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,

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

Enclosures

CSTE POSITION STATEMENT: #03-ID-03

TITLE: Smallpox Surveillance

Statement of desired actions to be taken:

CSTE Recommends:

1. Smallpox be placed under national surveillance as part of the NNDSS.
2. All states/cities/territories add smallpox to their reportable disease lists.
3. CDC work with CSTE to develop a plan for CDC to collect aggregate, pre-event data on cases of vesicular/pustular rash illnesses suspicious for smallpox, that are investigated by state/city/territorial health departments.
4. CDC work with CSTE to develop guidelines for implementation of post-event surveillance for confirmed and probable smallpox cases with reporting by states via the NNDSS.

CDC Comments:

CDC supports the position statement 03-ID-03, entitled "Smallpox Surveillance". This position paper presents case definition and case classification criteria consistent with those found in "Draft: Smallpox Response Plan Guide A" (CDC, May 21, 2003). CDC is in agreement with use of the "Evaluating Patients for Smallpox" protocol in the pre-event era and will work with CSTE to develop methods to report routine summary data on cases investigated by states for the purpose of evaluating national smallpox surveillance efforts and the usefulness of the current clinical rash illness algorithm. CDC will also work with CSTE to develop implementation guidelines for post-event surveillance, according to Guide A of the CDC Smallpox Response Plan.

Note: Under "Goals of Surveillance" in this position paper, establishment of a surveillance program for varicella is encouraged, as recommended previously by CSTE (#02-ID-06). The rationale for this program is that most cases of vesicular/pustular rash are likely to be varicella. In light of the recent monkeypox outbreak, consideration should be given to dropping this reference to varicella surveillance and advocating for a larger rash illness surveillance program that would track monkeypox and varicella as well as other illnesses that may be confused with smallpox.