Council of State and Territorial Epidemiologists
Instructions for Position Statement Template: Standardized Surveillance for Diseases or Conditions

Table of Contents

Submission and Authorship

Deadline for submission to 2023 Business Meeting:
Ordinary Process- **March 30, 2023**
Expedited Handling- **June 8, 2023**
Presidential Review- **Between June 8 and June 27, 2023**

For Ordinary Process and Expedited Handling, submit your position statement via email to: **positionstatements@cste.org.**

For Presidential Review, please directly contact **Angela Dunn, CSTE President** and submit your position statement via email to **positionstatements@cste.org.**

For further information, contact the CSTE National Office at (770) 458-3811. Consideration of position statements received after the deadline is discretionary, cannot be assured, and must involve a time-sensitive or emerging public health issue. Incomplete position statements may not be accepted.

Authors must be familiar with the position statement overview, submitting author responsibilities, and position statement timeline.

Please note: Only active CSTE members, defined as persons engaged in the practice of epidemiology at the state, territorial, local, or tribal public health level, with up-to-date dues may submit a CSTE position statement. An associate member can be a co-author of a position statement but not the submitting author.

Before submission, authors are expected to review author responsibilities; involve all appropriate members and partners during development; and follow template instructions. Following submission, authors are expected to solicit and address membership concerns/edits before the Annual Conference; participate on position statement webinars; lead discussion and edits at the Annual Conference, including roundtable discussions, Steering Committee Position Statement Voting Sessions, and the Thursday morning Business Meeting when final voting on position statements occurs; and collaborate with the National Office during final technical review post-approval.

At least one active member author of a position statement must be present at all Annual Conference voting sessions (in which the position statement is being voted on) including the Steering Committee meetings (6/27/2023 or 6/28/2023) and Thursday Business Meeting (6/29/2023).

General Development

Authors seeking to update an existing standardized surveillance case definition should specifically reference previous CSTE position statements for the condition and describe the proposed updates in Section I (Statement of the Problem) and expand upon the justification for the updates in Section II (Background and Justification). Authors are discouraged from copying and pasting all content from previous position statements because templates have evolved over time. Authors seeking to develop a new standardized surveillance case definition should review recently approved position statements as examples to aid with development. All past approved position statements may be found in the CSTE Position Statement Archive (https://www.cste.org/page/PositionStatements).

ALL sections of the template must be completed in their entirety for both updated and new case definitions. Final position statements must be able to "stand alone" and contain all current information required to implement surveillance for the disease or condition. Supplemental or operational information may be included in appendices or separate documentation; appendices or separate documentation will be linked to the final approved position statement in the CSTE Position Statement Archive.

Authors considering adding a condition to the Nationally Notifiable Conditions list are expected to review CSTE position statements 07-EC-02 "CSTE official list of Nationally Notifiable Conditions" (www.cste.org/resource/resmgr/PS/07-EC-02.pdf) and 10-SI-02 "Modification of Criteria for Inclusion of Conditions on CSTE Nationally Notifiable Conditions List" (www.cste.org/resource/resmgr/PS/10-SI-02.pdf).

Additional information:

- To recommend a disease/condition be added to the *Nationally Notifiable Condition (NNC) List* or to update a disease/condition already on the *NNC List*, authors MUST complete the NNC Recommendation Statement.
- Any position statement with an NNC Recommendation Statement for a NEW NNC should be submitted with a completed case notification request (CNR) statement. For more information and to download a blank CNR statement, please follow this link: https://ndc.services.cdc.gov/wp-content/uploads/2021/02/CSTE_Case_Notification_Request.doc
- Authors MUST complete the Technical Supplement to accompany the position statement. See Technical Supplement instructions for more information.
- Please note word counts in sections where required.
- The structure of the template cannot be changed. Do not delete or modify any existing text unless it is labeled "[optional]" or is blue, instructional text. This will ensure that position statements are uniform in format and content. Instructions for how to complete the template follow.

INSTRUCTIONS

Position Statement Cover Page

Submission Date: This should be the date on which the position statement is first submitted to the National Office for consideration.

Committee: Choose which Committee should accept and approve the position statement (e.g., a communicable disease standardized surveillance case definition should be submitted to the Infectious Disease Committee). This drop-down field is limited to one Committee only; options may not align one-

to-one with the current CSTE Steering Committee structure to allow for more granular position statement categorization.

Proposed Title: The position statement title should be explicit and include the disease/condition and if the position statement recommends standardized surveillance and/or national notification for disease/condition. The title is considered "proposed" until final approval by the Council.

Existing Position Statement Update Checkbox: This checkbox should be checked if the position statement updates an existing standardized surveillance case definition. This is intended as a visual aide for reviewers. Include the most recent position statement number in the appropriate field (e.g., ##-XX-##).

Synopsis: This section (revised for 2023) is intended to provide a high-level, bulleted overview of the topic, purpose, and significant content of the position statement for Council reviewers. Synopsis content should be limited to one-half page, and example structures are below. Authors should complete this section after the position statement content has been developed but prior to submission.

- For new standardized surveillance position statements, include the reason for submitting the position statement, a summary of case ascertainment criteria, and a summary of case classification criteria.
- For existing standardized surveillance case definitions, include high-level major changes.
- For existing Nationally Notifiable Conditions or conditions being recommended for national notification, include either a list of changes to case notification recommendations (if applicable) or the rationale behind recommending a new Nationally Notifiable Condition.

Example synopsis structure:

- This position statement creates a standardized surveillance case definition for X condition.
- A standardized surveillance case definition for X condition is needed because XYZ.
- Case ascertainment criteria include X criteria, Y criteria, and Z criteria.
- Case classification criteria include X criteria, Y criteria, and Z criteria.
- Case classifications include [confirmed, probable, suspect] cases.

or

- This position statement updates the standardized surveillance case definition for X condition (previous position statement ##-XX-##) to address XYZ.
- Updates include:
  - Addition/change/removal of XYZ case ascertainment criteria.
  - Addition/change/removal of XYZ case classification criteria.
  - Addition/change/removal of XYZ case classification(s).

or

- This position statement updates the standardized surveillance case definition for X condition and recommends X condition be made nationally notifiable.
- Updates include:
  - Addition/change/removal of XYZ case ascertainment criteria.
  - Addition/change/removal of XYZ case classification criteria.
  - Addition/change/removal of XYZ case classification(s).
- X condition should be nationally notifiable because XYZ.

Position Statement Content

I. Statement of the Problem: This section is a brief explanation of the key issue or problem to be addressed by the actions and surveillance goals proposed in the position statement (i.e., the "what" of the position statement). If proposing to update a previous position statement, include key revisions. Supplemental information may be included in appendices if needed. **WORD LIMIT: 200 words.**

II. Background and Justification: This section provides context, the importance, and why the key issue or problem needs to be addressed (i.e., the "why" of the position statement). If necessary, authors may reference how the methods and/or goals of standardized surveillance may solve the issue or problem (i.e., the "how" of the position statement) within this section; however, content should not be duplicative across sections. Supplemental information may be included in appendices, if needed. **WORD LIMIT: 600 words**.

III. Statement of the desired action(s) to be taken: Authors must complete the desired action(s) to be taken. Actions 1.A-C are standard actions that must be included. If adding supplementary desired action(s) to be taken, each action should be explicitly measurable and as specific and objective as possible to help the CSTE National Office track position statement implementation. Please provide a separate bullet for each supplementary desired action.

If the disease/condition should be added to the *Nationally Notifiable Conditions List*, is already on the *NNC List* and should be updated, or should be removed from the *NNC List*, a Nationally Notifiable Conditions Recommendation Statement must be completed (see section on NNC Recommendation Statement). If the NNC Recommendation Statement is approved, the National Office will move all NNC-related desired actions to Section III.

IV. Goals of Surveillance: This section is an explanation of the goals of public health surveillance. The goals should be specific to the disease/condition and should convey how surveillance addresses the statement of the problem. Example goals may relate to how governmental public health will use or respond to the surveillance data, community or epidemiologic outcomes of public health surveillance, or other public health actions that would result from surveillance activities. **WORD LIMIT: 200 words.**

V. Recommended Data Sources and Methods for Surveillance: List and describe surveillance methods or data sources/entities likely to have information necessary for case ascertainment. The information on potential cases should be submitted to health departments for case ascertainment and used for case classification. Most public health surveillance is conducted through clinician reporting and laboratory reporting; other data sources or methods may be considered for this disease or condition, as appropriate. If a specific method or data source should be limited to sentinel sites, please specify. Sentinel sites are a sample of healthcare providers or systems participating in representative surveillance for the disease/condition. Information included in this narrative section should mirror the information included in Table V. Supplemental information for each data source may be included in an appendix. **WORD LIMIT: 200 words.**

> Table V. Recommended Sources of Data, Surveillance Methods, and Extent of Coverage for Ascertainment of Cases of [Disease/Condition]: Complete Table V based on list of data sources/methods of surveillance in Section V and distinguish between population-wide case identification and reporting from sentinel sites, as appropriate. Information included in Table V should be based on the content of Section V.

VI. Criteria for case ascertainment: Case ascertainment, or case identification, criteria are disease/condition-related patient information that healthcare providers and other data reporters use to decide whether to report a case to a public health department so that epidemiologists can investigate that potential disease/condition. A description of case ascertainment is included within the template as permanent text that should not be edited or removed.

A. Narrative: A description of suggested criteria for case ascertainment of a specific condition and recommended reporting procedures: **Section A** is a narrative description of what information should be reported to public health agencies and should include all criteria that public health needs from the surveillance methods listed in Section V to triage and direct initial public health action on a potential case. These are criteria that serve as "triggers" that public health would use to evaluate or triage information about a potential case (i.e., suspicion of illness, infection, or potential exposure). This section should provide suggested criteria to be applied by healthcare providers (i.e., based on clinical judgment and clinical diagnosis), laboratory staff, or other institutional staff who bear the responsibility for submitting case reports to public health. If case-finding is based on secondary analysis of administrative or clinical data (such as vital records, hospital, or EMS databases), describe the criteria used to identify cases separately for each data source.

There are up to six (6) standard categories of reporting criteria within the position statement template. A1-A3 are required categories; if any required category is not applicable for the disease/condition, state "N/A" explicitly. A4-A6 are optional categories and can be removed if they are not applicable to the disease/condition. A case report could be triggered by a single criterion, a combination of criteria in the same category, or a combination of criteria from different categories. Please consult with the CSTE National Office if additional categories are warranted for the disease/condition.

There may be some overlap in criteria used for case ascertainment in this section and Section VII for case classification. This case ascertainment section should be sensitive enough to capture all potential case reports, whereas Section VII for case classification should be specific enough that case statuses are discrete and independent from each other.

Authors should first state the scenario(s) that should be reported to public health (e.g., Report to public health authorities any illness/infection/occurrence/event that meets the following laboratory criteria for reporting; or Report to public health authorities any illness/infection/occurrence that meets the following reporting criteria [with combinations of criteria listed in bullet points]. Next, include any other recommended reporting procedures, which can include whether reporting should be ongoing and routine or be limited to when there are multiple cases indicative of an outbreak; etc.

Authors should then list the reporting criteria in the required A1-3 categories and the optional A4-6 categories:

A1. Clinical Criteria for Reporting: Include the clinical presentation/clinical compatibility, including demographic information only as appropriate, that could trigger an initial report to public health. E.g., In the absence of a more likely diagnosis, a person with at least one

of the following signs or symptoms; or, a person under X years of age with the following signs or symptoms.

A2. Laboratory Criteria for Reporting: Include the laboratory result(s) that could trigger an initial report to public health. E.g., Detection of [agent] by [certain lab test].

A3. Epidemiologic Linkage Criteria for Reporting: Include epidemiologic linkage(s) that could trigger an initial report to public health, such as exposures. E.g., A member of a risk cohort.

A4. *[Optional]* Vital Record Criteria for Reporting: When case-finding is based on secondary analysis of administrative data, include the vital records that could trigger an initial report to public health. E.g., A person whose death certificate lists [disease/condition] as an underlying cause of death or a significant condition contributing to death.

A5. *[Optional]* Healthcare Record Criteria for Reporting: When case-finding is based on secondary analysis of clinical or administrative data, include healthcare records that could trigger an initial report to public health. E.g., A person whose healthcare record contains a diagnosis of [disease/condition].

A6. *[Optional]* Other Criteria for Reporting: Include any other criteria that could trigger an initial report to public health.

B. Disease-specific data elements to be included in the initial report: **Section B** should include a list of disease-specific data elements that are expected to be included in all initial reports of individual cases to governmental public health agencies for the disease/condition, regardless of whether the report is submitted electronically, by telephone, or by use of a standard paper-based form. Disease-specific data elements are in addition to the common data elements that are to be reported for all individual case reports (see CSTE position statement 09-SI-01 "Common Core Data Elements for Case Reporting and Laboratory Result Reporting" https://cdn.ymaws.com/www.cste.org/resource/resmgr/PS/09-SI-01.pdf). Do not list the common data elements within the disease-specific data elements list. Where case-finding is based on secondary analysis of administrative data, include list of data elements expected to be extracted from source data repositories for each record.

The disease-specific data element list is not intended to include all data elements that public health practitioners may collect during case investigation and should focus on information that is necessary to help trigger or prioritize case investigation for the disease/condition. Disease-specific data elements that are included when case information is sent from public health agencies to CDC ("notification") generally differ from that obtained in the initial report. A description of disease-specific data elements is included within the template as permanent text that should not be edited or removed.

Note: As jurisdictions continue to implement electronic case reporting (eCR), public health's ability to receive disease-specific data elements will be limited as eCR standards are disease-agnostic. Authors are encouraged to include only the most critical disease-specific data elements within this section.

VII. Case Definition for Case Classification: The case definition for case classification is intended solely for public health surveillance purposes to generate case data that are comparable across jurisdictions, not for clinical diagnosis purposes. A description of the case definition for case classification is included within the template as permanent text that should not be edited or removed.

A. Narrative: Description of criteria to determine how public health should classify a case of [disease/condition]: **Section A** lists and describes the criteria used to define or classify cases. Three (3) categories, A1-A3, are required; if any required category is not applicable for the disease/condition, state "N/A" explicitly. A fourth category, A4, is optional and should be removed if not applicable. Please consult with the CSTE National Office if additional categories are warranted for the disease/condition.

There may be some overlap in criteria used for case classification in this section and Section VI for case ascertainment. This case classification section should be specific enough that case statuses are discrete and independent from each other, whereas Section VI for case ascertainment may be less specific in order to capture as many reports of potential cases as is feasible.

Case classifications are explicitly listed in A5 and may include "confirmed," "probable," and/or "suspect" case statuses. These case classifications must reference the categories of criteria in A1-A4 and should not introduce any new criteria.

A1. Clinical Criteria: Using bullets, list clinical criteria used to classify cases, such as clinical presentation/clinical compatibility, symptoms, etc., including demographic information only as appropriate. Be as explicit as possible. E.g., In the absence of a more likely diagnosis, a person with at least one of the following signs or symptoms; or, a person under X years of age with the following signs or symptoms.

A2. Laboratory Criteria: Using bullets, list laboratory criteria used to classify cases, such as laboratory diagnostics, test types and methodologies, specimen types and sites, performing laboratory (private, state, CDC), etc. Be as explicit as possible. E.g., Detection of [agent] by [certain lab test].

Laboratory criteria should be stratified by the categorical labels ("confirmatory," "presumptive," and/or "supportive") that are solely intended to support the standardization of case classifications for public health surveillance. These categorical labels should not be used to interpret the utility or validity of any laboratory test methodology. A footnote is included within the template as permanent text that should not be edited or removed. If any category of laboratory evidence is not applicable, state "N/A" explicitly. Each remaining category of laboratory evidence should be referenced in A5 for case classifications.

Confirmatory laboratory evidence: Diagnostic laboratory results that are part of the confirmed case classification for the specified condition.

Presumptive laboratory evidence: Diagnostic laboratory results that are part of the probable case classification for the specified condition.

Supportive laboratory evidence: Diagnostic laboratory results that are part of the suspect case classification for the specified condition.

A3. Epidemiologic Linkage Criteria: Using bullets, list epidemiologic linkage criteria used to classify cases, such as exposure or risk information (person, place, time), etc. Be as explicit as possible. E.g., A member of a risk cohort; close contact with a confirmed case of disease/condition.

A4. *[Optional]* Vital Record Criteria: Using bullets, list vital records criteria used to classify cases. Be as explicit as possible. E.g., A person whose death certificate lists [disease/condition] as an underlying cause of death or a significant condition contributing to death.

A5. Case Classifications: Case classifications generally include "confirmed," "probable", and/or "suspect" case statuses. Case classifications should be discrete (non-overlapping) and independent of each other and should not introduce any new criteria not listed in A1-A4. If a case status can be met by multiple criteria or groups of criteria, these scenarios should be discretely listed using bullet points. Standardized logic statements ("AND" vs. "OR") should be used to distinguish between combinations of criteria that must be met to define a case or different scenarios that must be met to define a case. If any type of case classification is not applicable, state "N/A" explicitly.

Example wording for case classifications is as follows:

Confirmed: Meets confirmatory laboratory evidence.
Probable:
- Meets presumptive laboratory evidence, OR
- Meets clinical criteria AND epidemiologic linkage criteria.

Suspect: Meets supportive laboratory evidence.

Please consult with the National Office if further sub-classifications of cases are required for this disease/condition.

B. Criteria to Distinguish a New Case of [disease/condition] from Reports or Notifications which Should Not be Enumerated as a New Case for Surveillance: **Section B** is a narrative description of when public health should enumerate a new case of the disease/condition and distinguish from cases that should not be counted as new (e.g., duplicates, recurrence, persistent state, carrier state, acute vs. chronic state, recrudescence, or relapse. This should include a recommended disease-specific timeframe to be used between the earliest date used to define a case and the next date a new case of the same condition should routinely be enumerated.

VIII. Period of Surveillance: Indicate whether surveillance is expected to be ongoing or limited to a specific time period.

IX. Data sharing/release and print criteria: This section should be completed for all diseases and conditions. Authors should select which case classifications are recommended for release outside the governmental public health agency as a part of case counts. Standard language is included for diseases/conditions under standardized surveillance. For data re-release and CDC publication criteria for

nationally notifiable conditions, please use the NNC Recommendation Statement. Note: if NNC Recommendation Statement is approved, the National Office will move all NNC data sharing/release and print criteria to Section IX.

Authors may include any additional guidance to governmental public health departments related to data sharing and release, as needed.

X. Revision History: The Revision History table historically tracks substantive changes made to a standardized surveillance case definition. If the position statement updates an existing position statement (e.g., if you are updating a CSTE case definition passed prior to this current position statement cycle), include the substantive changes between the most recently passed position statement and your proposed position statement. List "TBD" in the "Position Statement ID'" column; an ID will be assigned and replaced within the table upon Council approval. Specify the section of the statement (e.g., Statement of the Desired action(s) to be taken, Table VI-B, etc.) that was revised in "Section of Document" column. Briefly describe the revision and rationale in "Revision Description" column.

Revisions listed should highlight the major changes to the case definition itself; do not list changes to the 'Statement of the Problem' or 'Background and Justification' sections. Example changes to include within table: e.g., if recommending the addition of a condition to the Nationally Notifiable Condition List via NNC Recommendation Statement; if a certain lab test is now routinely used to identify cases; any additions or removals of data sources for case ascertainment; any additions, changes, or removals of case classifications.

This section does not need to be completed if disease/condition does not have an existing standardized surveillance position statement. Include the following language: "N/A. This is the first standardized surveillance position statement for [disease/condition]."

Position Statement ID	Section of Document	Revision Description
TBD	E.g., NNC Recommendation Statement	E.g., Recommend ADDING [disease/condition] to the *NNC list*
TBD	E.g., Section VI. Criteria for Case Ascertainment	E.g., Clinical criteria UPDATED to include XYZ symptom that is now indicative of [disease/condition]
TBD	E.g., Section VII. Case Definition for Case Classification	E.g., DELETED XYZ lab test (not in use)
[Previous PS ID]	[Section]	[Revision]
[Previous PS ID]	[Section]	[Revision]
[Previous PS ID]	[Section]	[Revision]
[Previous PS ID]	[Section]	[Revision]

XI. References: Where appropriate, include references to prior CSTE position statements or other resources. References should be numbered and should either be superscripted or surrounded by parentheses within the content of the position statement; each reference must be cited at least once within the content of the position statement. References should not be included as footnotes within the body of the position statement. Otherwise, CSTE does not specify the format of references.

XII. Coordination: This section includes individuals and/or entities that authors engaged during the development, finalization, and implementation of the position statement.

Subject Matter Expert (SME) Consultants: List names and contact information for any SME consultants (e.g., CDC staff) who advised authors in the development of the position statement. For all standardized surveillance position statements, a primary SME from the CDC must be identified. The CSTE National Office can help authors identify appropriate CDC SMEs, if needed. If a SME consultant is listed upon position statement submission to the CSTE National Office, that SME consultant will be allowed entry to voting sessions at the CSTE Annual Conference.

Agencies for Response: List agencies that must respond to the position statement if approved by the Council; any agency that must take action as a result of the position statement should be listed as an Agency for Response. For standardized surveillance position statements, CDC is a required Agency for Response. List only one name per agency, preferably an individual in a senior management position. If additional individuals within the same agency should respond, please include their name(s), title(s), and email address(es) underneath the agency listing. Complete contact information must be provided upon position statement submission.

Agencies for Information: List agencies that should be aware of the position statement if approved by the Council. If additional individuals within the same agency should be aware, please include their name(s), title(s), and email address(es) underneath the agency listing. Complete contact information must be provided upon position statement submission.

XIII. Author Information: This section includes contact and agency information for all authors of the position statement. The Submitting and Presenting Author must be an Active CSTE Member and ideally is the same person. The Presenting Author must attend the entirety of the upcoming CSTE Annual Conference. Co-Authors must be Active, Associate, or Student CSTE members. Complete contact information must be provided upon position statement submission. If additional co-authors are needed, please include as an appendix.

Nationally Notifiable Conditions (NNC) Recommendation Statement

The NNC Recommendation Statement must accompany a Standardized Surveillance for Diseases or Conditions Position Statement to recommend adding a disease/condition to the *NNC List* or updating a disease/condition on the *NNC List*. The accompanying position statement will be reviewed and voted upon by the appropriate Steering Committee and Council, and if approved, the Steering Committee followed by the Council will consider and vote on the NNC Recommendation Statement. This allows for the standardized surveillance case definition to be approved even if the Steering Committee or Council does not approve the NNC Recommendation Statement.

If the recommendation statement is not needed, please delete it from the position statement for submission.

Position Statement Proposed Title: The proposed title of the position statement accompanying the NNC Recommendation Statement should be listed here.

Disease/Condition: The name of the disease or condition that is being recommended for new or updated national notification should be listed here. In most scenarios, this disease or condition name should match the disease or condition for which cases are being defined within the accompanying position statement; however, the NNC Recommendation Statement may only recommend national notification for certain subsets or sub-types of the disease or condition.

Summary Checkboxes and Notes: This section is included to help the National Office, Steering Committee members, and the Council understand the high-level context of the NNC Recommendation Statement. The checkbox statements identify if the disease or condition is already nationally notifiable and on the *NNC List* and if so, what changes are recommended, if any. Mark the most appropriate checkbox(es).

Next, approximate the number of jurisdictions that already have the disease or condition explicitly reportable to the health department, meaning the disease or condition is explicitly included in the jurisdictional reportable conditions list rather than included implicitly during outbreaks, clusters, or events of public health importance. Authors may use and cite CSTE State Reportable Conditions Assessment data, which is queriable on the CSTE website for certain past years of data collection (https://www.cste.org/general/custom.asp?page=SRCA).

Next, indicate whether the federal government provides funding to all jurisdictions or some jurisdictions to conduct disease-specific public health surveillance or take public health action on the disease or condition. If known, please share the mechanism(s) (e.g., cooperative agreement or grant) through which jurisdictions receive funding.

NNC Recommended Actions to be Taken: These desired actions to be taken are related solely to the national notifiability of the disease or condition. There are five (5) standard actions that should not be edited or removed unless there are checkboxes or [blue instructional text], which can be edited. These actions recommend the addition, updating, or removal of the disease and condition from the *NNC List*, define the timeframe in which cases of the disease or condition should be notified to the CDC, recommend that all states and territories make the disease or condition reportable in their jurisdiction and conduct public health surveillance for the disease or condition, and define which case statuses CDC should publish.

No new actions related to national notifiability should be added to the NNC Recommendation Statement.

If the NNC Recommendation Statement is approved by the Council, the CSTE National Office will add these actions to Section III. Desired Actions to be Taken within the accompanying position statement.

NNC Data Sharing/Release and Print Criteria: This section identifies which case statuses should be included in CDC Print Criteria for national case counts. Check all case status checkboxes that apply. In most scenarios, the case statuses selected should mirror those selected in Section IX. Data Sharing/Release and Print Criteria within the accompanying position statement, meaning jurisdictions and CDC are releasing the same case statuses.

If the NNC Recommendation Statement is approved, the CSTE National Office will move NNC data sharing/release and print criteria to Section IX. Data Sharing/Release and Print Criteria within the accompanying position statement.

Technical Supplement

The technical supplement is designed to accompany a Standardized Surveillance for Diseases or Conditions Position Statement to translate narrative case ascertainment and case classification information into a machine-processable format. For submission of a Standardized Surveillance for Diseases or Conditions Position Statement to be considered complete, authors are required to submit this technical supplement. The technical supplement will be shared with and reviewed by membership but will NOT be voted on by the Council; however, it is the author's responsibility to update the standardized surveillance case definition narrative to match the technical supplement table(s) and vice versa PRIOR to the Council vote.

Tables VI and VII should reference Sections VI and VII in the accompanying position statement. Recommended formats for Tables VI and VIII are included within the template.

Table VI. Table of criteria to determine whether a case should be reported to public health authorities: Table VI is used to indicate the criteria appropriate to guide development of computerized algorithms for electronic case-reporting processes. Conceptually, this information needs to be listed discretely and in a manner that is machine-readable. Criteria listed in Table VI should match the criteria in Section VI.A in the accompanying position statement. Each disease/condition subtype or scenario is listed in a separate column. Each criterion (symptom, sign, laboratory result, occupation, travel history, diagnosis, etc.) is listed in a separate row. Meeting the criteria listed under any single column of this table is sufficient to identify a case for reporting.

Authors should change the [Disease/Condition or Subtype] name above each column to the appropriate disease/condition name or subtype name. Subtypes could be clinical distinctions (e.g., cutaneous anthrax, inhalation anthrax), stages of disease (e.g., primary syphilis, secondary syphilis), or agents (e.g., different types of arboviruses), etc. Additional or fewer columns can be accommodated.

Using the criteria listed in Section VI.A, authors should list each criterion as a separate row in the appropriate Table VI category (clinical, laboratory, epidemiologic linkage, vital records, healthcare records, other criteria for reporting). If the absence of a criterion (i.e., criterion NOT present) is required for the case to meet the reporting criteria, list the absence of criterion as a necessary component in its own table row (see "N" criteria below).

Once the column headers and row criteria are filled in, authors should use the letter codes in the key provided under Table VI to indicate which criteria should be used for case ascertainment for each scenario or subtype. NO ADDITIONAL LETTER CODES ARE ALLOWED.

- S = This criterion alone is SUFFICIENT to report a case. There may be multiple "S" criteria for a disease/condition or subtype.
- N = All "N" criteria in the same column are NECESSARY to report a case. An "N" criterion should be accompanied by at least one additional "N" criterion or at least one "O" criterion within a single column.
- O = At least one of these "O" (ONE OR MORE) criteria **in each category** (categories=clinical, laboratory, epidemiologic linkage, vital records, healthcare records, etc.) **in the same column** – in conjunction with all "N" criteria in the same column – is required to report a case. These "O" criteria are alternatives, meaning that a single column can have no "O" criteria, OR only "O" criteria without any "N" criteria, OR at least one "O" criterion in conjunction with "N" criteria.

* = Use an asterisk to indicate that a requisition or order for a specific laboratory test meets the reporting criteria.

Table VII.A. Classification Table: Criteria for defining a case of [disease/condition]: Table VII.A is used to indicate the criteria appropriate to guide development of computerized algorithms for surveillance systems to classify cases of the disease or condition. Conceptually, this information needs to be listed discretely and in a manner that is machine-readable. Criteria listed in Table VII.A should match the criteria in Section VII.A in the accompanying position statement. Each case classification or scenario is listed in a separate column. Each criterion (symptom, sign, laboratory result, occupation, travel history, diagnosis, etc.) is listed in a separate row. Meeting the criteria under any single column of this table is sufficient to classify a case.

Authors should not change the case classification column headers (i.e., Confirmed, Probable, Suspect) but may add columns if multiple scenarios meet a single case classification. If a case classification does not apply to the disease/condition, the column may be removed.

Using the criteria listed in Section VII.A, authors should list each criterion as a separate row in the appropriate Table VII category (clinical, laboratory, epidemiologic linkage, vital records, other evidence). If the absence of a criterion (i.e., criterion NOT present) is required for a case classification, list the absence of criterion as a necessary component in its own table row (see “N” criteria below).

Once the row criteria are filled in, authors should use the letter codes in the key provided under Table VII.A to indicate which criteria should be used for case classification for each classification scenario. NO ADDITIONAL LETTER CODES ALLOWED.

S = This criterion alone is SUFFICIENT to classify a case. There may be multiple "S" criteria for a case classification.

N = All “N” criteria in the same column are NECESSARY to classify a case. An "N" criterion should be accompanied by at least one additional “N” or at least one “O” criterion in a single column.

O = At least one of these “O” (ONE OR MORE) criteria in each category (categories=clinical, laboratory, epidemiologic linkage, vital records, other evidence) in the same column – in conjunction with all “N” criteria in the same column – is required to classify a case. These “O” criteria are alternatives, meaning that a single column can have no “O” criteria, OR only “O” criteria without any “N” criteria, OR at least one “O” criterion in conjunction with “N” criteria.

Table VII.B. Classification Table: Criteria to distinguish a new case of [disease/condition] from reports or notifications which should not be enumerated as a new case for surveillance: The criteria used to distinguish new cases for enumeration purposes should be included in Table VII.B rather than attached to Table VII.A to ensure these criteria are considered separately from case classification criteria (structure is revised for 2023). Criteria listed in Table VII.B should match the criteria in Section VII.B in the accompanying position statement.

Authors should not change the table column headers (i.e., Confirmed, Probable, Suspect); columns should mirror the columns in Table VII.A.

Using the criteria listed in Section VII.B, authors should list each criterion used to enumerate a report or notification as a new case of the disease or condition as a separate row in Table VII.B. If Section VII.B does not apply to the disease/condition, state “N/A” explicitly in one row.

Once the row criteria are filled in, authors should use the letter codes in the key provided under Table VII.B to indicate which criteria should be used to enumerate as a new case for each classification scenario. NO ADDITIONAL LETTER CODES ALLOWED.

S = This criterion alone is SUFFICIENT to enumerate as a new case.

N = All “N” criteria in the same column are NECESSARY to enumerate as a new case. An "N" criterion should be accompanied by at least one additional “N” or at least one “O” criterion in a single column.

O = At least ONE of these “O” (ONE OR MORE) criteria in the same column – in conjunction with all “N” criteria in the same column – is required to enumerate as a new case. These “O” criteria are alternatives, meaning that a single column can have no “O” criteria, OR only “O” criteria without any “N” criteria, OR at least one “O” criterion in conjunction with “N” criteria.

Appendices

A standardized surveillance position statement may be accompanied by appendices, as relevant and needed. Appendices may provide supplemental information that was limited from inclusion in the position statement because of word limits or may provide operational guidance to jurisdictions to support the implementation of case classifications; however, appendices should not contain any new information or criteria that are necessary to ascertain or classify cases in the accompanying position statement.

Appendices will be shared with and reviewed by membership but will NOT be voted on by members of the Council. After position statement approval, appendices may be updated without resubmitting an updated position statement, as needed over time. It is the author’s responsibility to maintain appendices.