Case Notification Request (CNR) Statement

In order for a condition to be added to the list of Nationally Notifiable Conditions, a Case Notification Request (CNR) statement must be submitted along with the CSTE position statement template for placing diseases or conditions under national surveillance. The requirement is outlined in CSTE position statement 08-EC-02.

Nationally Notifiable Condition: _Viral Hemorrhagic Fever___ **Date**: _1___/___8___/___09___

CDC programmatic unit: ___NCZVED/DVRD/Special Pathogens Branch_____

CDC staff completing form: _Eileen Farnon_ ___ ___ **Contact info**: edf6@cdc.gov (email) and 404-639-4465_ (phone)

Please check requested timeliness of case notification to CDC:
_X_ Immediate notification
___ Standard notification
___ Both Immediate and Standard notification. Notification timeliness may be specific to sub-types of condition or circumstances associated with the event.
Please Specify: _____

Please check requested case notification to CDC by classification:
___ Confirmed cases
___ Probable (presumptive) cases
___ Suspected (possible) cases
_X__ All cases prior to classification

Instructions: For all conditions answer questions 1-6 below. In addition, for conditions requiring **immediate** notification (for either all or some of cases), answer questions 7-11.

	Yes	No
1. Is there a law/rule requiring reporting for the condition in the majority of state and territorial jurisdictions, or in a combination of state/territorial jurisdictions that taken together comprise 50% or more of the US population? (NCPHI staff can assist CDC Programs with the response to this question, if needed)	X	
2. What purposes, goals, and objectives will be met by case notification to the national level? Viral hemorrhagic fever (VHF) is a general term for severe diseases with case-fatality up to 90%, caused by zoonotic viruses that are in some cases transmissible by direct person-to-person contact and have the potential to result in large outbreaks. Agents of VHF, including Ebola, Marburg, Lassa fever, and New World arenaviruses, are also considered Category A agents because of their potential to be used for the purpose of bioterrorism (BT). Most agents of VHF are not known to be endemic to the United States, and because of the severity of disease, potential for spread, availability of effective antiviral therapy in some cases, and possibility that a case may signal a BT event, any suspected VHF case is considered immediately reportable to both state health departments and to CDC's Special Pathogens Branch by telephone at all times, until a Special Pathogens Branch staff member with authority to activate immediate response has been reached. Other VHF syndromes caused by viruses that may occur in the United States or are not typically transmitted by person-to-person spread, such as hantavirus-associated Hemorrhagic Fever with Renal Syndrome (HFRS) or Nephropathica Endemica (NE), or lymphocytic choriomeningitis virus (LCMV)-associated VHF in organ transplant recipients, are also notifiable as VHF, as they are rare occurrences, may be caused by viruses not known to be endemic in the U.S., and in the case of LCMV, other organ transplant recipients may be at risk for infection and antiviral therapy may be effective if initiated early.		
3. How will the cumulative or aggregate case data be used, including both standard periodic analyses of nationally-compiled data and anticipated ad-hoc analyses? Because most types of VHF are not expected to occur in the United States, cases have not been reported routinely in the past in surveillance reports. However, due to increasing numbers of travelers from endemic countries, imported VHF cases have occurred both in the U.S. and in other non-endemic countries, and should be cataloged for the purpose of informing the public, as well as for assessing appropriate allocations for preparedness-related funding and prevention and response efforts. Cases verified to be confirmed by CDC's Special Pathogens Branch should be reported electronically to NNDSS for incorporation in the weekly and annual MMWR Tables.		

4. How frequently will information be provided to states and territories regarding the results of analyses of the compiled case data?
Reports, including zero reports, to NNDSS should be reported by CDC on a weekly and annual basis in the MMWR as described above. In addition, CDC will disseminate immediate notifications via Epi-X, Health Alert Network, or other mechanism, despending on the current epidemiologic situation.

5. What is the anticipated schedule of release of published data based on case notifications, as well as any rules for restrictions on the printing of counts of case data?
The anticipated schedule of release of published data will occur as described in point 4 above. Special Pathogens Branch verifies all cases with the state prior to publication. There will be no restriction on publishing case counts that have been verified to be confirmed by CDC's Special Pathogens Branch.

6. What is the anticipated plan for the re-release of case data, including re-release to WHO or other parties?
Immediate notification of VHF cases of international concern (not including hantaviruses and LCMV) by CDC's Special Pathogens Branch to WHO will occur as soon as a case is confirmed, in accordance with the International Health Regulations.

Conditions Requiring Immediate Notification	Yes	No
7. Does this condition have special importance for the international health regulations [i.e., a public health event that may constitute a "public health emergency of international concern" as defined in IHR 2005 including, but not limited to: smallpox, novel influenza, wild-type polio, Severe Acute Respiratory Syndrome (SARS)]?	X	
8. Is this condition included on the list of Category A possible bioterrorism agents and toxins?	X	
9. Has this condition or disease been declared eliminated (absence of endemic disease transmission) in the United States or eradicated globally?		X

10. Why is immediate case notification to the national level necessary?
VHF caused by category A agents are not known to be endemic to the United States, and because of the severity of disease, potential for spread, and possibility that a case may signal a BT event, any suspected Category A agent-related VHF case is considered immediately reportable to both state health departments and to CDC's Special Pathogens Branch by telephone at all times, until a Special Pathogens Branch staff member with authority to activate immediate response has been reached.

11. How will CDC respond to the case notification?
CDC will respond by providing rapid diagnostic testing in the Special Pathogens Branch reference laboratory under appropriately high biosafety level conditions, communicating results rapidly to stakeholders, and coordinating the ensuing public health response, as well as providing guidance on appropriate infection control and clinical management. Any confirmed case will be reported immediately to WHO as described above.