

10-SI-02

Committee: Surveillance/Informatics

Title: Modification of the Process for Recommending Conditions for National Surveillance

I. Statement of the Problem:

ASTHO authorized CSTE to designate conditions that should be reported to the PHS by States and Territories in 1950. CDC has been collecting and publishing data on nationally notifiable diseases since 1961. In 1990, CDC in collaboration with CSTE published Case Definitions for Public Health Surveillance, which provided standard criteria for reporting cases. This history is more completely described in 07-EC-02. <http://www.cste.org/PS/2007ps/2007psfinal/EC/07-EC-02.pdf> In 2008, CSTE took an important step to clarify the process of placing conditions under national surveillance by passing position statement 08-EC-02 which established *Criteria for Inclusion of Conditions on CSTE Nationally Notifiable Condition List and for Categorization as Immediately or Routinely Notifiable* <http://www.cste.org/PS/2008/2008psfinal/08-EC-02.pdf> In 2009, CSTE took another important step to standardize the process of placing conditions under national surveillance by updating the position statements used to place conditions under national surveillance to include criteria for reporting, criteria for classification, standard and condition-specific data elements, and logical representations of the reporting and classification criteria.

Several adverse consequences of 08-EC-02 have become apparent in the past two years. These include:

- 1) There is no provision to add an emergent condition to the Nationally Notifiable Condition List (NNC List) because addition to the list requires that the condition be reportable in 50% of States and Territories or in areas comprising 50% of the U.S. population (50/50 rule). Position statement 08-EC-02 does not include language allowing the Executive Board to adopt a Position Statement placing an emerging condition under national surveillance and adding it to the NNC List on a provisional basis. Currently, there is interest in adding babesiosis to the NNC List and this issue will pose a problem for that disease, which occurs regionally due to the tick vector, but potentially nationally due to transfusion-associated transmission.
- 2) There is no clear mechanism for bringing a condition under surveillance in relevant portions of the country using standardized, consistent surveillance methods unless it meets the 50/50 rule. For example, currently there is concern about the implications for surveillance of coccidioidomycosis, which doesn't meet the 50/50 rule criterion, but for which CDC and several states would like to maintain surveillance.
- 3) 08-EC-02 recommended that the NNC list be used to guide what is reported in MMWR tables and Annual Surveillance Summaries; the language in that position statement has been interpreted by some to mean that conditions not meeting the 50/50 rule should not be included in those reports/publications. The implication of that interpretation is that conditions under standardized surveillance for relevant portions of the country but which do not meet the 50/50 rule should not be published in those tables.

The threat of bioterrorism and obligations established by the revised International Health Regulations (2005) clearly indicated the need to conduct coordinated and effective national surveillance that is responsive to national and international needs. 08-EC-02 was in part aimed at resolving the tension between the need for a clear process to designate conditions that are under national surveillance with the reality of public health reporting in the U.S., which depends on State and Territorial legal authority to designate conditions as reportable. The criteria established in 08-EC-02 used the 50/50 rule as a way of assuring that conditions were in fact under surveillance “nationally”.

CSTE was established in part to designate conditions for national surveillance. It has historically sought to respect State autonomy by avoiding using position statements to direct States to make conditions reportable. However, the history reviewed briefly here and more completely in 07-EC-02 clearly indicates that CSTE, in its capacity as representative of State and Territorial Epidemiologists and in partnership with CDC, should be the organization to determine the conditions that should be under national surveillance. In that capacity, it is appropriate that CSTE (with input from CDC and other stakeholders) designate those conditions that should be under national surveillance, communicate that designation to CDC, and recommend to States and Territories that those conditions should be made reportable in each jurisdiction subject to legal processes and resource constraints of each state.

The designation of the conditions that are important enough to be placed under national surveillance should be based primarily on the best judgment of State and Territorial epidemiologists with input from CDC and other stakeholders. The changes recommended in this position statement would clarify that CSTE’s responsibility is to designate which conditions should be under national surveillance and communicate that to States, Territories, and CDC. The extent to which conditions are in fact under national surveillance will be determined by the collective actions of States and Territories in response to that designation.

II. Statement of the desired action(s) to be taken:

1. Remove the requirements enacted in 08-EC-02
 - a. for inclusion of conditions on the CSTE NNC Immediately Notifiable List that “Law/rule requiring immediate reporting for the condition exists in a majority of state and territorial jurisdictions, or in ... taken together comprise 50% or more of the U.S. population”, and
 - b. for inclusion of conditions on the CSTE NNC Routinely Notifiable List that “Law/rule requiring routinely reporting for the condition exists in a majority of state and territorial jurisdictions, or in ... taken together comprise 50% or more of the U.S. population”
2. Modify the recommendation enacted in 08-EC-02 that, “5) The list of NNCs will also form the basis for inclusion of reports in the *MMWR* weekly disease reporting tables and the annual *Summary of Notifiable Diseases*.” as follows: “CDC publications including the *MMWR* weekly disease reporting tables and the annual *Summary of Notifiable Diseases* should at frequencies appropriate for the conditions include all conditions on the list of NNCs.”

3. Position statements calling for diseases or conditions to be placed under national surveillance should address which of the following four actions are being recommended. The first recommended action should be automatically selected for purposes of establishing a standard national case definition and the other three may be selected as appropriate for each specific condition.
 - a. Establish standard reporting and notification methods for the condition and recommend that any State or Territory conducting surveillance for this condition use these standard methods.
 - b. CSTE recommends that States and Territories conducting surveillance according to these methods report case information to CDC
 - c. CSTE recommends that CDC publish data on the disease or condition as appropriate in MMWR and other venues.¹
 - d. This condition should be added on a provisional basis to the *Nationally Notifiable Condition List* as
 - i. Immediately notifiable condition
 - ii. Routinely notifiable conditionCSTE recommends that all States and Territories enact laws (statute or rule/regulation as appropriate) to make this disease or condition reportable in their jurisdiction.

III. Public Health Impact:

1. This action will allow emerging conditions to be immediately added to the Nationally Notifiable Condition List without waiting for States to establish laws (statute or rule/regulation as appropriate) making them reportable. Since most States have provisions that require reporting of new or emerging conditions of public health importance, this change will make national surveillance more responsive to emerging public health problems.
2. This change will provide a clear mechanism to place conditions that do not warrant being on the NNC list under surveillance according to nationally standard methods and for sharing of data on those conditions to CDC.
3. This change will clearly establish as CSTE policy that CSTE acting as the representative body of State and Territorial Epidemiologists can and should recommend to CDC, States and Territories that a condition should be under national surveillance.

IV. Coordination:

Agencies for Response:

- (1) Thomas R. Frieden, MD, MPH, Director
Centers for Disease Control and Prevention
1600 Clifton Road, NE
Atlanta GA 30333
(404) 639-7000
txf2@cdc.gov

¹ NOTE: Criteria for protection and release of the reported data by CDC should be described in Section IX of the Template

Agencies for Information:

- (1) Paul Jarris, MD, MBA
Executive Director
Association of State and Territorial Health Officers
2231 Crystal Drive Suite 450, Arlington, VA 22202
202-371-9090
pjarris@astho.org
- (2) Robert Pestronk
Executive Director
National Association of County and City Health Officials
440 First Street, NW
Washington DC 20001
202-942-4224
rpestronk@naccho.org

VII. Submitting Author:

- (1) Robert T. Rolfs
State Epidemiologist
Utah Department of Health
PO Box 142102
Salt Lake City, UT 84114-2102
rrolfs@utah.gov
(801)538-6129

Co-Author:

- (1) Perry F. Smith
New York State Department of Health Corning Tower,
Room 503 ESP
Albany, NY 12237
518-474-1055
Pfs01@state.health.ny.us