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: __Measles_____ **Date**: __10__/___10___/__2008____

CDC programmatic unit: _NCIRD/DVD/ Epidemioly Branch_____

CDC staff completing form: __Kathleen Gallagher__ **Contact info**: kxg7@cdc.gov (email) and 404-639-6367 (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: _____

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?

Measles is an acute viral illness characterized by a prodrome of fever and malaise, cough, coryza, and conjunctivitis, followed by a maculopapular rash. Before the introduction of measles vaccine in 1963, roughly one-half million cases were reported each year in the United States. With the implementation of successful childhood immunization programs against measles, the incidence of measles was greatly reduced and in 2000 indigenous transmission of measles was declared “eliminated” in the US (absence of endemic disease transmission). In order to maintain and document measles elimination, rapid case notification, laboratory confirmation, molecular testing, and follow-up of all persons suspected of having measles is essential. In circumstances where there is a potential for an international health impact, data from these notifications may be sent to PAHO or the WHO via the International Health Regulations (IHR) mechanism (see Item 7).

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?

Data reported to NCIRD staff is summarized weekly internally via an NCIRD weekly surveillance report for vaccine preventable diseases. Electronic reports of measles cases in NNDSS are also summarized weekly in the MMWR Tables. However, because of delays in data entry and data transmission via NNDSS, these two data sources may not correspond. Annual case data on measles is also summarized in the yearly Summary of Notifiable Diseases.

4. How frequently will information be provided to states and territories regarding the results of analyses of the compiled case data?

State-specific compiled data will continue to be published in the weekly and annual MMWR. In addition to those reports, the frequency of reports/feedback to the states and territories will be dependent on the current epidemiologic situation in the country. Frequency of cases, epidemiologic distribution, importation status, transmission risk, and other factors will influence frequency and method of communication and information feedback. For example, during 2008, because of the higher than expected number of cases and some of their unusual epidemiologic characteristics, we have already summarized and published 2008 measles case data in three separate MMWR articles.

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?

State-specific compiled data will continue to be published in the weekly reports and annual MMWR Surveillance Summaries. All cases are verified with the state (s) before publication.
Data are also included in PAHO and WHO annual reports The frequency of release of additional publication of this data will be dependent on the current epidemiologic situation in the country. These publications might include annual epidemiologic summaries in the MMWR or manuscripts in peer-reviewed journals.

6. What is the anticipated plan for the re-release of case data, including re-release to WHO or other parties?

As part of an effort to document measles elimination in the Americas, we currently report data on all suspect cases of measles known to NCIRD to PAHO on a weekly basis. Information on sex, age, rash onset, vaccination status, genotype and source (import, import-associated etc.) is provided. No personal identifying or state specific information is re-released to PAHO or WHO.

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)]? The answer for measles is not a definitive Yes or No but depends on the particular scenarios for the individual cases. Generally, an assessment would be done by the federal, state and local subject matter experts to make an initial determination about whether a Public Health Emergency of International Concern (PHEIC) exists and should be reported to WHO through our national focal point (HHS SOC). CDC's PHEIC Analysis Team would be involved in making the initial determination to report to HHS. Annex 2 in the International Health Regulations (IHR) contains the algorithm to be used at the national level.		X
8. Is this condition is 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?

Because measles has been declared "eliminated" in the US for almost a decade (absence of endemic disease transmission), even a single case in a community is a significant public health concern, In addition, because of the highly infectious nature of measles, rapid case notification and follow-up of suspected or confirmed case is essential to prevent additional disease transmission. Immediate notification to CDC allows for the timely collection of viral specimens which allows documentation of the molecular epidemiology of measles in the US; this is a critical component of our efforts to identify and describe importations of measles into the US and to verify the lack of sustained endemic measles transmission in the US.

11. How will CDC respond to the case notification?

This will depend on the particulars of the specific case but may include notification of one or more of the following: 1) Other state and local public health departments via Epi-X or the Health Alert Network, 2) Division of Global Migration and Quarantine (DGMQ) in a situation where exposure during international travel may occur, 3) WHO or one of its regional offices in case of an importation, and 4) CDC's PHEIC Analysis Team if the situation might possible involve a Public Health Emergency of International Concern (PHEIC)