DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

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

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 statement 05-ID-02 entitled "National Guidelines for Foodborne Enteric Disease Surveillance and Response."

Enclosed is the Centers for Disease Control and Prevention's response to the CSTE Position Statement.

I appreciate the opportunity to provide a response to CSTE's position statement and applaud your commitment to this important public health issue. We look forward to continuing this collaboration with CSTE and other close partners to gather expert advice to develop useful guidelines for state and local jurisdictions.

Sincerely,

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

Enclosure

Centers for Disease Control and Prevention (CDC) Comments

CSTE Position Statement #05-ID-02

Title: National Guidelines for Foodborne Enteric Disease Surveillance and Response

CSTE recommends:

Statement of desired action(s) to be taken:

CDC, in cooperation with CSTE, APHL, NEHA, ASTHO and NACCHO, and using, appropriate data to guide decision-making should:

1. Convene Expert Panels for epidemiology, laboratory and environmental science on food borne diseases to develop state and local, foodborne enteric disease surveillance and investigation program guidelines. These guidelines should prioritize maximizing PulseNet functionality and be linked to state and local response policy and disease reporting requirements. State, local and territorial public health agencies may choose to use these guidelines as performance standards;

2. Define priority bacterial, viral, and parasitic foodborne enteric pathogens for state and local investigation;

3. Guide an assessment of the resources and training needed by states to implement the guidelines; and,

4. Coordinate the guidelines with other enteric disease guidelines and standards, including bioterrorism performance indicators.

CDC Comments:

CDC greatly values the key partnership that CSTE and its members have provided for many years in numerous activities related to reducing the burden of foodborne illness in the United States.

CDC has been committed to the very important task of improving surveillance and response to foodborne disease in the United States and around the world. CDC supports a number of projects that directly or indirectly affect enteric disease surveillance and response including PulseNet, FoodNet, NARMS, DPDx, IDMEDS, hepatitis A surveillance, the Epidemiology and Laboratory Capacity Grant Program, Epi-Ready Team Training, the Laboratory Response Network, the Bioterrorism Grant Program, and Global Salm-Surv. CDC also maintains within the Foodborne and Diarrheal Diseases Branch the largest number of Epidemic Intelligence Service (EIS) officers in any branch at CDC. These EIS officers are available to assist state and local jurisdictions in investigating outbreaks of foodborne illness when assistance is requested from the state.

program performance standards. CDC also recognizes that resources and training at the state and local levels will influence the ability of these jurisdictions to make use of the guidelines and to adopt performance measures based on the guidelines.

Some work has been done in the past which should help in this effort. In 1997, CDC convened a meeting of experts, including five CSTE members, which eventually led to the production of a document that summarized essential surveillance and outbreak components of foodborne disease prevention and control programs in state health departments [1]. This document also listed priority foodborne pathogens and we agree with the position statement that this list should be updated.

Another example of a related activity, and as mentioned in the position statement, CDC has recently supported CSTE to conduct the Enteric Diseases Timeline Study that has quantitatively documented in several states the number of days taken to submit stool specimens, conduct appropriate laboratory testing, report test results, and initiate interviews and investigations of foodborne disease. Additionally, CDC and CSTE and other national partners have also recently begun discussions concerning a proposal to establish a national steering team for enhancement of foodborne illness surveillance and outbreak detection and response. The purpose of the steering committee would be to help identify priority issues to be addressed by experts drawn from the member organizations. The general concept for this effort was actively discussed in a plenary session at the National Foodborne Disease Epidemiologists Meeting in Seattle in May.

In summary, CDC is very pleased to have the support of CSTE in working together to improve foodborne disease surveillance and response activities. We look forward to continuing this collaboration with CSTE and other close partners to gather expert advice to develop useful guidelines for state and local jurisdictions.

Ref:

1. Division of Bacterial and Mycotic Diseases, NCID, CDC. Essential epidemiology and laboratory components of state foodborne disease prevention programs. 1999. (Unpublished document distributed to CSTE and APHL members)