

**Board of Scientific Counselors
Office of Infectious Diseases
Centers for Disease Control and Prevention**

**Teleconference, November 15, 2010
CDC Headquarters, Atlanta, GA**

On November 15, 2010, the Board of Scientific Counselors, Office of Infectious Diseases (OID) within the Centers for Disease Control and Prevention (CDC) convened a brief teleconference to outline a draft infectious disease framework (ID Framework) being developed by OID and other CDC staff to help guide and advance CDC's infectious disease activities. The teleconference was held in preparation for an upcoming meeting of the board scheduled for December 6, 2010, during which the draft ID Framework would be the primary topic of discussion. A *Federal Register* notice had been published on October 29, 2010, announcing the teleconference and the availability of the draft ID Framework for interested individuals.

BSC member Dr. Rich Whitley served as Chair of the teleconference; Robin Moseley served as the Designated Federal Official. Dr. Rima Khabbaz, CDC Deputy Director for Infectious Diseases and Director, OID, welcomed callers and described the purpose of the meeting. She stated that Dr. Joanne Cono, Special Advisor for Science Integration in OID, would be giving a brief overview of the draft ID Framework, which board members and other interested individuals had received prior to the teleconference. She stated that CDC is very interested in receiving questions and feedback on the document.

Dr. Cono opened her presentation by describing the purpose of the ID Framework: To highlight and advance CDC priorities for infectious diseases and to better focus our public health efforts to address them. In addition to serving as a guidance document for CDC, the ID Framework is also designed to provide a roadmap for CDC's domestic public health partners, including state and local health departments, healthcare workers, professional organizations, and others. She emphasized that the document does not prioritize or include a listing of individual infectious disease program activities but rather provides overarching priorities to sustain and improve infectious disease prevention and control efforts.

Dr. Cono reminded board members and others on the call that the ID Framework is a *working* draft; more detailed input on the document will be solicited from board members and attendees at the upcoming December 6 BSC meeting. Additional drafts are expected, with a final document planned for early 2011.

Dr. Cono stated that the draft document was developed over the past several months by a core group of CDC staff from OID, the infectious disease national centers, and the Center for Global Health (CGH). Dr. Alexandra Levitt, OID, served as primary researcher and writer of the draft. Core group members included:

- *OID*: Joanne Cono, Alexandra Levitt
 - *Influenza Coordination Unit*: Lisa Koonin; Toby Merlin
- *National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)*: Elise Beltrami; Rita Helfand; Steve Monroe

- *National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)*: John Douglas; Teresa Durden
- *National Center for Immunization and Respiratory Diseases (NCIRD)*: Alison Mawle; Kristen Pope; Dave Swerdlow
- *CGH*: Pattie Simone

Dr. Cono stated that the current document includes five priorities, with specific objectives identified for each priority and specific action items for each objective. A separate section on anticipated outcomes is under development. Dr. Cono requested that board members consider the following when evaluating the current draft: 1) additional uses for the document; 2) whether the objectives and action steps are comprehensive; 3) what clarifying examples should be considered to best illustrate how these priorities will impact public health; and 4) ideas for making the document more user friendly and useful.

Before presenting the priorities, objectives, and action steps in the ID Framework, Dr. Cono emphasized that the Framework priorities were designed to complement and advance CDC's five agency-wide priorities:

- Excellence in surveillance, epidemiology, laboratory services
- Strengthen support for state, tribal, local, and territorial public health
- Increase global health impact
- Use scientific and program expertise to advance policy change that promotes health
- Better prevent illness, injury, disability, and death

She then described the ID Framework priorities:

- Strengthen infectious disease surveillance, epidemiology, and laboratory science
- Support state, tribal, local, and territorial health departments in preventing endemic diseases and addressing new and re-emerging threats
- Advance global initiatives to reduce infectious diseases and prevent international disease spread
- Promote nationwide policies that enhance prevention and control of infectious diseases
- Advance domestic infectious disease initiatives by implementing high impact interventions

Dr. Cono referred participants to the draft objectives under each priority, highlighting a few and requesting that members review the full draft objectives and action steps prior to the December 6 board meeting.

At this point, Board members were asked to share their initial reactions/comments to the draft document. Comments broadly focused on the need to a) clarify the purpose of the document, including expected outcomes and planned evaluation efforts; b) emphasize any new disease control strategies set forth in the document; c) define state/local core public health capacities; d) ensure that the roles of other federal agencies involved preventing and controlling infectious diseases are included; and e) ensure that all major infectious disease issues are sufficiently highlighted (specifically mentioned were immunizations, antimicrobial resistance, and One Health).

Several callers noted that the document seemed to inventory and categorize CDC activities under the priorities, rather than focusing more broadly on the priorities. Drs. Cono and Levitt explained that while the process went both ways, the purpose of the document is to create a forward-looking, organizing framework that supports the five priorities.

A brief discussion focused on the need to ensure that the document recognizes and is relevant for current social and political climates—primarily current economic challenges and healthcare reform.

Following comments and questions from board members, the operator opened the call up to participants from partner organizations and the public. Comments from state health department representatives and partner organizations supported the need for such an ID Framework and requested that it include definitions for core epidemiology and laboratory capacities and that it identify specific roles for partners.

In closing, Dr. Cono thanked everyone for their comments and Dr. Khabbaz stated that we look forward to more focused discussions at the December 6 meeting. Dr. Whitley then adjourned the call.

Participants

BSC

Rich Whitley
Barry Beaty
Ruth Berkelman
Gail Bolan
Matt Boulton
Frank Cockerill
Jim Hadler
Sam Katz
Tracy Lieu
Ron Stall
Bob Tesh
Bob Weinstein
Mary Wilson
Jack Bennett
Bruce Gellin
Eileen Parish
Larry Granger
Carole Heilman
Duane Hospenthal
Carol Baker
Michael Fleenor

CDC

Rima Khabbaz
Robin Moseley
Joanne Cono
Alexandra Levitt
Jan Nicholson
Sarah Wiley
Kim Distel
Elise Beltrami
Rita Helfand
Alison Mawle
Steve Monroe
Steve Redd
Cheri Rice

Identified Partner Representatives

Joanne Bartkus, *Minnesota Department of Health*
Pat McConnon, *Council of State and Territorial Epidemiologists*
Chris Hahn, *Idaho Department of Health and Welfare*
Janet Shoemaker, *American Society for Microbiology*