

---

# Emerging Infections Program— 20 Years of Achievements and Future Prospects

Ruth Lynfield, William Schaffner

“Disease-causing microbes have threatened human health for centuries. The Institute of Medicine’s Committee on Emerging Microbial Threats to Health believes that this threat will continue and may even intensify in coming years” (1). Thus begins the Institute of Medicine’s 1992 Report on Emerging Infections. The Institute of Medicine indicated that “emergence may be due to the introduction of a new agent, to the recognition of an existing disease that has gone undetected, or to a change in the environment that provides an epidemiologic bridge.” The recommendations encompassed both the ability to detect (surveillance) and respond to emerging infections. These recommendations laid the groundwork for establishment of the Emerging Infections Program (EIP).

This issue of Emerging Infectious Diseases marks the 20th anniversary of the EIP. Sponsored and organized by the Centers for Disease Control and Prevention (CDC), the EIP is a multifaceted collaboration of CDC with 10 state health departments and their academic partners, with the goal of conducting a portfolio of work that can be characterized as enhanced public health surveillance and applied research to detect, prevent, and control emerging infectious diseases. Collaboration derives from the Latin word “collaboratus,” meaning to labor together. The collaboration has been profound and successful, with marked commitment, creativity, and passion contributed by all participants.

This special issue incorporates a Festschrift for the EIP, celebrating the accomplishments of this distinctive enterprise over the past 2 decades. The first article of the series uses a tree metaphor to describe the history of the EIP over the past 20 years and discusses future directions for the network. The following article provides a state-based perspective, which includes the enhancement of public health infrastructure and the development of new academic and public health partnerships. Another article

describes the considerable training and teaching activities undertaken by EIP investigators. Although training was among the consortium’s explicit goals when EIP was initiated, its funding has been evanescent, thus requiring commitment and imaginative flexibility to create training opportunities in the context of active investigations. However, EIP investigators have derived great pleasure in training the next generation of public health epidemiologists, and this has yielded dividends for mentees, mentors, and public health.

These initial articles are followed by a series of reviews that summarize and assess core EIP areas and some related noteworthy projects. The network has successfully established population-based surveillance for many pathogens of public health importance and has been able to provide insights into risk factors for disease, and characterization of pathogens. EIP data have been used to inform public health recommendations for the prevention and control of multiple infectious diseases and to evaluate public health

## Guest Editors



Dr. Lynfield is State Epidemiologist and Medical Director, Minnesota Department of Health, St. Paul, Minnesota. Her research interests are emerging infectious diseases, antimicrobial resistance, and infection prevention.



Dr. Schaffner is Professor of Preventive Medicine, Department of Health Policy and Professor of Medicine, Division of Infectious Diseases, Vanderbilt University School of Medicine, Nashville, Tennessee. His research interests are communicable disease control and vaccine-preventable diseases.

---

Author affiliations: Minnesota Department of Health, St. Paul, Minnesota, USA (R. Lynfield); Vanderbilt University School of Medicine, Nashville, Tennessee, USA (W. Schaffner)

DOI: <http://dx.doi.org/10.3201/eid2109.150564>

interventions. Not resting on their laurels, the authors of these articles also look to future challenges, including those directly related to the infections, as well as others imposed by health inequities and changes in technology. A series of original research contributions by EIP investigators and their collaborators follows the reviews.

The scientific work of the EIP is directed through a genuinely collaborative steering committee comprised of lead investigators from all sites in the field, as well as CDC. It is co-chaired by a CDC investigator and a site senior investigator. Priority-setting discussions are open and genial, informed equally by national views and local perspectives. Formal votes are rare; consensus building is the norm. The participants have longevity; many have been with the program since its inception and have nurtured it through 2 decades of administrative, fiscal, and scientific labyrinths. As such, the participants have

become true partners and value the mutual trust, sense of harmony, and friendships that have flourished over the years. These qualities, along with a shared commitment to science-based public health practice, have led to the success of the EIP and bode well as the network looks forward to tackling the next generation of emerging issues of public health importance.

#### Reference

- 1 Lederberg J, Shope RE, Oaks SC Jr, editors. Emerging infections: microbial threats to health in the United States. Washington (DC): The National Academies Press; 1992 [cited 2015 Jun 18]. <http://www.nap.edu/catalog/2008/emerging-infections-microbial-threats-to-health-in-the-united-states>

Address for correspondence: Ruth Lynfield, Minnesota Department of Health, 625 Robert St N, PO Box 64975, St. Paul, MN 55164, USA; email: [ruth.lynfield@state.mn.us](mailto:ruth.lynfield@state.mn.us)

## March 2015: Tuberculosis



#### Including:

- Evaluation of the Benefits and Risks of Introducing Ebola Community Care Centers, Sierra Leone
- Nanomicroarray and Multiplex Next-Generation Sequencing for Simultaneous Identification and Characterization of Influenza Viruses
- Multidrug-Resistant Tuberculosis in Europe, 2010–2011
- Risk Factors for Death from Invasive Pneumococcal Disease, Europe, 2010
- *Mycoplasma pneumoniae* and *Chlamydia* spp. Infection in Community-Acquired Pneumonia, Germany, 2011–2012
- Epidemiology of Human *Mycobacterium bovis* Disease, California, USA, 2003–2011
- Regional Spread of Ebola Virus, West Africa, 2014
- Spillover of *Mycobacterium bovis* from Wildlife to Livestock, South Africa
- Prisons as Reservoir for Community Transmission of Tuberculosis, Brazil
- Polycystic Echinococcosis in Pacas, Amazon Region, Peru
- Red Deer as Maintenance Host for Bovine Tuberculosis, Alpine Region

<http://wwwnc.cdc.gov/eid/articles/issue/21/3/table-of-contents>