

Sound public health infectious disease control programs require that science-based policies, programs and infrastructure be in place to prevent infectious disease morbidity and mortality, control outbreaks, support disease elimination and prevent and respond to re-emerging and emerging infectious disease threats. This imperative is reinforced by considering risk factors associated with external drivers such as globalization of commerce and transportation, and climate change.

1. SURVEILLANCE AND REPORTING

States, territories and their local and federal partners are primarily responsible for infectious disease surveillance and reporting. State and territorial public health agencies ensure that public health professionals, hospitals, health care providers, laboratories, managed care organizations and outpatient facilities understand and carry out their responsibility to report all relevant infectious diseases in a complete and timely manner. This essential function is further elevated by the obligations of our public health system to comply with the provisions of the International Health Regulations as administered by the World Health Organization, of which the United States is a signatory member. ASTHO supports:

- A. Developing infectious disease case definitions and a list of nationally notifiable diseases in collaboration with the Centers for Disease Control and Prevention and state and territorial epidemiologists.
- B. Reporting state and territorial notifiable disease data to the CDC.
- C. Including state and territorial health agency perspectives in developing national surveillance strategies and systems for reporting existing and emerging infectious diseases to federal agencies.
- D. Creating or enhancing surveillance systems to allow for simultaneous or sequential reporting of time-sensitive health data coordinated among local, state, territorial, tribal and federal public health authorities.
- E. Appropriating federal funding to support the technology and infrastructure needed to efficiently collect, analyze and disseminate infectious disease surveillance and reporting information and allow for transmission among local, state, territorial and federal levels.
- F. Collection of legitimate survey and surveillance data to detect trends and risk behaviors and aid in the design of effective interventions to prevent or control infectious disease threats; federal law should not inhibit state, territorial or local public health surveillance, investigatory and control activities.

2. RESPONSE

State and territorial public health agency collaboration with federal and local governmental agencies ensures that proper procedures are in place to promptly respond to infectious disease reports, including case investigations, treatment, control, containment and follow-up activities.

3. LEGAL AUTHORITIES/PUBLIC HEALTH LAW

The authority to evaluate the causes of infectious diseases and their transmission, prevention and impacts on morbidity and mortality in all settings is critical to the states' and territories' ability to prevent and control infectious diseases. This may entail using a variety of sources, including case

investigations, patient interviews, population surveys, medical record reviews and vital statistics data. ASTHO supports:

- A. States and territories holding appropriate statutory and regulatory authority to rapidly mandate reporting of emerging infectious diseases or syndromes to efficiently respond to new infectious disease threats.
- B. As appropriate, using quarantine and isolation to control certain infectious diseases and other nonpharmaceutical, community-based interventions such as school dismissal, business closures, and large event cancellations.
- C. Periodically re-examining federal, state and local laws and statutes, relative to emerging infections, to ensure public health agencies have the powers to respond appropriately to emerging diseases and public health emergencies.

4. INFECTIOUS DISEASE PREVENTION

Effective infectious disease control and response efforts include prevention components such as vaccination and educational programs to encourage changes in unsafe human behaviors and public acceptance of prevention strategies. ASTHO supports:

- A. State and territorial public health agencies collaborating with local health entities and the clinical sector to promote basic principles of hygiene and infection control and to prevent transmission of existing and emerging infectious diseases.
- B. Promoting appropriate and responsible use of antibiotics among the clinical sector, agricultural partners, and the public as an important part of infectious disease prevention and control programs.
- C. Preventing the emergence of new vector-borne diseases and controlling those diseases that have emerged, such as West Nile virus, through vector control programs. ASTHO maintains that the need for such programs in particular localities is best assessed and developed in consultation with state and territorial public health agencies.
- D. Collaborative partnerships among state and territorial public health agencies and veterinary and agricultural organizations to prevent the spread of existing zoonoses and the emergence of new zoonoses, and to control and prevent food-borne illnesses.
- E. Ensuring compliance with current vaccine mandates and developing new mandates, as appropriate, to protect the population from vaccine-preventable diseases.
- F. Efforts to reduce health care-associated transmission of infectious disease by promoting education and compliance with transmission-reducing strategies and the use of policy to advance prevention.
- G. Collaborations with schools and representatives of racial and ethnic minority populations and governments (e.g., tribes) to implement targeted interventions for disease prevention among high-risk populations.

5. PREPAREDNESS

State and territorial health agency consultation and input into national preparedness plans to effectively detect, respond to and recover from emerging infectious disease threats is critical. Activities to bolster our nation's readiness to protect the public's health from infectious diseases such as pandemic

influenza, require a sustained commitment of collaboration, service integration, and investment of resources, including adequate federal funding. ASTHO supports:

- A. Enhancing the collective response capabilities to naturally occurring outbreaks of infectious disease to prepare for bioterrorism.
- B. Collaboration among state and territorial health agencies, the federal government, local agencies, other state and territorial agencies, tribal partners, the private sector and representatives of high-risk populations in preparedness activities.
- C. Sharing and integrating surveillance and reportable disease data and other sources of public health intelligence to maintain situational awareness of disease incidence, disease syndromes, or unusual events for the near real-time or real-time detection of unusual infectious disease occurrences.
- D. Continued and enhanced funding for public health preparedness activities to improve public health readiness and ensure ongoing commitment to preventing bioterrorism and major infectious disease threats.

6. COMMUNICATION AND COLLABORATION

Providing accurate and timely health information about disease outbreaks and emerging infections to private citizens, health providers, and other state and territorial response agencies, in the United States and internationally, is integral to an infectious disease outbreak response. Coordination of federal, state and local health agency messages ensures that providers and the public receive clear and consistent information. ASTHO supports:

- A. Expanding collaborations beyond traditional state and territorial public health partners to include others who may be involved in the surveillance and response to an emerging infection such as agricultural agencies, veterinarians, law enforcement, ports of entry, border control, neighboring countries and transportation agencies.
- B. Integrating public health and clinical sector health information exchanges to promote system interface for appropriate and effective treatment during infectious disease outbreaks.

7. INFECTIOUS DISEASE WORKFORCE

Ensuring a qualified workforce is the most difficult challenge state and territorial health agencies face in responding to public health threats and emergencies. Enhanced coordination among public health, clinical, laboratory and academic programs is integral to developing a robust, active community of epidemiologists, laboratorians, clinical investigators, health educators, occupational health specialists, and experimental scientists who are ready to respond to disease outbreaks and seek solutions to new infectious disease threats. ASTHO supports:

- A. Sustained federal funding for public health programs to support the current public health workforce.
- B. Federal funding for the public health workforce demonstration project and loan repayment program, authorized under the Pandemic and All-Hazards Preparedness Act, to encourage public health professionals to enter employment in a federal, state or local public health agency.

8. LABORATORY

The state and territorial public health laboratory has a fundamental role in detecting and identifying infectious diseases. Links to clinical, veterinary, agricultural, and academic laboratories are also critical for shared expertise and to identify laboratory surge capacity for an infectious disease emergency.

ASTHO supports:

- A. Sustained federal funding to support state and territorial public health laboratory operations and improvements.
- B. Public health laboratory access to appropriate and state-of-the-art laboratory tests and reagents for the detection and identification of infectious diseases.
- C. Public health laboratory access to ongoing technological and training support for new and classic methods of infectious disease detection and identification.
- D. A national laboratory system to integrate reporting between public and private sector laboratories and provide the communication, coordination and testing capacity required to effectively detect and report outbreaks and exposures.

9. RESEARCH

State and territorial health agencies contribute critical information to understanding infectious diseases by exploring the causes, transmission and prevention of diseases in the course of their public-health practice, through analysis of existing data and by research protocols as necessary. Ongoing research and monitoring of emerging infectious diseases such as pandemic influenza, antimicrobial-resistant infections and food-borne pathogens are important aspects of protecting the public's health. ASTHO supports:

- A. Using federal policy and funding streams to create incentives for the public and private sector to develop improved tests to diagnose certain existing infectious diseases and reliable and accurate rapid screening field methods.
- B. Developing incentives that encourage development and research for vaccine efficacy and adverse events, antiviral efficacy and side effects, new antimicrobials and diagnostic tests for emerging infectious diseases.

Approval History:

Infectious Disease Policy Committee Review and Approval on

Board of Directors' Review and Approval on July 20, 2011

Ratified by the ASTHO Membership on October 20, 2011

Policy Expires on October 19, 2014

ASTHO policies are broad statements of enduring principles related to particular policy areas that are used to guide ASTHO's actions and external communications.

Related ASTHO Documents:

Policy Statements:

Immunization Policy Statement

Position Statements:

Tuberculosis Position Statement

Pandemic Influenza Antiviral Stockpiling Position Statement

School and Child Care Immunization Requirements Position Statement

Healthcare Associated Infections

Workforce Development

HIV Prevention – Guiding Principles