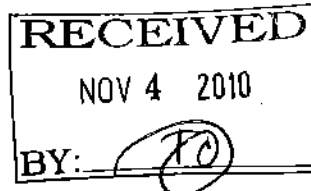




DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service



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

October 14, 2010

Patrick J. McConnon, MPH
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 09-OH-02, "Public Health Ascertainment and National Notification for Acute pesticide-related illness and injury," and Position Statement 09-OH-01 "Public Health Reporting and National Notification for Elevated Blood Lead Levels." My sincere apologies for the lengthy delay in responding.

The National Center for Environmental Health (NCEH) appreciates the continued support of CSTE. Our partnership continues to advance our shared goal of protecting the health of the public. We appreciate the position statements you provided and our review follows.

- Position Statement 09-OH-02, "Public Health Ascertainment and National Notification for Acute Pesticide-related Illness and Injury. The National Institute for Occupational Safety and Health (NIOSH) is the CDC lead on the project; however, staff from NCEH provides the enclosed minor comments for your consideration regarding this position statement.
- Position Statement 09-OH-01 "Public Health Reporting and National Notification for Elevated Blood Lead Levels." This position statement asks the Centers for Disease Control and Prevention/National Center for Environmental Health (CDC/NCEH) to adopt a proposed standardized definition for an elevated blood lead level (EBLL) that includes a revised case definition for EBLLs in adults and a recommendation that laboratories report all blood lead test results. The focus of the CDC/NCEH lead poisoning prevention relates to eliminating childhood lead poisoning, and CDC/NCEH already recommends that laboratories report all blood lead test results for children.
 - The Adult Blood Lead Epidemiology and Surveillance (ABLES) program is operated out of CDC's National Institute for Occupational Safety and Health (NIOSH). ABLES is a state-based surveillance program of

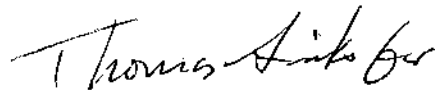
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laboratory-reported adult blood lead levels. CDC/NIOSH can respond to your position statement with regard to adult blood lead levels. Following is contact information for the ABLES program:

Walter Alarcon, MD, MSc
CDC/NIOSH
Mail Stop R-17
4676 Columbia Parkway
Cincinnati, OH 45226

Again, thank you for the opportunity to respond to these position statements.

Sincerely,

A handwritten signature in black ink, appearing to read "Christopher J. Portier".

Christopher J. Portier, Ph.D.
Director, National Center for
Environmental Health, and
Agency for Toxic Substances and
Disease Registry

Enclosure

cc;
Dr. Walter Alarcon, CDC/NIOSH

Enclosure

**NCEH Comments on CSTE Position Statement Position Statement 09-OH-02,
“Public Health Ascertainment and National Notification for
Acute pesticide-related illness and injury”**

General comments

From a public health standpoint, NCEH would agree with CSTE’s efforts to develop an official list of nationally notifiable conditions and a standardized definition for reporting each condition on this list for agents such as pesticides and conditions such as acute pesticide related illness. In general, we find the system-based approach used in this document, specifically in section VII practical and useful, in particular the classification criteria and case classification matrix table. NCEH staff is assuming the format used in this document is of a similar format being used for other notifiable conditions. NCEH would recommend using the same, standardized format creating these definitions. CSTE would be the best organization to determine if this format would be easily understandable and readily useable by their member organizations.

Specific comments

- Table VII-B is confusing as written and needs more work and better explanation to accompany it before it should be considered for implementation.
- On page 3, under Section VI, Part A, why is it limited to persons with “documentation of *new* adverse health effects” rather than “*any* adverse effects”? Is this because you are looking specifically for acute signs/symptoms? (Same comment, on Page 5 under Section VII).

Enclosure

- On page 4, Section VI, Part C, why are the disease specific elements table restricted to employment? This may not be relevant if the exposure happened in a home or non-occupational setting.
- On page 5, inclusion of the two criteria for notification at the bottom of this page is confusing. It appears that having evidence of an association or not having enough evidence for an association meets the specified criteria ("Either of the following"). If that is the case, I am not sure what the point of having these two criteria in the definition serves other than just to introduce the overarching idea that is more described in the subsequent section.
- Page 9, under: Table VII-B. "Proposed table of criteria to determine whether a case is classified." Consider changing "whether" to "how".