DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

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

March 24, 2003

Patrick J. McConnon, M.P.H.
Executive Director
Council of State and Territorial Epidemiologists (CSTE)
2872 Woodcock Boulevard, Suite 303
Atlanta, Georgia 30341-4015

Dear Mr. ~~McConnon~~ Pat:

Thank you for your letter forwarding the position statement, adopted by the Council of State and Territorial Epidemiologists (CSTE), in 2002.

Enclosed is the Centers for Disease Control and Prevention's (CDC) response to the CSTE Position Statement entitled "Hepatitis C Virus Infection (past or present)" sent to the National Center for Infectious Disease.

CDC looks forward to continued collaboration with CSTE regarding public health issues of mutual concern.

Sincerely,

James M. Hughes, M.D.
Director
National Center for Infectious Diseases

Enclosure

CSTE POSITION STATEMENT: #02-ID-01

TITLE: Hepatitis C Virus Infection (past or present)

Statement of desired action(s) to be taken:
CSTE Recommends:

1. Approve case definition for hepatitis C virus infection.
2. Place confirmed cases of hepatitis C virus infection under national surveillance through the National Notifiable Diseases Surveillance System (NNDSS), with the clear understanding that individual states will implement this as resources become available.
3. Eliminate the case definition for Non-A, Non-B hepatitis and remove Non-A Non-B hepatitis from the National Notifiable Diseases Surveillance System (NNDSS).
4. The Centers for Disease Control and Prevention (CDC) should assist states and territories in funding these efforts.

CDC Comments:

CDC supports the position statement 02-ID-01, entitled, "Hepatitis C virus infection (past or present)". This position statement proposes a surveillance case definition for hepatitis C virus (HCV) infection and endorses placing confirmed cases of HCV infection under national surveillance through NNDSS. CDC is in agreement with the proposed case definition and believes that national surveillance is critical as HCV infected persons should be notified about their infection, and counseled about ways to prevent transmission to others and about the importance of a medical evaluation. CDC is working with state and local health departments to assist in the development of models for HCV infection surveillance. CDC recognizes that the allotment of additional resources would benefit HCV infection surveillance and prevention initiatives. As additional resources become available, consideration will be given for these important activities.

CDC also supports eliminating the case definition for Non-A, Non-B hepatitis and removing this condition from the NNDSS. Now that hepatitis C testing is widely available, there is no need for the Non-A, Non-B case definition or for case reporting.

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and Prevention (CDC)
Atlanta GA 30333

April 14, 2003

Patrick J. McConnon, MPH
Executive Director
Council of State and Territorial Epidemiologists
2872 Woodcock Boulevard
Suite 303
Atlanta, GA 30341-4015

Dear Pat,

Thank you for your letter forwarding the position statement on Hepatitis C Virus Infection, adopted by the Council of State and Territorial Epidemiologists (CSTE). Enclosed are comments from the Epidemiology Program Office (EPO) in response to this position statement.

We look forward to continued collaboration with CSTE regarding public health issues of mutual concern.

Sincerely,

Steve

Stephen B. Thacker, M.D., M.Sc.
Assistant Surgeon General
Director
Epidemiology Program Office
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1600 Clifton Rd., NE
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Enclosure

CSTE Position Statement: #02-ID-01

Hepatitis C virus infection (past or present)

a) Hepatitis C virus infection (past or present) was designated as "nationally notifiable," effective January 1, 2003. The NETSS code 10106 has been assigned to Hepatitis C virus infection (past or present) and was included in the latest iteration of the NNDSS event code list that SSB distributed in Fall, 2002.

b) The EPO case definitions web site has been updated to include the "Hepatitis C virus infection (past or present)" case definition as listed in the position statement (02-ID-01). In addition, effective January 1, 2003, we will update our web site to include "Hepatitis C virus infection (past or present)" in the 2003 table of nationally notifiable infectious diseases.

c) Hepatitis Non-A, Non-B was removed from the table of nationally notifiable infectious diseases beginning January 1, 2003. We will not eliminate the hepatitis Non-A, Non-B case definition, as recommended in position statement 02-ID-01, because data users will need it for studies they plan based on historical finalized data for this condition. In consultation with NCID's Hepatitis Branch, we have instead decided to insert a comment field within the 2000 acute viral hepatitis case definition on the EPO case definitions web site, indicating the hepatitis Non-A, Non-B case definition is considered non-notifiable beginning January 1, 2003. In addition, our event code list, that we plan to distribute this Fall, will indicate this condition was deleted from the list of nationally notifiable diseases in 2003.

a) NCID's Hepatitis Branch has recommended that hepatitis C virus infection (past or present) data be excluded in the weekly *MMWR* tables in 2003 and in the *MMWR* Annual Summary for 2003 so data quality can be assessed and a determination can be made about whether to begin printing these data in 2004 in the *MMWR*. When the data are presented in the *MMWR*, they will be reported under the category heading of "Hepatitis (Viral, Chronic)."

d) The Hepatitis Branch has initially recommended that only laboratory confirmed hepatitis C virus infection (past or present) case data should be presented when NNDSS data are reported.

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JOHN ELIAS BALDACCI
GOVERNOR

PETER WALSH
ACTING COMMISSIONER

22 May, 2003

Patrick McConnon
Executive Director
Council of State and Territorial Epidemiologists
2872 Woodcock Boulevard Suite 303
Atlanta, GA 30341-4015

Re: CSTE Position Statement 02-ID-01 "Hepatitis C Virus Infection (past or present)"

Dear Mr. McConnon:

This letter is written as a follow-up to the 2002 CSTE position statement 02-ID-01 "Hepatitis C Virus Infection (past or present)", for inclusion in the upcoming Annual Report.

As you are aware, this position statement approved a case definition for hepatitis C infection, eliminated the case definition for Non-A, Non-B hepatitis, and recommended that confirmed cases of hepatitis C virus infection be placed under NNDSS surveillance with the clear understanding that states will implement surveillance as resources become available.

Since that time we have received comments from CDC in support of this statement, with an acknowledgement that the allotment of additional resources would benefit hepatitis C surveillance efforts. Hepatitis C infection (past or present) became nationally notifiable on January 1st, 2003 (code 10106) and the EPO case definitions web site includes the case definition from the position statement. The Hepatitis Branch has recommended that only laboratory-confirmed case data be presented in reports for NNDS.

While hepatitis Non-A, Non-B was removed from the table of nationally-notifiable diseases, CDC will not remove the case definition for hepatitis Non-A, non-B because of the need for the definition by persons accessing historical surveillance data

The CDC Hepatitis Branch has recommended that hepatitis C virus infection (past or present) data be excluded from 2003 MMWR tables (and from the 2003 MMWR Annual Summary) to

allow an assessment of data quality. A determination will then be made whether or not to print these data in 2004.

In reference to the laboratory criteria for the case definition from the Position Statement, detailed guidelines for the reporting of hepatitis C antibody test results were published earlier this year (CDC. Guidelines for laboratory testing and result reporting of antibody to hepatitis C virus. MMWR 2003;52(No. RR-3).

While no specific actions by CSTE regarding this resolution are indicated at the present time, the Viral Hepatitis consultant team should continue discussions with the CDC Hepatitis Branch regarding the potential for further surveillance resources and any concerns that may emerge in the surveillance of past or present hepatitis C infection.

Sincerely,

Geoff Beckett, PA-C, MPH
Assistant State Epidemiologist
Division of Disease Control
Maine Bureau of Health