Meeting: CSTE Data Standardization – Signs, Symptoms, Clinical Manifestations -Data Element-Specific Team Meeting
Date: February 16, 2024
Attendees: 72

CSTE (2)	PHAs (37)	CDC (26)
Becky Lampkins Gillian Haney **JMC (6)** Erin Kough Grace Mallard Natalie Raketich Sam Spoto Sara Sanford Susan Downer **Unknown Affiliation (1)** Robbie Lojo	<u>DSWG Co-Chairs</u> Laura Erhart | AZ <u>DEST Members</u> Claire Stump | AK Amy Lai |AZ Josh Nazinyan | CA | LA County Karene Thomas-Watts | CO Kayleigh Nerhood | GA Shawna Stuck | GA Andria Apostolou | IHS Jim Sainsbury | IN Lunden Espinosa | IN Tom Loftus | IN Dimple Patel | KY Lamyaa Shaban | MA Sue Soliva | MA Mario Beltran | MD Elizabeth Shiffman | MN Hanna Chakoian | MN Mary Vance | MN Teresa Schillo | MN Jesse Ellis | MS Nwanne Onumah | MS Jordan McBride | NH	Abhilasha Saxena | GDIT Doris McGinness | GDIT Luis Hernandez | GDIT Myrna del Mar González | GDIT Shawn Arshad | GDIT Allison Miller Alejandro Perez Fidel Desir John Gerstle Kristen Delea Lauren Korhonen Marion Rice Mary Alao Meeyoung Park Melissa Pagaoa Nicole Gallaway Nicole Lindsey Noreen Kloc Peter Boersma Peter Daly Robert Pratt Sandy Price Sandy Roush Sara Johnston Veronica Burkel Yuritzy Glez Pena

	Greta Anschuetz | NJ Stella Tsai | NJ Lea Moser | NV Vajeera Dorabawila | NY EJ Klingler | NYC Rob Arciuolo | NYC Maribeth Hoyle | OR Rob Laing | OR Eman Addish | PA | Philadelphia Sunanda Sarkar | SC Steve Eichner | TX Alina Paegle | UT Misty Johnson | WI Rachel Klos | WI Suzanne Gibbons-Burgener | WI	

**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.
- After Exposure/Risk/Underlying Conditions and Signs/Symptoms/Clinical Manifestations wrap-up, the next data elements will be
    - Reporting Source
    - Identifiers

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.
- 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? For this larger data class, signs and symptoms are very condition specific. Making a data class like this core would mean "should this data class be structured the same way and sent in a consistent manner for all conditions", even if the value set or list of symptoms changes.

Background Information: Signs, Symptoms, Clinical Manifestations

Case Notifications to CDC

- Within MMGs, a signs and symptoms repeating group is the most commonly used structure for this type of clinical information. The example of this structure is shown in the table on this slide. The intent is for the repeating group to have as many instances as there are values in the value set, with a Yes/No/Unknown indicator included for each symptom. The number of signs and symptoms varies by condition, with 5-30 signs and symptoms in the current MMGs. Value sets are largely comprised of SNOMED codes, with a few codes from the CDC Local Coding System.
- This repeating group format is also used within the Clinical Manifestations repeating group, which is present in different MMGs from the signs and symptoms repeating group. There are no MMGs that contain both of these repeating groups. One MMG utilizes a clinical section rather than a repeating group, where the signs are listed as individual data elements with a Y/N/U response.

Signs, Symptoms, and Clinical Manifestations

- The signs and symptoms repeating group is implemented with 19 different value sets across conditions. Within those 19 value sets, there are 111 unique codes, and 68% of those codes are only present in one of the 19 value sets. Similarly, for clinical manifestations, there are 6 different value sets used across conditions, with 91 unique codes. 79% of those codes are only present in one of the six value sets. This comparison shows that in general these value sets are highly condition-specific and do not have much overlap across conditions, even within the same repeating group.
- There are no MMGs that contain both of these repeating groups, conditions utilize either one or the other. When comparing the codes used between the two repeating groups, about 1/3 of the codes of either group are present in the other. This is a pretty high overlap considering how condition-specific these value sets are.

Signs and Symptoms Examples

- This slide contains a subset of values present within some of the signs and symptoms value sets for Carbon Monoxide, Mumps, Arbovirus, Foodborne and Diarrheal Disease, and Influenza. Concepts range from more general terms like fever and headache to more specific signs like submandibular salivary gland swelling.

Clinical Manifestation Examples

- This slide contains a subset of values present within the clinical manifestations value sets for Tickborne and Rickettsial Disease, Anthrax, Babesiosis, Brucellosis, and Leptospirosis. Concepts again range from more general terms like fever and headache to more specific signs like thrombocytopenic disorder.
    - Chat
        - Nicole Lindsey: Nicole from Arboviral - just noting that we had planned to move to a repeating group more similar to other MMGs in a new version under development prior to the pause.

Case Notifications to CDC

- Distinct from signs and symptoms or clinical manifestations, many MMGs capture additional information to these repeating groups on the complications or presentation of an infection. The most common phrasing for this type of data across conditions is "Complications", but "Infection Type" and "Clinical Findings" are also data elements that contain similar concepts. The structure of this information varies across MMGs and includes the use of repeating groups, individual Y/N elements, or a "Select all that apply" type of approach with a condition specific value set.

DEST for Discussion

Polling Process

- Each poll question will have its own slide, and most of the time the answer choices will be Yes/No, although sometimes Yes/Yes/No to tease out some distinctions. The goal of today is to reach 80% or more agreement, while identifying and discussing any major points of dissention.
- Questions that receive at least 80% agreement are considered resolved with “strong support”. If less agreement is indicated, then we will have some additional discussion. If for any questions we can't reach the target agreement of 80%, but still more than half the group is in agreement, these points have been included in previous recommendations documents as having "weak support".

Signs & Symptoms and Clinical Manifestations

- Our first discussion will be about the concepts contained within the current MMG repeating groups for signs and symptoms and clinical manifestations. Can we define one data class that encompasses these signs/symptoms/clinical manifestations or are they separate concepts that require separate data classes?
- Discussion
    - Elizabeth Schiffman: there’s no reason to me to have separate data classes. It should be one clump of stuff. I do vote for one group. (Rachel Klos thumbs up)

- Susanne Gibbons-Burgener: What was the original distinction for these? Does the clinical manifestations include things that are not signs and symptoms? Signs and symptoms are the common phrase that people understand a little bit more. Clinical manifestations is more of a technical term. I don't have a problem combining them as long as we know what is being captured overall. Signs and symptoms may be a subset of clinical manifestations.
  - Chat:
    - Josh Nazinyan: does clinical manifestations include only syndromes?
- Steve Eichner: How are we deriving these data points and where is the alignment between the data source and whether it's an existing field or how much of it is going to have to be recoded from data coming in from healthcare providers in other ways?
  - Sam Spoto: We covered a lot of this in the background. Information comes in like a problem list from something like an eCR but we're talking about how the data are going to be transmitted from a case-based surveillance system to CDC. Should it all be one group and can we standardize what it's called?
  - Steve: I'm thinking about on the input conversion side so we're not taking on unnecessary work to reinterpret data that's coming from providers and having to do a bunch of recoding before it gets submitted to the CDC.
    - Chat:
      - Veronica Burkel: One of my colleagues had shared with me that, in previous conversations, it was discussed that "symptom" is a manifestation of disease apparent to the patients themselves whereas "manifestation" is a sign of disease that physicians perceive
- Alejandro Perez: CDC, STD program. A question was asked as to what the difference might be between complications versus symptoms. That's something that we've had internal discussions on when we were updating our MMG last time, and we felt that the 2 are considered separate concepts and should be then sent in different data elements. With our congenital syphilis MMG for example, we have a signs and symptoms repeating group, as was described here and examples might be rashes or jaundice, or asymptomatic is also an option. So those are separate in concept to the complications that we have in STDs and for complications we have things like for gonorrhea you could have a disseminated infection or you could have pelvic inflammatory disease. PID is not really a symptom of an STD or STI it's a complication that arises from the infection.
  - Chat
    - Misty Johnson: in WI, we'd have not problem having it in one group with one vocabulary. However, are there other systems that would have difficulty with one very large vocabulary, ie, one very large drop-down, on a data collection form?
      - Grace Mallard replies: Misty: Even if your system has separate questions for each concept, could it be possible for them to all be mapped to the same single data element with one large value set?
      - Misty replies: in the WI system, yes. We'd have no problem.
    - Melissa Pagaoa: "Clinical manifestations" are a combination of a constellation of laboratory results and physical findings associated with a specific CSTE definition. "Signs and symptoms" are indications from a medical record.
    - Nicole Lindsey: I agree with Elizabeth that one group is preferable in my experience

        - Sam Spoto: I thank you for that and at this point we're really talking about what is transmitted currently in the clinical manifestations repeating group versus the signs and symptoms repeating group. We are going to get into complications and infection type after this separately. Part of that conversation will be do they belong together or separate. This is a lot of terminology that has similar concepts under it. First I want to focus on these signs and symptoms versus clinical manifestations repeating groups that are never present both together in one MMG. When the CDC background team reached out to some of the people who had been working on MMG's that do contain a clinical manifestations repeating group, some of their feedback was that that name was chosen since some of the values are lab tests and maybe don't really fit as a sign or symptom. But if this is more about semantics for being able to transmit the information more cleanly the same way for all conditions, they're up to using whatever is decided upon by the larger group.
    - Josh Nazinyan: There's an overlap between signs and symptoms and clinical manifestations and under clinical manifestations there's more like syndromes listed. A syndrome is like a collection of conditions. Is this the point of having this separate from signs and symptoms? If it's not then it looks like they could be used interchangeably or collapsed into one group. If syndromes are bulked under complications which is maybe not correct b/c with gonorrhea for example, the DGI is a complication and we need to have a separate place for that. So I guess my answer is, "do we use Clinical Manifestations for specific syndromes and signs and symptoms for single symptoms only? (Sam shows the Clinical Manifestations slide)
        - Chat
            - Rachel Klos: I agree as well. these can be combined.
            - Suzanne Gibbons-Burgener: Does clinical manifestation include severity or extent of infection (e.g., localized vs disseminated?, acute vs chronic, progressive)?
        - Sam Spoto: That's a good discussion for this group here. Do we need to clearly define signs and symptoms are one thing and separate from clinical manifestations. I didn't pick these (on the slides) for any good reason, they represent random sections of value sets from different conditions.
        - Josh: I'd say if they should be separate, they could be general symptoms and there could be very specific symptoms.
        - Sam: and I think the question here is from a data transmission standpoint of how jurisdictions send things to CDC, is there a reason to have these very separate buckets that we need to determine how to split things out into? Or is one bucket good enough from a data transmission standpoint?
        - Chat
            - Nicole Lindsey: This is an important distinction - in our MMG we consider clinical syndrome distinct from clinical manifestation/symptom
            - Hanna Chakoian: Signs and Symptoms vs Clinical manifestations: Can you tell which is which if they are jumbled together? If so, we should be able to put them together. If not.... how do you tell which to put it in?
    - Peter Boersma: Some of the feedback that we got when talking with programs about distinctions, one might be that a symptom could be a manifestation of a disease apparent to the patient, whereas a sign is a manifestation of the disease that the physician perceives. Then a Clinical manifestation might not necessarily fit into that but might be some of these other things that were discussed. One

consideration is even if we can split those into 3 definitionally different categories if it makes sense to keep those as separate things within an MMG in how it's sent to CDC.

- Nicole Lindsey: I think whether or not a sign symptom or clinical manifestation comes from a patient or provider perspective, I'm not sure we need to distinguish between those two. But I do think that clinical syndromes is a separate bucket to me b/c encephalitis for example would be associated with multiple different signs symptoms and clinical manifestations. So you would have things like fever and altered mental status and seizure. Those are distinct buckets to me. My question is just if clinical syndrome would be a separate category that we're going to talk about elsewhere.
  - Sam Spoto: Yes, if by clinical syndrome you mean the things I have on this slide, where they often are called complications, infection type, clinical findings more about pneumonia, encephalopathy, encephalitis. We'll be talking about that after this initial part where it's more about the signs and symptoms like you, said the cough, the fever, the headache that are often contained in these repeating groups.

Poll 1 – Definition

- Discussion
  - Sam Spoto: So we are not talking about here what I just showed on the slide about the complications infection type findings when we're talking about encephalitis or PID or varicella encephalitis. That's not part of our current conversation. We're really talking about the signs and symptoms repeating group and a clinical manifestations repeating group. Can we have just one data class that for all conditions that encompasses the signs and symptoms information that's commonly within those 2 types of repeating groups. So the poll is either "these can be conveyed in one data class," or "they could be conveyed in separate data classes" before we launch the poll. Does anyone have any questions?
    - Chat:
      - Claire Stump: Am I understanding correctly, the idea would be that we combine the clinical manifestations and signs/symptoms into one and then keep a separate complications section like DGI, PID, or tertiary syphilis manifestations?
      - Sam: Yes, we are not talking about the second part yet. One of the polls will actually be "should we combine those?" But that will happen later. We're just completely not talking about that separate complications section quite yet.
    - Chat Josh Nazinyan: If syndromes can be separated into separate groups or combined with "Complications" I'd combine them in one class
  - Suzanne Gibbons: Are signs and symptoms collected and transmitted differently that other things besides signs and symptoms that would be considered clinical manifestations? Wondering if they all fall into a similar data collection and transmission.
    - Sam: If you are thinking about locating these in an electronic case report they would be present as like the SNOMED or ICD 10 codes that you would see either in a problem list or encounter diagnosis.
    - Chat:
      - Shawn Arshad: Signs and Symptoms:

Signs: These are objective observations of a health condition, detectable by someone other than the individual experiencing them. Signs can be measured or visualized by healthcare professionals using various tools like stethoscopes, thermometers, or blood tests. Examples include fever, rash, swelling, or abnormal vital signs.
Symptoms: These are subjective experiences reported by the individual themselves. Symptoms are perceived and cannot be directly measured by others. Examples include pain, fatigue, nausea, dizziness, or changes in mood.
Clinical Manifestation:

This is a broader term encompassing both signs and symptoms observed in a patient with a particular health condition. It refers to the observable and reportable effects of the disease on the individual's body and mind. Essentially, it's a collective term for all outward expressions of the disease. that's what I think from a big picture standpoint

- Josh Nazinyan: syndromes have their ICD codes
- Ej Klingler: How large of a reference list would we be talking about if we combine
- Yuritzy Glez Pena: Why are not any MMGs with both data groups (Signs/Symptoms and clinical manifestations). I am trying to perceive problems if we join them?
    - Sam: I do think the information contained in these is very similar across the conditions and the groups that used clinical manifestations had some of the things listed in that value set were lab result related so they thought that might not necessarily be called a sign or symptom. And so that's why they picked a different name for the group.

- Alejandro: If we combine the signs and symptoms with the clinical manifestations, would every MMG that requires the use of the new combined group have its own specific value set or would it be one big value set for all signs, symptoms and clinical manifestations?
    - Sam: We're are (today) not trying to come up with one value set for everybody to use. One of our later conversations right after this will be "is there a need to define one core list of signs and symptoms?" and that answer might be no and so it might be that we decide that "yes, every condition picks their own value set." But when we talk about structure, we're going to talk about standardizing that structure across conditions.

- Poll Question: Are Signs and Symptoms and Clinical Manifestations separate data classes or one data class?
- Options: One data class/Separate data classes
- **See results here**
- 70% say one data class

Poll 1a – Definition

- Sam Spoto: Maybe the option "something else" should be "signs, symptoms, and clinical manifestations." Does that help anyone who voted that these should be separate?
- Suzanne Gibbons-Burgener: clinical manifestation is the overarching term, so if we're going to add the signs symptoms and clinical manifestations you should probably say "and other clinical manifestations"

- Sam: that makes a lot of sense, good definition by Shawn here. Does anyone else have any thoughts on one of these terms versus the other, or adding them together? Or if there's anyone who believes these are separate data classes, would naming it "clinical manifestations" help you feel better about it being one data class as clinical manifestations often include signs and symptoms"
    - Chat
        - Rachel Klos: Signs, Symptoms and Clinical Manifestations. (4 thumbs up)
        - Rob Laing: I don't feel strongly either way
        - Josh Nazinyan: clinical manifestations include signs and symptoms
        - Suzanne Gibbons-Burgener: Clinical Manifestations including Signs and Symptoms
        - Hanna Chakoian: It might be a good instance of vote for all you can live with
- Poll question: If one data class, what should it be called?
- Options: Signs and symptoms/Clinical manifestations/Clinical Manifestations including Signs and Symptoms/I am ambivalent
- **See results here**
- The combined name (Clinical Manifestations including Signs and Symptoms) had 63% of the votes

Signs & Symptoms and Clinical Manifestations

- Now that we've talked about the concepts generally, is this (are these?) core? This conversation is departing a little bit from how we have been thinking of core data elements. A way to frame this is "Should this data class of symptom information be defined, structured, and transmitted the same way for all conditions, even if the exact list of symptoms asked about is condition-specific?" An important note here is that it wouldn't be up to jurisdictions to take a case report form and decide what information for a condition goes into this bucket. That guidance would come from the CDC program at a later time when the recommendations are implemented.
- If the group feels it's needed, we could work in April to define a list of symptoms that would be core for all conditions. So as part of this discussion I want to hear about "is this data class core generally?," and then "is there a need to define a list of core symptoms?"
- Discussion
    - Suzanne Gibbons-Burgener: My first impulse response is that this is more detailed than would be included in a core transmission for MMGs b/c it's up to the individual epidemiologist or state to apply the case definitions to determine the case status. So if the nuances of clinical manifestation for a particular disease are met then the epidemiologists would combine that with laboratory findings to come up with that classification. It's nice to have but it doesn't belong in the core.
    - Chat
        - Sandy Roush: The option with "... including signs and symptoms" could be read to include Clinical Manifestations only if they are signs/sx. Do we want only the subset of Clin Manifestations that are signs/sx?
            - Hanna Chakoian replies: I read including means this and more?
            - Josh Nazinyan replies: I'd rename it into "and/or signs and symptoms"
    - Greta Anshuetz: I mostly work on STDs, so when I think about thinks like Chlamydia and gonorrhea there's not a sign, symptom or clinical manifestation that's required to meet the case definition. I wouldn't think that this should be core, b/c I think it is condition-

specific whether you need signs, symptoms, or clinical manifestations in order to be classified. So if we make it core for everything, I'm curious what would happen for things that we're getting lab data only on that doesn't include this type of detail.
    - Sam Spoto: Yeah, an important point here is that when we say this would be core for surveillance if a condition in their normal MMG now, if you're not asked about signs and symptoms now it would not force you to fill in information that is not usually filled in, if it doesn't apply to a certain condition.
- Elizabeth Schiffman: I work on vector-borne diseases and I would kind of disagree with previous points and say that I think these are core data elements. I think there's definitely some use in sending this level of data if it's available. Just because it's core doesn't mean that everyone has to have it or be able to send it all the time, but I think there's definitely value, especially for vector-borne diseases to have these as core data elements.
    - Chat
        - Rachel Klos: So would be fine to just not send? for Lyme, we don't have any. Agree (with Elizabeth)
        - Nicole Lindsey: I definitely think that structure should be the same for all programs and therefore should be core.
- Josh Nazinyan: What do we mean by core symptoms? If it's not a core symptom, does it mean it's not reportable, or it's not mandated to be reported.
    - Sam Spoto: By saying this data class is core, it would be saying that for all conditions in general we would expect there's this section of a generic MMG. Although we're not necessarily talking about implementation here and the exact format something would be sent in quite yet. But, should there be a placeholder section to send symptom information that is structured the same way for all conditions and if there's some condition where that section doesn't apply to that condition, then it wouldn't be expected to be filled in. But in general, we should expect that where we would, across conditions, transmit information on signs, symptoms and clinical manifestations, we're going to know exactly what format we expect that to be transmitted in. Even if there are condition-specific value sets for what goes into it.
    - Josh: Wouldn't we have the symptoms attached to specific conditions, not all symptoms right? It will be by condition. Am I understanding it correctly? (Sam: Yes) It looks like it should be core, depending on all of the possible symptoms that could be associated with that condition.
- Suzanne Gibbons-Burgener: It's important to standardize how we transmit and share this data. I get hung up on the burden that this places on when we declare something is core, it's core if it's relevant to the particular disease. So if signs and symptoms are in the case definition and it's core, the expectation would be that you would send it if you had it. This adds a level of burden to the local and state jurisdictions that are collecting the data. That's one of the things we do consider when determining what is considered core versus high on our wish list.
- Laura Erhart: Another consideration in my head for whether this is core is thinking about all of the places in other MMG's that there are signs or symptoms or clinical manifestations asked. I know for us it's being able to get all of those other MMGs up and running b/c they are all different and unique. Workload and burden can go both ways. It's not there now, this would be an addition for example compared to Gen V.2, but also if we look at all of the conditions and all of the different information that we may be requested to send

to CDC, then would this overall make it easier to get some of that other information in or out of the other “disease-specific” and into “core.”

- Chat
  - Nicole Lindsey: Core doesn't necessarily mean required; hopefully that can be clearly communicated to all partners reporting.

- Suzanne Gibbons-Burgener: We might be getting a little hung up on the first bullet point that says “Included for all conditions”
  - Gillian Haney: Are you thinking about a modeling issue?
  - Suzanne: The people that may not normally be on these conversations might be reading it like “My disease doesn’t have that, or we don’t do follow-up.” So I’m just saying that it says “Should it be structured the same” So my thought is yes. “and included for all conditions (Gillian: where appropriate) yeah something like that.
    - Chat
      - Sue Soliva: Included for all relevant conditions?
  - Gillian: I would that it’s like a modeling issue. Does this case have signs or symptoms-Yes, now; and then “if yes, then the relevant symptoms are visible and can be mapped. (Suzanne – Yes)
  - Steve Eichner: Perhaps using the word “as applicable” so you're creating as narrow a definition as possible so that you're not inadvertently over-obligating yourselves.
  - Gillian: I think the question is, “Should there be a list of symptoms that are core for all conditions?” I think that is a little confusing so I think it’s more “should symptoms, yes or no, be included for all core conditions where appropriate?” Then there should be a standardized list that is the superset of what those conditions are.
    - Chat
      - Veronica Burkel: based on the conversation, I'm now confused what we mean by "core"
  - Sam: so these are two totally different questions. So the first one is “is this data class core?” should there be a spot to send signs and symptoms and clinical manifestations that’s the same regardless of condition? And then a separate conversation is “does there need to be a list of individual symptoms that are core for all conditions?” Do we need to work to combine a list of “fever is core” “headache is core” “cough is not core” something like that.
  - Gillian: Now I understand you.
- Sam Spoto: the work of the data standardization workgroup in general has been to define core data elements for transmission to CDC that should be applicable across all conditions.
- Alejandro: So with that first question, where we say it's going to be structured, the same is that going back to your previous slide, where there are 2 data elements, one for the name of the symptom and one for the yes, the indicator. Yes, no, unknown.
  - Sam: Yeah. Whether it should be a repeating group, whether it could just be a yes, no, and unknown individual questions. Whether it should be a separate, you know, just a value set. You select all that, apply that conversation will happen kind of next month.

- Alejandro: so are there any symptoms where additional information matters? For example, a rash on the arm is very different from a rash on the hand. If someone wanted to know the anatomic site of a complication, would they not be able to collect that if we vote yes, or does that mean that everybody has to have a third data element, or that the value said would have to be specific, like, rash hand versus rash arm.
- Sam: Yeah the value set could be specific, like rash hand, rash arm.
- Chat
    - Hanna Chakoian Would it be fair to sum it up as, "do we create a shared structure for all diseases which can use it as appropriate"?
    - Shawn Arshad: possibly a condition specific follow-up maybe? regarding the anatomical location of the rash
- Suzanne: But it wouldn't have to be core, so that's the point, the level of detail does not have to be core. Whether you collect it or not and transmit it, that capability and how you do it is what becomes core (Sam – Yes) Thos other things are more optional and are going to be very disease-specific

Poll 2 – Is it Core?

- Discussion
    - Shawn Arshad: I work with the DSAT team and data standardization efforts with Peter for the CDC and just to follow up on that additional data element that was added in the previous poll "clinical manifestation to include signs and symptoms. Since we're speaking at the data element name level versus a description level and the name tends to generally be as brief as possible and as meaningful – given that context, the term clinical manifestation is encompassing already of signs and symptoms. So would it be duplicative to reiterate that language right after as a name versus elaborating more in the description?
        - Sam: Yes we can talk about that in another meeting
- Poll Question: Are "Clinical Manifestations, including Signs and Symptoms" core data for surveillance?
- Options: "Clinical Manifestations, including Signs and Symptoms" is core/Not core
- **See results here**
- 86% believe this is core

Next steps

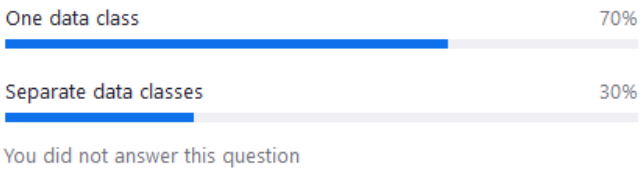
- The next meeting is scheduled for March 8, 1-2pm ET
    - Combined conversation with Exposure/Risk/Underlying Conditions (ERU) DEST regarding the structure of these data classes.
    - Please attend if you work on the back end of your surveillance system or in mapping case notifications for data transmission to the CDC. Or, spread the word to those in your organization that do.
- A separate Signs, Symptoms, Clinical Manifestations follow-up call will be held April 19, 1-2pm ET

Polling Results

Poll 1 (n = 47)

DSWG_2.16.24_Q1

1. Are Signs and Symptoms and Clinical Manifestations separate data classes or one data class? (Single Choice)

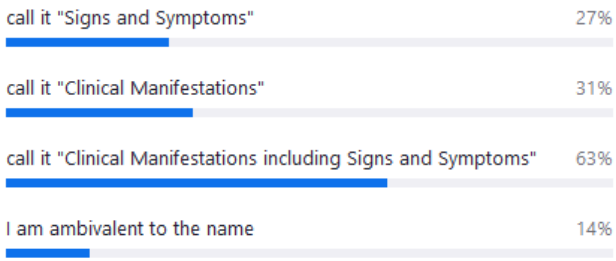


You did not answer this question

Poll 1a (n = 49)

DSWG_2.16.24_Q1a

1. If Signs and Symptoms and Clinical Manifestations are one data class, what do we call it? (Multiple Choice)

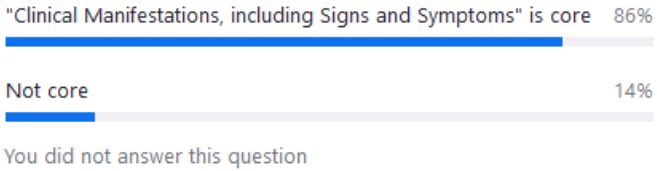


You did not answer this question

Poll 2 (n = 44)

DSWG_2.16.24_Q2

1. Are "Clinical Manifestations, including Signs and Symptoms" core data for surveillance? (Single Choice)



You did not answer this question