**Meeting Title:** CSTE Data Standardization Workgroup Meeting
**Date:** 2/23/2023

**Attendees**: 152

| CSTE (3) | PHAs (82) | | CDC (57) |
|---|---|---|---|
| Annie Fine | Co-Chairs | DSWG Members (continued) | Abhilasha Saxena \| GDIT |
| Becky Lampkins | Laura Erhart \|AZ | Margret Watkins \| WV | Alida Gertz |
| Shaily Krishan | Molly Crockett \| MA | Maribeth Hoyle \| | Allison Miller |
| **JMC (6)** | | Marija Borjan \| NJ | Andrea Steege |
| Erin Kough | DSWG Members | Mario Beltran \| MD | Antonio (Tony) Neri |
| Grace Mallard | Aaron Bieringer \| MN | Melanie Epstein-Corbin \| CA | Ardath Grills |
| Laura Lane | Adrienne Erlinger \| MA | Melissa Kealey \| CA | Carissa Rocheleau |
| Natalie Raketich | Allison La Pointe \| MN | Michael Eberhart \| PA | Catherine Espinosa |
| Sam Spoto | Amy Lai\| AZ | Moji Ojo \| NJ | Chrissy Miner |
| Sara Sanford | Amy Saupe \| MN | Monique Birmiel \| IN | Danielle Tack |
| | Amy Zlot \| OR | Morrow Toomey \| AK | Darlene Wells |
| **Other/Unknown Affiliation (4)** | Andria Apostolou \| IHG | Orion McCotter \|OR | Desiree Mustaquim |
| Charisse LaVell | Anna Kocharian \| WI | Orlando Velazco \| CT | Doris McGinness |
| Maggie Nilz \| ASTHO | Ariel Cheatham \| IN | Rachelle Boulton \| UT | Emma Baubly |
| Rebekah | Becca Mickels \| MO | Rob Arciuolo \| NYC | Erin Conners |
| Todd Ashworth | Beth Isaac \| NYC | Rob Laing \| OR | Erin Miller |
| | Brittany Martin \| CA | Ryan Burke \| MA | Fidel Desir |
| | Cher Levenson \| WA | Sam Hawkins \| OR | Gonza Namulanda |
| | Chris Dumas \| SD | Sequoia Rent \|DE | Jessica Fridge |
| | Claire Stump \| AK | Shawna Stuck \| GA | John Gerstle |
| | Cristin Larder \| Ingham | Sophia Cantor \| WA | Julie Vanderkolk |
| | Damian O'Boyle \| MO | Stella Tsai \| NJ | Kimberly Mace |
| | Danny Power \| MT | Sunanda Sarkar \| SC | Kasey Diebold |
| | Derek Vale \| HI | Suzanne Gibbons-Burgener \| WI | Katie Dodd |
| | Dimple Patel \|KY | Theron Huntamer \| NV | Katie Fullerton |
| | Deepani Jindasa \| UT | Tracy Miller \| ND | Kayleigh Nerhood |
| | Ed Hartwick \| MI | Trish McLendon \| CA | Kerry Souza |
| | Eden Dietle \| MO | Tye Harlow \| CO | Kirsten Hagemann |
| | EJ Klingler \| NYC | Yi Du \| NE | Kristie Clarke |
| | Elizabeth Burdick \| SD | Yuritzy Glez Pena \| OR | Lauren Korhonen |

| | | | |
|---|---|---|---|
| | Elizabeth Kessler \| NV<br>Eman Addish \|Philly<br>Fran Lendacki \| Chicago<br>Genny Grilli \| MD<br>Hanna Chakoian \| MN<br>Hollie Sheller \| MO<br>Isaiah Francis \| NM<br>Jacki Griffin \| NY<br>Jake Chavez \| LA<br>Jason Geslois \| KS<br>Jeff Swanson \| TX<br>Jennifer Kwon \| LA County<br>Jessica Mawdsley \| VA<br>Jim Sainsbury \| IN<br>Jill Krause \| NE<br>John Satre, Informatician \| IA<br>Jordan McBride \| NH<br>Judie Hyun \| MD<br>June Bancroft \| OR<br>Karen Arrowood \| TX<br>Karene Thomas-Watts \| CO<br>Katherine Jones \| VT<br>Kyra Veatch \| IN<br>Lakin Mauch \| ND<br>Lunden Espinosa \| IN<br>Madeline Sankaran \| San Francisco | | Lesliann Helmus<br>Luis Hernandez \| GDIT<br>Marion Rice<br>Mary Alao<br>Michelle Lin<br>Mohua Basu<br>Myrna del Mar Gonzalez \| GDIT<br>Nekole Locke<br>Nicole Lindsey<br>Nicolette Bestul<br>Noreen Kloc<br>Otto Ike<br>Pei-Jean Feng<br>Rachelle Oseni<br>Renee Boehmert<br>Robert Pratt<br>Samantha Retzloff<br>Sara Johnston<br>Sara Luckhaupt<br>Sarah Yi<br>Shawn Arshad \| GDIT<br>Stephanie Morrison<br>Sundak<br>Sydney Adams<br>Tashina Robinson<br>Veronica Burkel<br>Walter Alarcon |

**SOME INDIVIDUALS DIALED IN, AND THEIR NAMES ARE UNKNOWN*

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

## CSTE Data Standardization Workgroup Meeting (Co-Chair, Laura Erhart)

**Meeting Ground Rules**

- We welcome everyone's opinions and active participation from jurisdictions, CDC programs, CSTE membership, etc.

**Core Data: In Scope for DSWG**

- What we're most specifically doing for these meetings is identifying those core data elements for surveillance that we will look for transmission to the CDC.
- We are looking at the core overall, focusing on case surveillance, situational awareness, or routine surveillance but going across many conditions.
- The data elements we discuss don't have to be relevant for all conditions but should also not be something that's just in one or two specific places.
- We're looking at case-based surveillance again, so it's not syndromic, not aggregate reporting.
- As we go, we'll look at specific selected data classes. Again, the scope identifies those common definitions, value sets, code sets, structure, and some interpretation notes.
- For the core data elements and where applicable, we will recommend some best practices on what we may need to collect within our surveillance systems.

**FAQs**

- Anything we identify for core data for CDC transmission doesn't mean it's required.
- Even if we do identify an element for transmission, it doesn't need to be filled in for every single element or every single case; it's okay to leave some of the fields blank or unknown if the information is not available, not a priority, or not useful for the condition.

**Considerations**

- What information is needed at the national level?
- How can we use electronic records and automation in our current electronic digital age and landscape?
- Also, how can we take the best advantage of and feed into other standardization efforts like HL7, USCDI, and USCDI+? none of what we do in public health is happening in a vacuum.
- How can we reduce the manual surveillance burden on ourselves and our partners?
- Finally, how do we position ourselves well for adding emergent conditions, exchanging information, onboarding, case notifications, etc?

## DSWG Opportunities for Participation (Co-Chair, Laura Erhart)

**Data Element-Specific Teams (DEST)**

- Everyone here is part of the DSWG and will continue to be part of that larger work group.
- We will break up each element into teams to leverage DSWG members' expertise better.
- Each team will focus on a pre-identified topic.
- We encourage all programs and agencies to participate at the local and federal levels.

**Data Element-Specific Teams (continued)**

- If you join a team, you are expected to actively participate during and between meetings, including polling, providing input to draft documents, in-meeting discussion, and attending larger DSWG meetings.
- DESTs will be held monthly.

- Data element-specific teams will provide feedback on how your jurisdiction or program collects and uses the information related to that data element.
- Individuals are not expected to write documents, lead meetings, or prepare slides.
- **[ACTION REQUIRED]** Use this sign-up form to sign up for and participate in DEST teams. In the form, you can find more details on team member expectations and DEST's that are concluded, current, and upcoming.

**Team Topics**

- Previous and upcoming DEST teams include,
    - In Progress: Exposures/Risk Factors/Underlying Conditions & Signs/Symptoms/Clinical Manifestations
        - Joint meeting scheduled for 3/8/24, 12-1 ET
        - Will use 3/15/24, 12-1 ET, if needed
    - Upcoming: Reporting Sources, Identifiers, Lab, Medication Treatment, Race/Ethnicity/Tribal Affiliation, SDOH, Disability, Reporting Source
- Tracks will occur concurrently, but meetings will not happen simultaneously to allow people to participate in topics as desired.
- After a DEST concludes discussions, guidance documents will be developed by JMC staff, with continued input offline from the DEST, and a new DEST topic will begin.

**DSWG**

- The larger DSWG membership will convene bi-monthly.
- At these meetings, we'll hear updates from the DEST teams and allow the broader group to engage.
- Participation in DEST teams is encouraged as much as possible.

## Announcements and Key Updates (CSTE, Becky Lampkins)

**Announcements**

- CTSE Annual Conference
    - Pittsburgh, PA, June 9-13
    - Early bird registration is open now through May: https://www.csteconference.org/index.php/registration/
    - Invitations will be sent to presenting authors by March 7
- CSTE DSWG is collecting interest for the Co-Chair position
    - Deadline is February 29
    - The link to the interest form is here https://app.smartsheet.com/b/form/90446153afed478c8bf3b3e345916e35

**Key Updates**

- CSTE Best Practice Guideline – Almost published!
    - *Data Standardization: Workgroup Proposal for Standardized Case Counting Date, Proposed Calculated Case Counting Date for NNDSS Case Counting.*

- CSTE Brief – In development (anticipated early 2024)
    - *Data Harmonization*
- DSWG/Data Element-Specific Team Products
    - DSWG data element products to be finalized on a rolling basis.
    - Leverage DSWG meetings and CSTE Connect to build consensus on DSWG products with CSTE membership.
    - DSWG data element products to be associated with CSTE Brief on data harmonization.
- DSWG membership information
    - 325 from PHAs
    - 195 from CDC
    - 21 from CSTE + JMC

## Status Updates for Closed DESTS (JMC)

*Data element-specific teams (also called DESTs) are considered "closed" when the call stage of the process wraps up. But as I think we are all very aware, as we received many emails, the work continues past that point. We're excited to share some progress made with various data classes as we've moved documents from closed DESTs through sequential rounds of reviews and edits.*

**Status update for closed DESTS**

- A couple of these were worked on outside the current DEST system, but their progress points remain unchanged.
- The draft review of Hospitalization is complete, and the document is with CSTE for the next steps.
- Both the Travel and Pregnancy documents are about one email away from this category as well. The Industry and Occupation draft document is going through our final edit and review process before being handed off to CSTE.
- The Death and Immunization History drafts will be sent out to the larger DSWG for review in the next two weeks, and we plan to allow comments for those to be closed out before sending out the SOGI draft document in early April. We will summarize the results of these data classes shortly.

**DEST Summary (as of 2/23/2024)**

- The table shows where we are with each data class started so far.
- We've made significant progress and want to thank you all for the robust discussions and draft reviews that keep this moving.

## Review of Recent DEST Consensus: (JMC)

*We will review the consensus outcomes of the DESTs that have wrapped up since our call last December.*

**Sexual Orientation and Gender Identity (SOGI)**

**Potential data elements related to sexual orientation and gender identity**

- Listed here are some of the existing SOGI data elements identified by the CDC background team.
    - Sexual Orientation (STD, Hepatitis v2 (draft): All Hepatitis except perinatal

  - Gender Identity (STD, Hepatitis v2 (draft): All Hepatitis except perinatal)
  - Sex at Birth (TB, MuGSI CRE, all Hepatitis)
  - Current Sex (N/A)
- With SOGI, there were many out-of-date definitions and data sets that the group needed to review, discuss, and reconcile the data elements determined to meet the criteria for core surveillance.
- It took three meetings and a follow-up survey to fully wrap up the data class, but I think we ended up in a great spot with our draft document. I will outline the data elements that made the cut and their associated value sets for this data class.

**Proposed SOGI Data Elements**

- First, we have Sexual Orientation, which was determined to be a core surveillance data element, with 93% of the 55 voters agreeing.
- We had a couple of rounds of edits on the value set, but the one shown here is the final product, which was agreed upon by 96% of a 52-voter group.
- This value set does not limit the collection of a broader set of terms at the jurisdictional level. “Not listed, please specify” implies that there will be a follow-up free-text field to allow for responses outside of the current dataset. The ability to capture new or less common terms is highly important in the SOGI space as it evolves to allow public health to incorporate emerging terminology.
- Having started with a more limited value set, DEST discussions led to the elimination of outdated and potentially offensive terminology in favor of a value set with a more inclusive set of terms and a variety of answers for people unable or unwilling to answer this question, or who are unsure of an answer.
- The recommendations acknowledge that the value set for this data element is more granular than value sets included in larger standardization efforts, and some jurisdictions may be limited to the collection of a more limited value set based on local policies or regulations. These factors may affect the interpretation of the data at a national level.
- Votes
  - Definition – Yes, as defined here 93% (51/55); Yes, defined differently 2% (1/55); No 5% (3/55)
  - Original Value Set – Yes 74% (40/54); No, too limited 22% (12/54); No, too broad 4% (2/54)
  - Revised Value Set – Yes 96% (50/52); No 4% (2/52)

**Proposed SOGI Data Elements (continued)**

- The next data element is Gender Identity. This was determined to be a core surveillance data element, with 96% of the 53 voters agreeing on the definition and 94% agreeing with the value set.
- This data element is intended for multi-select responses, enabling many variations that might describe a person’s gender identity. Implementation guidance should encourage this strategy. An additional free text field should accompany “Another gender, please specify” to allow new or novel terms to be transmitted. These transmissions allow emerging gender identity terms to be captured and assessed for inclusion in future value set updates.

- Gender Identity is a concept that has changed much in recent years, rendering relatively recent value sets incomplete and out of date. The value set decided upon here attempts to strike a balance to accommodate established concepts while eliminating offensive language and capturing a person's full sense of identity.
- One important note is that Two-Spirit, a Native American umbrella term, was included as a value to ensure the value set remains inclusive of important cultural concepts; however, there is ongoing concern about cultural appropriation of this term. Ways to shield this variable from such appropriation should be incorporated into implementation guidelines.
- Votes
    - Definition – 96% (51/53) Yes; 4% (2/53) No
    - Value Set – 94% (48/51) Yes; 6% (3/51) No

**Proposed SOGI Data Elements (continued)**

- The Sex Assigned at Birth data element is distinct from a separate "Sex" data element. It should only be abstracted from official documents, such as a birth certificate, or from a record field that indicates the value is specific to the person's sex assigned at birth.
- 96% of the 50 voters agreed with the definition of SAAB shown here, and 96% of the 49 voters agreed with the values set.
- Values from a more generic "Sex" field within an electronic message, such as PID-8 in an HL7 v2 message, should be captured by the more generic "Sex" data element. The definition of the Sex data element is intentionally ambiguous to allow for a data element that captures patient sex identifiers in electronic health records, including eCR and ELR. For example, the data transmitted via PID-8 in ELR HL7 v2 messages or the HL7 Administrative Gender value in the TargetRecord section in eCRs often have no clear point of origin. They may not be defined, captured, or transmitted consistently across healthcare organizations. In many instances, this may be the only information available to represent the Sex of a person.
- This is by far the trickiest data element to define due to its intentionally ambiguous nature; however, its existence will enable jurisdictions to send the data that they are most likely to receive in standard case reporting structures and can now be sent with a clear acknowledgment of the limitations associated with this data while allowing it to be used a proxy for more the more specific but less likely to be obtained other data elements.
- 78% of the 51 voters agreed with Sex as a core data element – with 83% of 35 voters agreeing on the definition and value set shown here.
- Votes – SAB95% of
    - Definition – 96% (48/50) Yes; 4% (2/50) No
    - Value Set – 96% (47/49) Yes; 4% (2/49) No
- Votes - Sex
    - Inclusion – 78% (40/51) were OK with Sex as a core data element.

  - Definition – 83% (29/35) Yes; 4% (6/35) No
  - Value Set – 83% (29/35) Yes; 6% (6/35) No
- The definition of the Sex data element is intentionally ambiguous to allow for a data element that captures patient sex identifiers in electronic health records, including eCR and ELR. For example, the data transmitted via PID-8 in ELR HL7 v2 messages or the HL7 Administrative Gender value in the TargetRecord section in eCRs often have no clear point of origin. They may not be defined, captured, or transmitted consistently across healthcare organizations. In many instances, this may be the only information available.

**Death**

**Potential data elements related to Death**

- This slide presents data elements related to death currently used in NNDSS Message Mapping Guides or other standards.
- Data elements related to death are primarily limited to three categories, including whether a patient died (such as subject died, subject outcome, and final disease outcome), the date of death (or deceased date), and the cause of death (either as a general data element or asking for specific causes listed on the death certificate).

**Proposed Death Data Elements**

- Here are the proposed data elements. Here, two of the three data elements have variations discussed by the DEST. The group had to decide whether death as a core data element was limited to deaths that were associated with the conditions or if it should be a more general data element that captured death in the patient, even if the death was not found to be associated with the conditions in question.
- Consensus resulted in this table's first and second data elements being fully decoupled from any indicator of association with the condition.
- The two variables in the gen v2 message mapping guide are now split into three: Patient Deceased, Date of Death, and a third data element, which denotes if the death was associated with the condition.
- It is hoped that this decoupling will result in less confusion related to variability in how jurisdictions currently implement the gen v2 variables.
- 77% of 44 voters agreed with the patient Deceased data element definition as core surveillance.
- 81% agreed with the definition of Deceased Date
- 82% agreed with “Death associated with condition” as a core data element.

**Immunizations**

*The immunizations group met in December and January to discuss core immunizations-related data elements.*

**Potential data elements related to immunizations**

- On this slide is an overview of potential data elements related to the immunizations data class as seen in various message mapping guides to NNDSS or established in other standards. Much work has already been done to standardize the transmission of immunization information to

NNDSS by using the Vaccine History Repeating Group in the blue box on the left and the Interpretive Vaccine Questions in the gold rounded box on the right. The intention of these two groups of questions from the CDC is not for all jurisdictions to fill out both sets of questions but rather for a jurisdiction to choose the data elements most practical for them to implement. These data elements were the focus of the discussion on potential core data elements for surveillance.

**Potential Core Data Elements**

- This table shows the data elements within the vaccine history repeating group. The information within this group is intended to be populated utilizing information from a state's Immunization Information System, or IIS. However, it can also be populated through a manual review of vaccination records.
- The group voted with consensus that vaccine type, vaccine administered date, vaccine manufacturer, and vaccine event information source should be considered core data elements, which will be discussed further in a few slides. After two rounds of discussion, the vaccine event information source was thought to be core by more than half the group. Still, it did not reach the 80% consensus, so this data element is included in our recommendations listed as "with weak support" from DSWG, as previously done with some hospitalization data elements. There was concern from the group about how the information may not be consistently received from EHRs or available in an IIS. However, it is a data element that can also be populated during investigation.
- The data elements that were determined not to be part of core surveillance, such as dose number, lot number, expiration date, and NDC, raised concerns about the data being unreliable or unavailable for a substantial number of records. While these data may be useful for specific outbreak investigations or product recalls, there was a question about transmitting these data as core for all cases.

**Potential Core Data Elements (continued)**

- These data elements make up the interpretive vaccine history questions. The group determined that the elements of "Did the subject ever receive a vaccine against this disease," vaccination doses before illness onset, and date of last dose before illness onset are core data elements for surveillance. Again, the latter two data elements did not reach the group consensus of 80% and will be listed with weak support.
- The two data elements regarding ACIP recommendations were not voted as core, and group discussion indicated these are difficult to interpret and correctly ascertain, both due to the recommendations changing over time and nuances about vaccination contraindications. Jurisdictions agreed that comments on vaccine history would not be sent due to concerns that the field may contain potentially protected information.

**Immunizations Core Data Elements**

- The first set of Core Data Elements for Immunizations, as decided by the Data Element Specific Team, are displayed here. The information that will be transmitted from the vaccine history repeating group, when applicable, is the vaccine type, the date it was administered, the manufacturer of the vaccine, and the information source for the vaccination record. The code systems used to transmit vaccine type and

manufacturer are maintained by the CDC and are part of the HL7 standard for transmitting immunization information. The value set for Vaccine Event Information Source is created locally by the CDC.

**Immunizations Core Data Elements (continued)**

- The second set of Core Data Elements for Immunizations, as decided by the Data Element Specific Team, are displayed here. The information that will be transmitted for all applicable cases for each vaccination is if the case ever received a vaccine against the condition being reported, the number of doses of the vaccine before illness onset, and the last date a vaccine against the condition was received before illness onset. No specific value sets are referenced in these questions, as the first will be a Yes/No/Unknown response, the second a numeric value, and the third a date.

**Next Steps**

- In early March, look for an email with the draft death and immunization recommendation documents and forms for feedback. For those of you on these data element-specific teams who already provided input, thank you, and feel free to review again if you would like, as some minor edits have been made to incorporate feedback received during the first team review.
- After the review of Death and Immunizations is complete, look for an email in early April for the SOGI draft document for review. We know a lot is happening in this workgroup, and we are trying to balance the number of requests sent out simultaneously.
- We think this written feedback process is essential as we know we have hundreds of people interested in being a part of this larger DSWG, and a one-hour call is certainly not enough time to hear everyone's opinions. Our data element team calls have been an excellent place for more extended discussion and consensus-building, with around 60-80 people on those calls. Still, we also want to make sure we're making space to hear from this larger group, and these document feedback forms will be a way to provide that opportunity.

## DSWG Next Steps (JMC)

## Next Steps – Combined Message Structure Call

**Upcoming Message Structure Calls**

- Previous calls have considered each question that might fall within a data class as individual questions. DSWG members will then try to determine if the data element meets the criteria for core surveillance for reporting to the CDC.
- Then, we worked to gain consensus for distinct data elements, definitions, and the associated value sets. So, we have asked questions about if a definition was something the members agreed on or value sets that participants agreed on, and that is how those calls have been flowing.

**Upcoming Message Structure Calls (continued)**

- This DEST will take a slightly different approach from previous DESTs for Exposures/Risk Factors/Underlying Conditions and Signs/Symptoms/Clinical Manifestations.

- Here, we will work to take a broader view because these will differ depending on the condition. How can we standardize data collection and reach a consensus for those broader concepts? We must consider a standard and flexible approach for information sent to CDC.
- The March calls will be geared towards those discussions.

**Upcoming Message Structure Calls: What is the structure question?**

- To this end, let's review 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 element. In the example on the screen from the COVID-19 MMG, the questions highlighted in red on the left are individual.
    - The other format is a repeating group, such as the one highlighted by yellow highlighted on the left. Within the repeating group, there are two DEs: the exposure, 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, and whether the person had contact with a known case of COVID. The Y/N/U Exposure Indicator allows each Exposure Settings value to be marked as Yes, No, or Unknown.
        - For COVID, the period of interest is 14 days before 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.

**Other Next Steps**

- SOGI/Death/Immunizations for DSWG Review
- Poll: Reporting source data elements – deadline March 8: https://app.smartsheet.com/b/form/63582de777984911abb2964791193272
- Sign up for current and future DESTs
- Upcoming meetings
    - Exposures/Risk Factors/Underlying Conditions & Signs/Symptoms/Clinical Manifestations Joint Call Structure
        - March 8
        - March 15 (if needed)
        - Please attend if you work on formatting messages for sending data to NNDSS
    - Next Broader DSWG call will be on April 26, 1-2 ET

## Wrap-Up & Adjourn (Co-Chairs)

**Open Discussion**

- There was a question about the beginning of the presentation, which mentioned sending data elements to the CDC.

  - Laura Erhart (Co-Chair): This is about the purpose of what we're working towards. So, the workgroup has shifted focus a bit over the last year or so as we're looking toward all these different data elements and data classes from the State and local levels. We're looking primarily at standardizing what we're sending to the CDC. So, for example, as we look at SOGI, what data elements do we want to be core and being, for example, the GenV2 or the equivalent, as we move forward?
  - Desiree Mustaquim (CDC): Noted that the importance of this question was given so many efforts occurring right now and the desire to leverage various work to be on the same page.
  - Katie Fullerton (CDC): Commented that their offices are working together at CDC to support this effort that you all are working on. So, the question was related to identifying the core data elements. Is there still an expectation that CSTE will provide the CDC with a list of the core data elements because we have that minimum list drafted? Katie was just curious how those dovetail.
  - Laura Erhart (Co-Chair) Responded that the emergency response list is somewhat different, so this does not replace that. Though I believe some of the work we do here for the comparable data elements, we have the hope that those could feed in as far as similar definitions. But again, this does not take the place of that, and nor is that focused on emergency elements. We have been working closely with Leslieann and her team through this.
  - Katie Fullerton (CDC): Noted that the language around situation awareness versus emergency notification caused concern.
- Suzanne Gibbons-Burgener (WI): Suzanne had a question about the reporting source. She noted she is not on the coding side of things but was curious about how we will capture the fact that we sometimes link multiple systems within the data collection. They have a separate database in Wisconsin that collects all vaccine history and vaccinations given in Wisconsin and the work. And they're able to tap into that for certain diseases. And that's populating it in their infectious disease surveillance system. So, would the source end up being where they got the data?
  - Laura Erhart (Co-Chair) Responded that the reporting source piece mentioned here and the form have the same format. Sam also mentioned the vaccine reporting source when she went through the immunization piece. She mentioned that the vaccine reporting source is one thing, and then the case reporting source is another piece. We have not dived into all that work yet, so I think part of what the DEST will be looking at is some of the elements you're mentioning.
- Noreen Kloc (CDC): Noted that she won't be able to attend the March 8 call, but she appreciated hearing that input from the informatics teams will be welcomed. From a pure implementation of an MMG from a program perspective, Noreen wanted to mention that putting information into a value set is easier to maintain. We don't need OMB approval to add a new value to that set. So, it makes updating the guide super friendly. So, she wondered if that would also be a comment that would come forward from the informatics staff. This has been our goal for revising the Hepatitis guide to use coded value sets as much as possible.
  - Laure Erhart (Co-Chair): Commented that this was appreciated and is hopeful it will be addressed in the March call.