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 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-05

Title: Revision of the National Surveillance Case Definition for Meningococcal

CSTE recommends:

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

To include new laboratory methods in the national surveillance case definition for meningococcal disease and to encourage clinical laboratories to either perform serogroup testing or to forward clinical specimens to the public health laboratory for serogroup testing. The results of serogroup testing should also be reported to the appropriate public health authorities.

CDC Comments

CDC agrees that the revision of the case definition for meningococcal disease to include new laboratory methods is an appropriate and important step in enhancing national surveillance for meningococcal disease, especially with the recent licensure of the new tetravalent meningococcal conjugate vaccine. CDC also agrees that it is critically important to encourage clinical laboratories to either perform serogroup testing or to forward clinical specimens to the public health laboratory for serogroup testing. The results of serogroup testing should also be routinely reported to public health authorities.

The new tetravalent meningococcal conjugate vaccine has been licensed in January of 2005, and the Advisory Committee on Immunization Practices (ACIP) has published (in May 2005) the recommendations for its use, which include routine vaccination of adolescents and college students residing in dormitories. Over the next five years, CDC expects that other meningococcal conjugate vaccines will become available. Because both existing and future meningococcal conjugate vaccines are/will be licensed based on immunogenicity, post-marketing studies evaluating field efficacy will be of undisputed priority. Enhancing national surveillance by including new laboratory methods and encouraging serogroup identification will play a critical role in our ability to accurately evaluate vaccine impact, and to design future vaccination policies.

CDC will continue to provide technical assistance in both outbreak control, epidemiologic evaluation of endemic meningococcal disease and in laboratory evaluation of *Neisseria meningitidis*. At the Emerging Infections Program sites, all isolates of *N. meningitidis* are sent to CDC for reconfirmation and molecular sub-typing. CDC is in the final stages of developing and validating the serogroup-specific polymerase chain reaction for *N. meningitidis*. This methodology can potentially be used at the state laboratories, and is especially useful in cases where cerebrospinal fluid specimens are collected after antibiotic treatment has already been instituted. CDC is fully committed to improving laboratory diagnosis of meningococcal disease through providing technical guidance and conducting trainings for public health laboratories.

CDC fully supports the efforts of CSTE and state, territorial, and local health departments directed at enhancing national surveillance practices and methods.