

THE WHITE HOUSE

WASHINGTON

PRESIDENTIAL DECISION DIRECTIVE NSTC-7

MEMORANDUM FOR THE VICE PRESIDENT

THE SECRETARY OF STATE
THE SECRETARY OF DEFENSE
THE SECRETARY OF THE INTERIOR
THE SECRETARY OF AGRICULTURE
THE SECRETARY OF COMMERCE
THE SECRETARY OF HEALTH AND HUMAN SERVICES
THE SECRETARY OF TRANSPORTATION
THE SECRETARY OF ENERGY
THE SECRETARY OF EDUCATION
THE SECRETARY OF VETERANS AFFAIRS
THE ADMINISTRATOR OF THE ENVIRONMENTAL
PROTECTION AGENCY
THE DIRECTOR OF THE OFFICE OF MANAGEMENT AND
BUDGET
THE CHAIRMAN OF THE COUNCIL OF ECONOMIC
ADVISORS
THE DIRECTOR OF CENTRAL INTELLIGENCE
THE ASSISTANT TO THE PRESIDENT FOR NATIONAL
SECURITY AFFAIRS
THE ASSISTANT TO THE PRESIDENT FOR DOMESTIC
POLICY
THE ASSISTANT TO THE PRESIDENT FOR ECONOMIC
POLICY
THE ASSISTANT TO THE PRESIDENT FOR SCIENCE AND
TECHNOLOGY
THE ADMINISTRATOR OF THE AGENCY FOR
INTERNATIONAL DEVELOPMENT
THE DIRECTOR OF THE ARMS CONTROL AND
DISARMAMENT AGENCY
THE CHAIRMAN OF THE COUNCIL ON ENVIRONMENTAL
QUALITY
THE CHAIRMAN OF THE JOINT CHIEFS OF STAFF
THE ADMINISTRATOR OF THE NATIONAL AERONAUTICS
AND SPACE ADMINISTRATION

THE DIRECTOR OF THE PEACE CORPS
THE DIRECTOR OF THE NATIONAL SCIENCE FOUNDATION
THE DIRECTOR OF THE NATIONAL INSTITUTES OF
HEALTH
THE ADMINISTRATOR OF THE NATIONAL OCEANIC AND
ATMOSPHERIC ADMINISTRATION
THE DIRECTOR OF THE NATIONAL INSTITUTE OF
STANDARDS AND TECHNOLOGY
THE DIRECTOR OF THE CENTERS FOR DISEASE CONTROL
AND PREVENTION
THE COMMISSIONER OF THE FOOD AND DRUG
ADMINISTRATION

SUBJECT: Emerging Infectious Diseases

This Directive establishes national policy and implementing actions to address the threat of emerging infectious diseases by improving surveillance, prevention, and response measures.

Background Emerging infectious diseases - new, resurgent, or drug-resistant infections of which the incidence in humans has increased within the past two decades or threatens to increase in the near future - present one of the most significant health challenges facing the global community. Despite the major medical and scientific advances of this century, infectious disease deaths have risen sharply over the past decade in the United States and globally. HIV/AIDS has exploded into a global pandemic, while other diseases thought to be under control, such as tuberculosis, cholera and pneumonia, are reemerging worldwide. The factors that contribute to the resurgence of these diseases, such as the evolution of drug-resistant microbes, population growth and urbanization, unsafe human behaviors, and changes in ecology and climate, show no sign of abatement.

Diseases such as Hantavirus and Lyme disease have emerged within the United States. At the same time, there is a considerable risk of infectious agents entering unnoticed from overseas. Most cities in the United States can be reached by commercial flight from any area of the world within 36 hours -- less time than the incubation period of many infectious diseases. Furthermore, the United States is vulnerable to a release of biological agents by rogue nations or terrorists, which could result in the spread of infectious diseases.

I have determined that the national and international system of infectious disease surveillance, prevention, and response is inadequate to protect the health of United States citizens from emerging infectious diseases. On the basis of the National Science and Technology Council reports, "Infectious Disease -- A Global Health Threat" (September 1995), "Meeting the Challenge -- A Research Agenda for America's Health, Safety Food" (February 1996), "Proceedings of the Conference on Human Health and Global Climate Change" (May 1996), and the National Security Council (NSC)/Office of Science and Technology Policy (OSTP) Tasker on emerging infectious diseases, I am calling for a series of actions to improve our surveillance,

prevention, and response capability. Where relevant, these actions will be coordinated with Presidential Decision Directive (PDD) 39/United States Policy on Counterterrorism.

I. Objectives

The United States will improve domestic and international infectious disease surveillance, prevention and response. Specifically, the United States will:

- A. Strengthen domestic infectious disease surveillance and response, both at the Federal, State, and local levels and at ports of entry into the United States, in cooperation with the private sector and with public health and medical communities.
- B. Work with other nations and international organizations to establish a global infectious disease surveillance and response system, based on regional hubs and linked by modern communications.
- C. Strengthen research activities to improve diagnostics, treatment, and prevention, and to improve the understanding of the biology of infectious disease agents.
- D. Ensure the availability of the drugs, vaccines, and diagnostic tests needed to combat infectious diseases and infectious disease emergencies through public and private sector cooperation.
- E. Expand missions and establish the authority of relevant United States Government agencies to contribute to a worldwide infectious disease surveillance, prevention, and response network. In some cases, this will require legislation to extend agency mandates.
- F. Promote public awareness of emerging infectious diseases through cooperation with nongovernmental organizations and the private sector.

II. Implementing Actions

Departments and agencies are directed as follows:

1. Enhance the surveillance and response components of our domestic and international public health infrastructure.

Strengthen Federal and State laboratory and epidemiological response capabilities. The Centers for Disease Control and Prevention (CDC) will coordinate Federal government efforts to strengthen Federal, State and local health departments surveillance and response capabilities.

Strengthen research, training, and technology development for establishing new and more effective interventions to combat emerging infectious diseases.

The Federal government, in cooperation with State and local governments, international organizations, the private sector, and public health, medical and veterinary communities, will establish a national and international electronic network for surveillance and response regarding emerging infectious diseases.

2. Enhance biomedical and behavioral research efforts on emerging infectious diseases.

The National Institutes of Health (NIH) will lead Federal government efforts to strengthen research on the development of new tools to detect and control emerging infectious diseases and on the biology and pathology of infectious agents, including antimicrobial drug resistance. Research will include the development of new mechanisms for the control and prevention of zoonotic infectious agents, which are derived from domesticated and wild animals, and the health effects of climate change.

Federal agencies will coordinate with the private sector, as appropriate, including representatives of the pharmaceutical industry and the academic, medical, and public health communities.

3. Expand formal training and outreach to health care providers.

The Public Health Service will strengthen efforts to work with professional organizations and health care providers to reduce inappropriate use of antibiotics.

Before the end of June 1996, senior United States Government officials will write health care provider, health research, and professional organizations to urge that emerging infectious diseases be given greater emphasis in fellowship programs and on certifying and re-certifying examinations.

NIH will write appropriate medical college and public health school associations, urging them to advise their member institutions to expand training in emerging infectious diseases and antimicrobial drug resistance in student curricula.

4. Review and update regulations, procedures, and resources for screening and quarantine at ports of entry into the United States.

An interagency group led by CDC will review and update current screening and quarantine regulations, procedures, and resources aimed at minimizing the threats disease outbreaks can pose to national health and security. Issues considered should include early warning systems abroad, stricter controls at ports of entry, and improved surveillance after persons, animals, or material have entered the United States.

NSC will ensure that any recommendations support the counterterrorism measures called for in PDD 39/United States Policy on Counterterrorism.

5. Make information about ill international travelers with communicable diseases more accessible to domestic health authorities.

CDC will be the lead agency in the development of cooperative arrangements with the transportation industry to provide needed information when follow-up is required of passengers with communicable diseases arriving at United States ports of entry.

6. Encourage other nations and international organizations to assign higher priority to emerging infectious diseases.

The Department of State and OSTP, in consultation with other agencies, will develop and coordinate a sustained effort to enlist support from other nations and international bodies. State will raise the issue of emerging infectious diseases in bilateral, regional, and multilateral discussions and will negotiate cooperative agreements with other nations to promote the establishment of a global surveillance and response network.

7. Support the World Health Organization and other bodies in playing a stronger role in the surveillance, prevention, and response to emerging infectious diseases.

The United States will participate in the WHO-proposed revision of the International Health Regulations to ensure improved screening and quarantine capabilities.

The United States will urge the WHO to develop regional inventories of resources for combating emerging infectious diseases and will explore joint steps to strengthen surveillance and response capabilities of WHO and other international organizations, as appropriate.

8. Expand United States agency missions and mandates in order to ensure that responsible agencies are provided with the authority, emergency procurement powers, and resources to respond to worldwide disease outbreaks that have the potential to adversely affect the United States.

CDC's mandate to protect the health of United States citizens will be more clearly stated to allow conduct of surveillance and response activities, including outbreak investigations and selected responses to epidemics overseas in coordination, as appropriate with State and local health departments, the Departments of State and Defense (DoD), the United States Agency for International Development (USAID), and other Federal agencies. In disaster relief operations involving infectious diseases, CDC will operate as part of the United States effort, as appropriate.

USAID will continue to address the root causes of emerging diseases through its, on-going portfolio of assistance to developing countries.

The mission of DoD will be expanded to include support of global surveillance, training, research and response to emerging infectious disease threats. DoD will strengthen its global disease reduction efforts through: centralized coordination, improved preventive health programs and epidemiological capabilities, and enhanced involvement with military treatment facilities and United States and overseas laboratories.

DoD will ensure the availability of diagnostic capabilities at its three domestic and six overseas laboratories, using existing DoD resources. DoD will make available its overseas laboratory facilities, as appropriate, to serve as focal points for the training of foreign technicians and epidemiologists. If necessary, DoD will seek Chief of Mission concurrence to raise personnel ceilings at overseas laboratories, in accordance with NSDD-38 procedures.

III. Coordination by a Standing Task Force

A standing Task Force of the National Science and Technology Council (NSTC) is hereby established to provide strategic planning and further coordination on issues of emerging infectious diseases. The Task Force will establish action groups as necessary to pursue specific topics. In particular, the Task Force will act immediately to realize the objectives and implementing actions described above. The Task Force will, as necessary and in a timely manner, present to the NSTC issues requiring decision by Principals.

The Task Force will be co-chaired by the Centers for Disease Control and Prevention and the White House Office of Science and Technology Policy. Members of the Task Force will include, but not be limited to, appropriate representatives of the Departments of, Health and Human Services (including the National Institutes of Health and the Food and Drug Administration), State, Defense, Justice, Commerce, Agriculture, Interior, and Energy, as well as the United States Agency for International Development, the National Aeronautics and Space Administration, the Environmental Protection Agency, the Intelligence Community, the National Security Council, the Domestic Policy Council, and the Office of Management and Budget. The Task Force will seek the views of the private sector and health service providers in implementing this Directive.

IV. Resources

The Departments of Health and Human Services, State, Defense, Justice, Commerce, Agriculture, Interior and Energy, the United States Agency for International Development, the National Aeronautics and Space Administration, the Environmental Protection Agency, the Intelligence Community, the White House Office of Science and Technology Policy, the National Security Council, the Domestic Policy Council, and the Office of Management and Budget will take appropriate actions to promote the objectives of this Directive. This requires strengthened activities in appropriate Federal agencies. Agencies will seek to achieve the objectives of this Directive with available resources, and to the extent necessary, new resources, which will be determined during the normal budget process in the appropriate fiscal year.

V. Reporting

The Task Force will report to me through The NSTC and will provide me with annual reports on the progress realized. Including recommendations for further action.

William J. Clinton

