

**Meeting:** CSTE Data Standardization – Exposure, Risk, Underlying Conditions -Data Element-Specific Team Meeting

**Date:** February 9, 2024

**Attendees:** 100

| CSTE (2)                                                                                                   | PHAs (45)                                                                                                                                   | CDC (39)                                                                                                       |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Becky Lampkins<br>Gillian Haney                                                                            | <u>DSWG Co-Chairs</u><br>Laura Erhart   AZ<br>Molly Crockett   MA                                                                           | Angie Agunloye   GDIT<br>Doris McGinness   GDIT<br>Myrna del Mar González   GDIT<br>Shawn Arshad   GDIT        |
| <b>JMC (7)</b>                                                                                             | <u>DEST Members</u>                                                                                                                         | Allison Miller                                                                                                 |
| Erin Kough<br>Grace Mallard<br>Laura Lane<br>Natalie Raketich<br>Sam Spoto<br>Sara Sanford<br>Susan Downer | Amy Lai   AZ<br>Brittany Martin   CA<br>Caleb Lyu   CA   LA County<br>Kayleigh Nerhood   GA<br>Andria Apostolou   IHS<br>Jim Sainsbury   IN | Andrea Steege<br>Antonio Neri<br>Brenna VanFrank<br>Erin Miller<br>Fidel Desir<br>Gonza Namulanda<br>Itir Cole |
| <b>Unknown Affiliation (7)</b>                                                                             | Kyra Veatch   IN                                                                                                                            | Jennifer Huang                                                                                                 |
| Amanda Markelz                                                                                             | Lunden Espinosa   IN                                                                                                                        | John Gerstle                                                                                                   |
| Bianca Perri                                                                                               | Dimple Patel   KY                                                                                                                           | Julie Vanderkolk                                                                                               |
| Dishant Patel                                                                                              | Krista Mevoli   KY                                                                                                                          | Kasey Diebold                                                                                                  |
| Rene Suarez-Soto                                                                                           | Lamyaa Shaban   MA                                                                                                                          | Kristen Delea                                                                                                  |
| Robbie Lojo                                                                                                | Sue Soliva   MA                                                                                                                             | Lauren Korhonen                                                                                                |
| Shan Maxey                                                                                                 | Mario Beltran   MD                                                                                                                          | Laurie Barker                                                                                                  |
| SH Feinman                                                                                                 | Aaron Bieringer   MN                                                                                                                        | Lesliann Helmus                                                                                                |
|                                                                                                            | Elizabeth Shiffman   MN                                                                                                                     | Lizzi Torrone                                                                                                  |
|                                                                                                            | Erica Bye   MN                                                                                                                              | Marie Haring Sweeney                                                                                           |
|                                                                                                            | Genny Grilli   MN                                                                                                                           | Marion Rice                                                                                                    |
|                                                                                                            | Hanna Chakoian   MN                                                                                                                         | Matt Stuckey                                                                                                   |
|                                                                                                            | Mary Vance   MN                                                                                                                             | Melissa Pagaoa                                                                                                 |
|                                                                                                            | Paige D’Heilly   MN                                                                                                                         | Nekole Locke                                                                                                   |
|                                                                                                            |                                                                                                                                             | Nicole Gallaway                                                                                                |
|                                                                                                            |                                                                                                                                             | Nicole Lindsey                                                                                                 |

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                             |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | Teresa Schillo   MN<br>Hollie Sheller   MO<br>Jesse Ellis   MS<br>Nwanne Onumah   MS<br>Greta Anschuetz   NK<br>Stephanie Moberg   NM<br>Amanda van Rest   NV   CDC Foundation<br>Elizabeth Kessler   NV<br>Lea Moser   NV<br>Theron Huntamer   NV<br>Beth Isaac   NYC<br>EJ Klingler   NYC<br>Rob Arciuolo   NYC<br>Maribeth Hoyle   OR<br>Eman Addish   PA   Philadelphia<br>Greg Fowler   SC<br>Karen Arrowood   TX<br>Steve Eichner   TX<br>Samantha Groppell   TX   Dallas County<br>Alina Paegle   UT<br>Cher Levenson   WA<br>Anna Kocharian   WI<br>Misty Johnson   WI | Noreen Kloc<br>Peter Boersma<br>Peter Rzeszotarski<br>Robert Pratt<br>Sandy Price<br>Sandy Roush<br>Sara Johnston<br>Sara Luckhaupt<br>Scott Grytdal<br>Sonia Singh<br>Shideh Ebrahim-Zadeh |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*\*SOME INDIVIDUALS DIALED IN; THE NAMES ARE UNKNOWN, AND THEY ARE LEFT OFF OF THE ATTENDANCE*

### **HIGH-LEVEL MEETING NOTES (REFER TO MEETING SLIDES FOR MORE DETAIL AS NEEDED):**

#### **Meeting Ground Rules and Updates**

- We welcome everyone's opinions and active participation from jurisdictions, CDC programs, CSTE membership, etc.
- As we work through data elements/classes, we strive for 80/20 consensus.

### Data Element-Specific Teams (DEST)

- DEST member expectations – members are not expected to write documents, lead meetings, or prepare slides. The goal is to keep members engaged in conversations around content during and between meetings.
- There is an expectation of active participation in polling, document review, discussion, and other input during and between meetings.
- **[Action Requested]** Please sign up for upcoming data elements on the [DEST Sign-Up here](#).
- The current next data elements in discussions are
  - Exposure/Risk/Underlying Conditions
  - Signs/Symptoms/Clinical Manifestations

### Core Data: In Scope for DSWG

- Focus on core data for surveillance for transmission to CDC within selected data classes.
- We will work to identify standard definitions and value sets within that definition of core data.

### Core Data FAQ

- Identification as core does not mean it is required to fill in or send an answer for every core data for every case; it is okay to leave it blank or unknown. Thinking about immunizations, data would not need to be transmitted for conditions where immunizations are not relevant.
- Data, elements, and data classes should be considered core if they are relevant for many conditions.
- A good way of thinking of this is if we were to create a GenV3 MMG, would it make sense to include that data element here as core?

## EXPOSURE, RISK, UNDERLYING CONDITIONS

### Potential data elements related to Exposure, Risk, and Underlying Conditions

- This DEST will be taking a slightly different approach from previous DESTs which have met to work on topics such as Industry and Occupation and SOGI. In those conversation, the focus was on potential data elements and their specifics. In this team, we will be approaching three data concepts, marked purple font throughout the call in an attempt to keep things clear in our brains) which cover many different data elements (in orange font). While there may be discussion of more specifics as we progress in the topic, in this first call especially, we will be trying to address the questions of what are these data concepts and should we be considering them separately for transmission to CDC.
- To this end, let's review a bit about how these data concepts might be currently represented in some of the NNDSS message mapping guides. \
- There are two primary formats of questions:
  - First, questions might be listed as individual questions, each defined specifically for one data elements. In the example on the screen from the COVID-19 mmg, the questions which are highlighted with the red on the left are individual questions.
  - The other format is a repeating group such as the on highlighted by yellow highlighted on the left. Within the repeating group, there are two DEs, the exposure which is defined by the "Exposure Setting (COVID-19)" value set, and the exposure indicator, which has a Yes/No/Unknown value set.

- The COVID-19 Exposure Settings value set focuses on where a person might have been exposed to COVID, such as an airport, workplace, or daycare, as well as including whether or not the person had contact with a known case of COVID. The Y/N/U Exposure Indicator allows each of the Exposure Settings values to be marked as Yes, No, or Unknown.
- For COVID, the period of interest is 14 days prior to illness onset, as specified in the Exposure data element description. Other mmgs have this specification in other places, for example the Foodborne and Diarrheal Diseases MMG, has a separate individual DE named "Specify Different Exposure Window" that allows the jurisdiction to indicate the length of the exposure window they used.

#### **Potential data elements related to Exposure, Risk, and Underlying Conditions (2)**

- Moving beyond the format of data element collection within MMGs, we also need to consider how the three data concepts overlap a regards individual data elements depending on what condition's MMG is being considered.
- Overlap in data elements is fairly common but I've included two specific examples here to highlight the blurred lines between all three data concepts.
- Diabetes is considered an Underlying condition in the Respiratory and Invasive Bacterial Diseases (RIBD) mmg but listed as a Risk Factor in the COVID-19 mmg.
- Being a resident in a Long-term Care Facility is considered a Risk Factor in the TB mmg and is listed in the contact section of the Hepatitis B, Acute mmg.

#### **Proposed Definitions**

- During this call, we'll review the following proposed definitions for the data concepts in question but before we get to the specifics, we will discuss the concepts as a group.

#### **Potential data elements related to Exposure, Risk, and Underlying Conditions (3)**

- There are many sources for data related to a person's exposures, risk factors and underlying conditions but, in general, it is less likely that these elements are as easily pulled from electronic data sources as other data classes discussed in the past.
- ELR's utility is relatively limited for all three data concepts. If something of note is sent, it would most likely be sent in the OBR-31 as a Reason for Study.
- eCR will most likely have more information but that information will be spread through out various parts of the record. Exposure data can be found in the Exposure or Contact Information. Risk Factors might be found in the Problem Observations in several eCR sections and Underlying Conditions might be in several sections of eCR and past medical history.
- Other potential data sources for these data concepts are case interviews, medical record or electronic health record abstractions and administrative data such as school or workplace attendance records.

#### **In-scope vs Out-of-scope**

- The scope of this discussion will be a bit different than that of more recent data elements. Previously, we were defining distinct questions and working out the best value set to fit those definitions. Here, we will be tackling data concepts from a broader perspective than specific data elements.
- That said, our end goal does remain the same to come to consensus about information being sent to CDC as part of case surveillance. We will not be focusing on data collection in research settings or discussing what questions should be asked in surveys or case interviews.
- We will also be staying away from implementation questions although this team will be used to discuss some message formatting in March.

## **DEST for Discussion**

### **Discussion Points**

- There are several discussion points that will be addressed by this DEST and these conversations are expected to require several calls.
- As I mentioned earlier, message structure for transmission to CDC will be discussed in this group; however, we would like to make sure that the people who work with things such as formatting HL7 messages for transmission to CDC, often working mostly with the back-end data of a surveillance system, are the leaders in that particular part of the discussion. To that end, we are asking that if you are not that person for your jurisdiction, that you encourage whomever that person is to attend the meetings in March. These calls will be heavily based in the informatics viewpoint of this work rather than the surveillance epi front end data perspective.
- In order for those folks to join, they can sign up for this group's DEST calls using the general signup sheet.

### **Discussion Points (2)**

- In today's call, we are going to focus on data concept definition. Are these three concepts different. If so, how are they different?
- Is there a timing component? Is it social vs Medical?
- And why does making any distinction matter if collection within a jurisdiction's system isn't dependent on these definitions?
- Some reasons are listed here including that without a clear definition, we have ended up with a large variety of data elements which sometimes overlap. This large variety is often burdensome on the surveillance systems and it's users.
- Also, if the definitions and standards are cleaned up a bit, this will increase flexibility for messaging and decrease the effort to implement messages for new and emerging conditions.

### **Discussion Points (3)**

- Lastly, we want to discuss whether or not, these data concepts are actually core concepts?
- Should there always be some way to collect Exposure, Risk Factors or Underlying Conditions for transmission of information to CDC?

### **Proposed Definitions**

- Here are the proposed definitions again. And we'll take a little time at this point to look them over.

- The CDC background team went through many message guides to determine where data concepts had overlap and how they were most likely distinct from one another.
- As shown here, Exposures implies a time period. The definition refers to an exposure window for exposure types.
- Risk factors, relate to a person's characteristics, behaviors or social factors which will increase likelihood of disease acquisition.
- Underlying medical conditions are specifically medical conditions that may worsen the course or outcome of a condition.

### Discussion Points

- Let's open the conversation about the concepts as distinct entities.
- Are exposures, risk factors, and underlying conditions separate data concepts?
  - Chat (Marie Haring Sweeney) I think we are limiting the definitions of exposure and risk factors because there is no thought of environmental or occupational exposures?
  - Erin Kough: For exposures we do have substance and we have this as "e.g." so pathogen is an example, chemical exposure could be an example
  - Erin Miller (CDC, TB elimination) When I look at these, Exposure is very different from the other two. There are going to be conditions where the exposure or the data collected look very similar but if you look across the whole spectrum it's so varied that it's a very different thing. There are some rare instances where I think underlying medical conditions or risk factors could overlap with exposure but I don't think it's enough to concern us here...unless someone has a specific example. Risk factors and underlying medical conditions, these are both separate and interlinked. That's a harder question that I don't have the answer to.
  - Lesliann Helmus: I also think these are very useful distinctions. One really distinctive feature about Exposures is that while we're not saying this is how the person go the specific exposure (not a causal thing), we are focusing on the exposure window as saying, 'these are things that happened in that window. These are the potential exposures.' So to me the exposure window is really critical to that exposure category. There may be a significant overlap between Exposures and Risk Factors in some cases, but the Risk Factors might be that they do it in general and we didn't know that it happened during that window. There's a relationship sometimes between Risk Factors and Underlying Conditions – there are some underlying conditions that may also be a Risk Factor. I think we're kind of looking at them from different perspectives. I think because Underlying medical Conditions is such an important category, it's worth making sure that it's broken off from Risk Factors b/c to me Risk Factors is more of a Risk Factor for Exposure. Part of what feeds into our thinking is how come some people have more severe disease than others. Often the Underlying medical Conditions feeds into that, reason for more severe disease, which I think is also a reason that it's helpful to pull it out. All three are useful, exposure is particularly defined by specific exposure window.
  - Erin Kough: It's not just the data elements that might be in there but it's also the way it's being used.
    - Chat: Sara Luckhaupt: In the examples column for exposures, there are examples related to workplaces and other environments (e.g., worked in daycare, visited water park).
    - Marie Haring Sweeney (chat): I agree with Lesliann

- Sue Soliva: I can see the overlap between Risk Factors and Exposures. And then I can see some Risk Factors alone. So when I was thinking about it, I would only be interested in collecting those Underlying Conditions that are a risk. So pregnancy is a risk for listeria, having a family history of melanoma is a risk for skin cancer. We would be collecting Exposures that are a risk: eating raw cheese is a Risk for listeria or living in a congregate setting could be a risk for COVID and we'd be collecting Risk, even if a Risk Factor wasn't an underlying condition or an Exposure. I'm still trying to wrap my head around if there's an overlap there. Underlying Conditions or Exposures that are not also considered a Risk may not be relevant. If you're bitten by a raccoon, it's an Exposure. If we're talking about Norovirus it doesn't matter. Maybe consolidating Underlying Conditions and Exposures all under the concept of Risk.
  - Chat: Misty Johnson: I like Lesliann's point of associating the exposure window with "Exposures". Helps to separate them from Risks. (Gillian Haney in chat: concur with Lesliann)
  - Brenna VanFrank: Would like to flag that two of the listed example risk factors are also underlying medical conditions - substance use disorder, including tobacco use disorder, is a DSM-5 diagnosable medical condition. Seems like there may be too much overlap between risk factors and underlying conditions to warrant separation of these two data concepts.
  - Lesliann: Agree - they need to be relevant to the disease/condition!
  - Gillian Haney: underlying conditions also have a clinical component whereas risk factors may be broader.
  - Eman Addish: risk factors also assist with modes of transmission and allows programs to educate individuals
- Antonio (Tony) Neri: (CDC, Environmental Health) I thought it about it like host environment and agent. You've highlighted that you might have things that are risk factors for a given agent (norovirus, TB, lead poisoning) that might have been Risk Factors or others. It's a little bit easier to separate those three out. The second thing is NCEH has been working with ASTHO and others to define more standard data elements about environmental health practice, standardized ways in which we collect information related to swimming pool inspections or restaurant inspections, etc. and interventions.
  - Chat: Brenna VanFrank: Would like to flag that two of the listed example risk factors are also underlying medical conditions - substance use disorder, including tobacco use disorder, is a DSM-5 diagnosable medical condition. Seems like there may be too much overlap between risk factors and underlying conditions to warrant separation of these two data concepts.
    - (Lesliann reply to Brenna: Is it a matter of whether the factor is a risk factor vs an underlying condition for the specific disease/condition?)
  - Gillian Haney in chat: given the challenges with definitional overlap, perhaps consider having more discreet definitions for each
  - Sara Luckhaupt in chat: Longer-term occupational and environmental factors such as night shift work could be included under risk factors. This would be different than specific workplace types as exposure settings.
- Erin Miller: Listening to Sue, I agree with her view of the overlap. I think part of the problem is in trying to name the categories. A Risk Factor in analytic terms is something we build into our analysis but the conclusion that something is a risk factor is something that has come from the collection and analysis of data. So that's why it encompasses so many different things. So an underlying medical condition can be a Risk Factor, a factor to exposure, a factor to get a particular condition or a factor to a more severe outcome (death). Risk Factor might be the confound piece here.

- Chat: Nicole Lindsey: Perhaps re-defining risk factor as increasing likelihood for exposure rather than likelihood of disease? I'm not sure - just throwing that out there.
- Steve Eichner: another aspect of it is a condition could raise the risk factor in that same kind of space. Something like asthma is not necessarily making you more likely to get RSV but it increases the risk of having RSV
- Erin Kough: That's exactly the line we're trying to demarcate. Does Asthma increase the likelihood that you have severe disease? Or does asthma increase the likelihood that you develop a disease? And then added on top of that, do we want things that are clinical diagnoses to be put in underlying medical conditions or risk factors? Or are those one in the same?
- Jennifer Huang: one additional thought, we work in health care-associated infections where hospitalization could be an exposure but could also be a risk factor depending on what type of facility and specifically disease might just be acquiring a specific type of infection. So I do see these as discrete concepts. Just because the answer is the same doesn't mean they are the same. This may tie into how the data is being used, for what purpose.
- Erin Kough: What you're saying could be a good example as far as like, was the person hospitalized within this exposure window? Or was this person hospitalized?
- Jennifer Huang: For us being hospitalized is one thing, but did they receive health care outside of the US? Is there medical tourism? Just b/c it's hospitalization and has a time frame, it may be Exposure, but turns into a risk depending on what you're looking for. So I do think how a program/jurisdiction uses the data.
  - Chat Erin Miller: Does it help to think about these types of data as Element of Risk as an overarching category with exposure, social/behavioral context, and underlying conditions as the subcategories? Throwing it out there - but haven't necessarily thought it through.
  - Steve Eichner: Another aspect is the severity of the underlying condition.
  - Sandy Roush: I agree that the TITLES of the "data concept" might be the challenge. One issue (e.g., drug use) can be both an exposure and also a risk factor. They have the same "answer" but they refer back to a different concept. (Steve agrees with Sandy)
  - Misty Johnson: to ask the opposite question, MUST they be distinct??
- Gillian Haney: Would it be helpful to look at what the suggested definitions are for each of them, what would be changed for each of those ones to make it more explicit? Proposed definitions discreetly describe each one of these data elements and I can differentiate between the 3. What is it people feel is missing from the proposed definitions or that may not be quite right?
  - Chat: Lesliann Helmus: Jennifer's comment makes it clear why we need to use separate categories. We need to understand the role that the factor plays
- Erin Kough: I think one thing I've heard from people and expected to come out of this conversation is the blurriness between Risk Factors and Underlying Medical Conditions, even down to what is the medical condition
- Gillian Haney: a medical condition seems to be a little more explicit and may have an impact on the risk of developing disease or once you have disease how it may progress, but it's very specific to clinical conditions.
  - Chat Erin Miller: So, the problem with the definitions is that they don't apply the same for different conditions.

- Erin Kough: One thing that was mentioned in background is that underlying medical conditions something talk about a whole other category of things that overlap which is devices and medication. This confusion goes further than those 3.
- Elizabeth Schiffman: I want to have distinctions among these, but when I think about them they do blur together. For me especially when I look at them for some vector-borne diseases, I think sometimes some of them are very overlapping. If you had all 3 you might end up entering the same info in multiple spots. I agree that it's tricky
- Steve Eichner: if we think about underlying medical conditions as conditions that exist within a human, regardless of what the issue is or what the potential disease is out there, and we think of a risk factor as associated with a particular condition exposure is related to particular condition. Think about it in 2 dimensions where exposures and risk factors are associated with a particular health risk or disease and look at underlying medical conditions as an individual foundation that crosses whatever condition you are investigating. I've got FOP regardless of whatever condition you're investigating. It may not be a risk factor or one condition. It may be a risk factor for another condition. And same thing about those exposure elements that are specific to the particular condition that's being studied or investigated at the moment. Those risk factors are associated again with the condition that's being investigated. What the risk factor for condition A may not be a risk factor for condition B.
  - Chat (Sandy Roush): I think it's fine to leave as these groups, as long as we acknowledge that it's OK to be in one or both concept areas. Or, perhaps we could ask something like ... which of these things (e.g., asthma, drug use) are applicable to this person/case? Then we include a flag or indicator for that concept category (e.g., it's a risk factor, its an exposure).
  - I think the approach we take ties back to the philosophy / intent of the data collection. MMGs are disease / condition specific and CDC generally gets funded by the disease condition so I can see utility in a condition-specific approach that is focused on data being collected by public health agencies.
- Laura Erhart: maybe we don't need to get to the perfect definition, rather with the intent do we want to have the three distinct spots within the structure that we're building? The informatics-ish discussion is going to come separately. All of the things that you've all mentioned about how interconnected these things are as we well as distinct, I'm not sure we're going to get to a point where we can really clearly define the differences between each of these. It is going to differ a bit between conditions. I think that maybe if we can agree that they deserve their own space, if that's the direction we're going, to then be able to have a place that we can put the appropriate risk factors for the condition that we're reporting on or with the appropriate exposures.
  - Chat (Gillian Haney): I like that Laura
- Erin Kough: Excellent and helpful Laura. I think that's reflected in a lot of the comments as well.

#### **Poll 1 – Exposure, Risk Factors, and Underlying Conditions**

- Poll Question: Are Exposures, Risk Factors and Underlying Conditions different data concepts?
- Options: Yes, they should be treated as three different concepts; Exposures and Risk Factors are the same and Underlying Conditions is different; Exposures and Underlying Conditions are the same and Risk Factors is different; Risk Factors and Underlying Conditions are the same and Exposures is different; No, they should all be considered as one concept.
- **See results [here](#)**
- “Yes, they should be treated as three different concepts” reached 72%

- Chat: Steve Eichner: Underlying condition is a person-level factor that exists independent of the disease/condition being investigated.

- 

**Poll 2 – Exposure Definition - skipped**

**Poll 3 – Risk Factors Definition - skipped**

**Poll 4 – Underlying Conditions Definition - skipped**

**Discussion Points**

- Are these data concepts, in general, part of core surveillance?
- Should there be a place for information within them to be captured?
- Try to think of this in a conceptual way and not in specifics
- Note: Some concepts have been or will be covered in other Data Element Specific Teams (travel, hospitalization, social determinants of health, disability)

\*\*\*\*\*After poll 1, the conversation went back to discussion\*\*\*\*\*

- Erin: Do you think there should be a placeholder for all three of these data concepts?
  - Chat, Steve Eichner: The risk factors/exposures are disease-specific. A set of risk factors for one disease may be different than the risk factors for another condition. An individual may have a risk factor for one condition but no risk factors for another condition. An underlying medical condition can be a risk factor for one or more particular diseases.
- Lesliann: We're not saying that every message has to have something filled in for all of these, but we're saying these should be available for any condition if it's relevant.
- Erin Kough: Yes, exactly, we're not specifying that every condition will have to have these things, or specifying what they will be. We're just saying we should have a place for this information to go to CDC.
- Elizabeth Schiffman: I was just going to say the same thing. There should be space for all 3 of them with the understanding that not all 3 apply for every condition all the time.
  - Chat: Noreen Kloc: Would jurisdictions be able to manage responding to Exposures/Risk Factors in core if the value set would be specific to the condition and therefore very large set of responses?
- Laura Erhart: The value sets could be different for each of those three and for each condition. Thinking of the person level vs case level as we defined case and public health as being for a particular condition. And then thinking of the way that we send the data to CDC is at a case level. We would be sending for 'here is the exposure that is related to my case of Salmonella,' which is obviously tied to a person.
- Steve Eichner: if we think about an underlying condition in that sense, it's really just another risk factor, not to diminish it. It is a specialized kind of risk factor that may not be a separate category. Diabetes – that's a risk factor for having a condition or being exposed or ending up with the condition that's being investigated. It doesn't really matter whether it's a separate preexisting condition or underlying medical condition either. It's just a set of risk factors that are medical conditions.
- Erin: I can see that, at this point there are three buckets so now we need to discuss these buckets specifically.
- Steve Eichner: I think if there are three buckets, you need to figure out what's going in each of the buckets and where are the buckets differentiated. If we end up calling underlying medical conditions as additional risk factors, you're not likely to be sending data for people that

don't have the condition that is being investigated to CDC with just a list of their underlying medical conditions b/c they're not then relevant to the investigation.

- Chat (Gillian Haney): Underlying medical conditions can have impact beyond risk factors and exposures though - treatment for example so I would be reluctant to have it be included as a subset of risk factors.
- Erin Kough: While underlying medical conditions can be a risk factor there could be other public health implications of those underlying medical conditions
- Greta Anschuetz: Area of expertise is STDs. When we report syphilis cases, we have to report HIV status. It would fit as an underlying medical condition if you have HIV. But we also have to report their HIV status is negative. How would you see the data concept kind of covering not only yes, underlying medical conditions is a way to capture that the person has that condition, but how do you also then show that they don't have that condition so that you're able to say it wasn't just not asked. It was asked and you knew the answer.
  - Chat (Robbie Lojo): also impact disease severity
- Erin: In response to Greta: we'll discuss that in the next call
  - Chat, Gillian Haney: a discrete question
- Erin Miller: There should absolutely be space for these concepts to be sent to the CDC. I think where people might be tripping up is, is it possible for something like the question for exposure to be core because they can be so specific to different conditions. So I think trying to conceptualize it as just a space holder, how is that going to work? Yes, there should absolutely be space. I think some of the tripping point is just we can't visualize how that would actually work as a core element, which has been what we focus on in the past, which is not exactly what we're doing today.
- Erin Kough: responds: We are on a different track today, it is confusing. Try to think of it that way. If you've worked on MMGs you can think of those delineated sections that are in the implementation guides, where it says epidemiological risk factor section start, section stop.

#### **Poll 5 – Exposure as Core**

- Erin Kough: I wrote the following polls thinking we'd define them. Instead, read them more like "Would the bucket Exposures be considered a core surveillance data concept?"
  - Chat Sue Soliva: When you talk about "core" should I be thinking about the gen v2 MMG
    - Gillian Haney reply: or a future state
    - Sandy Roush: How do we sign up for the "structures" meeting in March? Thank you
- Sam Spoto: One way to think about this is when thinking about this as core and what we're defining is, should we come up with a structure (which is what we're going to in March) for Exposures to be sent in a consistent way across all conditions? That might help people
- Erin Kough: Core surveillance is more like a genV.3. If we have a different format, would we want to include a defined structure to send that information?
- Poll Question: As defined below, would "Exposures" be considered a core surveillance data concept?
- Options: Yes, the data concept is core/No, the data concept is never core
- Results are [here](#)
- 86% for Exposures as Core

#### **Poll 6 – Risk Factors as Core**

- Poll Question: As defined below, would “Risk Factors” be considered a core surveillance data concept?
- Options: Yes, the data concept is core/No, the data concept is never core
- Results are [here](#)
- 85% for Risk Factors as Core

#### **Poll 7 – Underlying Conditions as Core**

- Poll Question: As defined below, would “Underlying Conditions” be considered a core surveillance data concept?
- Options: Yes, the data concept is core/No, the data concept is never core
- Results are here
- 85% for Underlying Conditions as core

#### **Future Discussion Points - skipped**

- Within a data concept are there any core data elements that might be pertinent to many/most conditions?
- Within a data concept, would it be good to have a customizable set of data elements which would secure a place in a message for this data concept but would have details that were condition-specific?

#### **Next steps**

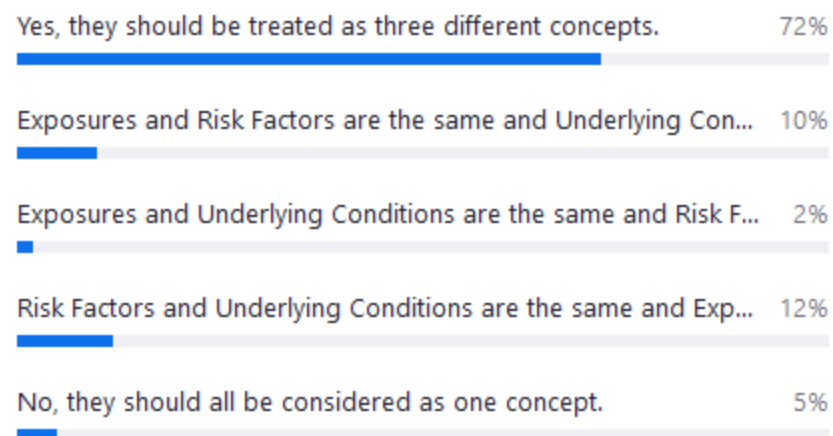
- There are two upcoming new DEST meetings:
  - Signs/Symptoms/Clinical Manifestations, 2/16 1-2 pm ET
  - ERU and SSCM combined to address Message Mapping Guides, 3/8 1-2 pm ET
- The next full DSWG meeting is scheduled for February 23, 2024.
- Sign up for upcoming data element-specific teams in the [interest form here](#)
- Additional input is always welcomed between meetings from DSWG members on the [form located here](#).

## **Polling Results**

### **Poll 1 (n = 60)**

## DSWG\_2.9.24\_Q1

1. Are Exposures, Risk Factors, and Underlying Conditions different data concepts? (Single Choice)



You did not answer this question

**Poll 5 (n = 59)**

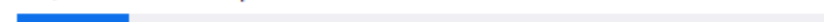
## DSWG\_2.9.24\_Q5

1. As defined below, would "Exposures" be considered a core surveillance data concept? (Single Choice)

Yes, the data concept is core. 86%



No, the data concept is never core. 14%



You did not answer this question

## Poll 6 (n = 60)

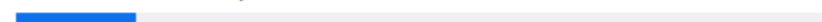
## DSWG\_2.9.24\_Q6

1. As defined below, would "Risk Factors" be considered a core surveillance data concept? (Single Choice)

Yes, the data concept is core. 85%



No, the data concept is never core. 15%



You did not answer this question

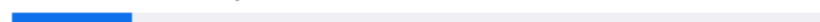
**Poll 7 (n= 59)****DSWG\_2.9.24\_Q7**

1. As defined below, would "Underlying Conditions" be considered a core surveillance data concept? (Single Choice)

Yes, the data concept is core. 85%



No, the data concept is never core. 15%



You did not answer this question