



Council of State and Territorial Epidemiologists Position Statement Template

A position statement is a major documentation and analysis of a broad policy issue affecting the public's health on which CSTE should take a position. It may or may not call for specific action. Additional information regarding the procedure to file a position statement may be found at <http://www.cste.org/ps/2000/2000-ec-01.htm>.

Please note: Only active members, defined as persons engaged in the practice of epidemiology at the state, local or territorial public health level, may submit a CSTE position statement. An associate member can be a co-author of a position statement but not the submitting author.

The Deadline for submission to 2005 business meeting:

Ordinary Process- **March 31, 2005**

Expedited Handling- **May 19, 2005**

Presidential Review- **Contact Christine Hahn, CSTE President**

For Ordinary Process and Expedited Handling, submit your typewritten position statement to:
LaKesha Robinson, Director of Programs,
CSTE
2872 Woodcock Boulevard Suite 303
Atlanta, GA 30341;
Email: lrobinson@cste.org

For further information, contact the CSTE National Office at (770) 458-3811. CSTE cannot ensure that position statements received after the deadline will be considered. Non-typed, illegible, or incomplete proposals will be returned.

Position Statements submitted for Presidential Review must be sent directly to Christine Hahn, CSTE President.

Position Statement Template

Submission Date: 4/20/20054/1/2005

Committee: Infectious Disease *(Drop down field provided, select one)*

Title: National Standards for Foodborne Enteric Disease Surveillance and Response

Statement of the Problem:

Foodborne enteric disease surveillance and epidemiologic investigation are a mainstay of public health responsibilities and are a common function of local, territorial and state public health agencies. Historically, these investigations have been conducted on a local level to identify outbreaks or exposure to a health threat requiring direct public health intervention. Increasingly, these investigations can highlight illness due to a food item that has a national distribution. Along with immediate threats to human health, both in-state and multistate outbreak investigations are of importance for national terrorism detection.

Yet despite its familiarity and importance, national standardization of local and state foodborne/enteric disease surveillance, investigation and response has not occurred. This variability and lack of metrics hampers national food safety efforts by reducing the effectiveness of public health actions and the ability to demonstrate efficient use of resources.

In 2002, the federal Centers for Disease Control and Prevention (CDC) funded the Council of State and Territorial Epidemiologists (CSTE) and Association of Public Health Laboratories (APHL) to conduct capacity surveys of foodborne disease epidemiology response¹. These surveys demonstrated wide variability in epidemiologic and laboratory practices including the diseases that are reported, timeframes for reporting, agency priority, link to laboratory testing, extent of public health follow-up and success in obtaining public health or regulatory action.

PulseNet², the CDC-based national molecular subtyping network for foodborne disease surveillance, has become the cornerstone of a national foodborne disease surveillance system. When paired with epidemiologic investigation at a local or state level, PulseNet provides a critical linking function necessary to detect large or multi-state, and widespread foodborne bioterrorism events. The utility of this program depends on real-time turnaround for laboratory analysis of patient isolates, real-time case interviews, and real-time linkage of results to provide epidemiological context for clusters of illness detected by PulseNet. Despite its central role in disease surveillance and detection of foodborne bioterrorism, PulseNet functions unevenly across the nation. In 2002, at least 20 state public health laboratories (PHL) had only one or less full time equivalents funded for molecular subtyping activities. Additionally, CDC's capacity as a reference laboratory and national repository for exchange of PulseNet information is severely strained.

A number of initiatives have information that could serve as the basis of an effective national foodborne enteric illness surveillance program. The most coordinated multi-state food safety epidemiologic system is CDC's FoodNet², a joint federal/state program that has been increasingly involved in evaluating and pilot-testing methods for conducting laboratory-based active surveillance and related epidemiologic programs. Its members have significant anecdotal and research experience with activities and procedures necessary to maximize use of surveillance laboratory methods to improve epidemiologic investigation. Additionally, in 2003, CDC funded

¹ CSTE. National Assessment of Epidemiologic Capacity in Food Safety: Findings and Recommendations, September 2002. Available at <http://www.cste.org>

² <http://www.cdc.gov/foodnet/>

CSTE to conduct the Enteric Disease Investigation Timeline Study (EDITS) that for the first time is attempting to determine baseline timeframes for standard enteric disease surveillance activities in a representative sample of both Foodnet and non-Foodnet states. Other CDC-based programs such as several of the TB/HIV/STD and Immunization programs, have established surveillance indicators for state funded programs that regularly provide feedback to states on their success in meeting objectives.

Building on current CDC agency-wide efforts to improve performance measures among all funded public health programs and with the background information, anecdotal experience, and new results from studies mentioned above, CSTE believes that it is time for development and adoption of national standards for food borne enteric disease surveillance and epidemiologic response.

Statement of the 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 performance standards. These performance standards should prioritize maximizing PulseNet functionality and be linked state and local response policy and disease reporting requirements;
2. Define priority bacterial, viral, and parasitic foodborne enteric pathogens for state and local investigation;
3. Link Epidemiology and Laboratory Capacity and Terrorism Preparedness and Response funding to adoption and implementation of these standards; and,
4. Standardize surveillance indicators with bioterrorism performance indicators.

Public Health Impact:

It is expected that establishing surveillance indicators for epidemiologic and laboratory investigation will assist state, territorial and local public health agencies standardize foodborne enteric illness surveillance and investigations, leading to greater potential for detection of important in-state and multi-state outbreaks. Improvements in routine surveillance activities will also improve national readiness for detection of potential foodborne terrorism threats.

Coordination:

Agencies for Response: (List only one name per agency, preferably an individual in a senior management position; complete contact information must be provided for acceptance to review.)

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**For additional Agencies for Response, please provide a separate attachment with complete contact information.*

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**For additional Agencies for Information, please provide a separate attachment with complete contact information.*

Submitting Author: (Must be an Active CSTE Member and complete contact information must be provided for acceptance to review.)

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