

**MEETING OF THE CDC
BOARD OF SCIENTIFIC
COUNSELORS, OFFICE OF
INFECTIOUS DISEASES**

CLIAC Liaison
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OPENING REMARKS

BSC (Board of Scientific Counselors) Chair
Dr. Ruth Berkelman welcomed three new board
members:

Kristy Bradley, Oklahoma State Epidemiologist;

Scott Ratzan, Vice President, Global Health,
Government Affairs & Policy, Johnson &
Johnson; and

Jill Taylor, Interim Director, Wadsworth Center,
New York Department of Health.

MEETING DECEMBER 5, 2012

- A key theme of the meeting was strengthening the clinical and public health interface, with a focus on two areas:
 - (1) addressing pertussis and
 - (2) implementing new recommendations for reducing morbidity and mortality due to infection with hepatitis C virus (HCV).

BSC WORK GROUP REPORTS

- The meeting began with reports from the BSC Food Safety Modernization Act (FSMA) Surveillance Working Group (FSMA SWG) and the Antimicrobial Resistance Working Group (ARWG).
- The meeting also included updates on CDC's infectious disease activities, including a presentation on the multistate outbreak of fungal meningitis
- Also a discussion with CDC Director Thomas Frieden.

FOOD SAFETY MODERNIZATION ACT (FMSA) SURVEILLANCE WORKING GROUP

- BSC member and working group chair Dr. Jim Hadler reported on the activities of the FSMA SWG, which met December 3-4, immediately prior to the BSC meeting. Examples of their activities since the May BSC meeting include:
 - *Integrated Food Safety Centers of Excellence.*
 - *Preservation of PulseNet*
 - **Priorities for 2013**

Integrated Food Safety Centers of Excellence.

- CDC has designated five Integrated Food Safety Centers of Excellence (CoEs), in Colorado, Florida, Minnesota, Oregon, and Tennessee

(<http://www.cdc.gov/foodsafety/fsma.html#section399>).

CoE representatives met on Nov 28-29, 2012, to consider their scope of work in light of limited funding.

PRESERVATION OF PULSENET

- ◉ Dr. Hadler stressed the importance of PulseNet, a network of laboratories that work to identify similar cases of foodborne illness that might signal an outbreak.
- ◉ Clinical laboratories increasingly depend on rapid molecular tests that do not require pathogens to be grown in culture.
- ◉ As a result, fewer isolates are available for subtyping by PulseNet, as well as other infectious disease surveillance systems. Efforts are needed to ensure modernization of these surveillance systems.

PRIORITIES FOR 2013

- Over the coming year
 - state and local surveillance capacity, performance indicators and metrics, and
 - surveillance of antibiotic resistance in foodborne microbes.
 - Other areas of interest may include risk-based prioritization of surveillance activities (e.g., detection of emerging/re-emerging infections such as norovirus, toxoplasmosis, cryptosporidiosis, *Vibrio vulnificus*);
 - updates on CoEs, and issues related to culture-independent diagnostic testing and attribution of foodborne disease to particular pathogens and food products.

Antimicrobial Resistance Working Group

- 2011 Generating Antibiotic Incentives Now (GAIN) Act (H.R. 2182). The four tasks are as follows:
 - Development of methodology for antimicrobial resistance (AR) threat assessment and categorization
 - Evaluation of efforts to measure antimicrobial use and implement AR stewardship programs
 - Identification of the most successful strategies for preventing and controlling antimicrobial resistance
 - Identification of laboratory diagnostic needs and issues

Dr. Bob Weinstein Gave an update on the first two.

- Development of methodology for antimicrobial resistance (AR) threat assessment and categorization
 - conference calls on September 7 and October 30, 2012, the ARWG completed a third revision of AR threat assessment criteria related to disease severity, economic impact, transmissibility, preventability, and effectiveness of treatment.
- Evaluation of efforts to measure antimicrobial use and implement AR stewardship programs

Dr. Bob Weinstein Gave an update on the first two.

◉ **Antimicrobial Stewardship and Antibiotic Safety.**

- At the December 4 ARWG meeting, a discussion was held regarding whether to re-brand "antimicrobial stewardship" as "antibiotic safety." The group decided to maintain the "stewardship" brand but add complementary messages and "tag-lines" on using drugs wisely, smartly, and/or safely, as appropriate for different audiences.
- **Next Steps.** The ARWG plans to hold two conference calls before its next meeting (in May) to discuss CDC updates on implementation of ARWG's recommendations.

Dr. Khabbaz provided updates from OI D and from the three ID National Centers (NCs).

Dr. Khabbaz began by reviewing recent outbreak investigations of public health importance, and noted that Dr. Beth Bell will be giving an update on the ongoing investigation of fungal meningitis later in the day.

- Examples of recent outbreaks include:
 - hantavirus infection among visitors to Yosemite National Park;
 - cases of influenza A (H3N2) variant in multiple states;
 - and cases of *Clostridium difficile* in pediatric oncology patients in Colorado.
 - Recent multistate foodborne disease outbreaks included *Salmonella* infections linked to cantaloupes and mangoes
 - *Listeria* infections associated with soft cheese
 - Shiga toxin-producing *Escherichia coli* O157:H7 infections linked to contaminated leafy greens.
 - Overseas, CDC has helped investigate Ebola hemorrhagic fever outbreaks in Uganda and the Democratic Republic of Congo, Nodding Syndrome in Tanzania, Uganda, and the South Sudan, cholera in Sierra Leone, and anthrax in humans and animals in Republic of Georgia.

Other Updates

- ◉ CDC Personnel
- ◉ CDC Budget
- ◉ Cross- Cutting Issues

CDC Personnel

- Leadership changes at CDC include new positions or departures for:
 - Kevin DeCock, former Director of the Center for Global Health (CGH);
 - Steve Thacker, former Deputy Director for Surveillance, Epidemiology, and Laboratory Services (OSELS); and
 - Kevin Fenton, former Director of the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP). Until permanent new directors are identified, those positions will be covered by Anne Schuchat (CGH), Denise Cardo (OSELS), and Rima Khabbaz (NCHHSTP).
 - Dr. Schuchat's current position as Director of the National Center for Immunization and Respiratory Diseases (NCIRD) will be filled by Melinda Wharton, and Dr. Khabbaz will continue as Deputy Director for OI.
 - Dr. Thomas Hearn, Deputy Director, National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), is also retiring, after 35 years of distinguished service.
CONGRATULATIONS TOM!!!

Cross-Cutting Issues

- ◉ An HPV program review was held in July involving NCHHSTP, NCIRD, NCEZID, CGH, and the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). CDC may use a Winnable Battle-type format to help support and prioritize activities and use of shared resources for HPV prevention efforts.
- ◉ An external inspection of CDC's Building 18 Animal Biosafety Level 3 (ABSL-3) vivarium was conducted by experts from the Public Health Agency of Canada and 2 U.S. biosafety experts. The inspection concluded that the facility is "is compliant with all U.S. regulatory requirements and guidelines and poses no risk to the health and safety of the public."
- ◉ Onsite review of CDC's animal resource programs was completed by AAALAC International in early November. The reviewers found no deficiencies and recommended continued full accreditation for CDC.

Advanced Molecular Technologies

- **OID is facilitating efforts to enhance public health bioinformatics capacity by ensuring that CDC laboratories have cutting edge molecular tools. Priorities include:**
 - Creating web-accessible, searchable databases on infectious pathogens for use by CDC and public health partners
 - Establishing training fellowships with academic partners to address bioinformatics workforce needs
 - Developing and standardizing molecular epidemiology tools to modernize national infectious disease surveillance systems
 - Creating and enhancing screening, modeling, and tracking systems to improve prediction and early recognition of infectious threats

Programmatic Updates. Selected program accomplishments include the following:

◎ **NCHHSTP**

- Vital Signs report on *HIV Among Youth in the U.S.*
<http://www.cdc.gov/vitalsigns/HIVAmongYouth/index.html>
- The *Let's Stop HIV Together* campaign
<http://www.cdc.gov/features/LetsStopHIV/>
- New treatment guidelines for gonorrhea
<http://www.cdc.gov/std/gonorrhea/treatment.htm>

◎ NCEZID

- A new 5-year strategic *NCEZID Strategic Plan*, aligned with the *CDC ID Framework* and CDC's 5 agency-wide priorities (http://www.cdc.gov/ncezid/pdf/strategicplan_NCEZID.pdf)
- Documentation of national declines in healthcare-associated infections (HAIs), including central line-associated bloodstream infections (CLABSI), catheter-associated urinary tract infections (CAUT), surgical site infections (SSI), and methicillin-resistant *Staphylococcus aureus* (MRSA)
- New public health intervention programs that improve refugee and public health

○ NCI RD

- CDC Pandemic Influenza Functional Exercise, held on September 11-23 (ICU)
- Publication of prevention information on influenza A (H3N2) variant virus: *Key Facts for People Exhibiting Pigs at Fairs* (<http://www.cdc.gov/flu/swineflu/h3n2v-pigs-at-fairs.htm>)
- Significant progress toward polio eradication, with the number of outbreaks dropping from 11 in 2011 to 0 in 2012 and cases reported in 2012 from only 4 countries (Chad, Afghanistan, Nigeria, and Pakistan)

- ◉ **1) Addressing pertussis**
- ◉ **2) Implementing new recommendations for reducing HCV morbidity and mortality**

<http://www.ncbi.nlm.nih.gov/pubmed/22970945>

<http://www.cdc.gov/hepatitis/hcv/GuidelinesC.htm>

<http://www.gradeworkinggroup.org/>

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6104a1.htm>

Discussion with CDC Director Tom Frieden

- ◉ See minutes for details, many topics to much to discuss here

CDC response to the Multistate fungal meningitis outbreak

- Dr. Beth Bell provided an update on the healthcare-associated outbreak of fungal meningitis and other infections among patients who received contaminated steroid injections. The outbreak response involved 23 state health departments, CDC, and FDA, as well as healthcare providers and experts in fungal infection.
- As of December 3, CDC had received reports of 541 cases, including 36 deaths from the outbreak. The most affected states included Michigan (198 cases), Tennessee (102), Indiana (59), and Virginia (51).

Dr. Bell noted that responding to this outbreak meant “navigating uncharted waters.”

- Dr. Bell concluded by observing that the public health response to the fungal meningitis outbreak showed the value of public health to the American people. The role of the state health departments was pivotal in sounding the alarm, contacting the 14,000 patients, and conducting ongoing surveillance.
- CDC updates with updated case/ deaths are found on this website:
<http://www.cdc.gov/hai/outbreaks/meningitis.html>

My thoughts on the Fungal Outbreak

- I completely agree with Dr. Bell
- Most of these organisms are environmental contaminants, however we have isolated several associated with infection with immunocompromised patients.
- Exserohilum sp. Infections in Immunocompromised Pediatric Patients, S. D. Dallas¹, D. G. Rugar², H. W. Clegg³, R. L. Sautter⁴; ¹Carilion Labs, Charlotte, NC, ²Levine Children's Hospital at Carolinas Medical Center, Charlotte, NC, ³Levine Children's Hospital, Hemby Children's and Presbyterian Hospitals, Charlotte, NC, ⁴Carolinas Pathology Group, Carolinas Laboratory Network, Charlotte, NC. Abstracts of the General Meeting of the American Society for Microbiology, 6/3/2008, C150.
- I understand that QC/QA was lacking and that the "pharmaceutical house" was appalling as depicted by FDA.

My Thoughts Cont.

- These “houses” are monitored by each state using pharmacy regulations:
- I think that this should be more robust and should include standardization across states. So many other sites are inspected regularly, this should occur for these extremely important products (pharmacy solutions and admixtures).

Minutes can be found on this web soon!

- ◉ http://www.cdc.gov/maso/facm/facmBS_CNCID_minutes.htm

Questions?

