DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

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

SEP 2 2008

Mr. Patrick J. McConnon, M.P.H.
Executive Director
Council of State and Territorial Epidemiologists
2872 Woodcock Boulevard, Suite 303
Atlanta, Georgia 30341

Dear Mr. McConnon:

Thank you for your letter regarding the Council of State and Territorial Epidemiologists' (CSTE) position statement 08-EC-02 entitled "Criteria for Inclusion of Conditions on CSTE Nationally Notifiable Condition List and for Categorization as Immediately or Routinely Notifiable." Please excuse the delay of this response.

The Centers for Disease Control and Prevention (CDC) supports position statement 08-EC-02 and believes this action will support implementation of the revised International Health Regulations and recommendations issued by the American Health Information Community (AHIC). CDC's National Center for Public Health Informatics (NCPHI) can serve as an intermediary between CSTE and CDC programs with prevention and control responsibilities for nationally notifiable conditions (NNC) to help plan, facilitate, and coordinate activities needed to implement this position statement.

We assume the list of conditions included in the enclosed Appendix of the CSTE Request for Proposal titled "Reformatting Reportable Diseases/Conditions into 2009 Case Definition Position Statement Template" will form the basis of the initial CSTE official NNC list. We are in the process of identifying CDC Subject Matter Experts (SME) who can review the reformatted 2009 CSTE position statements for the CSTE NNC list. We believe these CDC SMEs will play a major role in preparing the revised 2009 CSTE position statements.

Position statement 08-EC-02 indicates "the list of NNCs will also form the basis for inclusion of reports in the *MMWR* weekly disease reporting tables and the annual *Summary of Notifiable Diseases*." CDC's NCPHI notes that the conditions and events on the initial CSTE NNC list are much more diverse than the list of nationally notifiable infectious diseases that currently form the basis of the National Notifiable Diseases Surveillance System (NNDSS). Therefore, NCPHI will need to engage the CDC programs with programmatic responsibility for non-NNDSS conditions in discussions to assess the feasibility of implementing this desired action. An implementation plan to address this aspect of the position statement will be developed that takes into account the availability of resources and the feasibility assessment.

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 continued collaboration with CSTE regarding public health issues of mutual concern.

Sincerely,

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

Enclosure

REQUEST FOR PROPOSAL

Re-Formatting Reportable Diseases/Conditions Into 2009 Case Definition Position Statement Template

Introduction and Purpose

The purpose of this request for proposal is to obtain assistance to update the case definition position statements used to support position statements: 07-EC-02 and 08-EC-02 (available at: http://www.cste.org/PS/2007ps/2007psfinal/EC/07-EC-02.pdf and http://www.cste.org/PS/2008/2008psfinal/08-EC-02.pdf). This effort should result in standardizing the formatting and technical vocabulary so that case definitions used for state and local reporting and notifications to CDC can be accomplished electronically from and among contributors and users of these systems. CSTE is responsible for maintaining and updating a list of reportable diseases/conditions for each state and territory as determined by the states and territories. In late 2007 and early 2008, CSTE conducted a review of states websites of reportable conditions and compiled a listing of such conditions found online. CSTE National Office Staff have reviewed each state's reportable conditions websites and have listed them in order of most frequently "immediately" reported to local or state health departments. This information was prioritized to be reformatted according to the 2009 CSTE Position Statement Template.

Source of Funds

CSTE receives funding for this project through the Centers for Disease Control and Prevention (CDC) cooperative agreement number U60/CCU007277. Funds awarded to applicants under this announcement are subject to the laws, regulations and policies governing the U.S. Public Health Service grant awards.

Eligible Applicants

Public health organizations, individual consultants, or academically affiliated individuals or organizations operating in the United States are eligible to submit a proposal for this project. Applications must demonstrate familiarity with state reportable disease/conditions and surveillance methodology and must have participants with background and expertise in epidemiology, reporting requirements, case definitions, case classifications, and standardized vocabularies (including LOINC and SNOMED). Applicants must also have familiarity with disease reporting systems and methods - from health care providers to local and state health departments, electronic laboratory reporting, case notification of notifiable conditions to CDC from the state level, and the emerging technology of identification of potential cases of reportable diseases in electronic health records.

It is anticipated that this project will require a team, not a single person. Therefore, it is not necessary that one team member possess all of the above knowledge and skills but that the entire team have the skills required to complete the project. Only one proposal per team is necessary.

Availability of Funds

Award funds up to $200,000 will be available to the successful applicant qualified to undertake the tasks necessary for completion of this project. The awardees will be notified on or about **July 17, 2008**. CSTE's support for this activity is on a one-time basis. The award period will be from the award date to September 30, 2008. A limited no-cost extension may be available to complete the work if delays are experienced with CDC or CSTE input/approval if satisfactory progress can otherwise be demonstrated for the overall project.

Project Requirements

The awarded entity will carry out the following tasks for the diseases/conditions categorized in the appendix (below) as Phase I, II, III, and IV diseases, starting with Phase I:

a) Compose revised position statements for all diseases/conditions in each phase using the 2009 CSTE Position Statement Template.

b) Circulate completed drafts to CSTE and CDC subject matter experts for their review and comment.

c) Finalize proposed position statements for the diseases/conditions in each phase, for review by CSTE.

Outcome/Deliverable: The final report consists of the finalized position statements of all three phases. The amount of awarded funds will be dependent on the number of disease/conditions completed within the timeline of the agreement.

Required Proposal Content

Proposals should be single-spaced, typed with 12-point font character, printed on one-sided 8 ½ by 11-inch paper with one-inch margins, and should not exceed 3 pages in length (plus an attached cover letter). Please follow the sequence and format described below and adhere to the page limits indicated for each section.

1. Cover letter (1 page maximum):
   a) Overview of the proposal and the amount requested.
   b) Full contact information (name/title/address/phone/email/fax) of project coordinator and participants with estimate of % of time involved in the project..

   Background and Qualifications:
   c) Existing and past experience with state reportable conditions, nationally notifiable conditions, and surveillance methodology.
   d) Background in epidemiology, reportable conditions, standardized vocabularies (including LOINC and SNOMED), and management ability regarding the oversight of the entire process.
   e) Proposed timeline for completion of the project phases.
2. Proposed Activities
   a) Describe how the team will accomplish the project requirements. Please address each phase.
   b) Circulate position statements to CSTE and CDC subject matter experts for finalization.

c) Finalize and collate proposed position statements for each reportable condition listed in each phase.

Evaluation

CSTE's Surveillance Coordination Group, including CSTE National Office Staff will evaluate proposals. Funding awards will be made based upon the extent to which the respondent addresses the required proposal content above and qualifications of the team submitting the proposal.

Proposal Submission and Deadline

Applicants must submit two original copies of their proposal to:
LaKesha Robinson, Director of Programs
Council of State and Territorial Epidemiologists
2872 Woodcock Boulevard, Suite 303
Atlanta, Georgia 30341

Proposals must be received at CSTE by close of business on **July 15, 2008.**

Additional Information

For additional information on this program, please contact:

Lisa Dwyer, Associate Research Analyst
ldwyer@cste.org
2872 Woodcock Boulevard, Suite 303
Atlanta, Georgia 30341-4015
Phone: (770) 458-3811, Fax (770) 458-8516

Appendix:

Phase I (IHR-2005 or BT category A or designated "eliminated")
Anthrax
Botulism
Influenza, novel
Measles
Plague
Polio
Rubella
SARS
Smallpox
Tularemia
Viral hemorrhagic fevers
Phase II (Immediately reportable [50% rule])
Brucellosis
Diptheria
Haemophilus influenzae
Lead, elevated blood level
Meningococcal Disease (Neisseria meningitidis)
Rabies
Vibrio cholera

Phase III (Reportable in all states [2007])
Arboviral: West Nile Virus
Chlamydia trachomatis
Cryptosporidiosis
Gonorrhea
Hepatitis A
Hepatitis B
Legionellosis
Malaria
Mumps
Pertussis
Salmonellosis
Shigellosis
Syphilis
Tetanus
Tuberculosis
Typhoid fever

Phase IV (Routinely notifiable conditions likely to meet 50% rule)
Foodborne Disease Outbreak
Yellow Fever
Staphylococcus
Q fever
Waterborne Disease Outbreak
Hantavirus pulmonary syndrome
Hemolytic Uremic Syndrome, Post-diarrheal
Influenza
Listeriosis
Psittacosis
Escherichia coli, Shiga toxin-producing (STEC)
Trichinellosis (Trichinosis)
Varicella (Chickenpox)
Arboviral Disease, Eastern equine
Arboviral Disease, St. Louis
Arboviral Disease, Western equine
Chancroid
Creutzfeldt-Jakob and other Prion Diseases
Coccidioidomycosis
Cyclosporiasis
Giardiasis
Lyme disease
Hansen's Disease (Leprosy)
Hepatitis C
HIV
Streptococcus
Arboviral Disease, Calif. Serogroup
Carbon monoxide poisoning
Rocky Mountain Spotted Fever

Toxic-shock syndrome (other than streptococcal)
Arboviral Disease, Powassan
Cancer
Disaster casualty
Ehrlichiosis
Pesticide-related Illness
Silicosis
Spinal cord injury
Vaccine-Related Adverse Events