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

Dear Mr. 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 (NCID) and the National ln1munization 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

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Walter A. Orenstein, M.D. Assistant Surgeon General Director
National Immunization Program

Enclosures

Committee: Infectious Diseases

Ii!k: U.S. -Mexico Surveillance and Epidemiology AgI"eement

CDC Response:

CDC concurs and supports this position statement for binational agreements between U.S. and Mexico for establishing norms for disease surveillance information sharing, joint epidemiologic investigations, when feasible and control efforts in epidemiologic situations affecting both countries.

As the position statement acknowledges, CDC has been working with U.S. border states and with Mexico on developing an effective border infectious disease surveillance system known as Border Infectious Disease Surveillance CBllS) for several years.

CDC's Office of Global Health (OGH) also recently convened a meeting of all Centers, Institutes, and Offices within CDC with an interest in or ongoing projects with Mexico. At this meeting, the issue of barriers to moving funds and routine cross border travel was raised. OGH committed to working to solve these problems as such issues are raised by CDC staff working with Mexico. Furthernlore, CDC's OGH will work with other Federal agencies to establish system-wide solutions.

CDC through its Office of Global Health (OGH) and NCID through the Division of Global Migration and Quarantine met with the Mexico General Directorate of Epidemiology during October 10-11, 2002, to work on an agenda for addressing and resolving issues of binational information exchange related to epidemiologic surveillance. This meeting will be held under the auspices of the U .S. -Mexico Binational Commission Health Working Group led by the Department of Health and Human Services' Office of Global Health Affairs.

In 1996, the Immunization Working Group of the United States -Mexico Binational Commission was established to enhance coordination of disease surveillance, assure high vaccination coverage in both countries, and hasten the elimination ofvaccine-preventable diseases. Since the initiation of this working group, many activities have been successfully accomplished to meet the goals of this group.

These include:

1) Disease Surveillance:

a) A joint, harmonized report on measles and rubella surveillance in both Mexico and the U.S. was developed during this time and published in MMWR 2000.

b) There is a routine exchange of information on persons with possible measles or rubella who have traveled on both sides of the border during their incubation period.

2) Bilateral Vaccination Efforts:

a) Joint U.S.-Mexico Immunization Days and activities have been held on October 24, 1998, in Nogales, Sonora, Mexico attended by both Secretary Donna Shalala (U.S.) and Secretary De la Fuente (Mexico);

b) The immunization schedules used in Mexico and the U.S. have been harmonized and vaccinations provided in one country are recognized by the other .

c) In May 2000, with funding from the U.S. National Vaccine Program Office, CDC staff worked with their Mexican counterparts to study two economic issues and one epidemiologic issue, in Morelos, Mexico:

1) A campaign to immunize health care workers against measles and rubella was determined;

2) A study to estimate the cost of Congenital Rubella Syndrome (CRS) treatment was started;

3) Using surveillance and serologic data, the Mexican state's burden of rubella and CRS was examined.

3. EI!idemiologic Investigations:

Experts from both sides participated in a retrospective chart review for identifying infants with suspected CRS in Mexico City and a prospective study for identifying infants with suspected CRS after a rubella outbreak in La Paz, Baja California Sur.

CDC and U.S. states continue to work to resolve obstacles and misunderstandings in communication with Mexico about infectious disease surveillance information and outbreak investigations of relevance to both countries on the border and beyond. CDC welcomes the opportunity to report back to CSTE on our progress with these matters at the next CSTE annual meeting and look forward to continued partnering with CSTE in working with Mexico on epidemiologic surveillance of infectious diseases.

Eduardo J. Sanchez, M.D., M.P.H.
Commissioner of Health

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May 22, 2003

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RE: Position Statement 02-ID09

Dear Mr. McConnon

I am pleased to provide this follow-up to the 2002 CSTE position statement 02-ID-09 entitled "U.S. Mexico Surveillance and Epidemiology Agreement."

Since the approval of this position statement, the Centers for Disease Control and Prevention (CDC) convened a meeting of centers, institutes and offices within CDC to discuss ongoing projects with Mexico. The CDC Office of Global Health committed to working towards solutions to logistic and liability issues that serve as barriers to working across this important international boundary. Health commissioners from the US side have met with CDC to discuss strategies to address the many issues, including surveillance, across the border.

Other activities that have benefited from the position statement include the Border Infectious Diseases Surveillance (BIDS) program and bilateral vaccination efforts. While these projects continue to make progress, there remains little movement regarding formalized and agreed upon mechanisms to share epidemiologic data, resources and technology. Moving resources across the border remains a significant impediment to preparing the entire border region for infectious diseases threats and emergencies. This remains a large bureaucratic concern that still deserves attention.

CSTE and the member border states should support continuing binational work to solve these concerns in order to improve epidemiology and surveillance along the border.

Sincerely

Dennis M. Perrotta, PhD CIC
State Epidemiologist
Texas Department of Health