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DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

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

MAR 11 2005

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 the opportunity to review and comment on position statements developed by the Council of State and Territorial Epidemiologists (CSTE). Enclosed are responses from the Centers for Disease Control and Prevention on the following position statements: (1) Development of Population-Based HIV/AIDS Clinical Surveillance; (2) Laboratory Reporting of Clinical Test Results Indicative of HIV Infection: New Standards for A New Era of Surveillance and Prevention; and (3) Support for "Guiding Principles for HIV Prevention."

I apologize for the delay in our response. Please be assured that this delay in no way represents a lack of interest on our part. We appreciate your support and look forward to continued collaboration with CSTE.

Sincerely,

Julie Louise Gerberding, M.D., M.P.H.
Director

Enclosures

The Centers for Disease Control and Prevention's (CDC)
Response to the
Council of State and Territorial Epidemiologists (CSTE)
Position Statement 04-ID-05,
"Development of population-based HIV/AIDS clinical surveillance"

CDC concurs with the position statement entitled "Development of population-based HIV/AIDS clinical surveillance." CDC agrees this issue is important to obtain state and national level estimates of co-morbid conditions, treatment with and adherence to antiretroviral medications, access to and utilization of health-care services, and social and behavioral factors of adults in care for HIV.

CDC supports the five recommendations relevant to the CSTE position statement and plans to provide technical assistance, funding, and support to states involved in the Morbidity Monitoring Project, while also working with the Health Resources and Services Administration (HRSA) to ensure data are useful for Ryan White Care Act (RWCA) reporting requirements. CDC, however, cannot comment on the use of RWCA evaluation or administrative funds in those states not selected for CDC funding.

Since 1998, eleven state health departments and one county health department have collaborated with CDC to pilot methods for a nationally representative Morbidity Monitoring System. The pilot studies have been collectively conducted as the Survey of HIV Disease and Care (SHDC) and SHDC-plus. Evaluation of these studies is currently underway.

CDC has met with HRSA on several occasions to improve communication and collaboration between agencies as systems are implemented. In May 2003, two CDC Project Officers presented implementation plans for the development of population-based HIV/AIDS clinical surveillance to select HRSA staff. In June 2004, a HRSA representative attended the Morbidity Monitoring Expert Consultation to determine research questions that the new HIV surveillance system should address. In November 2004, CDC met with HRSA representatives to review and confirm data points that HRSA needed to collect. Also, a HRSA representative was invited to the first Principal Investigator meeting held on December 6-7, 2004, to collaborate with state grantees.

In October 2004, CDC provided funding to 26 state and local health departments to support the development of infrastructure and methods to conduct representative morbidity surveillance systems for HIV infection. If funds continue to be available, CDC plans to support these health departments through fiscal year 2007.

CDC will provide epidemiological, statistical, and methodological guidance to states and directly-funded cities for the implementation of the new Morbidity Monitoring System. Implementation of the system will result in credible state-level population estimates of clinical outcomes, adherence to antiretroviral medications, access to and utilization of health-care services, and social and behavioral factors of adults in care for HIV.