DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control
and Prevention (CDC)

December 2, 2009

Patrick J. McConnon, MPH
Executive Director
Council of State and Territorial Epidemiologists
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Dear Pat,

Thank you for your letter dated August 24, 2009 regarding the effort the Council of State and Territorial Epidemiologists (CSTE) has undertaken to reformat position statements for nationally notifiable conditions (NNCs), in collaboration with subject matter experts in the States and at CDC. I appreciate your interest in keeping me informed about work funded through the CDC-CSTE Cooperative Agreement and stimulated by a charge from the American Health Information Community (AHIC) to identify uniform standards and criteria to support prompt case-detection and case-reporting from electronic clinical and laboratory information systems. CSTE is leading an effort that will help transform the way public health surveillance is conducted in the United States. This work will likely support more timely and complete surveillance data being reported to States and from States to CDC in the future, as implementation occurs.

CDC is committed to working collaboratively with CSTE and other partners to support strong surveillance infrastructure. We understand that significant progress has been made on the reformatted position statements for the NNCs, and that additional steps remain to ensure validation and successful application of these important surveillance tools. It is our understanding that the following are still in process:

- The format and content of the condition-specific data elements listed in the June 2009 position statements are still to be finalized. CSTE and CDC staff are working together to list and define the data elements (e.g., vaccine history, travel history) more uniformly across conditions.

- The Logical Observation Identifiers Names and Codes (LOINC), Systematized Nomenclature of Medicine (SNOMED), and other codes and algorithms were to be provided in technical implementation guides, as supplements to the June 2009 position statements. CSTE colleagues have indicated that the process for developing and validating these guides is under discussion.

Collaboration between CSTE and CDC is essential to support the following activities that are critical for the remaining steps of the project:

- CDC/CSTE sponsored Case Report Standardization Workgroup will review and make recommendations for condition-specific data elements across nationally notifiable

conditions. In addition, the Workgroup is planning to sponsor a case report symposium on December 5, 2009 in association with the annual International Society for Disease Surveillance conference in Miami, Florida. One of the goals of the symposium is to address key components of the position statements (e.g., case report and classification criteria).

- Staff from the Public Health Information Network (PHIN) Vocabulary Access and Distribution System (VADS) are working on a project to enable storage and retrieval of case definitions of public health interest for state reportable and nationally notifiable conditions. The relational data base that interfaces with PHIN VADS will have tables for storing the case definition, laboratory criteria, and LOINC and SNOMED codes. PHIN VAD users will be able to browse the laboratory criteria for notifiable conditions as well as the LOINC and SNOMED codes associated with the laboratory criteria. An authoring tool for PHIN VADS will be developed so owners of the case definitions can modify the criteria in their case definitions. In addition, an informatics tool is being developed to help assess how existing or proposed laboratory criteria map to LOINC and SNOMED codes and to identify whether requests for new codes for laboratory criteria need to be submitted to standards development organizations

- CDC and CSTE collaborators for the Knowledgebase of State Reportable and Nationally Notifiable Conditions project are in the initial phases of requirements gathering and propose to develop the infrastructure to store and distribute detailed information in human- and machine-readable formats about public health reporting requirements (e.g., what is reportable, by whom, when, how) within jurisdictions; case-reporting criteria and algorithms; case definitions; and data elements for case-reporting and case notification.

- CDC staff are reviewing all approved 2009 CSTE position statements and are developing implementation plans for these policies. Implementation often requires development of new procedures. For example, implementation and accommodation of immediate notification will require coordination between the CDC Emergency Operations Center (EOC) and other CDC staff to develop alerts and to establish immediate data provisioning when the electronic data are received from states.

The CDC organizational improvement process currently underway provides an excellent opportunity to strengthen these collaborative activities. As we move forward, it would be beneficial to convene a CDC-CSTE discussion with appropriate staff and partners, to define and plan for the next phases of this important effort.

We look forward to collaborating with CSTE on these surveillance activities and other issues of public health importance.

Sincerely,

Steve

Stephen B. Thacker, M.D., M.Sc.
Acting Deputy Director
Office of Surveillance, Epidemiology and Laboratory Services

APHL ASSOCIATION OF PUBLIC HEALTH LABORATORIES

December 7, 2009

Patrick McConnon, MPH
Executive Director
Council of State and Territorial Epidemiologists (CSTE)
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Dear Mr. McConnon,

On behalf of the President of the Association of Public Health Laboratories (APHL) and the members of the Infectious Diseases Committee of APHL, I am pleased to respond to your request for technical assistance with the transfer of *Streptococcus pneumoniae* molecular serotyping technology from the Centers for Disease Control and Prevention (CDC) to public health laboratories. This technology transfer was specifically recommended in the CSTE position statement, 09-ID-06 "Enhancing State-Based Surveillance for Invasive Pneumococcal Disease."

The committee agrees that timely and accurate diagnosis and characterization of *Streptococcus pneumoniae* and other vaccine preventable diseases (VPDs) is critical to identify and control outbreaks as well as provide information that is essential for improving vaccines and vaccination programs. Laboratory testing is an important component of the VPD surveillance system and quality laboratory data is crucial to ensure that surveillance goals are achieved. While laboratory testing for VPDs is highly desirable, the current capability of public health laboratories to conduct testing for vaccine preventable diseases varies from state to state, and helping to improve this capability is an important goal of APHL.

APHL has recently received funding through the American Recovery and Reinvestment Act for training and quality improvement activities to enhance testing for VPDs. The support received from this grant will allow APHL and CDC to collaborate in order to improve the VPD diagnostic testing and strain characterization capabilities of PHLs. A VPD steering committee has been formed to oversee the project activities, provide technical expertise for training program content, and assist in developing a Quality Improvement strategy. A recent survey designed to assess the training needs of public health laboratories has recently been launched to state public health laboratories, and information gathered from this survey will be used to inform the development of training content.

We hope that this comprehensive approach to enhancing laboratory testing for VPDs will lay the foundation for the implementation of molecular technology for serotyping of

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Streptococcus pneumonaie in public health laboratories. We will keep you apprised of our progress and look forward to collaborating with CSTE on this and other infectious disease issues.

Sincerely,

Joanne M. Bartkus, PhD, D(ABMM)
Chair APHL Infectious Disease Committee

The Centers for Disease Control and Prevention's Comments
Regarding the
2009 Council of State and Territorial Epidemiologists' (CSTE)
Position Statements

CSTE Position Statement 09-ID-01
Title: Public Health Reporting and National Notification for HIV Infection*
**HIV infection includes what was formerly referred to as HIV-not AIDS and AIDS*

Statement of the desired action to be taken:
CSTE requests that CDC adopt this standardized reporting definition for HIV infection and the classification of stages of HIV disease to facilitate more timely, complete, and standardized local and national reporting of this condition. Where CSTE has identified potential changes needed in CDC's current case definitions, such proposed changes and clarifications are noted.
CSTE recommends that implementation of the reporting standards outlined in this document be conducted in conjunction with the state or territorial HIV surveillance program to ensure consistency with local laws and regulations.

CDC Comments: ***Concurs with the position statement.***

CSTE Position Statement 09-ID-02
Title: "Public Health Reporting and National Notification for Waterborne Disease Outbreaks"

Statement of the desired action to be taken:
CSTE requests that CDC adopt this standardized reporting definition for waterborne disease outbreaks to facilitate timelier, complete, and standardized local and national reporting of this condition.

CDC Comments:
CDC concurs with and fully supports CSTE's recommendation to revise case definition of waterborne disease outbreaks to include outbreaks associated with drinking water, recreational water and water not intended for drinking. CDC worked with state health officials and CSTE on this revision to the case definition which is consistent with the case definition used by state and territorial jurisdictions.

CSTE Position Statement 09-ID-03

Title: "Public Health Reporting and National Notification for *Vibrio cholerae* (Cholera)"

Statement of the desired action to be taken:
CSTE requests that CDC adopt this standardized reporting definition for Vibrio cholerae (Cholera) to facilitate more timely, complete, and standardized local and national reporting of this condition.

CDC Comments:
CDC concurs with and fully supports the CSTE recommendation.

CSTE Position Statement 09-ID-04
Title: "Public Health Reporting and National Notification for Cyclosporiasis"

Statement of desired action to be taken:
CSTE requests that CDC adopt this standardized definition for cyclosporiasis to facilitate more timely, complete, and standardized local and national reporting of this condition.

CDC Comments:
CDC concurs with and fully supports CSTE's recommendation to revise the case definition (including the clinical description, laboratory criteria for diagnosis, and case classification) of cyclosporiasis for the purposes of reporting cyclosporiasis cases to CDC via the Nationally Notifiable Diseases Surveillance System. CDC worked with state health officials and CSTE on this revision. Outbreaks of cyclosporiasis in the United States have broad implications for food safety and international commerce. Therefore, CDC supports a more standardized case classification of cyclosporiasis cases as well as more timely reporting and notification of cyclosporiasis cases. *Cyclospora* is an emerging foodborne pathogen in the true sense of the word, and as a result methods for the diagnosis of human *Cyclospora* infection are still evolving. Therefore, CDC also approves of broadening the laboratory criteria for diagnosis so that cases diagnosed in the future using newly developed but widely accepted diagnostic methods and procedures will not fail to meet the laboratory criteria for diagnosis.

CSTE Position Statement 09-ID-05
Title: National Surveillance for Diphtheria

Statement of the desired action to be taken:
CSTE and NCIRD recognize the need to develop an official list of nationally notifiable conditions and a standardized reporting definition for each condition on the official list. Further, each definition should comply with American Health Information Community-recommended standards to support automated case reporting from electronic health records or other clinical care information systems.

CDC Comments:
NCIRD concurs with and fully supports this position statement which was written to request that CSTE members adopt this standardized reporting definition and that CDC adopt the standardized notification criteria for diphtheria to facilitate more timely, complete, and standardized local reporting and national notification of this condition. NCIRD will provide necessary programmatic input into the continuing process for implementing this position statement, including revision and clarifications to Tables VI-B and VII-B, development of technical implementation guides, and validation of the implementation and impact of the components of this standardization process.

CSTE Position Statement 09-ID-06
Title: Enhancing state-based surveillance for invasive pneumococcal disease (IPD)

Statement of the desired action to be taken:
The purpose of this position statement is to enhance surveillance to provide baseline and ongoing national data for assessment of disease burden and immunization program effects.

CDC Comments:
NCIRD concurs with and fully supports CSTE recommendations to: 1.) create a message mapping guide for transmitting standardized national notification data for IPD, 2.) unify IPD notifications into one event code, 3.) clarify notification for IPD among all ages so that one event code is used for a case defined by isolation of S. pneumoniae from a normally sterile body site, with notifications to include all epidemiologically important data, and 4.) transfer technology of PCR-based serotyping to state and territorial public health laboratories. To support technology transfer, NCIRD will provide technical guidance as well as detailed protocols for the PCR assay, working with APHL to ensure training, quality assurance, and proficiency. NCIRD will also work with other CDC colleagues to support the necessary coding changes and MMWR publication modifications needed to implement this position statement. These activities are necessary to provide baseline and ongoing data to track and monitor IPD burden and immunization program effects. NCIRD will provide necessary programmatic input into the continuing process for implementing this position statement, including revision and clarifications to Tables VI-B and VII-B, development of technical implementation guides, and validation of the implementation and impact of the components of this standardization process.

CSTE Position Statement 09-ID-07
Title: Recommendation to remove invasive group A *Streptococcus* (GAS) from the CSTE list of nationally notifiable diseases.

Statement of the desired action to be taken:
The purpose of this position statement is to recommend that GAS be removed from the list of nationally notifiable diseases at least until such a time as there are more widespread public health interventions related to case reports or FDA approval of a vaccine against GAS becomes imminent.

CDC Comments:
NCIRD concurs with and fully supports this position statement and CSTE recommendations. The recommendation will decrease the work load on local and state health departments with minimal impact to their ability to intervene to control GAS disease.

CSTE Position Statement 09-ID-08
Title: Public Health Reporting and National Notification for Infection Caused by *Chlamydia trachomatis*

Statement of the desired action to be taken:
CSTE requests that CDC adopt this standardized reporting definition for *Chlamydia trachomatis*
to facilitate more timely, complete, and standardized local and national reporting of this condition.
Additionally, CSTE requests a change of the case definition to "*Chlamydia trachomatis* Infection." No other changes to the case definition are being requested.

CDC Comments: ***Concurs with the position statement.***

CSTE Position Statement 09-ID-09
Title: Public Health Reporting and National Notification for Yellow Fever

Statement of the desired action to be taken:
CSTE requests that CDC adopt this standardized reporting definition for yellow fever to facilitate timely, complete, and standardized local and national reporting of this condition.

CDC Comments:
CDC concurs with and fully supports CSTE's recommendation to have immediate notification of cases in the position statement for yellow fever. Humans are a reservoir of yellow fever, developing an adequate level of viremia to infect susceptible mosquito vectors. While yellow fever virus is not endemic to the United States, mosquitoes that can sustain human-to-mosquito-to-human transmission are found in many locations within the country. A viremic traveler returning from an endemic area could import the virus and cause an urban outbreak of the disease. Given this risk, immediate notification is warranted. Since the majority of state health departments have laws or regulations requiring immediate reporting of yellow fever and cases are rarely imported, revising the notification status to include immediate reporting does not place any undue burden on state health departments. Finally, yellow fever is also of importance to International Health Regulations (IHR) as the use of the vaccine is specifically covered in the updated 2005 IHR. The importance of yellow fever in IHR was removed from the position statement which is likely the result of discussions at the 2009 CSTE meeting.

CSTE Position Statement 09-ID-10
Title: "National Surveillance for Anthrax"

Statement of the desired action to be taken:
CSTE requests that CDC adopt these standardized reporting and case classification definitions for anthrax to facilitate more timely, complete, and standardized local and national surveillance of this condition.

CDC Comments:

CDC concurs with and fully supports CSTE's recommendation to revise the anthrax case definition and to develop a standardized reporting definition and notification requirements for anthrax. CDC worked with state health officials and CSTE on the revisions of the case definition and the Case Notification Request (CNR) statement. These revisions expand the case classification strategy to include suspect, probable and confirmed cases, dependent upon strength of laboratory and epidemiologic evidence, and establish two levels for immediate notification requirements for anthrax. The revisions to the case definition and CNR are expected to improve the accuracy of case classification and the timeliness of case notification to CDC, with subsequent improvements in response and assistance at all levels.

CSTE Position Statement 09-ID-011
Title: National Surveillance for Severe Acute Respirator Syndrome (SARS-CoV)

Statement of the desired action to be taken:
CSTE and NCIRD recognize the need to develop an official list of nationally notifiable conditions and a standardized reporting definition for each condition on the official list. Further, each definition should comply with American Health Information Community-recommended standards to support automated case reporting from electronic health records or other clinical care information systems.

CDC Comments:
NCIRD concurs with and fully supports this position statement which was written to request that CSTE members adopt this standardized reporting definition and that CDC adopt the standardized notification criteria for SARS-CoV to facilitate more timely, complete, and standardized local reporting and national notification of this condition. NCIRD will provide necessary programmatic input into the continuing process for implementing this position statement, including revision and clarifications to Tables VI-B and VII-B, development of technical implementation guides, and validation of the implementation and impact of the components of this standardization process.

CSTE Position Statement 09-ID-12
Title: "Public Health Reporting and National Notification for Animal Rabies"

Statement of the desired action to be taken:
CSTE requests that CDC adopt this standardized reporting definition for animal rabies to facilitate timely, complete, and standardized local and national reporting of this condition.

CDC Comments:
CDC concurs with and fully supports the CSTE recommendation.

CSTE Position Statement 09-ID-13

Title: Public Health Reporting and National Notification for Psittacosis

Statement of the desired action to be taken:
CSTE and NCIRD recognize the need to develop an official list of nationally notifiable conditions and a standardized reporting definition for each condition on the official list. Further, each definition should comply with American Health Information Community-recommended standards to support automated case reporting from electronic health records or other clinical care information systems.

CDC Comments:
NCIRD concurs with and fully supports this position statement which was written to request that CSTE members adopt this standardized reporting definition and that CDC adopt the standardized notification criteria for psittacosis to facilitate more timely, complete, and standardized local reporting and national notification of this condition. NCIRD will provide necessary programmatic input into the continuing process for implementing this position statement, including revision and clarifications to Tables VI-B and VII-B, development of technical implementation guides, and validation of the implementation and impact of the components of this standardization process.

CSTE Position Statement 09-ID-14
Title: "Public Health Reporting and National Notification for Brucellosis"

Statement of the desired action to be taken:
CSTE requests that CDC adopt this standardized reporting definition for brucellosis to facilitate timely, complete, and standardized local and national reporting of this condition.

CDC Comments:
CDC concurs with and fully supports CSTE's recommendation to revise the brucellosis case definition and to develop a standardized reporting definition for brucellosis. CDC worked with state health officials and CSTE on the revision of the case definition, and establishing the criteria for routine and immediate notification of brucellosis.

CSTE Position Statement 09-ID-15
Title: "Public Health Reporting and National Notification for Ehrlichiosis and Anaplasmosis"

Statement of the desired action to be taken:
CSTE requests that CDC adopt this standardized reporting definition for ehrlichiosis and anaplasmosis to facilitate timely, complete, and standardized local and national reporting of this condition.

CDC Comments:
CDC concurs with and fully supports the CSTE recommendation.

CSTE Position Statement 09-ID-16

Title: “Public Health Reporting and National Notification for Spotted Fever Rickettsiosis (including Rocky Mountain spotted fever)"

Statement of the desired action to be taken:
CSTE requests that CDC adopt this standardized reporting definition for Spotted Fever Rickettsiosis (including Rocky Mountain spotted fever) to facilitate timely, complete, and standardized local and national reporting of this condition.

CDC Comments:
CDC concurs with and fully supports the CSTE recommendation.

CSTE Position Statement 09-ID-17
Title: "Public Health Reporting and National Notification for Hantavirus pulmonary syndrome"

Statement of the desired action to be taken:
CSTE requests that CDC adopt this standardized reporting definition for hantavirus pulmonary syndrome to facilitate timely, complete, and standardized local and national reporting of this condition.

CDC Comments:
CDC has worked closely with state health officials and CSTE on this adopted revision. CDC concurs with and fully supports the CSTE recommendation.

CSTE Position Statement 09-ID-18
Title: "Add Viral Hemorrhagic Fever (VHF) caused by Ebola or Marburg viruses, Lassa virus, new world Arenaviruses (Guanarito, Machupo, Junin, Sabia), or Crimean-Congo hemorrhagic fever to the Nationally Notifiable Condition list”

Statement of the desired action to be taken:
1) Viral hemorrhagic fever caused by Ebola or Marburg viruses, Lassa virus, new world Arenaviruses (Guanarito, Machupo, Junin, Sabie), or Crimean-Congo hemorrhagic fever should be added to the Nationally Notifiable Condition list.
2) CSTE requests that CDC adopt this standardized reporting definition for viral hemorrhagic fever to facilitate timely, complete, and standardized local and national reporting of this condition.

CDC Comments:
CDC has worked closely with state health officials and CSTE on this adopted revision. CDC concurs with and fully supports the CSTE recommendation.

CSTE Position Statement 09-ID-19
Title: “Add Dengue Virus Infections to the Nationally Notifiable Conditions List”

Statement of the desired action to be taken:

1) Designate dengue a nationally notifiable condition by adding it to the National Notifiable Disease Surveillance System list of nationally notifiable conditions.
2) Update the existing 1996 dengue case definition and standardize laboratory diagnostic criteria.

CDC Comments:
CDC concurs with and fully supports CSTE's recommendation to add dengue virus infections to the National Notifiable Diseases Surveillance System list of nationally notifiable infectious diseases. CDC worked with state health officials and CSTE on this position statement to make dengue a nationally notifiable infectious disease. CDC will provide necessary technical assistance and guidance to state health department as well as training and standard protocols to those public health laboratories who wish to implement diagnostic testing for dengue. Because dengue is a re-emerging infectious disease of international importance, CDC supports timely reporting and standard notification of dengue cases to federal authorities and understands that specifics of reporting were addressed under CSTE position statement 09-ID-19.