DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

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

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

Dear Mr. McConnon:

Thank you for your letter regarding the Council of State and Territorial Epidemiologists' (CSTE) position statement 04-ID-09 entitled "Enhancing Surveillance and confirmatory testing of Creutzfeldt-Jakob and other Human Prion Diseases."

As you know, the Centers for Disease Control and Prevention (CDC) has been increasing its collaborations with state and local public health agencies to enhance surveillance for human prion diseases since the outbreak of variant Creutzfeldt-Jakob disease (vCJD) in the United Kingdom (UK) was announced in 1996. Variant CJD is a fatal, neurodegenerative disease that is etiologically linked to the UK epizootic of bovine spongiform encephalopathy (BSE) that was recognized among UK cattle during the 1980s. It is generally accepted that humans develop this fatal illness primarily through consumption of food containing the BSE agent.

In 2003, the identification of two cases of BSE in North America, the report of a highly probable bloodborne transmission of vCJD in the UK, and the increasing spread of chronic wasting disease (another possibly zoonotic prion disease among deer and elk populations in the United States) indicate the need to continue enhancing human prion disease surveillance in this country. Such surveillance is needed to monitor the occurrence of any emerging forms of human prion disease (e.g., vCJD, or possible human chronic wasting disease) as well as other prion disease-related public health issues (e.g., iatrogenic CJD).

I applaud the recent CSTE position statement supporting increased involvement of CSTE members in facilitating arrangements for brain autopsies on suspected or clinically diagnosed cases of human prion disease. Brain autopsies are of critical importance for confirming cases of prion disease and improving the effectiveness of prion disease surveillance programs. I strongly support the CSTE statement's call for periodic reviews by state and/or local public health agencies of routinely collected mortality data to monitor deaths due to CJD. Such reviews will significantly augment and shorten surveillance delays of one of the nation's most sensitive CJD surveillance mechanisms, the regular analyses by CDC of the multiple cause-of-death data compiled by the National Center for Health Statistics. The other actions described in the CSTE

position statement including support for investigations of prion disease patients under 55 years of age, increased public education efforts, and more referrals of brain tissues to the National Prion Disease Pathology Surveillance Center will be particularly helpful in enhancing surveillance for CJD and its emerging variants in the United States.

I welcome the prion disease-related CSTE position statement as an important step towards tackling the challenging public health problems posed by human prion diseases. CDC will certainly continue to contribute its share towards the success of actions listed in the CSTE statement. We look forward to increasing collaborations with CSTE and state and local public health agencies to enhance surveillance for prion diseases.

Sincerely,

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