DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control
and Prevention (CDC)

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Dear Pat,

Thank you for your letter dated August 24, 2009 regarding the effort the Council of State and Territorial Epidemiologists (CSTE) has undertaken to reformat position statements for nationally notifiable conditions (NNCs), in collaboration with subject matter experts in the States and at CDC. I appreciate your interest in keeping me informed about work funded through the CDC-CSTE Cooperative Agreement and stimulated by a charge from the American Health Information Community (AHIC) to identify uniform standards and criteria to support prompt case-detection and case-reporting from electronic clinical and laboratory information systems. CSTE is leading an effort that will help transform the way public health surveillance is conducted in the United States. This work will likely support more timely and complete surveillance data being reported to States and from States to CDC in the future, as implementation occurs.

CDC is committed to working collaboratively with CSTE and other partners to support strong surveillance infrastructure. We understand that significant progress has been made on the reformatted position statements for the NNCs, and that additional steps remain to ensure validation and successful application of these important surveillance tools. It is our understanding that the following are still in process:

- The format and content of the condition-specific data elements listed in the June 2009 position statements are still to be finalized. CSTE and CDC staff are working together to list and define the data elements (e.g., vaccine history, travel history) more uniformly across conditions.

- The Logical Observation Identifiers Names and Codes (LOINC), Systematized Nomenclature of Medicine (SNOMED), and other codes and algorithms were to be provided in technical implementation guides, as supplements to the June 2009 position statements. CSTE colleagues have indicated that the process for developing and validating these guides is under discussion.

Collaboration between CSTE and CDC is essential to support the following activities that are critical for the remaining steps of the project:

- CDC/CSTE sponsored Case Report Standardization Workgroup will review and make recommendations for condition-specific data elements across nationally notifiable

conditions. In addition, the Workgroup is planning to sponsor a case report symposium on December 5, 2009 in association with the annual International Society for Disease Surveillance conference in Miami, Florida. One of the goals of the symposium is to address key components of the position statements (e.g., case report and classification criteria).

- Staff from the Public Health Information Network (PHIN) Vocabulary Access and Distribution System (VADS) are working on a project to enable storage and retrieval of case definitions of public health interest for state reportable and nationally notifiable conditions. The relational data base that interfaces with PHIN VADS will have tables for storing the case definition, laboratory criteria, and LOINC and SNOMED codes. PHIN VAD users will be able to browse the laboratory criteria for notifiable conditions as well as the LOINC and SNOMED codes associated with the laboratory criteria. An authoring tool for PHIN VADS will be developed so owners of the case definitions can modify the criteria in their case definitions. In addition, an informatics tool is being developed to help assess how existing or proposed laboratory criteria map to LOINC and SNOMED codes and to identify whether requests for new codes for laboratory criteria need to be submitted to standards development organizations

- CDC and CSTE collaborators for the Knowledgebase of State Reportable and Nationally Notifiable Conditions project are in the initial phases of requirements gathering and propose to develop the infrastructure to store and distribute detailed information in human- and machine-readable formats about public health reporting requirements (e.g., what is reportable, by whom, when, how) within jurisdictions; case-reporting criteria and algorithms; case definitions; and data elements for case-reporting and case notification.

- CDC staff are reviewing all approved 2009 CSTE position statements and are developing implementation plans for these policies. Implementation often requires development of new procedures. For example, implementation and accommodation of immediate notification will require coordination between the CDC Emergency Operations Center (EOC) and other CDC staff to develop alerts and to establish immediate data provisioning when the electronic data are received from states.

The CDC organizational improvement process currently underway provides an excellent opportunity to strengthen these collaborative activities. As we move forward, it would be beneficial to convene a CDC-CSTE discussion with appropriate staff and partners, to define and plan for the next phases of this important effort.

We look forward to collaborating with CSTE on these surveillance activities and other issues of public health importance.

Sincerely,

Steve

Stephen B. Thacker, M.D., M.Sc.
Acting Deputy Director
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