DEPARTMENT OF HEALTH & **HUMAN SERVICES**

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Public Health Service

Centers for Disease Control and Prevention (CDC)
Atlanta GA 30333

October 3, **2003**

Mr. Patrick J. **McConnon, M.P .H. Executive Director**
Council of State and Territorial Epidemiologists (CSTE) 2872 Woodcock **Boulevard, Suite 303 Atlanta, Georgia 30341-4015**

Dear Mr. McConnon:

Thank you for your letter forwarding the positions statements, adopted by CSTE in 2003

Enclosed are the Centers for Disease Control and Prevention's (CDC) responses to the CSTE Position Statements sent to the National Center for Infectious Diseases. These responses have also been sent to you via electronic mail.

We look forward to continued collaboration with CSTE regarding public health issues of mutual concern.

Sincerely,

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c **;ames M. Hughes, M.D.**

Director
National Center for Infectious Diseases

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Enclosures

National Center for Infectious Diseases Comments

CSTE **POSITION** STATEMENT: #03-ID-OS

TITLE: Hepatitis c, **Acute**

Statement of desired action(s) to be taken:

CSTE Recommends

(1)

Approve revised case definition for acute hepatitis C.

CDC Comments:

CDC supports the position statement 03-ID-O5, entitled, "Hepatitis C, Acute". This position statement proposes a revision of the Hepatitis C, Acute case definition to include using the anti-HCV signal to cutoff ratio predictive of a true positive as an alternative to laboratory confirmation with a more specific assay.

CDC is in agreement with the proposed revision of the case definition and believes that using the signal to cut-off ratio as an alternative to laboratory confirmation minimizes the need for additional supplemental testing while improving the reliability of reported results. Adoption of this case definition will improve public health surveillance by reducing the proportion of case reports that need to be investigated to identify acute cases and limiting follow-up of all anti-HCV positive persons to those who have been serologically confirmed.