U.S. Department of Labor

Assistant Secretary for
Occupational Safety and Health
Washington, D.C. 20210

SEP 29 2009

Patrick J. McConnon, MPH
Executive Director
Council of State and Territorial Epidemiologist (CSTE)
National Headquarters
2872 Woodcock Boulevard, Suite 303
Atlanta, Georgia 30341

Dear Dr. McConnon,

Thank you for your letter dated July 21, 2009 requesting an OSHA response to the Council of State and Territorial Epidemiologist position statement 09-OH-02, "Public Health Reporting and National Notification for Elevated Blood Lead Levels". This position statement included a newly revised definition for elevated blood levels (BLL) in adults and a recommendation that laboratories report all elevated BLL results to public authorities. The revised definition for an elevated BLL in adults would lower the current definition of 25 µg/dL or greater to 10 µg/dL or greater.

The purpose of these changes are to strengthen surveillance activities at the state and local level and support The National Notifiable Disease Surveillance System. The position statement also recommends that the adult blood lead data be shared with OSHA to help target the National Emphasis Program on Lead.

OSHA has no objections to this position statement.

Sincerely,

Jordan Barab
Acting Assistant Secretary

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

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,

T Thomas Sinks for

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".

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institute for
Occupational Safety and Health
Centers for Disease Control
and Prevention (CDC)
395 E Street, SW - Ste 9200
Washington, DC 20201
PH: 202-245-0625

May 25, 2010

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

Dear Mr. McConnon:

Thank you for the letter dated May 3, 2010. The National Institute for Occupational Safety and Health (NIOSH) has worked for nearly two decades with Council of State and Territorial Epidemiologists (CSTE) and our State partners to improve the recognition and reporting of occupational diseases by State health departments. Thus, I appreciate your follow-up and the opportunity for NIOSH to review and comment on each of the following position statements adopted on June 11, 2009.

09-OH-01 Public Health Ascertainment and National Notification for Silicosis

09-OH-02 Public Health Ascertainment and National Notification for Elevated Blood Lead Levels

09-OH-01 Public Health Ascertainment and National Notification for Acute Pesticide-Related illness and injury

NIOSH staff reviewed each of the position statements. NIOSH offers two comments and suggested changes to 09-OH-01 Public Health Ascertainment and National Notification for Silicosis (comments on enclosed attachment). In general, NIOSH views quite favorably, the inclusion of algorithms to facilitate electronic reporting and classification. These changes provide for timeliness of notification to Centers for Disease Control and Prevention (CDC), and specify condition-specific data elements that should be provided in the initial clinician case reports to local and state public health authorities. NIOSH acknowledges the key role of CSTE in providing guidance for public health surveillance, and supports these position statements.

Sincerely,

John Howard, M.D.
Director

cc:
Dr. Terri Schnorr
Mr. John Sestito
Dr. David Weissman
Ms. Margaret Filios
Dr. Walter Alarcon
Dr. Geoffrey Calvert

Comments
09-OH-01 Public Health Ascertainment and National Notification for Silicosis

First bullet:

- Notification to CDC/NIOSH of confirmed cases of silicosis is recommended.

NIOSH would like the notification to include probable cases of silicosis, as well as confirmed cases of silicosis. If accepted, the bullet would read: **"Notification to CDC/NIOSH of confirmed and probable cases is recommended."**

Last bullet:

- Any re-release or publication of the case data requires permission from states submitting data to CDC/NIOSH. Re-release also requires requesting intramural and extramural researchers fill out special use agreement or Data Release Form, based on the *CDC-ATSDR Data Release Guidelines and Procedures for Re-release of State-provided Data.* CDC/NIOSH will only publish data on confirmed silicosis cases.

NIOSH finds the language in the last sentence to be somewhat restrictive. NIOSH would like to suggest the following change in language: **"CDC/NIOSH will publish data on confirmed silicosis cases, and may publish data on probable silicosis cases with concurrence of participating states which collect and submit silicosis case data."**