



## CSTE Non-Infectious Disease News

*CSTE's Non-Infectious Disease (Non-ID) News is a quarterly feature publication that highlights non-infectious disease related programs and activities from across CSTE and its public health partners. To suggest content for Non-ID News, please contact Preksha Malhotra at [pmalhotra@cste.org](mailto:pmalhotra@cste.org).*

### Table of Contents

[CSTE Updates](#)

[Get Involved](#)

[Member Spotlight](#)

[Partner Announcements](#)

[Resources](#)

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## CSTE Updates



*This section includes updates and opportunities relevant to non-infectious disease epidemiology across CSTE programs.*

## Highlights from 2024 CSTE Non-ID Assessment

CSTE's Non-Infectious Disease (Non-ID) Programs includes three Steering Committees, which are housed under the organization's Program and Policy Committee: 1) [Chronic Disease/Maternal and Child Health Steering Committee](#), 2) [Environmental Health/Occupational Health Steering Committee](#), and 3) [Injury, Substance Use and Mental Health Steering Committee](#). There are almost 2,000 CSTE members across these three Steering Committees supported by ten Non-ID team staff.

In Spring of 2024, a Qualtrics assessment was distributed to all members of these three steering committees as well as the cross-cutting Health Equity and Tribal Steering Committee, to solicit feedback on future directions of CSTE's Non-Infectious Disease Program with the intent of using member feedback to guide future steering committee activities. The assessment was distributed to 1,945 members and multiple responses per jurisdiction were encouraged. The assessment was open from March 7, 2024 to April 12, 2024. A total of 198 responses were received.

Please see below listed some key demographic information about the assessment respondents:

- **Jurisdiction:** Respondents were mostly from state or local health departments (71% state health departments and 22% local health agencies) and less than 10% total were from federal (3%), non-jurisdictional/other (4%), regional (<1%) and tribal (<1%).
- **Years of Experience in Public Health:** 70% had over five years of experience in public health, with 40% having more than ten years, and 16% of respondents had less than three years of experience.
- **Primary Work Area:** 88% identified applied epidemiology, with 22% in evaluation, and 17% focused on prevention.
- **Top Areas:** Key areas of focus included surveillance/informatics (43%), substance use (35%), chronic disease (27%), and injury (26%).

### Feedback Received about CSTE Subcommittees and Workgroups:

The top barrier for subcommittee and workgroup participation was found to be "availability/time/bandwidth challenges" with 79% of respondents selecting this

response followed by 31% selecting “lack of awareness, information or detail about subcommittee calls” and 26% of respondents selecting they “don’t feel I have enough knowledge in the subject area”. The Non-ID team is identifying ways to improve communication around meeting agendas, scheduling, and information dissemination to increase member engagement and participation. We are also identifying ways to encourage participation and diversify meeting interaction methods to best support connection in our communities of practice.

### **Health Equity Strategies:**

The assessment asked respondents to identify ways they were implementing health equity in their daily work. They identified internal partnerships across program areas (61%), working with community partnerships on collecting, disseminating or communicating data (56%), and data sharing and sovereignty (42%) as top strategies. Most respondents (93%) indicated additional interest in future health equity training.

### **Requests for Non-ID Trainings, Resources and Products:**

Respondents were asked what trainings, resources, toolkits or other products that would be helpful for CSTE to develop and offer to members. See below for a list of key topic areas of interest from respondents and some suggested products:

- Health Equity and Data Visualization – integrating social determinants of health and data visualization examples
- Data Modernization and Informatics – trainings on specific Non-ID program areas
- Non-Traditional Data Sources – guidance and updates on data sources
- Improving Data Collection and Analysis – examples of using diverse data sources
- Communication with Diverse Audiences – training in media and risk communication
- Stigma Reduction and Anti-Bias Analysis – toolkits and resources

- Program Evaluation and Surveillance – specific programmatic training and recommendations for reporting measures and data systems

If you have any questions regarding the CSTE Non-ID Assessment and its results, please contact Ashley Bergeron ([abergeron@cste.org](mailto:abergeron@cste.org)).

### **CSTE Guidelines for Public Health Surveillance Case Definitions of Congenital and Perinatal Infections**

It is with great enthusiasm that we can announce the release of the [“Guidelines for public health surveillance case definitions of congenital and perinatal infections”](#). This report was developed with support from the CSTE members, the Centers for Disease Control and Prevention (CDC), subject matter experts, and applied epidemiologists. It is intended to assist authors of CSTE standardized surveillance position statements that address congenital and perinatal infections and their sequelae. It responds to a review of current congenital and perinatal surveillance case definitions that found discrepancies in how these definitions are specified. The report provides a framework and best practice guidelines for developing case definitions for these conditions.

### **CSTE Learn: Maternal and Child Health Data Linkages Training Now Available**

The newly released [“An Introduction to Maternal and Child Health Data Linkages” training](#) will give learners the need-to-know facts about maternal and child health (MCH) data linkages. It is intended for applied MCH epidemiologists and other epidemiologists who work with MCH populations in state, tribal, local, and territorial public health agencies. There are four topics, covering the following learning objectives:

1. Determine when a maternal and child health record linkage project is beneficial.
2. Describe common prerequisite steps to take when linking data sources.
3. Compare determinist and probabilistic matching.
4. Describe the steps involved in linking maternal and child health data with other data sources.

## **Health Equity in Injury Data: Approaches for Injury Data Communication and Dissemination with a Health Equity Lens**

CSTE recently released the report, "[Health Equity in Injury Data: Approaches for Injury Data Communication and Dissemination with a Health Equity Lens](#)", which discusses how to incorporate a health equity lens when communicating injury data and developing data visualizations. The report is divided into two parts, the first part builds the framework on health equity in injury and public health and the second part explores the implementation of equitable data dissemination and communication.

## **CSTE Learn: Basic Principles of Privacy Risk in Public Health Data Training Now Available**

Check out CSTE's new training "[Basic Principles of Privacy Risk in Public Health Data](#)" which is focused on understanding privacy risk when releasing public health data. If you manage and report epidemiological data, this training is for you! This free course unpacks de-identification and privacy risk assessment. It explores the main principles of the HIPAA Privacy Rule and how it is applied to public health data while exploring the ethical, legal, and regulatory aspects of data de-identification. Each lesson within the course is just 20 minutes long to give you what you need to know without a big time commitment. Access this course at <https://learn.cste.org/courses/course/basic-principles-of-privacy-risk-in-public-health>. Courses 2 and 3 in this data series are in the works and will be released in early 2025.

## **Understanding the State of the Workforce: Insights and Recommendations from the 2024 Epidemiology Capacity Assessment**

Results of the [2024 CSTE Epidemiology Capacity Assessment \(ECA\)](#) are now available! The [2024 Epidemiology Capacity Assessment Report](#) provides a comprehensive analysis of the applied epidemiology workforce in health departments across the U.S. and reflects data from all U.S. states, District of Columbia, and all territories. This [webinar](#) hosted on November 14 provides a comprehensive overview of the 2024 ECA results and recommendations and is an opportunity to learn about workforce capacity in state and territorial health departments and gain insights into how to use this data. Visit the [CSTE](#)

[Epidemiology Capacity Assessment Website](#) for more information.

### **Invitation to Participate in Focus Groups Exploring the Intersection of Data Modernization and Health Equity – Complete Form by January 3, 2025**

CSTE is partnering with Abbie Cheney, a CSTE workgroup chair and DrPH student, for a series of focus groups that explore the intersection of data modernization and health equity. These conversations will inform both CSTE's initiative in these areas and Abbie's future dissertation work. If you are interested in participating, please [fill out this form](#) by Friday, January 3, 2025 and we will be in touch to schedule you for one of our focus groups in mid-January 2025. If you have questions about this effort, please reach out directly to Abbie at [cheneya@michigan.gov](mailto:cheneya@michigan.gov).

### **Open Through January 13: CSTE Disability Health Surveillance Funding Opportunities**

#### 1) Request for Proposals (RFP): ***Exploratory Review of Developmental Outcomes for Infants and Children Who are Born Deaf or Hard of Hearing.***

CSTE seeks to select 3 consultants or consultant teams to conduct exploratory literature reviews to identify gaps and better understand developmental outcomes for infants and children who are deaf or hard of hearing (DHH). Applicants are to consider applying for the following areas of focus for the literature or systematic review:

- Option A: Data Systems to Capture Hearing Loss
- Option B: Telemedicine approaches for assessing hearing loss among infants and children
- Option C: Developmental Outcomes of Infants Born DHH

Application submission details are listed in [the RFP](#), and all materials must be emailed to [vwalker@cste.org](mailto:vwalker@cste.org) by **Monday, January 13, 2025, by 11:59 pm EST**. Applicants will receive notification of funding decision by close of business on Wednesday, January 29, 2025. CSTE intends to commit up to \$225,000.00 through a contract mechanism, and project implementation will begin February 2025. Please email any questions to Victoria Walker at [vwalker@cste.org](mailto:vwalker@cste.org).

2) Funding Opportunity Announcement (FOA): ***Disability Health Surveillance Implementation Project***. CSTE seeks to fund a state, Tribal, local, or territorial (STLT) public health organization, non-governmental organization, or university to conduct an analysis project on existing public health or population-based datasets or literature on a topic related to disability, or specifically intellectual and developmental disabilities (I/DD), among adults and health outcomes. Projects may focus on any of several topics including understanding the intersection of age, I/DD, and mortality; the impact of Long COVID on people with and without prior disability; factors contributing to differences in disability prevalence across public health surveys; and a policy analysis of public health survey data for resource allocation.

Application submission details are listed in [the FOA](#), and all materials must be emailed to [vwalker@cste.org](mailto:vwalker@cste.org) by **Monday, January 13, 2024, by 11:59 pm EST**. Applicants will receive notification of funding decision by close of business on Wednesday, January 29, 2024. CSTE intends to commit up to \$65,000.00 through a contract mechanism, and project implementation will begin February 2025. Please email any questions to Victoria Walker at [vwalker@cste.org](mailto:vwalker@cste.org).

3) Funding Opportunity Announcement (FOA): ***Implementation of Disability-Related Definitions for Syndromic Surveillance During Public Health Emergencies***. This opportunity is open to state, tribal, local, and territorial (STLT) health departments to implement newly developed, disability-related syndromic surveillance definitions in NSSP-ESSENCE analyses to identify emergency department visits by people with disabilities to inform and direct inclusive emergency preparedness and response efforts. The awardee jurisdictions must have been impacted by an emergency (i.e. hurricane, flood, oil spill, wildfire, etc) within the last twelve months. Additional details can be found in [the posted FOA](#).

If you are a disability-led or disability-serving community organization and would like to partner with your state, tribal, local, or territorial health department on this project, please find contact information for jurisdictional syndromic surveillance contacts [here](#). CSTE intends to select up to three awardees and commit up to \$39,000 per subaward. The deadline for proposal submission is **Monday, January 13, 2025 at 11:59 pm EST**.

**2025 CSTE Annual Conference – Abstract Submission and Sponsored Traveler Deadline is January 7, 2025!**

The 2025 CSTE Annual Conference will be held in Grand Rapids, Michigan from June 8-12, save the date! Call for abstracts is now open and all abstracts must be submitted via the [online abstract system](#) no later than **Tuesday, January 7, 2025 by 11:59pm EST**. [Guidelines for abstract submission](#) and more information can be found on the [CSTE Conference website](#).

The [application for CSTE 2025 Annual Conference Travel Sponsorship](#) is now open! Workshops that are eligible to provide sponsorship are listed in the form and do not reflect all workshops at the conference. All conference workshops will be held in-person. The deadline to apply for sponsorship is **Tuesday, January 7, 2025 at 11:59pm EST**. Complete this [form to apply for travel sponsorship!](#)



The graphic features a green background with a white outline of Michigan. In the top left, the CSTE logo is displayed next to the text "2025 ANNUAL CONFERENCE". Below this, the dates "JUNE 8-12, 2025" and the location "Grand Rapids, Michigan" are listed. On the right side, a dark blue triangle contains a green banner with the text "SAVE THE DATE" and the website "csteconference.org" below it.

**CSTE 2025 ANNUAL CONFERENCE**

**JUNE 8-12, 2025**  
Grand Rapids, Michigan

**SAVE THE DATE**

csteconference.org

***Get Involved***



*The following groups may be of interest to our CSTE non-infectious disease members with ongoing activities related to non-infectious disease topics. To join one of the CSTE Subcommittees, make sure you are logged into your CSTE member account, click the link to the Subcommittee page, and click "Join Group" under the group name. To join one of the workgroups, contact CSTE staff to be added to the email list and receive meeting information.*

## **CSTE Subcommittee/Workgroup Highlight**

### [CSTE Maternal and Child Health Subcommittee](#)

Co-chairs: Luigi Garcia Saavedra (NM) and Deborah Mbotha (WA)

The mission of the Maternal and Child Health (MCH) Epidemiology Subcommittee is to promote the use of public health surveillance and epidemiologic analysis to guide public health practice and improve Maternal and Child Health. The Subcommittee offers training, capacity development and peer networking for members.

The MCH Subcommittee will restart hosting regular, monthly calls in January 2025 and each call will host a relevant presentation and discussion topic as well as feature a new CSTE MCH release.

The MCH Subcommittee recently hosted a webinar discussing the recently released "[CSTE Guidelines for public health surveillance case definitions of congenital and perinatal infections](#)". This fall CSTE hosted a joint Subcommittee call with the CSTE Vector Borne & Zoonotic Diseases (VBZD), Maternal and Child Health (MCH), and Readiness and Response Subcommittees that coordinated with STLT epidemiologists to discuss the 2024 Oropouche virus outbreak among vector borne disease epidemiologists, their MCH colleagues, and SET-NET coordinators. There is a [CSTE Connect OROV Response thread](#) available for member comments.

Please contact Valerie Goodson ([vgoodson@cste.org](mailto:vgoodson@cste.org)) with any questions about the CSTE MCH Subcommittee.

**The following CSTE Subcommittees and Workgroups have ongoing virtual convenings including projects and/or discussion topics:**

- **Alcohol Epidemiology**
  - Call Schedule: \*Updated to monthly calls, 1st Thursday of the month at 1:00 pm ET. January meeting is 1/9/25 due to holiday reschedule.
  - CSTE Contact: Valerie Goodson, [vgoodson@cste.org](mailto:vgoodson@cste.org)
  
- **Cannabis**
  - Call Schedule: 4th Thursday of every other month at 1:00 pm ET.
  - CSTE Contact: Cailyn Lingwall, [clingwall@cste.org](mailto:clingwall@cste.org)
  
- **Chronic Disease**
  - Call Schedule: 4th Wednesday of every other month at 2:00 pm ET
  - CSTE Contact: Preksha Malhotra, [pmalhotra@cste.org](mailto:pmalhotra@cste.org)
  
- **Climate, Health and Equity**
  - Call Schedule: 4th Monday of every other month at 2:00 pm ET
  - CSTE Contact: Maggie Thelen, [mthelen@cste.org](mailto:mthelen@cste.org)
  
- **Disaster Epidemiology**
  - Call Schedule: 3rd Wednesday of every month at 2:00 pm

- **Injury Epidemiology and Surveillance**

- Call Schedule: As needed
- CSTE Contact: Danielle Boyd, [dboyd@cste.org](mailto:dboyd@cste.org)
  - Injury Surveillance Workgroup
  - Call Schedule: 1st Wednesday of the month at 2:00 pm ET
  - CSTE Contact: Danielle Boyd, [dboyd@cste.org](mailto:dboyd@cste.org)

- **Maternal and Child Health**

- Call Schedule: Calls restarting monthly in January 2025, 2nd Tuesday of the month at 3:00 pm ET
- CSTE Contact: Valerie Goodson, [vgoodson@cste.org](mailto:vgoodson@cste.org)

- **Occupational Health Surveillance**

- Call Schedule: As needed
- CSTE Contact: Cailyn Lingwall, [clingwall@cste.org](mailto:clingwall@cste.org)
- Occupational Surveillance Methods Workgroup
  - 4th Wednesday of the month at 2:00 pm ET
  - CSTE Contact: Cailyn Lingwall, [clingwall@cste.org](mailto:clingwall@cste.org)

- **Overdose**

- Call Schedule: 2nd Thursday of every other month at 2:00 pm ET
    - CSTE Contact: Danielle Boyd, [dboyd@cste.org](mailto:dboyd@cste.org)
  - **Prescription Drug Monitoring Program**
    - Call Schedule: 4th Thursday of every other month at 1:00 pm ET
    - CSTE Contact: Danielle Boyd, [dboyd@cste.org](mailto:dboyd@cste.org)
  - **Public Health Law**
    - Call Schedule: Quarterly
    - CSTE Contact: Sunbal Virk, [phtlaw@cste.org](mailto:phtlaw@cste.org)
  - **Readiness & Response Subcommittee**
    - Call Schedule: 2nd Tuesday of the month at 2:00 pm ET
    - CSTE Contact: Andrew Adams, [aadams@cste.org](mailto:aadams@cste.org)
  - **Substance Use and Mental Health**
    - Call Schedule: Quarterly
    - CSTE Contact: Megan Sullivan Toe, [mtoe@cste.org](mailto:mtoe@cste.org)
  - **Tribal Epidemiology**
    - Call Schedule: Quarterly
    - CSTE Contact: Colin Gerber, [cgerber@cste.org](mailto:cgerber@cste.org)
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## Member Spotlight



*This section highlights CSTE member projects and accomplishments in the area of non-infectious disease epidemiology, allowing readers to learn more about their colleagues in the field. Contact Preksha Malhotra at [pmalhotra@cste.org](mailto:pmalhotra@cste.org) with questions or to nominate yourself or others to be featured.*



**Luigi F. Garcia Saavedra, MPH**

**Substance Use Epidemiology Section (SUES) Manager - New Mexico  
Department of Health**

Luigi is the Substance Use (formerly Abuse) Epidemiology Section (SUES) Manager, with the New Mexico Department of Health (NMDOH) – Injury and Behavioral Epidemiology Bureau. He manages Section activities related to drug and alcohol use and their health consequences.

Luigi is originally from Lima (Peru). He studied at the Universidad Peruana Cayetano Heredia (UPCH) where he obtained his bachelor's degree in science, with a concentration in Biology. Luigi worked in Lima, both in research and teaching (at different academic levels). He moved to Albuquerque (NM) in 2010 and obtained his master's in public health from the University of NM in 2013. In January 2014, he joined NMDOH as the Substance Abuse Epidemiologist. Among his tasks were the production/editing of the annual NM Substance Use (formerly Abuse) Epidemiology Profile (SUEP), incorporation of emergency department (ED) visits and hospital inpatient discharges (HIDD) into the then named Substance Abuse Epidemiology Section surveillance tools, and the start of both the naloxone distribution surveillance and the neonatal abstinence syndrome (NAS) surveillance. In 2014 Luigi also joined CSTE and started actively participating in the activities of the Substance Use and Mental Health (SUMH) Subcommittee and the Alcohol and Other Drugs (AOD) Subcommittee.

In 2017, he became a supervisor, managing CDC's Enhanced State Opioid Overdose Surveillance (ESOOS) grant awarded to NM. During that time, Luigi worked on the incorporation of NM Emergency Medical Services Tracking and reporting System (NMEMSTARS) data, Syndromic Surveillance data, Office of the Medical Investigator (OMI) data, and NM Violent Death Reporting System (NMVDRS) data for overdose surveillance. He also developed two new indicators for incorporation into the SUEP. Also in this role, he was co-responsible for the planning, development, and implementation of an intervention aimed at identifying and offering services to people showing to EDs due to an overdose. That same year, Luigi became the co-chair of CSTE's Neonatal Abstinence Syndrome (NAS) Workgroup. This workgroup developed the first NAS Standardized Surveillance Case Definition, which was approved in 2019. The workgroup's efforts then led to updates made to this case definition, which were approved in 2023.

From April 2019 to March 2023, Luigi became the NM Birth Defects (BDs) Prevention and Surveillance System (NMBDPASS) Manager, within the Environmental Health Epidemiology Bureau. During this period, He made enhancements to the surveillance system, incorporating HIDD data into the surveillance tools, increasing the number of individual BDs tracked, and reducing manual processing, among other changes. In April 2023, Luigi re-joined SUES as

its Manager. In August of that year, Luigi became co-chair of CSTE's Maternal and Child Health Subcommittee.

Luigi has been involved in several projects with CSTE, including the development of the Behavioral Health Indicators, the work related to the NAS surveillance case definition, has participated in the planning of CSTE's Annual Conference activities (as abstract reviewer and moderator), has also presented on several occasions in the Annual Conference (being one of the finalists for the 9th Annual Robert Wood Johnson Foundation National Award for Outstanding Epidemiology Practice in Addressing Racial and Ethnic Disparities in 2016) as well as webinars.

'I want to thank CSTE for the opportunity it has provided me all these years to both put in perspective and improve my capacities as epidemiologist. When I attended my first annual conference in 2014, it opened my eyes as to what I was able to contribute to the field of applied epidemiology, which I could not really see being new at my job. Then, as years passed and I started helping with the planning of the annual conference, attending meetings, and participating in projects, I became acquainted with many wonderful colleagues within CSTE around the country, which helped me develop new ideas and processes that have greatly contributed to my professional development. That is why, within my availability and possibilities, I try to offer my assistance and participate in CSTE activities, as I want others to experience the same opportunities as the ones I had and still have. I am honored CSTE has considered me for this spotlight'.

Luigi can be contacted at [luigi.garciasaavedr@doh.nm.gov](mailto:luigi.garciasaavedr@doh.nm.gov).

## ***Partner Announcements***



### **State Funding Opportunity Forecast**

NIOSH State Funding Forecast Posting: The NIOSH Office of Extramural Coordination and Special Projects (OECSP) has forecasted a new funding cycle for the State Occupational Safety and Health Surveillance Program (U60). The Forecast is posted on Grants.gov and can be located with the following information:

Go to: [Grants.gov](https://www.Grants.gov)

Search Grants for Opportunity Number: RFA-OH-26-007

Assistance Listings: 93.262

Forecast Post Date: Nov 27, 2024/ Estimated NOFO Post Date: May 30, 2025

Estimated Application Due Date: Sep 30, 2025/ Estimated Project Start: Jul 01, 2026.

Additional information about this opportunity will be shared as it becomes available. Questions can be directed to Eduardo O'Neill, PhD, MS, MPH: [fzt4@cdc.gov](mailto:fzt4@cdc.gov)

### **CDC Provisional Data Shows a Decline in Overdose Deaths**

CDC recently released provisional data that predicted a 14.5% decline in national overdose deaths for the 12-month period ending June 2024, compared to the same time stretch 12 months earlier. The [“12 Month-ending Provisional Number and Percent Change of Drug Overdose Deaths” data visualization](#) presented on the webpage displays provisional counts for drug overdose deaths based on the current mortality data in the National Vital Statistics System.

### **NASEM: Public Health Consequences of Changes in the Cannabis Policy Landscape**

The National Academies of Sciences, Engineering, and Medicine (NASEM) released a report, [Public Health Consequences of Changes in the Cannabis Policy Landscape](#) to review the public health impact of changing cannabis policy across states. Many states have been changing their cannabis policies to be moving more toward the legalization of cannabis and its products, but the public health implications of these changes in policies is unclear and hasn't been evaluated. This study explains the cannabis and cannabinoid availability in the U.S., examines regulatory frameworks for the cannabis industry with a health equity lens, and explores strengths and weaknesses of medical and non-medical surveillance systems as well as provides recommendations to decrease harms to society and advise policy research over the next five years.

## **American Journal of Public Health: Closing Gaps Between Cannabis Policy and Scientific Understanding**

American Journal of Public Health, (AJPH) released the supplement: [Closing Gaps Between Cannabis Policy and Scientific Understanding](#). The supplement was developed to compile research on the public health effects of cannabis use and presents the opportunity to identify research gaps, pressing issues, and a path forward to protect the public from the potential health effects of cannabis use.

## **Recently Released Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Reports (MMWRs)**

CDC MMWR: [Adverse Childhood Experiences and Health Conditions and Risk Behaviors Among High School Students — Youth Risk Behavior Survey, United States, 2023](#)

This report demonstrates the first self-reported, nationally representative estimates of adverse childhood experiences (ACEs) among U.S. high school students aged less than 18 years. It also provides estimates of the associations between ACEs and 16 health conditions and risk behaviors and calculates population-attributable fractions of ACEs with these conditions and behaviors by using cross-sectional, nationally representative 2023 Youth Risk Behavior Survey data. Results showed that ACEs were common with 76.1% of students experiencing at least one ACE.

CDC MMWR: [Notes from the Field: Ketamine Detection and Involvement in Drug Overdose Deaths – United States, July 2019-June 2023](#)

This new MMWR reviews recent trends on ketamine use in involvement with fatal overdoses. The availability of ketamine for use in treatment-resistant depression among adults has increased due to the Food and Drug Administration's (FDA) approval in 2019. Since 2019, increased use of ketamine has been reported through poison center calls and drug report from law enforcement but there is lack of knowledge around the recent trends in ketamine involvement in fatal overdoses. The study found that during July 2019–June 2023, ketamine was detected in less than 1% of overdose deaths and more than 75% of deaths with ketamine detected involved other substances, mainly illicitly manufactured fentanyl and illegal stimulants (e.g., cocaine and methamphetamine).

CDC MMWR: [Detection of Illegally Manufactured Fentanyl and Carfentanil in Drug Overdose Deaths – United States, 2021-2024](#)

This CDC MMWR found overdose deaths involving illegally made fentanyl started declining in late 2023 across the United States. However, deaths involving carfentanil, while still rare, increased sharply. It is important for overdose prevention efforts to be able to comprehensively address different types of illegally manufactured fentanyl (IMFs), including carfentanil, so they can adapt to emerging opioids to be able to reduce overdose deaths in the United States.

CDC MMWR: [Surveillance Summaries: Intimate Partner Violence-Related Homicides of Hispanic and Latino Persons — National Violent Death Reporting System, United States, 2003–2021](#)

This report examines homicides related to intimate partner violence of Hispanic and Latino people in the United States using the CDC's National Violent Death Reporting System, (NVDRs) from 2003-2021. In 2022, homicide was one of the top leading causes of death for Hispanic and Latino persons and a majority of female homicides occurred in relation to intimate partner violence (IPV). Results found that almost half of female homicides (48.2%) and 6.7% of male homicides were IPV-related, but among all Hispanic and Latino homicides, most victims were male (83.9%). More research is necessary to understand the connection between intimate partner homicides (IPHs) and IPV-related homicides and race and pregnancy.

**November: National Diabetes Month and National COPD Awareness Month**

November was national diabetes month and national chronic obstructive pulmonary disease (COPD) awareness month. Please see below for resources for both.

**National Diabetes Month:**

Diabetes affects about 38 million Americans with almost 98 million adults who have prediabetes but may not even be aware. The theme of this year's National Diabetes Month was: Take Charge of Tomorrow, Preventing Diabetes Health Problems. View the [resources](#) from the National Institute of Diabetes and Digestive Kidney Diseases (NIDDK) including a video, tips, and toolkit. Also, check out the Healthy People 2030 objectives related to diabetes such as the [Leading](#)

[Health Indicator D-01: Reduce the number of diabetes cases diagnosed yearly.](#)

### **National COPD Awareness Month:**

Chronic obstructive pulmonary disease (COPD) is a severe lung disease that affects your breathing. Prevention includes protecting your lungs by not smoking and avoiding exposure to irritants. The National Heart, Lung, and Blood Institute provides [resources for COPD Awareness Month](#) to spread awareness about how to take care of your lungs for people of different ages, people at risk or diagnosed or caregivers, and for health and medical professionals. The [Learn More, Breathe Better](#) is a National Institute's of Health (NIH) health education campaign that raises awareness about lung diseases such as COPD and asthma to increase prevention. Also, check out the Healthy People 2030 objectives to [reduce cigarette smoking](#) and [improve respiratory health](#).

## **Resources**



1. [CSTE Connect](#)
2. [CSTE Learn](#)
3. [CSTE Conference](#)
4. [CSTE Applied Epidemiology Competencies](#)
5. [CSTE Published Briefs](#)
6. [CSTE Inclusion of Industry and Occupation as Core Demographic Variables in Public Health Surveillance](#)
7. [CSTE DMI Stories from the Field](#)
8. [CSTE Data Modernization Initiative – Priorities from State, Tribal, Local, and Territorial Public Health](#)

9. [CSTE State, Tribal, Local and Territorial Public Health Agency Approaches to Long COVID-19/Post COVID-19 Condition Surveillance](#)
10. [National Academies of Sciences, Engineering, and Medicine \(NASEM\): A Long COVID Definition](#)
11. [CSTE Reproductive Health and Disasters \(RHAD\) Assessment Toolkit 2.0](#)
12. [CSTE Recommendations for State, Tribal, Local, and Territorial Health Agencies for Pregnancy Status Reporting](#)
13. [CSTE Guidance to Improve Pregnancy Status Reporting Accuracy and Completeness](#)
14. [CSTE Emergency Preparedness and Response Training for Public Health Epidemiologists](#)
15. [CSTE Data Visualization and Health Equity Training Series](#)
16. [CSTE ICD-10-CM Injury Surveillance Toolkit](#)
17. [CSTE Health Equity in Injury Data: Approaches for Injury Data Communication and Dissemination with a Health Equity Lens](#)
18. [CSTE Overdose Anomaly Toolkit: Introduction](#)
19. [CSTE Dashboards: Topics in Design, Evaluation, and Maintenance for Effective Insights of Drug Overdose Surveillance](#)
20. [CSTE Emergency Medical Services Nonfatal Opioid Overdose Standard Guidance](#)
21. [Recommendations for the Use of Emergency Medical Services Data to Identify Nonfatal Opioid Overdoses](#)
22. [2019 CSTE Nonfatal Opioid Overdose Standardized Surveillance Case Definition](#)
23. [CSTE Nonfatal Opioid Overdose Position Statement Implementation Guide](#)
24. [CSTE Universal Screening for Alcohol Use in Emergency Departments: A Strategy to Reduce Harms Related to Excessive Drinking](#)
25. [Applied Forensic Epidemiology Resources](#)

26. [CSTE Occupational Health Publications](#)

27. [CSTE Tribal Epidemiology Toolkit](#)

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