

July 11, 2025

Jeffrey M. Zirger
Information Collection Review Office
Centers for Disease Control and Prevention
1600 Clifton Road NE, MS H21-8
Atlanta, Georgia 30329

Re: Docket No. Doc. 2025-10622, Program Evaluation of CDC's Drug Overdose Surveillance and Epidemiology (DOSE)

Dear Mr. Zirger,

The Council of State and Territorial Epidemiologists (CSTE) supports the Centers for Disease Control and Prevention (CDC) proposed Revision request to allow for the continued collection of information for the Nonfatal Drug Overdose Surveillance and Epidemiology (DOSE) system.

CSTE is a national organization representing all states and territories and over 3,500 applied public health epidemiologists. CSTE's vision is to achieve thriving and healthy people and communities everywhere and our mission is to advance the field of applied epidemiology to maximize health. CSTE champions expansion of applied epidemiology capacity and effective use of epidemiologic data to guide public health practice, implement science-based policy, and improve health. CSTE has a vested interest in promoting rules, regulations, and policies that advance health for all Americans, using robust public health surveillance and epidemiology practice. Public health action by CSTE member states has led to improvements in clinical practice, medical procedures, surveillance, detection and control of public health threats, and the ongoing development of evidence-based disease control policies and prevention successes, including multiple position statements to standardize national surveillance efforts.

Support for DOSE is essential to for CDC to fulfill its mission to protect Americans from health and security threats and to the National Center for Injury Prevention and Control's (NCIPC) to continue its effective efforts to address the overdose crisis. DOSE data provide timely, detailed information on nonfatal drug overdoses to inform prevention strategies and reduce the burden of overdose-related morbidity and mortality. CDC has unparalleled, unique experience and expertise not available anywhere else in the federal government that is necessary to operate this system. The system is critical for identifying overdose anomalies, outbreaks, and emerging trends at both state and national levels and is necessary improve the health, longevity and quality of life of Americans. DOSE also supports stakeholders by informing resources such as dashboards and fact sheets.

DOSE 2.0 will enhance efficiency in the 49 funded states plus Washington, D.C. and improve data representativeness by expanding the number of emergency department facilities reporting nonfatal overdose data. CSTE, as a hub for best practices in applied epidemiology, supports injury epidemiologists across jurisdictions through subcommittees, workgroups, and the National Syndromic Surveillance Program (NSSP) Community of Practice. Collaborative resources like these strengthen public health surveillance and prevention efforts—benefits that will grow with the creation and implementation of DOSE 2.0. This surveillance system will deliver timely data to communities, which will inform prevention efforts and help jurisdictions identify priorities, evaluate interventions, and assess their impact.

Information derived from DOSE 2.0 is used by state health department injury and overdose programs, driving more effective prevention strategies for overdose across the United States. CSTE is committed to continued collaboration with CDC's NCIPC to enhance the quality, utility, and clarity of fatal overdose data.

Data collection for overdose/injury prevention and response activities involve a close partnership between CDC, State Territorial, Local Tribal (STLT) health departments, healthcare, and other key organizations. CSTE appreciates the time estimates included in their request; these estimates likely include time to submit data but may not fully represent the necessary efforts for STLT public health professionals to collect, clean, and organize the data. Further continued federal resources and support for modernizing public health data systems is essential to ensure the systems can deliver optimal timely data for decision-making at each level of the public health system. The STLT Health departments rely on CDC for subject matter expertise and essential funding to support these activities through cooperative agreements to STLTs, which must be maintained at least at current levels to ensure the health and safety of all Americans. It is critical for the data to flow first through the STLT health departments where they are collected and acted upon, and then for a subset of relevant information to be securely provided at the national level for aggregation and reporting that will support STLT public health agencies and national partners in planning, implementing, and evaluating life-saving public health interventions within and across STLT borders. National reporting and aggregation of data also provides CDC with data critical to coordinate response and prevention activities, ultimately reducing negative health and economic impacts.

Thank you for considering these comments on behalf of our members working in STLT health agencies. Should you like to discuss these comments further, please contact me at letters@cste.org or (770) 458-3811.

Sincerely,

A handwritten signature in black ink, appearing to read 'Janet Hamilton', written in a cursive style.

Janet Hamilton, MPH
Executive Director
Council of State and Territorial Epidemiologists