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-11

TITLE: Revision of the Criteria for Laboratory Diagnosis of Hepatitis C Virus Infection, Chronic or Resolved

CSTE recommends:

Revise the Laboratory criteria for diagnosis, as follows:

ORIGINAL
Laboratory criteria for diagnosis
Anti-HCV positive (repeat reactive) by EIA, verified by an additional more specific assay (e.g. RIBA for anti-HCV or nucleic acid testing for HCV RNA) or Anti-HCV positive (repeat reactive) by EIA with a signal to cut-off ratio $\geq$ 3.8.

REVISED
Laboratory criteria for diagnosis
Anti-HCV positive (repeat reactive) by EIA, verified by an additional more specific assay (e.g. RIBA for anti-HCV or nucleic acid testing for HCV RNA) or Anti-HCV screening-test-positive with a signal to cut-off ratio predictive of a true positive for the particular assay (e.g., $\geq$ 3.8 for the enzyme immunoassays) as determined and posted by CDC.

CDC Comments:
CDC supports the position statement 05-ID-11, entitled, "Revision of the Criteria for Laboratory Diagnosis of Hepatitis C Virus Infection, Chronic or Resolved." This position statement proposes a revision of the laboratory criteria for diagnosis to allow the use of any approved anti-HCV screening test-positive with a signal to cutoff ratio predictive of a true positive for the particular assay, as determined and posted by CDC.

CDC is in agreement with the proposed revision because it provides for the use of any approved immunoassay for laboratory diagnosis of HCV. CDC suggests that the first element in the proposed criteria also be revised as follows to reflect the availability of approved immunoassays in addition to the EIA: "Anti-HCV positive (repeat reactive) by a screening immunoassay (e.g., EIA), verified by an additional more specific assay (e.g., RIBA for anti-HCV or nucleic acid testing for HCV RNA)."