DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
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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 statement that provide recommendations around surveillance and recommended changes in current case definitions of several conditions. Enclosed is the Centers for Disease Control and Prevention's response to the following CSTE Position Statements:

06-ID-01 "Revision of the Surveillance Case Definition for HIV Infection Among Children Age < 18 Months"
06-ID-02 "Revision of the Surveillance Case Definition for HIV Infection and AIDS Among Children Age ≥ 18 Months, but < 13 Years"
06-ID-04 "Assessment of Influenza Surveillance in the United States"
06-ID-05 "National Reporting for Non-cholera *Vibrio* Infections (Vibriosis)"
06-ID-06 "Expanding Foodborne and Waterborne Outbreak Reporting to Include Other Enteric Disease Outbreaks"
06-ID-07 "Surveillance for Neonatal Herpes"
06-ID-08 "HIV Incidence Surveillance"
06-ID-09 "Chronic Hepatitis B Virus Infection"
06-ID-10 "Acute Hepatitis C"
06-ID-11 "Surveillance for *Staphylococcus aureus* Infection with Decreased Susceptibility to Vancomycin, Including both Vancomycin-Intermediate and Vancomycin-Resistant *Staphylococcus aureus*"
06-ID-12 "Improving Detection, Investigation, and Reporting of Waterborne Disease Outbreaks"
06-ID-13 "Varicella Vaccine Policy and Varicella Surveillance"
06-ID-14 "Enhancing State-based Surveillance for Invasive Pneumococcal Disease in Children Less than Five Years of Age"
06-ID-15 "Inclusion of Poliovirus Infection Reporting in the National Notifiable Diseases Surveillance System"
06-ID-16 "Revision of Measles, Rubella and Congenital Rubella Syndrome Case Classification as Part of Elimination Goals in the United States"

I appreciate the opportunity to provide a response to CSTE's position statements and applaud your commitment to these important public health issues. 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

Centers for Disease Control and Prevention Comments
2006 CSTE Position Statements

CSTE Position Statement 06-ID-01
Title: "Revision of the Surveillance Case Definition for HIV Infection Among Children Age < 18 Months"

Statement of desired action to be taken:

CSTE recommends that CDC adopt the new HIV surveillance case definition for children <18 months.

CDC Comments:
CDC concurs with and fully supports the CSTE recommendation that CDC adopt the new HIV surveillance case definition for children age < 18 months.

CSTE Position Statement 06-ID-02
Title: "Revision of the Surveillance Case Definition for HIV Infection and AIDS Among Children age ≥ 18 Months but < 13 Years"

Statement of desired action to be taken:

CSTE recommends that CDC adopt the new HIV and AIDS case surveillance case definitions for children age >18 months, but <13 years.

CDC Comments:
CDC supports the CSTE recommendation that CDC adopt the new HIV and AIDS definitions for children >18 months, but <13 years. CDC has begun the process of composing the new HIV and AIDS definitions for dissemination in official CDC publications (e.g., the *Morbidity and Mortality Weekly Report*). Due to recently implemented OMB requirement that all official products from agencies in the Department of Health and Human Services with scientific content undergo external peer-review, this process will require another six to 12 months.

In terms of surveillance practice, immediately CDC will implement these case definitions through the dissemination of software that classifies reported cases using the criteria stipulated in the new definitions. All publications and presentations will use these definitions in data analyses as soon as the necessary software is distributed to states and localities conducting HIV/AIDS surveillance.

CSTE Position Statement 06-ID-04
Title: "Assessment of Influenza Surveillance in the United States"

Statement of desired action to be taken:
CSTE recommends that CDC convene an expert panel to conduct an assessment and issues recommendations regarding surveillance for influenza in the United States.

a) That panel should include representatives of local, state, and federal public health agencies and individuals with expertise in influenza, public health surveillance, pandemic preparedness, virology and laboratory testing, immunizations, vaccine development, hospital infection control (i.e., infection control practitioners, hospital epidemiologists), medical and public health informatics, and risk communications.

b) This assessment should consider the objectives, uses and value of the components of influenza surveillance at national, state, and local levels for both seasonal epidemics of influenza and during an influenza pandemic. The interaction of U.S. surveillance with global needs should also be considered.

c) The panel should issue recommendations for influenza surveillance in the United States that balance local, state and national needs with available resources.

d) Recommendations should include setting priorities for improvement or change; listing of the resources needed to accomplish any recommended changes; addressing surveillance needs for seasonal influenza and assessing the ability of the surveillance system to serve as a basis for surveillance during an influenza pandemic.

e) Recommendations for research and evaluation to guide future surveillance system development should be included.

f) Given the high priority and attention currently being given to pandemic preparedness, this process should be conducted to produce a final report and recommendations by the end of 2006.

CDC Comments:
CDC agrees that U.S. influenza surveillance programs would benefit from a formal review conducted in collaboration with CSTE. The review will include evaluation of the surveillance both for pandemic as well as seasonal influenza. To initiate this review CDC began working closely with CSTE members to plan a consultation meeting focused on Influenza Surveillance in the U.S. The meeting was held the beginning of November 2006. The consultation planners designed meeting objectives to correspond with many of the position statement objectives.

The meeting brought together a group of representatives from local, state, and federal public health agencies, as well as individuals with expertise in influenza and public health surveillance to consider the objectives, uses and value of the components of influenza surveillance at the national, state, and local levels and to discuss options for improvement and modification.

The two-day meeting includes:

- Review and discussion of surveillance goals and uses of the data from national and state perspectives.
- Summaries of current influenza surveillance systems.
- Discussion of gaps and opportunities, particularly related to additional needs related to pandemic preparedness and the opportunities to pursue novel surveillance strategies.
- Small group discussions to provide guidance to national and state-based public health officials on future surveillance options.

We expect that the conclusions of this meeting will guide CDC and states towards enhancing surveillance for influenza.

CSTE Position Statement 06-ID-05
Title: "National Reporting for Non-cholera *Vibrio* Infections (Vibriosis)"

Statement of desired action to be taken:
CSTE recommends that CDC add *Vibrio* species infections to the list of nationally notifiable infectious disease reportable to the National Notifiable Disease Surveillance System (NNDSS). Reporting for vibriosis should remain distinct from and in addition to reporting for toxigenic *V.* O1 *cholerae* or O139 (cholera) currently conduced through NNDSS.

CDC Comments:
CDC concurs with and fully supports the CSTE recommendation about adding *Vibrio* species infections (vibriosis), excluding toxigenic *V. O1 cholerae* or O139 (cholera), to the list of nationally notifiable infectious diseases reportable to the National Notifiable Diseases Surveillance System (NNDSS).

CSTE Position Statement 06-ID-06
Title: "Expanding Foodborne and Waterborne Outbreak Reporting to Include Other Enteric Disease Outbreaks"

Statement of desired action to be taken:
CSTE recommends CDC integrate the Investigation of a Foodborne Outbreak reporting form (CDC form 52.13) and the Waterborne Diseases Outbreak Report form (CDC form 52.12); and expand the surveillance data collection to include reports of all other enteric disease outbreaks, regardless of transmission mode, with data for these outbreaks limited, as available and collected, to such indicators as setting, agent if known, estimated number affected, and date. CSTE and CDC will collaborate to develop the report elements for these additional types of outbreaks.

CDC Comments:
CDC concurs with and fully supports the CSTE recommendation that CDC integrate the Investigation of a Foodborne Outbreak reporting form (CDC from 52.13) and the Waterborne Diseases Outbreak Report from (CDC form 52.12); and expand the surveillance data collection to include reports of all other enteric disease outbreaks, regardless of transmission mode, with date for these outbreaks limited, as available and collected, to such indicators as setting, agent if known, estimated number of affected, and date. CDC looks forward to collaboration with CSTE to develop the report elements for these additional types of outbreaks.

CSTE Position Statement 06-ID-07
Title: "Surveillance for Neonatal Herpes"

Statement of desired action to be taken:
CDC with the cooperation and participation of CSTE and the National Council of STD Directors (NCSD) should convene an expert panel to:

- Develop an candidate case-definition for neonatal herpes that could be considered by CSTE for approval.
- Identify the specific needs and goals for neonatal herpes surveillance and propose the means by which such surveillance might best be accomplished. Determine whether making neonatal herpes a nationally reportable condition could meet with those needs.
- If neonatal herpes reporting is warranted, identify those epidemiological and clinical variables that should accompany the description of cases of neonatal herpes.
- Assess the resources and training required by state, territorial, and local health departments to implement surveillance for neonatal herpes.

CDC Comments:
CDC concurs with this statement as written.

CSTE Position Statement 06-ID-08
Title: "HIV Incidence Surveillance"

Statement of desired action to be taken:
CSTE:

1. Supports the goal of states, territories and local health departments being able to estimate HIV incidence in their jurisdiction in a manner that will allow aggregation of local and state data to estimate national HIV incidence. Each state should ultimately determine its approach to this issue within the framework of CDC's standard procedures for conducting HIV incidence surveillance that were issues on March 16, 2006 to participating surveillance areas,

update on March 30, 2005 to include laboratory transport guidance, and revised on June 16, 2005, to describe statistical methods (ref 2).

2. Recommends that CDC provide guidance, technical assistance and increased, ongoing and stable funding to all States and Territories for these activities.

3. Recommends that CDC hold annual meetings of state, territorial, local, and national surveillance practitioners to discuss remaining barriers and significant feasibility issues involved in establishing routine HIV incidence surveillance.

4. Recommends that CDC, states and laboratories take steps necessary to ensure the availability of remnant HIV-1 Western Blot positive blood specimens for additional public health assessment such as testing for HIV incidence estimation, viral resistance surveillance and surveillance of atypical HIV subtypes.

5. Recommends that CDC set as a priority and accelerate the process to minimize the number of essential testing history questions collected as a part of the incidence surveillance standard procedures.

6. Recommends that CDC explore methods to ensure that testing history is collected in the most efficient and comprehensive way, including the possibility of applying adjustments for missing values based on data that are collected.

7. Recommends that CDC continue to coordinate efforts to obtain specimens for incidence surveillance from major national laboratories to facilitate submission of remnant blood specimens to the STARHS testing laboratory.

8. Recommends that CDC incorporate the standard guidance for HIV incidence surveillance into the web-based HIV/AIDS Surveillance Technical Guidance to increase the ability of the states, territories and local health departments to incorporate the requirements for STARHS into HIV reporting rules, laws and regulations.

9. Recommends that CDC pursue additional options for conducting STARHS testing using oral fluid and dried fluid spot specimens (blood, plasma or serum).

10. Recommends that CDC conduct and publish additional evaluations of STARHS, including comparisons using alternative methods of incidence calculations. Due to the high importance placed on having national and state/local HIV incidence estimates, alternative incidence calculations will help assure the accuracy and validity of STARHS incidence calculations.

CDC Comments:
CDC concurs with and fully supports the CSTE position statement that states address the legal, ethical, policy, logistical, and fiscal considerations necessary to conduct surveillance for HIV incidence.

Currently, CDC funds 34 areas to conduct HIV incidence surveillance. CDC will continue to support the current funding levels through December 2007 when the existing cooperative agreement expires. These areas are qualified to receive these funds based on the level of HIV/AIDS morbidity in the areas, and the technical acceptability of their applications. Subject to the availability of funds, CDC will work with states and territories to assess the scientific and logistical feasibility of continuing the program under the current structure in the next cooperative agreement cycle, or whether essentially identical information can be garnered using different funding approaches. Given the existing complexity associated with conducting HIV incidence surveillance, CDC will determine the feasibility of expanding eligibility to additional areas. Placing greater emphasis on technical capability could decrease the total number of grantees receiving funds as part of a new cooperative agreement that is due to be issued in January 2008.

CDC continues to provide ongoing technical assistance and will continue to hold regular meetings with grantees to address challenges associated with conducting HIV incidence surveillance.

CDC has developed guidance for approaching local laboratories and templates for written communication to solicit their assistance in securing specimens for additional public health assessment. For a limited time, through a contract with the Association of Public Health Laboratories (APHL), CDC has provided funding for shipping and handling of remnant blood specimens at commercial laboratories that test a large number of specimens nationally. CDC is working with states to determine whether CDC should continue efforts nationally to obtain specimens by paying for shipping costs or support states in approaching laboratories locally or regionally to secure their cooperation. To ensure that specimens are available, some states, e.g., Connecticut and Florida, have drafted regulations that require laboratories conducting confirmatory HIV testing to submit a remnant specimen for additional public health assessment similar to regulations currently in place for reporting and assessing of other diseases (e.g., tuberculosis, and West Nile virus infection).

On June 15-16, 2006, CDC hosted a consultation of statistical experts to review the proposed methods for estimating HIV incidence and to recommend additional analyses that would address the possibility of obtaining testing history data from alternative sources. Estimates are expected by the end of 2006. The feasibility of revising the testing history data requirements to remove questions or of using data available from other sources will be assessed at that time. Data collection tools will then be revised to reflect the contribution of each data element to the HIV incidence estimate.

The "HIV Incidence Surveillance Standard Procedures" are currently being reformatted and revised to address procedural changes that have been adopted since their release in June 2005 and to conform to the structure of the web-based HIV/AIDS Surveillance Technical Guidance. When completed, the new HIV Incidence Surveillance Guidance will be reviewed by subject matter experts and will be available for public comment before its posting within the HIV/AIDS Surveillance Technical Guidance.

CDC is exploring the feasibility of using oral fluid and dried fluid specimens for the serological testing algorithm for recent HIV seroconversions (STARHS). Potential biases that might be

introduced by limiting the test type on which STARHS is performed could be minimized by including these additional specimen types in the pool of eligible specimens.

CDC is interested in a range of approaches for estimating HIV incidence. A major priority of the CDC HIV laboratories is the development of new assays to measure recent infections as well as tests that can supplement the information derived from existing assays. CDC is also working with academic as well as intramural statisticians, and local surveillance programs to develop methods for estimating incidence using case surveillance data and other survey information to estimate incidence.

CSTE Position Statement 06-ID-09
Title: "Chronic Hepatitis B Virus Infection"

Statement of desired action to be taken:
CSTE requests that CDC adopt a revised case definition for chronic HBV infection.

CDC Comments:

Insert "infection" after references to HBV

CSTE Position Statement 06-ID-10
Title: "Acute Hepatitis C"

Statement of desired action to be taken:
CSTE recommends adoption of a revised case definition for acute hepatitis C infection.

CDC Comments:

No comment

CSTE Position Statement 06-ID-11
Title: "Surveillance for *Staphylococcus aureus* Infection with Decreased Susceptibility to Vancomycin, including both Vancomycin-Intermediate and Vancomycin-Resistant *Staphylococcus aureus*."

Statement of desired action to be taken:
CSTE recommends that vancomycin-intermediate (VISA) and vaconmycin-resistant (VRSA) *Staphylococcus aureus* case definitions be modified to reflect the changes to the laboratory breakpoints by the Clinical and Laboratory Standards Institute.

CDC Comments:
CDC supports the position statement and agrees that continued national reporting of VISA and VRSA will lead to earlier identification of cases, help prevent transmission, and increase awareness of prevention and control measures. CDC will work to revise the 2004 case definition to reflect the updated 2006 Clinical and Laboratory Standards Institute (CLSI) breakpoints for *S.* aureus and vancomycin as outlined in the CSTE position statement. CDC will continue to provide confirmatory susceptibility testing and infection control guidance for any state health department with a suspect VISA or VRSA (http://www.cdc.gov/ncidod/dhqp/ar_visavrsa.html).

CSTE Position Statement 06-ID-12
Title: Improving Detection, Investigation, and Reporting of Waterborne Disease Outbreaks

Statement of desired action to be taken:
CSTE recommends that:

1. CDC and EPA work with CSTE to develop training for waterborne disease outbreaks (WBDO) investigation targeted at local and state/territorial public and environmental health workers responsible for WBDO detection, investigation, and reporting.
2. CDC and EPA work with CSTE to develop national WBDO investigation and surveillance guidelines.
3. Starting in 2007, states make Waterborne Disease Outbreaks—as a unit of reporting—nationally notifiable and reportable to CDC via the existing WBDOSS. CDC will develop electronic surveillance for WBDOs using an existing system (e.g., the CDC electronic Foodborne Outbreak Reporting System [eFORS]).

CDC Comments:
This position statement supports and reinforces CDC's objectives to enhance and improve detection, investigation, and reporting of waterborne disease in the United States. In the process of developing objectives to support the accomplishment of its Health Protection Goals, CDC is integrating waterborne disease prevention activities into agency goals and objectives to achieve greater public health impact. Since the waterborne disease outbreak surveillance system (WBDOSS) was created at CDC in 1971, CDC has understood the importance of collecting summary outbreak data to inform public health on the trends occurring in waterborne disease transmission and potential prevention measures. We are encouraged by CSTE's continued support for the importance of reporting WBDOs (e.g., recommending to make WBDOs nationally notifiable) and for transitioning WBDOSS to an electronic reporting format.

CDC is currently developing an electronic reporting form for waterborne disease outbreaks that will, as suggested, allow reporting through the existing electronic foodborne outbreak reporting system (eFORS). Several CSTE members had input in the development, and we look forward to having more interaction with CSTE on this effort. The new system (ORS: The Outbreak Reporting System[1]) will merge reporting of food, waterborne, and some viral enteric outbreaks into a single system which should simplify the process for state and local health departments and enhance the utility of the data.

CSTE is a key external partner, and this position statement will be useful to CDC's Health Protection Goals planning. As part of this planning process, CDC understands that supporting development of new investigative and surveillance materials and guidelines related to waterborne disease outbreaks is critical to better prepare the public health workforce to deal with this issue in the future. We are currently supporting a pilot effort through a collaborative project between CDC's Environmental Health Services -Net (EHS-Net) and the New York State Department of Health to determine barriers to detection, investigation, and reporting of waterborne disease outbreaks. This project should enhance our ability to understand the state and local health needs and plan appropriate solutions. CSTE's position statement recognizes that waterborne disease activities constitute an important public health collaboration between CSTE, CDC, and the Environmental Protection Agency (EPA). CDC and EPA are discussing ways the two agencies can collaborate to address the issues raised by this position statement. As a result of this effort, a workshop co-sponsored by EPA and CDC will be held in 2007, to discuss many of the waterborne disease issues raised in the position statement. We look forward to working with CSTE, EPA, and other partners during this effort to make improvements in the way we prepare for and respond to waterborne disease issues in the United States.

[1] See CSTE position statement 06-ID-06; Expanding Foodborne and Waterborne Outbreak Reporting to Include Other Enteric Disease Outbreaks

CSTE Position Statement 06-ID-13
Title: "Varicella Vaccine Policy and Varicella Surveillance"

Statement of desired action to be taken:
CSTE recommends that 1) ACIP consider a universal 2-dose varicella vaccination policy with catch-up provisions. 2) CDC support adequate funding for states to conduct surveillance to monitor the effect of this policy change.

CDC Comments:
Since this statement was issued, The Advisory Committee on Immunization Practices (ACIP) to the Centers for Disease Control and Prevention (CDC) met recently and recommended a second dose of varicella (chickenpox) vaccine for children four to six years old to further improve protection against the disease. Thank you very much for the important input that you provided to inform the deliberations of the Committee; it played an important part in their decision.

The most recent ACIP recommendations are offered on CDC's website for provisional recommendations: http://www.cdc.gov/nip/recs/provisional_recs/default.htm. Provisional recommendations have been approved by the ACIP; however, the recommendations are under review by the Director of CDC and the Department of Health and Human Services (HHS). They will become official when published in CDC's *Morbidity and Mortality Weekly Report* (*MMWR*).

Given the adoption of this new vaccination policy, it will become important to monitor its impact and to evaluate whether the policy achieves its intended objectives of reducing the number of varicella outbreaks and preventing emergence of disease among persons remaining susceptible

despite single-dose vaccination. CSTE voted in 2002 to make varicella nationally notifiable and to implement case-based varicella surveillance starting in 2005. This level of surveillance will play a crucial part of that monitoring function.

To evaluate the status of national varicella surveillance, in September of 2004, a self-administered survey was distributed by CDC to immunization program grantees. These are health jurisdictions that receive federal grants to assist in their immunization program, including 50 states, the District of Columbia (DC), and 6 cities. The survey included questions about varicella reporting and surveillance practices, existing or planned legislation mandating varicella reporting, and barriers to and strategies for implementing varicella case-based reporting. The most frequently cited barrier to case-based reporting by Section 317 grantees, was lack of resources. With these challenges identified, CDC looks forward to working with CSTE and our other partners to identify approaches for enhancing varicella case-based reporting. Although CSTE recommends that CDC support adequate funding for states to conduct surveillance for varicella, CDC does not currently have the resources to provide additional funding to states. However, CDC is committed to working with states to identify strategies for conducting varicella surveillance to monitor the effect of the vaccination program.

Surveillance challenges presented by newly licensed vaccines against diseases such as chickenpox, have led CDC to develop enhanced surveillance methods that include documentation of vaccine usage and the impact of vaccine recommendations. Surveillance has been a vital tool in raising the important policy issues concerning the need to consider changing the childhood immunization schedule for varicella from a one-dose varicella vaccine schedule to a two-dose schedule.

The need for enhanced surveillance to define disease burden and monitor vaccine impact continues. New approaches to surveillance to define disease burden and monitor vaccine impact continues and include increased use of data from managed-care organizations, proprietary hospital discharge databases, state-based immunization registries, and laboratories.

CSTE Position Statement 06-ID-14
Title: "Enhancing State-based Surveillance for Invasive Pneumococcal Disease (IPD) in Children Less than Five years of Age"

Statement of desired action to be taken:
CSTE recommends:
Case classifications for drug-resistant S. pneumoniae (DRSP) and IPD are modified as follows:

a. Isolates causing IPD in children <5 years of age for which antimicrobial susceptibilities are available and determined to be DRSP should be reported ONLY as DRSP (11720).
b. Isolates causing IPD in children <5 years of age which are susceptible, or for which susceptibilities are not available should be reported ONLY as IPD in children <5 years of age (11717).
c. All other components of the case definitions remain as referenced.
    i. CSTE Positions Statement 2000 ID #6
    ii. CSTE Position Statement 1994 ID #10

d. CDC should create a single NEDSS Plan Platform for collection of IPD data.
e. CDC should partner with local, state, and territorial health departments to transfer the technology of PCR-based serotyping to state and territorial public health laboratories as soon a possible. This will eventually enhance jurisdictions' ability to better determine the burden of vaccine and non-vaccine-preventable IPD among children<5 years of age.

CDC Comments:
CDC concurs with the CSTE recommendations for enhanced surveillance for drug resistant *S. pneumoniae* (DRSP) and invasive pneumococcal disease (IDP) in children less than five years of age. CDC appreciates the efforts of CSTE to improve surveillance for IPD in children <5 years of age. CDC has been very fortunate to work with several CSTE members to document dramatic declines in the incidence of IPD since the introduction of pneumococcal conjugate vaccine (PCV7) into the routine pediatric immunization schedule in 2000. To improve national surveillance case definitions for these conditions, the NNDSS Internet site (http://www.cdc.gov/epo/dphsi/phs/infdis.htm) will be updated to reflect these reporting clarifications. A similar update about the reporting clarifications will be added to the NNDSS disease and condition list CDC distributes to states. In addition, CDC will begin to display incidence counts for DRSP separately for all ages and for children less than five years in Table II. (http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5529md.htm#tab2) of the *MMWR*.

CDC appreciates CSTE's recommendation regarding the diffusion of PCR-based serotyping technology to state and territorial pubic health laboratories. Recognizing that not all state and territorial health departments have had the surveillance capacity to document the public health benefits of PCV7, CDC agrees with the CSTE recommendation to improve states and territories capacity to use surveillance for invasive pneumococcal disease to evaluate the effectiveness of pneumococcal immunization programs by expanding the laboratory infrastructure for performing pneumococcal serotyping. CDC's new approach to pneumococcal serotyping is based on polymerase chain reaction, or PCR, a laboratory technique already in use in many state public health laboratories. Once this technique is successfully piloted, CDC looks forward to working with CSTE and the Association of Public Health Laboratories to explore mechanisms for transfer of this technology to other state and territorial health departments.

CSTE Position Statement 06-ID-15
Title: "Inclusion of Poliovirus Infection Reporting in National Notifiable Diseases Surveillance System"

Statement of desired action to be taken:
CSTE recommends that CDC adopt a revised surveillance case definition for poliomyelitis to include poliovirus infections. Poliovirus (PV) infection should be nationally reportable and reported through the National Notifiable Disease Surveillance System.

CDC Comments:
CDC appreciates the opportunity to collaborate with CSTE on position statement 06-ID-15, including the technical revision, which will enhance the ability of public health to detect poliovirus infection due to either wild or vaccine-derived viruses. CDC plans to take the following actions to implement this position statement: 1) non-paralytic poliovirus infection will be added to the list of nationally notifiable diseases in 2007, 2) the NNDSS web site will be updated to include the non-paralytic poliovirus infection surveillance case definition adopted in position statement 06-ID-15, 3) beginning in 2007, low-incidence NNDSS verification procedures will be implemented for non-paralytic poliovirus infection incidence data, and 4) incidence data for this condition will be displayed next to the incidence data for paralytic poliomyelitis in Table I (Provisional cases of infrequently reported notifiable diseases) in the *MMWR* (http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5529md.htm#tab1).

CSTE Position Statement 06-ID-16
Title: "Revision of Measles, Rubella, and Congenital Rubella Syndrome Case (CRS) Classifications as Part of Elimination Goals in the United States"

Statement of desired action to be taken:
CSTE recommends that CDC implement a modified case classification for measles, rubella, and CRS. The case classifications would distinguish between internationally imported, U.S-acquired, and import associated.

CDC Comments:
CDC concurs and plans to update the NNDSS surveillance case definitions for measles, rubella, and CRS to distinguish between internationally imported, U.S-acquired, and import associated disease transmission.