

**Philadelphia Department of Public Health
Public Health Forum:
Emerging Issues in Public Health Preparedness**

Thursday, May 29, 2008
Doubletree Hotel
237 S. Broad Street, Philadelphia
8 a.m. to 1 p.m.

TOPICS & PRESENTERS to include:

Welcome Address

Don Schwarz, MD, MPH, Deputy Mayor of Health and Opportunity and Commissioner of Health, City of Philadelphia

The Epidemiology of Medical Errors – A Public Health Issue

Hedy Cohen, RN, MS, Vice President, Institute for Safe Medication Practices, Huntingdon Valley, Pennsylvania

Act 52 Update – Healthcare Associated Infections

Stephen Ostroff, MD, Director Bureau of Epidemiology, Pennsylvania Department of Health

Pandemic Influenza Planning – Update on Key Issues from CDC

Lisa Koonin, MN, MPH, Influenza Coordination Unit, Centers for Disease Control and Prevention

The Rights and Wrongs of Mandates – The Case of Human Papillomavirus (HPV) Vaccine

Arthur Caplan, PhD, Director, Center for Bioethics, University of Pennsylvania

Infectious Disease Update from the Philadelphia Department of Public Health Division of Disease Control

Caroline Johnson, MD, Director Division of Disease Control, Philadelphia Department of Public Health

AUDIENCE: Medical professionals in infectious diseases and infection control, emergency medicine, student health and primary care; public health professionals.

SPONSORS: Philadelphia Department of Public Health, Division of Disease Control.
Health Federation of Philadelphia

CEUs: CME and nursing education credits will be available.

FEE: This program is free, including breakfast, box lunch, and CE credits.

QUESTIONS? Contact Debra D'Alessandro at (215) 557-2101 or tries@healthfederation.org

PRE-REGISTRATION: Pre-registration required by Friday, May 23.

PLEASE print clearly! Confirmation letter will be mailed/faxed to you based on this information.

MAIL registration to:

Health Federation of Phila.

1211 Chestnut St., #700

Phila., PA , 19107

FAX: 215-557-2100

OR EMAIL to:

tries@healthfederation.org

Name _____

Title _____

Agency _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email: _____