**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Public Health Service

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

October 29,2002

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

DearMr. McConnon:

Thank you for your letter forwarding the positions statements, adopted by the Council of State and Territorial Epidemiologists (CSTE}, in 2002.

Enclosed are the Centers for Disease Control and Prevention's (CDC) responses to the CSTE Position Statements sent to the National Center for Infectious Disease (Ncm) and the National Immunization Program (NIP).

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

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Sincerely,

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**James M. Hughes, M.D.**
**Assistant Surgeon General Director**
**National Center for Infectious Diseases**

*L(..J ~ c, * ~- **Walter A. Orenstein, M.D. Assistant Surgeon General Director**
**National Immunization Program**

Enclosures

02-ID-06

**Committee:** Infectious Diseases

**~:** Varicella Surveillance

**CDC Resnonse:**

CDC concurs with the CSTE position statement that recommends, starting in 2003, that varicella be included in National Notifiable Diseases Surveillance System (NNDSS). CDC believes that this issue is important to public health at the state and national level.

The varicella vaccine was licensed in 1995 and recommended for routine use in infants 12-18 months of age in 1996. Now, seven years after implementation of the varicella vaccination program, vaccine coverage has reached 76.3% and disease is declining in areas where surveillance is adequate to monitor program impact. However, vaccine coverage varies widely in the different states and territories ranging from 52.8% to 89.9% in 2001. It is therefore important to monitor the impact of the vaccination program at the state and nationa11evel.

Currently CDC is working collaboratively with two sites by providing funding for active varicella surveillance in West Philadelphia, Pennsylvania and Antelope Valley, California to monitor the impact of the varicella vaccination program. Data from these areas have shown dramatic evidence of vaccine
impact with a marked decline in varicella incidence and hospitalizations since 1999. Furthermore, CDC is providing technical assistance, as requested, to states to either establish varicella surveillance or enhance the existing surveillance system and is strongly encouraging individual case reporting systems. Currently, 18 states and districts are reporting varicella cases to the NNDSS; 4 states are conducting case based varicella reporting and 5 more will start case based reporting in 2003. CDC will work with CSTE to develop varicella surveillance guidelines for the progressive implementation of individual case reporting by states. Finally, the CDC national Varicella Zoster Virus (VZV) lab will be conducting training for state health laboratories in VZV Direct Florescent Antibody Antigen and Polymerase chain reaction techniques in November and December of 2002.

Position Statement Author Follow-Up
02-ID-06 "Varicella Surveillance"

The following has happened since the position statement was passed last year:

Overall, the resolution has generated the much of the desired action by CDC-NIP. They have been actively encouraging states to conduct varicella surveillance to monitor the impact of the varicella vaccination program on varicella morbidity, with an ultimate goal of having all states conducting individual case-based surveillance beginning in 2005. The CDC-NIP Varicella surveillance unit began contacting states to ask about their plans for varicella surveillance, to inform them about the CSTE statement, and discuss their plans for case based reporting. Thus far, individual conference calls have been held with 39 states. Of these, 8 are currently conducting case based surveillance and 20 more are planning to start by 2004 (2 of which will start by the end of this summer).

Furthermore, the NIP reports that is has decided to further encourage varicella case based reporting in the 2004 cooperative agreement instructions, which will provide notice that individual case-based surveillance will be required in 2005.

There is a need for CSTE action regarding varicella surveillance. Based on reports by CDC, many of the states contacted were not aware of the position statement. I am not sure what more can be done to be sure the relevant group in each state receives a copy of each position statement, but this is something that perhaps should be at least mentioned at the CSTE meeting. In addition, although it was recommended that CDC-NIP work with CSTE to develop varicella surveillance guidelines for progressive implementation of individual case reporting by all states, this guidance has been more ad hoc. In essence, CDC-NIP has been collecting information and experience from states that are conducting surveillance and referring those who want to know more to those states. No formal meetings have been held to develop standardized guidance. This is something that would be desirable.

James L. Hadler, MD, MPH
State Epidemiologist
Connecticut Department of Public Health
410 Capitol Ave, MS #11FDS
Hartford, CT 06134-0308
tel: 860-509-7995
fax: 860-509-7910
e-mail: james.hadler@po.state.ct.us

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