public Health Laboratory Director) and **Dr. David McGuire** who served as the laboratory director of the Colorado Department of Public Health & Environment.
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<th>MEMBER NEWS CONTINUED</th>
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**An Update on Membership.** We are very pleased to report that our Association has **283 members**. We would like to send a warm welcome out to the following new members who have joined since January 1, 2001:

- Linda Parsons, PhD, Associate Member, Wadsworth Center
- Allen A. Bergum, Individual Member, Neo-Gen Screening
- Paul Van Caeseele, MD, Associate Member, Cadham Provincial Laboratory, Canada
- Roger Carlson, PhD, Associate, PA Department of Environmental Protection
- Dona Lynch, MS, CLS, Delegate, CA State Laboratory
- Dennis Ferrero, MPH, Associate, San Joaquin Public Health Services
- James Kneip, Associate, Maricopa County Public Health Department
- Joseph P. Catalano, MS, Delegate, RI Department of Health Laboratories
- Nancy L. Rosen, MT(ASCP), Student, Pocono Medical Center
- Stewart T. Siemantel, MS, Student, EID Training Fellow, Richmond, VA

**Bhavna Lall, MPH** joined APHL as the LIFE Project Manager on February 12th. Bhavna received her MPH from the University of Alabama-Birmingham in December 1998 and comes to APHL from a health care consulting background. Her global public health experience comes from work she conducted at the Caribbean Epidemiology Research Center in the Department of Parasitology.

**Ajitha Sara Varghese, MS**, joined APHL as the global health program assistant in early February. She received her MS in Health Education from Columbia University in May 2000. She comes to APHL from the South Asia Against AIDS Foundation where she served as program director.

**Dwayne Johnson, MSPH** joined APHL as the Food Safety Program Manager in the Environmental Health Program Area on February 12th. He will initially manage the NCID Foodborne Disease Capacity Assessment Project and will eventually have other responsibilities in the food safety arena. Dwayne received an MSPH from the Medical College of Virginia and recently served as an environmental health specialist for the Fairfax County Health Department.

**Heather Roney, MA** joined APHL as the Fellowship Program Manager also on February 12, 2001. Heather holds a Master’s degree in International Studies from the University of Leeds, England and a Bachelor’s in Political Science from Vanderbilt University. Heather comes to APHL from Development Alternatives, Inc where she served as Senior Project Associate for USAID-funded projects. Heather also has served as the Program Manager for World Learning and as a Program Associate for Delphi International both based in Washington, D.C.
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| **Dr. Helen Regnery** joined APHL as a Program Manager-National Electronic Disease Surveillance System (NEDSS) on February 26th. Dr. Regnery holds a PhD in Microbiology from Emory University and has 34 years of experience at CDC in the areas of infectious diseases (virology), research, surveillance, teaching, management, informatics and administration. In her most recent position at CDC, Dr. Regnery served as the project manager for the Health Information and Surveillance Systems Board at CDC for intramural and extramural projects. At APHL, Dr. Regnery will provide leadership, guidance, training and oversight of NEDSS project activities for the benefit of APHL members and partner organizations. The NEDSS project enables APHL to collaborate with states, partner organizations and CDC to assess information technology needs relating to diseases surveillance, and determine infrastructure and capacity needs at the state level to participate and integrate NEDSS data standards, technologies, and software requirements as they are confirmed. Dr. Regnery will be based in Atlanta and will periodically travel to Washington, DC and to state laboratories. **Christine Ford, MS**, NLTN Regional Coordinator for the Eastern Region, has accepted a job as a Health Scientist at CDC’s Division of Laboratory Systems effective March 12th. We are saddened to lose Christine as an APHL employee but know that she is still part of the PHL family and will continue to work with us through DLS. Christine is to be credited for strengthening the training that the NLTN coordinates in the Eastern Region. We wish Christine well in her new role. **Cordero Named to Acting Head of New CDC Center** The Children’s Health Act of 2000 signed into law on October 17, 2000, requires the establishment of a new center at CDC, the National Center on Birth Defects and Developmental Disabilities. CDC is well on the way to completing the establishment of the new Center by the required date of April 15, 2001. On March 22, 2001 CDC Director Jeffrey Koplan, MD, MPH announced that Dr. José F. Cordero will begin serving as Acting Director on April 16, 2001. Dr. Cordero brings extensive public health experience in the field of birth defects and developmental disabilities. In 1973, he obtained his medical degree from the University of Puerto Rico, then completed residency training in Pediatrics at Boston City Hospital and a fellowship in Medical Genetics at the Massachusetts General Hospital. In 1979, he obtained a Masters in Public Health from Harvard University and joined CDC as an Epidemic Intelligence Officer. He was assigned to the Birth Defect Branch, where he spent more than 15 years of his CDC career addressing birth defects, developmental disabilities, and other child health issues. A former President of the Teratology Society, a professional research society devoted to the prevention of birth defects, he has been a strong proponent of eradicating rubella (German measles), a major cause of birth defects that can be prevented through vaccination. In 1994, Dr. Cordero was appointed Deputy Director, National Immunization Program, and has made important and long lasting contributions in many facets of one of the Nation’s most successful public health programs. He is also active in the American Public Health Association and chaired the Epidemiology Section from 1997 to 1999.
President Bush is expected to nominate Bobby P. Jindal to fill the position of Assistant Secretary for Planning and Evaluation at the Department of Health and Human Services. This position was previously held by Margaret Hamburg, MD. Dr. Hamburg is credited with heightening awareness of the unique public health aspects of bioterrorist incidents throughout DHHS and other federal agencies.

Jindal is currently president of the University of Louisiana system. His biographical information (see below, source www.uls.state.la.us) is indeed impressive, and we are hopeful that he will understand the importance of emergency preparedness and response.

"Bobby Jindal, 29, is one of America's most dynamic and accomplished young persons. In less than four years, he has made enormous contributions to Louisiana and the nation. For example, he

- rescued Louisiana's Medicaid program from bankruptcy by turning a $400 million deficit into three consecutive years of surpluses totaling more than $220 million; even as Louisiana's spending was reduced by $1 billion, the state continued to produce positive health outcomes. For example during the 1990s, Louisiana moved from 37th to 3rd best nationally in health screenings for children, increased childhood immunizations from 50 to nearly 90 percent, and offered new and expanded services for elderly and disabled persons;

- served in Washington, DC, as Executive Director of the National Medicare Commission and the Commission chairman recommended ways to strengthen the $210 billion health care program that serves 40 million older and disabled Americans; more than 77 million Baby Boomers will start entering Medicare in 10 years;

- volunteered his time and provided comprehensive research at the request of the Legislature and the Governor about other states' investments to help Louisiana get the most return over the next 25 years from its $4.4 billion share of the national tobacco settlement; and

- advised Fortune 50 companies as an international consultant at McKinsey & Company."

Mr. Jindal was only 24-years-old when Governor Mike Foster appointed him in 1996 to head the Department of Health and Hospitals. He relinquished admissions to Harvard and Yale medical and law schools to lead DHH, the state's largest department with 12,000 employees, a $4 billion budget and hundreds of facilities.

Today, Mr. Jindal is President of the University of Louisiana System — one of the largest public university systems in the United States.

In recent years, Mr. Jindal has been profiled by some of the nation’s top media, including the Wall Street Journal, The Washington Post, USA Weekend, the Associated Press, USA Today, CNN, CNN Financial, C-SPAN’s Washington Journal, the Jim Lehrer NewsHour, The New Orleans Times Picayune, the Baton Rouge Advocate, Modern Healthcare Magazine, P.O.V. Magazine, Swing Magazine, Scholastic Update and many others.
**EMERGENCY PREPAREDNESS & RESPONSE**

**Can You Teach a Disaster Dog Homeland Security Tricks?**

House Armed Services Committee member Mac Thornberry (R-Texas) has introduced a bill to create a new agency for coordinating homeland security. This is the latest in a string of recommendations from Capital Hill to increase coordination among the many fragmented programs nationwide. Says Thornberry, “This is a clear indication of a real and growing threat to our country. Unfortunately...the US is not prepared to respond to these threats. The purpose of [this] bill is to help make us prepared by reorganizing the federal government in a way that makes us better able to prevent and respond to homeland attacks.” The Act is based on recent recommendations made by the bipartisan Hart-Rudman Commission on National Security in the 21st Century.

The bill would turn the Federal Emergency Management Agency (FEMA) into the National Homeland Security Agency (NHSA), which would continue to respond to natural disasters, but would also be the federal government’s lead agency for responding to and preventing terrorist attacks. The Coast Guard, Customs Service and Border Patrol would become independent entities within the new agency. The Commerce Dept.’s Critical Infrastructure Assurance Office and Institute of Information Infrastructure Protection and the Justice Dept.’s National Infrastructure Protection Center and National Domestic Preparedness Office also would be transferred to the new agency, which would sport three directorates - Prevention (responsible for border security), Critical Infrastructure Protection (responsible for infrastructure and cyber-security), and Emergency Preparedness and Response (responsible for organizing and coordinating preparedness and response activities among the different levels of government). The NHSA Director would become a member of the Cabinet. The NHSA would become:

- the principal federal agency for coordination, response, and prevention with regard to terrorist attacks and other human-generated disasters
- the principal point of contact for state and local governments

The bill also provides for the establishment of a National Crisis Action Center. Theoretically this Center would provide the public with a federal focal point in times of emergency. “During times of crisis, the public needs a phone number, not a phone book,” insists Thornberry.

The debate is raging as to whether FEMA is the most appropriate organization to take on this new responsibility. FEMA has been both criticized and praised for its many programs largely aimed at disaster preparedness and response. Changing FEMA into the NHSA will require more than a phone booth and a change of name. It will require upgrading inefficient systems and changing the agency-wide culture. Additionally, no one wants to have to deal with yet another layer of red tape. Thornberry agrees. “The intent of establishing a new Homeland Security Agency is not to add another layer of fat to our already bloated federal bureaucracy.”
## Environmental Health

### Drinking Water

**Regulations** — EPA is continuing to make progress on the Stage 2 Disinfectants/Disinfection By-Products Rule (D/DBPR) and the Long-Term 2 Enhanced Surface Water Treatment Rule (LT2ESWTR). EPA is working to build the regulation around the Agreement In Principle that was agreed upon by all of the Federal Advisory Committee (FACA) members in September (published in the Federal Register December 29, 2000.) The likely proposal date will be September or October, yet EPA still intends to finalize both of these regulations by May, 2002 to meet a statutory deadline in the 1996 Safe Drinking Water Act (SDWA) Amendments. Technical meetings and associated data collection activities continue, particularly in developing criteria to grandfather existing monitoring data for protozoa (Cryptosporidium, using Method 1622/1623) and the lab approval criteria are still being debated. Method performance also continues to be an issue, since recoveries in the ongoing Performance Evaluation (PE) surveys are significantly lower than were found during the Supplemental Surveys; regulators hope the method performance can be “tweaked.”

EPA has effectively halted the arsenic regulation, as Administrator Whitman extended the effective date of the rule by another sixty days—from March 23rd to May 22nd. This is NOT the result of the President’s requirement to review all regulations not yet published, but comes from pronounced disagreement in the affected community (states and localities!) about costs to implement the rule. It is likely that EPA will conduct some expert panels in the very near future on health effects and treatment issues, and may issue another proposal in the very near future, seeking public comment, and possibly finalizing another final arsenic number. The timeline for the next actions is not yet clear. American Water Works Association staff advise that, as they understand it, the new MCL of 10 ppb is still on the books—it is just not effective yet. If it sounds confusing, that is because it is!

**Standard Data Elements** — The National Water Quality Monitoring Council has requested comments, through a Federal Register Notice, and will hold public meetings on its proposal for a “core set” of data elements for reporting ambient water quality data elements. The purpose of this proposal is to encourage sharing of water quality data and reduce costs for future monitoring by encouraging use of reporting the same data across programs, and EPA intends to use these data elements as a screen for secondary source data in the National Contaminant Occurrence Database (NCOD). The impetus for this effort was APHL’s 1996 Drinking Water and Public Health Conference, the brainchild of Dr. Henry Bradford, Louisiana’s laboratory director. That conference identified data elements that would enable public health researchers to use monitoring data by relating it to specific populations, and those data elements were incorporated into the NCOD; the concept of being able to compare data from multiple sources was promoted to the NWQC by Dr. Barbara Erickson, formerly Arizona’s laboratory director, when she represented APHL on the NWQC’s Methods and Data Comparability Board. Chuck Job of EPA’s Drinking Water program did yeoman work in staffing and promoting the entire effort — from the NCOD through this consensus set of data elements! If you didn’t receive the draft data elements by e-mail, and would like to review and perhaps comment on them, please contact Lynn at APHL, lbradley@aphl.org.
ENVIRONMENTAL HEALTH

Food Safety

BAM Online — FDA has announced that the Bacteriological Analytical Manual (BAM) is now available online at www.cfsan.fda.gov/~ebam/bam-toc.htm; a list of chapters updated since the latest (1998) hardcopy version can be found at www.cfsan.fda.gov/~ebam/bam-mm.html

Biomonitoring

National Exposure Report — On Wednesday, March 21, 2001, the CDC’s National Center for Environmental Health unveiled its National Report on Human Exposure to Environmental Chemicals. The Division of Laboratory Sciences developed the data contained in the report; it provides information about levels of 27 environmental chemicals found in the blood or urine of the U.S. population, including metals (e.g., lead, mercury, uranium), organophosphate pesticide metabolites, phthalate metabolites, and cotinine (a marker of exposure to tobacco and tobacco smoke). The Report provides exposure information about people who participated in CDC’s ongoing National Survey of the Civilian, noninstitutionalized US population’s the National Health and Nutrition Examination Survey (NHANES) conducted by CDC’s National Center for Health Statistics. This first Report contains NHANES data from the 1999 sampling; additional data will be added in future years.

NCEH’s Patterson Wins AOAC Wiley Award — at its Annual Meeting in Kansas City, KS, in September, 2001, AOAC International will bestow its Harvey W. Wiley Award on Donald G. Patterson, Jr, of the National Center for Environmental Health’s Division of Laboratory Sciences. Dr. Patterson has made tremendous contributions to the field of analytical organic chemistry and is internationally recognized for his work in developing and refining methods for first, serum cholesterol, and more recently, dioxin in human adipose tissue. Initially, dioxin analyses required 10g of fat tissue, then a pint of blood, and now only 10ml of blood; with 2-dimensional gas chromatography, Patterson’s methods can measure all 75 chlorinated dioxin congeners. His most recent work is with the NHANES samples and the National Exposure Report (see above). Congratulations, Dr. Patterson!!

Miscellaneous— Environmental Health

Restructuring of US Environmental Policy — The Business Roundtable, a group of CEOs of major corporations, announced in February that it believes the nation’s pollution control laws “are no longer adequate to address today’s complex environmental problems and economic challenges.” The Roundtable proposes that government improve the scientific basis for environmental policy, and focus on environmental performance rather than regulatory compliance. In the current political climate, it is likely that these recommendations will be provided further consideration by environmental regulators.
**Newborn Screening & Genetics**

NBS&GPH Committee meeting — APHL’s Newborn Screening and Genetics in Public Health Committee met in Miami, February 28 - March 1. Ten Committee members and invited guests from HRSA, the Hastings Center, and the American College of Medical Genetics discussed current issues in NBS and genetics testing, and agreed to develop a series of draft position statements on newborn screening and genetics testing. These draft statements will be discussed and refined at the NBS&GT Symposium, May 6-9 in Raleigh, NC.

**Integrating Genetics into Public Health** — CDC’s Office of Genetics and Disease Prevention is offering four new opportunities to help integrate genetics into public health at CDC. They are supported through the Association of Teachers of Preventive Medicine and address the areas of 1) Host Genetics and Hereditary Hemochromatosis; 2) Assessment of Genetic Damage and Gene-Environment Interactions in Workers Exposed to Toxicants; 3) Communicating the Role of Genetics in Public Health; and 4) Evaluation of Newborn Laboratory Screening. For more details see the website at www.cdc.gov/genetics/activities/atpm/opportunity.htm.

**GLOBAL HEALTH**

**LIFE for AIDS**

**Statistics:**

- More than 34 million adults worldwide are infected with the HIV virus and more than 18.4 million have died from AIDS.
- More than 70 percent of the people suffering from HIV/AIDS live in sub-Saharan Africa.
- With a total of 4.2 million infected people, South Africa has the largest number of people living with HIV/AIDS in the world.
- More than 35 percent of adults living in Botswana are infected with HIV.
- Almost half of newly infected adults are under 25 years of age and most will likely die before their 35th birthday.
- To date, the AIDS pandemic has left behind 13.2 million orphans, some 95 percent of whom live in sub-Saharan Africa.
- In 1999, 5.4 million people were newly infected with HIV.
- In 1998, 200,000 Africans died in war while more than 2 million died of AIDS.
- There are about 1.3 million children currently living with HIV/AIDS and approximately 3.8 million have already died from the disease.
- Women now account for nearly 50 percent of all HIV/AIDS-infected adults.

"You get up in the morning and breakfast with your three kids. One is already doomed to die in infancy. Your husband works 200 miles away, comes home twice a year and sleeps around in between. You risk your life in every act of sexual intercourse... Your leisure is occupied by the funerals you attend every Saturday. You go to bed fearing adults your age will not live into their 40s. You and your neighbors and your political and popular leaders act as if nothing is happening."

("AIDS in Africa." TIME, 2001)

According to TIME magazine, this nightmare is real across the Southern quadrant of Africa. As Africa prepares for the deaths of thousands due to AIDS, countries such as India are preparing themselves for the epidemic. Currently, one of India’s drug manufacturers Cipla is attempting to supply the AIDS "cocktail" at a much lower price than manufacturers in the West. In so doing, they are hoping to aid those in Africa and prevent the progress of AIDS in the rapidly growing population of AIDS patients in India. Meanwhile, 39 pharmaceutical companies are filing a lawsuit against the South African government to block the implementation of legislation that aims to improve access to AIDS drugs by making certain AIDS medications more affordable. Today, Cipla has succeeded in starting a controversy that has encouraged a decrease in costs of AIDS drugs by many pharmaceutical countries in the West. However, now the questions arise: How will AIDS patients obtain access to these drugs? Who will ensure they maintain a proper medication regimen?

The questions and overall issues that arise with the AIDS epidemic are vast. From advocacy and prevention to treatment and a cure, many organizations throughout the world are attempting to provide answers to those affected and overall aid to victims and countries in need. This year, the Association of Public Health Laboratories has joined with the Centers for Disease Control’s Global AIDS Program in a 3 year cooperative agreement for LIFE (Leadership and Investment in Fighting the Epidemic). In addition to APHL, organizations such as USAID, DHHS, DOD, DOL, NASTAD, and many others are also enlisted in the effort. LIFE maintains the following goals:

- Primary prevention of HIV transmission
- Improve community and home-based HIV/AIDS care and treatment
- Strengthen communities’ capacity to care for children affected by HIV/AIDS
- Develop capacity and infrastructure, including disease surveillance and HIV/AIDS program monitoring, evaluation and management

Overall, 24 countries are included in the LIFE effort. For Year 1 activities, APHL will focus its efforts on four countries: Botswana, Zimbabwe, South Africa, and India. More countries will be added as activities are deemed successful. APHL members will provide laboratory and managerial expertise related to HIV/AIDS, STDs, tuberculosis, and opportunistic infections.

Due to lack of education/training on HIV/AIDS, political and cultural obstacles, and lack of drug therapy, HIV/AIDS is killing millions throughout the world. Through the collaboration of various organizations, LIFE will work towards providing aid through training, education, and establishing infrastructure in a sustainable manner to help prevent/fight HIV/AIDS.
CDC has launched a new Internet resource called MASTER, Multi-level Antimicrobial Susceptibility Testing Educational Resources. You can view the site at www.phppo.cdc.gov/dls/master/default.asp. This resource is a joint effort between PHPPO’s Division of Laboratory Systems (DLS) and NCID’s Division of Healthcare Quality Promotion (DHQP). Janet Hindler (UCLA), Fred Tenover (DHQP) and Eunice Rosner (DLS) are the primaries on the project.

The site consists of five main sections: the first is Case Study of the Month, the second is Questions & Answers, the third is Hot Papers, and the last two are Important News and Reference Materials. If you cannot find the answer in the most recent postings each section has an archive. Please take time to review this new resource.

In addition, the LIFE initiative will allow for a technical exchange between state public health laboratory directors and health officials/laboratory personnel abroad.

“When AIDS emerged from the shadows two decades ago, few people could predict how the epidemic would evolve, and fewer still could describe with any certainty the best ways of combating it. Now, at the start of a new millennium, we are past the stage of conjecture (UNAIDS, 2000).”

If you would like to participate in the LIFE initiative, please contact Bhavna Lall (blall@aphl.org) or Kajari Shah (kshah@aphl.org).

Let It Snow

The nor’easter that slammed the east coast this season didn’t stop a hearty crowd from the combined NLTN Northeast and Eastern regions to meet each other and plan next year’s training agenda. The Putney Inn, located in beautiful Southern Vermont, was the site of the Northeast NLTN Meeting March 5-7th. The Inn, built in 1752, offered cozy shelter to those able to travel despite the storm. The Inn’s gourmet restaurant offered delicious compensation for participants fearing they would be trapped by the weather.

This meeting of state training coordinators, public health laboratory directors, representatives of both CDC and APHL, and under the expert facilitation of NLTN staff, has historically provided a forum for meaningful networking and resource sharing.

◆ NLTN staff review the training activities of the previous year;
◆ each STC has an opportunity to showcase training successes and describe state specific training priorities;
◆ CDC and APHL representatives describe initiatives and activities which impact the public health laboratory community;
◆ NLTN staff facilitate the development of a collective training calendar for the service area in close collaboration with the STCs; and
◆ staff development session, this year the topic was on-line training.

This year’s annual meeting was especially important due to the ongoing NLTN reorganization. The Eastern and Northeast service areas have been blended into a new NLTN service area which will be the pilot for the NLTN reorganization model. To that end, invitations to participate in this planning meeting were extended to the State Training Coordinators and Laboratory Directors from the former Eastern region. Shoolah Escott, Regional Coordinator and Pam Hodges, Special Assistant to the Northeast Office, organized the meeting.
Despite the storm, two state public health lab directors and five state training coordinators were able to attend. Kati Kelly, Connecticut State Public Health Laboratory Director and Greg Hayes, Rhode Island State Public Health Laboratory Director, joined Garry Greer (MA, STC), Rose Ann LaFisca (NJ, STC), Christine Goulette (RI, STC), Karen Hartwig (PA, STC), and Daniel Hubbard (NH, STC). Eva Perlman and Susan Nutter of APHL were also able to join. Others participated via phone including Judy Delany and Louise Linton (CDC) and Lorraine Kelley (MD, STC), Solomon Yimam (DC, STC), Diane Hindman (DE, STC), Patricia Anders (NY, STC), Mary Celotti (VT, STC) and Burt Wilcke (VT, Laboratory Director).

The two-day meeting began with an orientation for new STCs. Judy Delany gave a presentation on the Changing Strategies and Structure of NLTN. Shoolah Escott gave a brief update on the transitions at the NLTN Northeast Office due to the reorganization. Eva Perlman gave an APHL update as well as a report from the APHL Training and Education Committee. A summary of this year’s training activities was presented, with special emphasis on the celebration of major Northeast and Eastern training accomplishments including the teleconference series in the Eastern region on the Laboratory-Epidemiology Partnership, the Advanced Mycobacteriology Workshop (Boston, May 2000) and the roundtable discussions between the state laboratories, epidemiology and the clinical laboratories that was part of the “Protecting Our Nation’s Health” Program (Concord, NH and Hartford, CT, March, 2000). By the end of the meeting, a preliminary draft of the 2001-2002 training agenda was generated.

Continued support and participation from STCs is critical to the success of NLTN. We look forward to working with each of you in the future. Special thanks to all who participated in this meeting.

NLTN Mission:
Improving testing of public health significance through quality continuing education.

Laboratory Investigation of Foodborne Illness, A Public Health Series Course

The National Laboratory Training Network is conducting an updated session of the Public Health Series Course “Laboratory Investigation of Foodborne Illness.” The five day hands on workshop is scheduled for **July 30 - August 3, 2001 in Ft. Collins, Colorado.** This advanced level workshop is designed for the experienced public health microbiologist with knowledge of outbreak investigations. The course will feature in-depth presentations and laboratory sessions on bacterial and viral causes of foodborne illness. Class size is limited to 25 participants. Course brochures and applications will be distributed to all state and city public health laboratories in mid April. If you have any questions, you may call the NLTN Western Office at 303-692-3283 or 303-682-3285.
**Future APHL Meetings**

**Newborn Screening & Genetics Testing Symposium** will be held in Raleigh, NC, May 6-9. It will be a combination of invited oral presentations addressing National policy issues important to public health laboratories, such as the Report of the American Academy of Pediatrics Task Force on Newborn Screening and the activities of the DHHS Secretary’s Advisory Committee on Genetics Testing, plus with concurrent breakout sessions to discuss and refine draft positions on NBS and genetics testing issues for potential adoption by APHL. If you've not already received information about this meeting, visit the website, www.aphl.org, click on the meeting title.

**Joint APHL/CSTE Meeting** will be held June 10-13, 2001 at the Doubletree Hotel Columbia River Complex in Portland, OR. You can register for the meeting at the following sites depending on how you will be paying for the conference:

Please go to the CSTE website at www.cste.org/purchase/product.asp?pid=54 and select "Add to Cart". This will pop up the registration form. Fill in a user id and password of your choosing, then complete the form and submit it. You may also purchase tickets to the Japanese Garden Tour and Picnic on Tuesday evening. Just follow the prompts. Once you have completed the on-line registration form and submitted credit card payment, you will receive an email confirming payment, which may be utilized when requesting reimbursement.

For participants paying by check, please see our “check payment option” on the above page or the downloadable print form at www.cste.org/purchase/download/registration_form2001.pdf and mail payment to: CSTE National Office, Attention 2001 Annual Conference, 2872 Woodcock Boulevard, Suite 303, Atlanta, Georgia 30341.

For those paying by purchase order, please download the printable form at www.cste.org/purchase/download/registration_form2001.pdf and mail or fax the form with the purchase order to: CSTE National Office, Attention 2001 Annual Conference, 2872 Woodcock Boulevard, Suite 303, Atlanta, Georgia 30341 or fax 770/458-8516.

**Future Non-APHL Meetings**

**ISEA** — the International Society of Exposure Analysis will meet in Charleston, SC, November 4-8, 2001. This conference will provide an excellent opportunity to learn what others have done in human biomonitoring as well as in other methods of assessing exposure. Larry Needham, PhD, of the NCEH laboratory, is the Conference Chair. For more information, visit www.iseaweb.org/isea2001/isea2001.html

**Analysis of Pollutants in the Environment** — this 24th Annual Conference will be held in Portsmouth, VA, May 8-10, 2001. For additional information, see www.battelle.org/conferecse/pollutants, or contact Chantal Keleher of Battelle, at 781-952-5303.

**Laboratories for the 21st Century: 2001 Annual Conference** — APHL will cosponsor this meeting in Washington, DC, on October 2-4, 2001. EPA’s Labs21 program addresses issues related to energy and environmental efficiency in the laboratory; the conference participants will devise new solutions to meet this goal. For additional information, visit the website, www.epa.gov/labs21century. Abstracts are due May 15.

**NELAC** — the 7th Annual meeting of the National Environmental Laboratory Accreditation Conference will take place May 22-25, 2001, in Salt Lake City, UT. For additional information, see the brochure at www.epa.gov/ttn/nelac/annual.html

**Food Safety Summit** — The National Food Processors Association’s Third Annual Food Safety Summit and Expo will be held in Washington, DC, April 16-18, 2001. For more information, visit www.foodsafetysummit.com.

**Announcements**

- Delegate appointment forms are due by COB April 13, 2001. Please fax the forms to Kelly Deeb at 202.887.5098. Please send them in so that your delegates are eligible to serve on committees.
- The APHL Business Meeting will be held on Sunday June 10, 2001 at the Joint APHL/CSTE Meeting in Portland, OR. ****This constitutes official notice to APHL members. The purpose of this meeting is to discuss items of strategic importance to APHL.****