

Preface

The spectrum of infectious diseases is changing rapidly in conjunction with dramatic changes in our society and environment. Worldwide, there is explosive population growth with expanding poverty and urban migration; international travel is increasing; and technology is rapidly changing—all of which affect our relationships to the infectious agents with which we share our environment. Despite historical predictions to the contrary, we remain vulnerable to a wide array of new and reemerging infectious diseases.

Evidence of our vulnerability is readily available in 1993: a once obscure intestinal parasite, *Cryptosporidium*, caused the largest waterborne disease outbreak ever recognized in this country; an emerging bacterial pathogen, *Escherichia coli* 0157:H7, caused a multi-state foodborne outbreak of severe bloody diarrhea and kidney failure; and a previously unknown hantavirus, producing an often lethal lung infection, has been linked to exposure to infected rodents. In addition, our antimicrobial drugs are becoming less effective against many infectious agents and experts in infectious diseases are considering the possibility of a “post-antibiotic era.”

At the same time, our ability to detect, contain, and prevent emerging infectious diseases is in jeopardy. Between 1987 and 1993, the National Academy of Science’s Institute of Medicine published three reports, each of which documents, from different perspectives, how poorly prepared the United States is to identify and respond to infectious disease threats. Central to this poor state of preparedness is an overall erosion of the public health infrastructure at the local, state, and federal levels. As our nation proceeds with health reform, we must identify those public health priorities that need to be addressed at the community level as well as those that can be addressed by individual patient care providers.

We must also recognize that the health of the American people is inextricably linked to the health of people in other nations throughout the world, that infectious diseases can and do spread rapidly around the globe, and that global surveillance for emerging infections is vital to the health of our country.

In partnership with local and state public health officials, other federal agencies, medical and public health professional associations, infectious disease experts from academia and clinical practice, and international organizations, CDC has developed a plan that addresses the priorities set forth in *Healthy People 2000* and the three Institute of Medicine reports and will serve as a roadmap for CDC and its partners in safeguarding this nation from the ongoing threat of emerging infectious diseases.

Development of this plan began in December 1992 at a meeting of the Board of Scientific Counselors of CDC’S National Center for Infectious Diseases. Input was subsequently obtained at a meeting of infectious disease and public health experts at CDC in March 1993 and at a meeting of state and territorial public health professionals in Minneapolis, Minnesota in June 1993. Drafts of this plan have also been reviewed by several medical and scientific organizations and societies. The input and assistance obtained throughout this process have been invaluable in ensuring that the plan reflects the public health concerns and expertise of a wide array of medical and public health experts.

Plan implementation will be driven by public health priorities and resource availability and will require long-term collaboration of public agencies, universities, professional societies, and private industry to ensure protection of the U.S. population from the threat of emerging infections.