DEPARTMENT OF HEALTH & HUMAN SERVICES

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,

for James M. Hughes, M.D.
Director
National Center for Infectious Diseases

Enclosures

National Center for Infectious Diseases Comments

CSTE POSITION STATEMENT: #03-ID-06

TITLE: Surveillance for *Staphylococcus aureus* Infection with Decreased Susceptibility to Vancomycin, including both Vancomycin-Intermediate and Vancomycin-Resistant *Staphylococcus aureus*.

Statement of desired action(s) to be taken:

CSTE Recommends:

1. Vancomycin-intermediate and vancomycin-resistant *Staphylococcus aureus* should be added to the national reportable disease list and placed under surveillance through the National Notifiable Diseases Surveillance System (NNDSS).

CDC Comments:

CDC supports the position statement 03-ID-06, entitled, "Surveillance for *Staphylococcus aureus* Infection with Decreased Susceptibility to Vancomycin, including both Vancomycin-Intermediate and Vancomycin-Resistant *Staphylococcus aureus*." As anticipated, fully vancomycin-resistant *S. aureus* (VRSA) has now emerged. Although only two VRSA infections have been confirmed, improved laboratory testing capacity related to VRSA and vancomycin-intermediate *S. aureus* (VISA) will likely identify additional cases. CDC agrees that national reporting of VISA and VRSA will lead to earlier identification of cases, help prevent transmission, and increase awareness of prevention measures. NCID will work with the Epidemiology Program Office (EPO), CDC, to create a meaningful case definition based on the VISA/VRSA position statement, with updated laboratory testing information to ensure valid data collection. NCID will work with EPO to ensure immediate notification of any VISA/VRSA reports. CDC will continue to maintain an established system to provide expedited confirmatory testing and immediate infection control guidance for any state health department laboratory or clinical setting with a suspect VRSA or VISA (http://www.cdc.gov/ncidod/hip/vanco/vanco.htm).

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

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

December 18, 2003

Patrick J. McConnon, MPH
Executive Director
Council of State and Territorial Epidemiologists
2872 Woodcock Boulevard
Suite 303
Atlanta, GA 30341-4015

Dear Mr. McConnon,

Thank you for your letters forwarding the position statements adopted by the Council of state and Territorial Epidemiologists (CSTE) during your 2003 annual meeting.

Enclosed are the Centers for Disease Control and Prevention's (CDC) responses to the position statements for which you requested our comments. These position statements were circulated and comments were solicited from the appropriate parties.

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

Sincerely,

for Karen E White
Stephen B. Thacker, M.D., M.Sc.

Attachments

CSTE Position Statement 03-ID-06

Title: Surveillance for *Staphylococcus aureus* infection with decreased susceptibility to vancomycin, including both vancomycin-intermediate and vancomycin-resistant *Staphylococcus aureus*

Statement of desired action(s) to be taken:

Vancomycin-intermediate and vancomycid-resistant *Staphilococcus aureus* should be added to the national reportable disease list and placed under surveillance through the National Notifiable Disease Surveillance System.

CDC Comments and Action(s):

Two NNDSS event codes have been assigned to Vancomycin-intermediate *Staphylococcus aureus* (VISA; 11663) and Vancomycin-resistant *Staphylococcus aureus* (VRSA; 11665). CDC will update the event code list to indicate that these two conditions become nationally notifiable effective January 1, 2004. The updated version of the event code list will be distributed to all State and Territorial Epidemiologists and NETSS reporters (early Fall 2003). The Office of Integrated Health Information Systems, CDC, and NEDSS Base System (NBS) developers will be notified of the new codes for the NBS system reference tables. State-based NETSS software and transmission protocols will be modified to support electronic data interchange of this surveillance information.

The case definition included in the VISA/VRSA position statement will be added to the CDC case definition web site (URL: http://www.cdc.gov/epo/dphsi/casedef/index.htm). This web site also includes the latest table of nationally notifiable infectious diseases. Effective January 1, 2004, CDC will update the web site (above) to include VISA/VRSA in the 2004 table of nationally notifiable diseases.

While only a confirmed case definition is provided in the position statement, some states are unable to report any information on case status or may report other case status categories (e.g. probable). When NNDSS-based VISA/VRSA surveillance data are presented, CDC will work to determine whether printed NNDSS data should only present "confirmed" case data, or whether other case classification status categories, such as non-nationally-defined case classifications (probable, suspect, unknown), should also be presented.

In 2003, CDC will distribute a letter to state epidemiologists and NNDSS reporters to provide them the updated NNDSS event code list and surveillance case definitions for use in transmitting data via the NETSS to the NNDSS, as per the finalized 2003 CSTE position statements and the CDC-recommended case definitions.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

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

MAR 31 2006

C. Mack Sewell, Dr.P.H.
State Epidemiologist, New Mexico
Director, Epidemiology and Response Division
President, Council of State and Territorial
Epidemiologists
2872 Woodcock Boulevard, Suite 303
Atlanta, Georgia 30341-4015

Dear Dr. Sewell:

Thank you for your letter requesting that the Centers for Disease Control and Prevention (CDC) convene a meeting to address animal import and exotic animal trade issues. Please excuse the delay of this response. As the federal agency tasked with preventing the introduction of diseases that pose a human health threat, CDC strongly shares your concerns about the infectious disease risks associated with exotic animal importation.

Our past responses to human health disease threats posed by animal importation include our current regulations restricting the importation of nonhuman primates and African rodents and orders prohibiting the introduction of civets and birds from countries with highly pathogenic avian influenza H5N1. However, CDC recognizes that emerging infectious disease threats related to exotic animal importation may require a broader, more comprehensive policy addressing exotic animal importation. CDC believes that a number of approaches could be taken to further limit the introduction of zoonotic diseases into the United States. We have engaged our federal partners in this process, and on January 17, 2006, we hosted a coordinated discussion with federal partners including the Food and Drug Administration, the United States Department of Agriculture, Customs and Border Protection, the Department of Defense, and others. On February 1, 2006, we also discussed our activities with the National Association of State Public Health Veterinarians (NASPHV) as well as your organization, the Council of State and Territorial Epidemiologists (CSTE), via conference call, and plan to provide updates to your groups at upcoming meetings in 2006.

The 2003 and 2005 Position Statements from CSTE and NASPHV, as well as your most recent letter, requested that CDC organize a broad federal effort to address exotic trade issues. As you know, no single federal agency has complete regulatory authority over the exotic animal trade. Although CDC has been engaged in efforts to revise our animal importation regulations, other agencies will need to be similarly involved to address their regulatory capabilities. As we discussed during the February 1, 2006, conference call, the Federal Advisory Committee Act strictly regulates CDC's ability to establish a consensus working group with nonfederal

stakeholders where the intent is to provide consensus advice to CDC on matters of policy. We would, however, be happy to work with you to arrange a meeting in Atlanta this Spring where we receive information and opinions from individual stakeholders. Please have representatives from your group contact Dr. Jennifer McQuiston, Division of Global Migration and Quarantine, by phone at (404) 639-0041 or by e-mail at fzh7@cdc.gov. Dr. McQuiston will serve as CDC's primary point of contact for the organization of this meeting.

Please be assured that CDC is committed to the development of comprehensive national control measures to reduce the risk of importing zoonotic pathogens via animals and animal products that pose a threat to human health, while maintaining the ability to respond to novel threats as they occur in humans. We look forward to working with you to achieve this goal. I also will provide this response to Dr. Gail Hansen, State Epidemiologist, Kansas, and President, NASPHV, who cosigned your letter.

Sincerely,

Julie Louise Gerberding, M.D., M.P.H.
Director