DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

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

RECEIVED SEP 26 2005

SEP 22 2005

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 statements listed below and the opportunity to provide recommendations around surveillance and recommended changes in current case definitions of several conditions. Please excuse the delay of this response. Enclosed are the Centers for Disease Control and Prevention's (CDC) responses to the following CSTE Position Statements:

- 05-ID-01, "Strengthening surveillance for travel-associated legionellosis and revised case definitions for legionellosis."
- 05-ID-05, "Revision of the National Surveillance Case Definition for Meningococcal."
- 05-ID-07, "Revision of the Enterohemorrhagic *Escherichia coli* (EHEC) condition name to Shiga toxin-producing *Escherichia coli* (STEC) and to adopt serotype specific national reporting for STEC."
- 05-ID-08, "Revision of serotype specific national reporting for Shigellosis."
- 05-ID-09, "Revision of serotype specific national reporting for Salmonellosis."
- 05-ID-11, "Revision of the Criteria for Laboratory Diagnosis of Hepatitis C Virus Infection, Chronic or Resolved."

Please be advised that CDC's response relative to CSTE position statement 05-ID-04, "Revision of Surveillance Case Definition for AIDS among adults and adolescents ≥ 13 years of age," will be sent to you under separate cover with information from our National Center for HIV, STD, and TB Prevention.

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

Sincerely,

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

Enclosures

Centers for Disease Control and Prevention (CDC) Comments

CSTE Position Statement #05-ID-01

Title: Strengthening surveillance for travel-associated legionellosis and revised case definitions for legionellosis

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

1. Modify case definitions for all cases of legionellosis (i.e., travel-associated and not travel-associated) from 1996 Nationally Notifiable Diseases to read:

   Clinical description: Legionellosis is associated with two clinically and epidemiologically distinct illnesses: Legionnaires' disease, which is characterized by fever, myalgia, cough, and clinical or radiographic pneumonia; and Pontiac fever, a milder illness without pneumonia

   Laboratory criteria for diagnosis:

   Confirmed:

   - By culture: isolation of any *Legionella* organism from respiratory secretions, lung tissue, pleural fluid, or other normally sterile fluid.
   - By detection of specific *Legionella pneumophila* serogroup 1 antigen in urine using validated reagents.
   - By seroconversion: fourfold or greater rise in specific serum antibody titer to *Legionella pneumophila* serogroup 1 using validated reagents.

   Suspect:

   - By seroconversion: fourfold or greater rise in antibody titer to specific species or serogroups of *Legionella* other than *L.pneumophila* serogroup 1 (e.g. *L. micdadei, L.pneumophila* serogroup 6).
   - By seroconversion: fourfold or greater rise in antibody titer to multiple species of *Legionella* using pooled antigen and validated reagents.
   - By the detection of specific *Legionella* antigen or staining of the organism in respiratory secretions, lung tissue, or pleural fluid by direct fluorescent antibody (DFA) staining, immunohistochemistry (IHC), or other similar method, using validated reagents.
   - By detection of *Legionella* species by a validated nucleic acid assay.

   Case classification:

   - Confirmed: a clinically compatible case that meets at least one of the confirmatory laboratory criteria
     - Travel-associated: a case that has a history of spending at least one night away from home, either in the same country of residence or abroad, in the ten days before onset of illness.
   - Suspect: a clinically compatible case that meets at least one of the suspect laboratory criteria

- Travel-associated: a case that has a history of spending at least one night away from home, either in the same country of residence or abroad, in the ten days before onset of illness.

2. Set goals for the timeline for reporting of legionellosis cases:
   - Within 7 days of notification of legionellosis case, the investigating health department will ascertain whether the case-patient spent at least one night away from home in the 10 days before onset of illness.
   - If history of travel is present in the 10 days before onset of illness, the state health department will, within 7 days of the initial notification, report travel destination (city and state or country) and dates of travel to CDC and to the state of travel.
   - If there is no history of travel in the 10 days before onset of illness, the state health department will complete the legionellosis case report and send to CDC within 30 days of notification.
   - If there are epidemiologically linked travel-associated legionellosis cases, CDC will notify within one day and work with state health departments to investigate further.

CSTE Recommends:

Changing the case definitions for legionellosis as outlined in #1 above and setting goals for the timeline for reporting of legionellosis cases as outlined in #2 above.

CDC Comments:

The Centers for Disease Control and Prevention (CDC) supports this recommendation and is eager to work with CSTE to establish the reporting system called for in this statement.

CDC has collaborated with several state health departments in recent years to investigate outbreaks of legionellosis among persons who have traveled domestically and internationally. These investigations have highlighted the need for timelier reporting of cases of travel-associated legionellosis so that outbreaks can be detected sooner and preventative actions can be implemented faster.

CDC looks forward to working with CSTE to develop the systems necessary to implement this reporting.