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-10

Title: Revised guidelines for determining residency for disease reporting purposes

Statement of the desired action(s) to be taken:

CDC programs participating in NNDSS will follow the updated guidelines for determining residence for notifiable disease reporting. CDC's Epidemiology Program Office, which manages NNDSS, will offer technical assistance as needed regarding interpretation of the guidelines.

CDC Comments and Action(s):

CDC has updated the guidelines for determining the jurisdiction responsible for reporting notifiable diseases to CDC under the NNDSS. The guidelines are intended to provide uniform standards for determining usual residence for disease reporting purposes. CDC will include the revised guidelines in the Fall 2003 mailing that will be distributed to state epidemiologists and NNDSS reporters.

CDC will provide the revised guidelines as a link on the NNDSS web page, making them available as a reference for consistent interpretation of rules for determining residency for NNDSS disease reporting.

CDC has previously shared the guidelines throughout the programs participating in NNDSS and anticipates that they will follow the updated guidelines for determining residence for notifiable disease reporting.

CDC will offer technical assistance to states regarding interpretation of the guidelines (and provide contact information on the web site and to NNDSS reporters). In situations where usual residence remains ambiguous and when there is disagreement between states regarding who should report a case, CDC is willing to arbitrate the disagreement and recommend a reporting jurisdiction.

Council of State and Territorial Epidemiologists (CSTE)
Position Statement 03-ID-10
Response from National Center for HIV, STD, and TB Prevention,
Division of HIV/AIDS Prevention

Title: Revised Guidelines for Determining Residency for Disease Report

I. Rationale for basing disease reporting guidelines on U.S. Census residency rules.

The guidelines as outlined are consistent with existing HIV/AIDS surveillance practices. In addition, the National Center for HIV, STD, and TB Prevention, (NCHSTP), Division of HIV/AIDS Prevention (DHAP), HIV Incidence and Clinical Surveillance Branch, is incorporating the guidelines outlined in this position statement into draft recommendations for updated HIV/AIDS case ownership rules to ensure consistency with the National Notifiable Disease Surveillance System (NNDSS) practices.

III. Parameters for disease reporting

NCHSTP/DHAP agrees with the need to set a reference point for determining usual residence. For disease-specific surveillance needs, and consistent with CSTE-supported case definitions, the reference point for HIV/AIDS will be the date of diagnosis, as confirmed by a laboratory. The reference point/period could be set according to disease-specific needs.

IV. Specific guidelines for determining usual residence at time of symptom onset.

As outlined in the position statement, items A-K are sufficient, except all mention of reference period citing time of symptom onset would, as explained in position statement III, be changed to date of diagnosis for cases of HIV and AIDS.