# Position Statement

**Submission Date:** April 20, 2005

**Committee:** Executive Committee
05-EC-03

**Title:** CSTE Policy on Communications Between CDC and State and Territorial Health Agencies Pertaining to Epidemiologic Activities

**Statement of the Problem:** At present, there is no explicit, written policy to guide interactions between CDC and state and territorial health departments on the conduct of epidemiologic investigations or consultations with clinicians. Further, there is no clear policy for delineating responsibilities regarding mutual notification of important health events, and initiation and follow-through in an investigation. Better clarification of these roles and responsibilities will enhance the capacity of state and territories to work synergistically with CDC in the future, and would increase the ability of state and local health departments to respond rapidly to events occurring within their jurisdiction.

**Statement of the desired action(s) to be taken:** Adoption by CSTE Membership of the attached CSTE Policy on Communications Between CDC and State and Territorial Health Agencies Pertaining to Epidemiologic Activities. CDC is requested to adopt a policy consistent with CSTE's policy.

**Public Health Impact:** State and territorial health agencies work to cultivate mutually beneficial ties with CDC and with other state and local public health agencies. This policy concerns good communication and information sharing among public health partners and is intended to strengthen the working relationship of state and territorial health agencies with CDC, and increase the ability of state and local health departments to respond rapidly to occurrences within their jurisdictions. The policy addresses three aspects of state and territorial health agencies' interactions with CDC:

a) Requests by states and territories for CDC to conduct activities,
b) Notification by CDC to states and territories about conditions of public health importance and about CDC-supported activities, and
c) Information from states and territories to CDC.

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**CSTE Policy on Communications**
**Between CDC and State and Territorial Health Agencies**
**Pertaining to Epidemiologic Activities**

In fulfilling their missions, governmental public health agencies cultivate mutually beneficial ties and foster working relationships grounded in core values of accountability, respect, and integrity. This policy statement is intended to strengthen the working relationship between state health agencies and CDC.[*] It is essentially about good communication and information sharing among partners, and doing that well requires individual and institutional commitment to the letter and the spirit of the policy. The statement addresses three aspects of interactions between states and CDC:

- Requests by states for CDC to conduct activities,
- Notification from CDC to states about conditions of public health importance and about CDC-supported activities,
- Information from states to CDC.

## (1) Requests by States for CDC participation

A request from states is generally required for CDC to participate in investigations, studies, or projects within their borders, since states have primary authority for public health matters within their borders. Accordingly, CDC staff should generally initiate and participate in investigations or other projects only at the request or with the approval of states' authorized representatives.[**]

The investigations, studies and projects for which CDC requires a request from states are those that involve new collection of data or analyses of existing bodies of data to address a public health issue that has a potential impact on the state's programs, policies, activities, or resources.

CDC should have the states' request for participation in activities that involve a single state or multiple states regardless of whether CDC staff presence is actual or "virtual" (e.g., telephone, fax, email). When a request for CDC participation comes from a national or other organization that may extend beyond state

[*] For brevity, the terms "CDC" and "states" are commonly used in the text; however, this policy statement is intended to apply to CDC and ATSDR interactions and relations with the States, U.S. Territories, and the District of Columbia.

[**] Each state health agency determines which staff members have the authority to request a CDC investigation in the state. When CDC staff do not know or are unsure who has this authority, they should contact either the State Health Official or the State Epidemiologist. Contact information can be found on the websites of the Association of State and Territorial Health Officials (**www.statepublichealth.org**) and the Council of State and Territorial Epidemiologists (**www.cste.org**).

borders (e.g. American Red Cross), or from a state agency other than the state health agency, CDC should also ask for a request from the state health agency. When a request for CDC participation comes from another federal agency (e.g., USDA, EPA, FBI), CDC should, when feasible**,** also ask for a request from the state health agency.

Specific situations:

- When CDC assistance is through the EPI-AID mechanism, the established guidelines and procedures for EPI-AIDs routinely apply.[1,2]
- When CDC assistance is requested for an investigation at military or other federal institutions, or within Native American tribal or Indian Health Services jurisdictions, if the activity extends into state jurisdiction (e.g., interviewing federal employees outside federal property), then CDC should also seek a request from the involved state. If the activity does not extend into state jurisdiction then the state's request is not required, but CDC staff should promptly inform the contiguous states before beginning their participation.
- In the special circumstance when a state requests federal assistance to a disaster, CDC's role in the overall federal response is defined in specific documents.[3-5]

CDC does not require the states' request for activities such as ongoing collection or analysis of data elements in established surveillance systems and national surveys; and it is not required for projects directly funded by CDC and conducted by organizations such as universities, community-based organizations, or nonprofit organizations through grants, cooperative agreements, or other means.

CDC does not require a request from a state when prohibited by law or inconsistent with federal law including the following:

- USA Patriot Act, Pub. L. No. 107-56, prohibits the disclosure of ongoing investigations in certain circumstances.
- The Occupational Safety and Health Act, 29 U.S.C. 651 to 678, and the Federal Mine Safety and Health Act, 30 U.S.C. 801 to 962, authorize the National Institute for Occupational Safety and Health (NIOSH) to conduct occupational health hazard evaluations and other occupational safety and health activities.
- The Energy Employees Occupational Illness Compensation Act, 42 U.S.C. 7384-7385, and Executive Order 13179 authorize NIOSH to perform certain activities to assist the Department of Labor in adjudicating claims by covered employees who worked in the nuclear weapons industry.
- The Public Health Service Act, 42 U.S.C. 242k, authorizes the National Center for Health Statistics (NCHS) to collect statistics on the extent and nature of illness and disability of the population of the United States (or of any groupings of the people included in the population), including life expectancy, the incidence of various acute and chronic illnesses, and infant and maternal morbidity and mortality.
- The Public Health Service Act, 42 U.S.C. 264-267, authorizes the Director of CDC to conduct quarantine-related functions specified in 42 CFR parts 70 and 71.

- The Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA), 42 U.S.C. 9604(i), authorizes the Agency for Toxic Substances and Disease Registry (ATSDR) to perform health assessments and related investigations related to hazardous substance releases and to respond to petitions for assistance from exposed or potentially exposed persons.

Even in the situations when the states' request is not specifically required for CDC investigations, studies, or projects, CDC staff should promptly inform the appropriate State health agency personnel as soon as feasible.

**(2) <u>Notification by CDC to States</u>**

CSTE recommends that CDC routinely provide information to states about conditions of public health importance and about projects and activities CDC is supporting. In general, the projects and activities supported by CDC serve a public health purpose and therefore are relevant to state health agencies. The specific details of notification – about what, to whom, and how - vary and are subject to good judgment and common sense.

CSTE recommends that CDC should:

**(a) Ensure that states are informed about conditions of public health importance within their borders.**

Timely notification to state health agencies about conditions of public health importance is an essential component of good public health practice. CDC staff should routinely provide timely notification to state health agencies when they receive information about conditions of public health importance that are actually or potentially within their jurisdictions. Such notification should be given for:

- Cases of reportable diseases or conditions,
- Laboratory testing of specimens submitted to CDC by any entity other than the State Public Health Laboratory, when the testing is for reportable diseases or conditions or for other results of public health importance,
- Outbreaks (including outbreaks on cruise ships),
- Other information (e.g., unusual disease or unusually high incidence of a disease, communications with clinicians or news reporters, etc.) when judged to be of need-to-know importance.

**(b) Ensure that states are informed about CDC-supported activities within their borders, when those activities are of public health importance to the states.**

CDC supports many projects conducted by non-state agencies (e.g., universities, community-based organizations, nonprofit organizations, local health departments in some states), and by state agencies other than the state health agency (e.g., environmental, educational, social services, labor), through grants, cooperative agreements, technical assistance, or other means.

- CDC should strongly encourage local health departments, non-governmental agencies and organizations, and governmental agencies other than the state health agency to inform affected state health agencies early in project

development so that the health agencies have the opportunity for input during the development phase. These organizations should also keep the state health agency apprised of any significant developments during the project and provide a report to the state health agencies at the conclusion of the project.

- CDC should ensure that the affected state health agency receives timely notification about CDC-supported activities, when those activities are of public health importance to the states.

**(c) Ensure ongoing communication and sharing of information with states and localities about investigations, studies, projects, and other activities of public health importance within their borders that CDC is engaged in.**
Once CDC is engaged in health agencies' jurisdictions on issues relevant to the agencies, these agencies have a need to know about progress and results of CDC's activities. At a minimum, CDC should update states and localities at reasonable intervals about these activities, and will provide any final written reports and manuscripts.

**(3) Information from states to CDC**

In the interest of good public health, CDC relies on states to share the responsibility for good communications. Therefore, state health agencies should:

**(a) Provide assistance to CDC to contact appropriate state health officials for the activities outlined above.**
When CDC staff are uncertain who is the appropriate state contact for a particular situation, they can request help from the State Health Official or the State Epidemiologist (see footnote, p.1). Once the appropriate person has been notified or has requested CDC participation, it is that official's responsibility to ensure communication with the local health officials in affected jurisdictions, consistent with the "Principles of Collaboration Between State and Local Public Health Officials." [6]

**(b) Provide timely notification to CDC about conditions of public health importance that are actually or potentially within their jurisdictions.**
Such notification is needed for

- Cases of reportable diseases or conditions
- Specimens for laboratory testing being submitted to CDC by the State Public Health Laboratory
- Any information judged to be of need-to-know importance (e.g., unusual disease, unusually high incidence of a disease, or unusual outbreaks, including cases or outbreaks of unusual or unexplained diseases from work)
- Reports of disease, conditions, or outbreaks that may affect multiple states
- New projects or new developments in existing projects that involve CDC staff and/or CDC funding.

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## References


1. Council of State and Territorial Epidemiologists. Statement of Support for EPI-AID Investigations. Position Statement 1997-EC-5. www.CSTE.org

2. Centers for Disease Control and Prevention (CDC). Guidelines for EPI-AID Investigations. Third Edition–DRAFT. Available through Division of Applied Public Health Training, Epidemiology Program Office, Centers for Disease Control and Prevention.

3. Federal Response Plan: Emergency Support Function Annex (ESF-8) and Terrorism Incident Annex. www.FEMA.gov.

4. National Oil and Hazardous Substances Pollution Contingency Plan (NCP). www.NRT.org.

5. Federal Radiological Emergency Response Plan. www.FEMA.gov.

6. Joint Council of State and Local Health Officials. Principles of Collaboration Between State and Local Health Officials, February 2000. www.NACCHO.org