

08-EC-02

Committee: Executive Committee

Title: Criteria for Inclusion of Conditions on CSTE Nationally Notifiable Condition List and for Categorization as Immediately or Routinely Notifiable

Statement of the Problem:

In 2007, CSTE adopted the position statement, "CSTE official list of nationally notifiable conditions." In response to the adoption of the International Health Regulations (IHR) by the US and recommendations by the American Health Information Community (AHIC), CSTE will modify the Nationally Notifiable Conditions definitions to be consistent with the IHR requirements and AHIC recommendations.

A reportable/notifiable condition is one for which regular, frequent, and timely information regarding individual cases is considered necessary for the prevention and control of the disease. Within states and territories, the term "reportable condition" generally refers to conditions that physicians, laboratories, or other entities are required under state law to report to local or state public health authorities. Nationally, the term "notifiable condition" refers to conditions that state health departments agree to voluntarily report to CDC.

The definition of a "nationally notifiable condition" (NNC) is that the condition should be under surveillance using population-based case ascertainment by reports of individual cases from reporting sources (e.g., clinicians, labs, hospitals) to governmental public health agencies acting under state/territorial statutory or regulatory authority. State laws generally require that case reports include the name and other identifying information of the person with the condition and the entity making the report. CSTE recognizes that public health surveillance for NNC can include infectious diseases, chronic conditions, injuries, and occupational and environmental injuries and diseases.

Conditions that are under surveillance using only secondary analysis of administrative data without accessing personal identifying information (e.g., case counts from vital statistics or hospital discharge data), or only survey data based on sampling (e.g., BRFSS), are not included as NNCs.

Notifiable condition reporting at the local level protects the public's health by ensuring the proper identification and follow-up of cases. The authority to mandate that certain conditions are reportable by law rests with states or territories. Public health workers follow up on reported cases to ensure that persons who are already ill receive appropriate treatment; trace contacts who need vaccines, treatment, quarantine, or education; investigate and halt outbreaks; eliminate environmental or occupational hazards; and close premises where appropriate.

Surveillance based on notifiable condition reports shares objectives of surveillance systems based on other data sources (e.g., vital records, BRFSS): Estimating the magnitude of the health problem, measuring disease trends, assessing the effectiveness of control and prevention measures, identifying populations or geographic areas at high risk, allocating resources appropriately, formulating prevention strategies, and developing public health policies. Monitoring surveillance data enables public health authorities to detect changes in disease occurrence and distribution, identify changes in disease agents and host factors, and detect changes in health-care practices.

Public health surveillance for nationally notifiable conditions is part of the larger public health surveillance system that operates largely at the state and local level. Some health conditions have primarily local or regional public health importance, and surveillance for many conditions of

public health importance, particularly chronic diseases, injuries, and those related to work or environmental exposures, is not always practical through reporting by traditional partners. Surveillance for conditions of public health importance that are not included in the NNC list may also be defined through development of CSTE Position Statements using the CSTE Position Statement Template and become part of CSTE's National Public Health Surveillance System.

Electronic health records can potentially provide a single information source that can meet both clinical and public health needs. As electronic health record system requirements are developed, the need for capturing all diseases/conditions of public health importance, not just those which are Nationally Notifiable Conditions, must be recognized.

CSTE and CDC annually review the list of nationally notifiable conditions that state health departments agree to voluntarily report to CDC. Because CDC is not responsible for follow-up or investigation of individual people with cases of notifiable conditions, notifiable condition reports from states to CDC do not include patient or provider names or other personally identifying information.

In early 2007, CSTE conducted a comprehensive review of its adopted position statements which call for a specified disease/condition to be nationally notifiable. This review also documented which position statement contains the most current version of the case definition. The resultant list contains 73 diseases/conditions, nine of which are non-infectious.

In order to aid production of its weekly tables in *MMWR* and the annual publication *Summary of Notifiable Diseases*, CDC NNDSS has conducted annual surveys of each state's reporting requirements for infectious diseases. CSTE has surveyed state epidemiologists on reporting requirements periodically, roughly every other year in the current decade. The CSTE assessment has asked about infectious diseases and non-infectious conditions, as well as specified whether reporting was to be from clinicians, laboratories, or other specified entities. Starting in 2007, CSTE and CDC have jointly conducted the State Reportable Conditions Assessment.

In addition, there has been interest from Congress and the Department of Homeland Security in there being a national system for which immediate notification of national authorities whenever certain diseases of concern occur. Further, CDC has asked states to immediately report specified conditions to them following the algorithm in the International Health Regulations defining a public health emergency of international concern. At present, there is no formal list of conditions that are designated as immediately reportable from states to the national level.

Statement of the desired action(s) to be taken:

1) CSTE shall establish a Nationally Notifiable Condition List with two categories of notifiable conditions: conditions notifiable immediately on strong suspicion from states to CDC, and all other conditions, notifiable routinely to CDC.

2)

A) The following criteria for inclusion of a condition on the CSTE NNC **Immediately** Notifiable List shall be adopted:

- The condition has special importance for international health regulations [i.e., a public health event that may constitute a "public health emergency of international concern" as defined in IHR 2005 including, but not limited to: smallpox, novel influenza, wild-type polio, Severe Acute Respiratory Syndrome (SARS)];

OR

- The condition is included on the list of Category A possible bioterrorism agents and toxins.

OR

- The condition or disease has been declared eliminated (absence of endemic disease transmission) in the United States or eradicated globally.

OR

- CSTE position statement has been adopted pursuant to 07-EC-02, which specifically calls for the condition to be immediately nationally notifiable, and
- Law/rule requiring immediate reporting for the condition exists in a majority of state and territorial jurisdictions, or in a combination of state/territorial jurisdictions that taken together comprise 50% or more of the US population, and
- The CDC requests immediate notification of the condition, and has adopted condition-specific policies and practices that describe:
 - Why immediate notification to the national level is necessary;
 - What purposes, goals and objectives will be met by immediate notification to the national level;
 - How CDC will respond to the notification;
 - What are the uses to which the cumulative or aggregate case data will be put, including both routine analyses of nationally-compiled data and anticipated ad-hoc analyses;
 - The frequency of information provided to the states and territories of the results of analyses of the compiled case data;
 - The anticipated schedule of release of published data based on notifications, as well as any rules for restrictions on the printing of counts of case data; and
 - Re-release of case data, including re-release to WHO or other parties.

B) CSTE and CDC jointly will determine the specifics of immediately notifiable conditions including the timeframe and methods of notification.

C) All states will be encouraged to require immediate reporting to them of all conditions on this list and to establish procedures to notify CDC when the state receives a report of the conditions on the NNC list. CSTE encourages coordination with CDC to make joint recommendations on these procedures.

3) The following criteria for inclusion of a condition on the CSTE NNC **Routinely** Notifiable List shall be adopted:

- CSTE position statement has been adopted pursuant to 07-EC-02, which specifically calls for the condition to be routinely nationally notifiable, and
- Law/rule requiring routinely reporting for the condition exists in a majority of state and territorial jurisdictions, or in a combination of state/territorial jurisdictions that taken together comprise 50% or more of the US population, and
- The CDC has requested that the condition be notifiable to federal authorities (CDC), and has adopted condition-specific policies and practices which describe:
 - What purposes, goals and objectives will be met by routine notification to the national level;
 - What are the uses to which the cumulative or aggregate case data will be put, including both routine analyses of nationally-compiled data and anticipated ad-hoc analyses;
 - The frequency of information provided to the states and territories of the results of analyses of the compiled case data;
 - The anticipated schedule of release of published data based on notifications, as well as any rules for restrictions on the printing of counts of case data; and

- Re-release of case data, including re-release to WHO or other parties.
- 4) In keeping with precedent of state and federal uses of notifications, states will continue to notify CDC of cases of nationally notifiable conditions without names or other personal identifiers. Also, in keeping with precedent, if CDC recognizes that notifications merit further investigation, state or territorial health departments (with delegation to local health departments in some instances) would have primary responsibility for conducting these investigations, with CDC guidance, support, or technical assistance. This may include states invoking formal requests for on-site involvement and assistance from CDC staff.
 - 5) The list of NNCs will also form the basis for inclusion of reports in the *MMWR* weekly disease reporting tables and the annual *Summary of Notifiable Diseases*.

Public Health Impact:

Having a clearly defined list of immediately notifiable conditions at the national level will eliminate current ambiguity and enable more timely response to conditions that may constitute a public health emergency or bioterrorism event at the national level. Standardizing the list of routinely notifiable conditions will improve consistency.

References

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3. Meriwether RA. Blueprint for a national public health surveillance system for the 21st century. *J Public Health Manag Pract.* 1996;2(4):16-23. Available at: <http://www.cste.org/pdffiles/Blueprint.pdf>.
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