Council of State and Territorial Epidemiologists Template for Placing Diseases or Conditions Under National Surveillance

Please note: Only active members defined as persons engaged in the practice of epidemiology at the state, local or territorial public health level, may submit a CSTE position statement. An associate member can be a co-author of a position statement but not the submitting author.

The Deadline for submission to 2009 business meeting:
Ordinary Process- **April 2, 2009**
Expedited Handling**- May 21, 2009**
Presidential Review- **Contact Perry Smith, CSTE President**

For Ordinary Process and Expedited Handling, submit your typewritten position statement to:
LaKesha Robinson
Director of Programs
CSTE
2872 Woodcock Boulevard Suite 303
Atlanta, GA 30341
Email: **lrobinson@cste.org**

Authors of position statements placing a condition under national surveillance are responsible for completion of the entire template, including the Technical Implementation Guide. Implementation of any approved position statement is contingent on completion and adoption of the Technical Implementation Guide. The deadline for completion of the Technical Implementation Guide is three months following approval of the position statement. If that deadline is not met, then the position statement will not be implemented and must be reconsidered at the next annual meeting. Consultation with informatics experts, such as those at CDC, is strongly recommended. Codes that are specified in the Technical Implementation Guide are subject to subsequent modification using standard procedures adopted by the CSTE Surveillance-Informatics Steering Committee, whenever coding systems or codes are modified.

Additional information:

- Timeline for filing position statements: http://www.cste.org/PS/2009pdf/2009PTimeline.pdf.
- Procedure to file a position statement http://www.cste.org/ps/2000/2000-ec-01.htm.

For further information, contact the CSTE National Office at (770) 458-3811. Consideration of position statements received after the deadline by CSTE is discretionary, cannot be assured, and must involve a time-sensitive or emerging public health issue. Non-typed, illegible, or incomplete proposals will be returned.

Position Statements submitted for Presidential Review must be sent directly to Perry Smith, CSTE President.

Template for Placing Diseases or Conditions Under National Surveillance

Submission Date:

Committee: Chronic Disease *(Drop down field provided, select one)*

Title:

I. Statement of the Problem:

II. Background and Justification:

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

IV. Goals of Surveillance:

V. Methods for Surveillance: Surveillance for [condition] should use the following recommended sources of data and the extent of coverage listed in Table V.

Describe the sources of data specified for case identification: clinician reporting, laboratory reporting, reporting by other entities (e.g., hospitals, veterinarians, pharmacies), death certificates, hospital discharge or ambulatory/outpatient records, extracts from electronic medical records, telephone survey, school-based survey, etc., or some combination of these as appropriate. Distinguish between reporting from sentinel sites and population-wide case identification. Recommended Table V is provided below.

VI. Criteria for case identification

If the method for surveillance described in the previous section includes case identification by reports of individual cases from traditional partners (e.g., clinicians, labs, hospitals) to governmental public health agencies, then describe the reporting criteria which trigger the case reports. If case-finding is based on secondary analysis of administrative or clinical data (such as vital records, hospital or EMS databases), describe the method used to identify cases separately for each data source. This section should specify the criteria to be used by both humans (described below under "Narrative") and machines (described below under "Tables"). "Human-based" criteria can be applied by medical care providers (i.e., based on clinical judgment and clinical diagnosis) and laboratory staff. Machine-based criteria can be applied using computerized algorithms which operate in electronic health record systems, including computerized lab test orders and lab test results.

A. Narrative: A description of criteria that should be used for case ascertainment of a specific condition.

In this subsection, where case-finding is based on reporting, use narrative text to allow the criteria for reporting to be clearly understood by clinicians and institutional staff who bear responsibility for sending case reports. As appropriate, describe in three separate labeled parts:

- Clinical presentation
- Laboratory evidence
- Criteria for epidemiologic linkage.

The criteria for reporting should include specification of whether reporting is to be all-inclusive, or limited to reporting only when the condition is work-related; likewise, include specification of whether condition reporting is to be on-going and routine, or limited to reporting only when there are multiple cases indicative of an outbreak. If the method for surveillance includes case identification by reports of individual cases to governmental public health agencies, then specify the reporting timeframe: immediate reporting of cases versus routine reporting of cases; specify if a subset of cases of the condition are handled differently (e.g., XDR-TB).

Where case-finding is based on secondary analysis of administrative or clinical data, use narrative text to allow the criteria for case-finding to be clearly understood by the data analysts. Examples are: "A person whose healthcare record contains a diagnosis of [[condition]]" or "A person whose death certificate lists [[condition]] as a cause of death or a significant condition contributing to death."

B. Tables:
In this subsection, use tables to express the criteria for reporting as machine-based criteria appropriate to guide development of computerized algorithms for electronic case-reporting processes. The machine-based criteria, where appropriate, should follow the human-based criteria in the above subsection: place each human-based criterion in the left column and the corresponding machine-based criterion in the right column. Include table VI in main body of position statement section VI, subsection B. Place codes in Tables 1-4 in Technical Implementation Guide at end of document. Where case-finding is based on secondary analysis of administrative or clinical data, use a separate column for each specified data source. Recommended Table 5 is provided below, and should be placed in Technical Implementation Guide at end of document.

C. Disease-specific data elements:
Disease-specific data elements are expected to be included in all reports of individual cases to governmental public health agencies for all reportable conditions, regardless of whether the report is submitted by telephone, by use of a standard paper-based form, or electronically. Disease-specific data elements are in addition to the common data elements that are to be reported for all individual case reports (see below for common data elements in case reports from healthcare providers and in results from labs). Public health authorities do not expect that the initial report will contain all the information necessary for case investigation and case classification for all cases reported, for all conditions. For many conditions, the process of case investigation requires obtaining further case information from a clinician or directly from a case. Disease-specific data elements that are included when case information is sent from state health agencies to CDC generally differ from that obtained in the initial report or subsequent case investigation. The focus here is on the disease-specific data elements to be included in the initial report, other than those listed in Appendix. In this subsection, list these disease-specific data elements. (Do not list the common data elements, which are expected to be included for all conditions in all reports of individual cases.)
Where case finding is based on secondary analysis of administrative data, include list of data elements expected to be extracted from source data repositories for each record.

VII. Case Definition for Case Classification

A. Narrative: Description of criteria to determine how a case should be classified.
Case definitions contain criteria for case classification. Describe, in three separate labeled parts:

- Clinical presentation
- Laboratory evidence
- Criteria for epidemiologic linkage.

Stratify as appropriate, providing criteria for: complete clinical presentation vs. a “clinically compatible” case; laboratory confirmed vs. supportive laboratory results; epidemiologic linkage to a laboratory-confirmed case vs. epidemiologic linkage to any other case.

B. Classification Tables:
As appropriate, list criteria for:

- Confirmed Cases: cases with the highest level of certainty
- Probable/Presumptive Cases: cases where alternative etiologies were investigated and excluded, and/or where substantial supportive information for the diagnosis was found
- Suspected/Possible Cases: cases where clinical features were compatible with the diagnosis, but either further investigation is required or investigation of the case did not provide supporting evidence for the diagnosis.

Include Table VII in main body of position statement section VII, subsection B. Place codes in Tables 1-4 in Technical Implementation Guide at end of document.
Where appropriate, list case classifications separately for each data source which is specified for case identification. Following the detailed definitions, summarize in a brief table with data sources in rows and case classes in columns. Recommended Table 6 is provided below, and should be placed in Technical Implementation Guide at end of document.

VIII. Period of Surveillance:
Indicate whether surveillance is expected to be on-going or limited to a specific time period.

IX. Data sharing/release and Print criteria:
As appropriate, describe:

- Expectations for sharing of case data (dataflow/notification from state/territorial health agency to CDC) and limitations on data sharing (e.g., states and territories will send CDC data for selected cases based on case classification; states and territories will send core/generic data or supplemental/extended data)

- Limitations on data re-release by CDC (e.g., only fully de-identified case data will be released by CDC to the general public, other releases by CDC require signed data sharing agreements using a format pre-approved by the state/territorial health agency) [refer to *CDC-CSTE Intergovernmental Data Release Guidelines Working Group (DRGWG) Report: CDC-ATSDR Data Release Guidelines and Procedures for Re-release of State-Provided Data* (available at <http://www.cste.org/pdffiles/2005/drgwgreport.pdf> or <http://www.cdc.gov/od/foia/policies/drgwg.pdf>) as necessary]
- Restrictions on the printing of counts of case data (e.g., CDC publication criteria will exclude selected cases from final printed counts based on case classification; provisional case report data will not be used by CDC until verification procedures are complete).

X. References:

Where appropriate, include references to prior CSTE position statements.

XI. Coordination:

Agencies for Response: (List only one name per agency, preferably an individual in a senior management position; complete contact information must be provided for acceptance to review.)

(1)

Contact Full Name | Title

Agency

Address Line 1

Address Line 2

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Telephone Number | Email Address

(2)

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Telephone Number | Email Address

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Telephone Number | Email Address

**For additional Agencies for Response, please provide a separate attachment with complete contact information.*

Agencies for Information: **(Complete contact information must be provided for acceptance to review.)**

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XII. Submitting Author: (Must be an Active CSTE Member and complete contact information provided for acceptance to review.)

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**For additional Authors, please provide a separate attachment with complete contact information.*

Table V. Recommended sources of data for case identification and extent of coverage for ascertaining cases of [[condition]]. [*Check all that apply.*]

Source of data for case identification	Coverage	
	Population-wide	Sentinel sites
Clinician reporting		
Laboratory reporting		
Reporting by other entities (e.g., hospitals, veterinarians, pharmacies)		
Death certificates		
Hospital discharge or outpatient records		
Extracts from electronic medical records		
Telephone survey		
School-based survey		
Other _____		

Table VI. Criteria for reporting a case of [[condition]]. Each alternative case reporting definition is listed in a separate column. Meeting the criteria listed under any single column of this table is sufficient to report a case. [*Delete unnecessary columns. Change the generic "Case reporting definition" language to the appropriate clinical term (e.g., cutaneous anthrax, inhalational anthrax). Use letter codes provided. Where the action of ordering a laboratory test meets a criterion for reporting, indicate by use of asterisk.*]

Criterion	Case reporting definition	Case reporting definition	Case reporting definition
Clinical Presentation			
Laboratory findings			
Epidemiological risk factors			

Notes:
S = This criterion alone is Sufficient to report a case.
N = All "N" criteria in the same column—in conjunction with at least one of the "O" criteria in each category (e.g., clinical presentation and laboratory findings) in the same column—are Necessary to identify a case for reporting.
O = At least one of these "O" (Optional) criteria in each category (e.g., clinical presentation and laboratory findings) in the same column—in conjunction with all other "N" criteria in the same column—is required to report a case.
A = This criterion must be absent (i.e., NOT present) for the case to meet the reporting criteria.
* A requisition or order for any of the "S" or "N" laboratory tests is sufficient to meet the reporting criteria.

Table VII. Criteria for case classification for a case of [[condition]]. Meeting the criteria listed under any single column of this table is sufficient to classify a case. [*Use letter codes provided.*]

Criterion	Confirmed	Probable (Presumptive)	Suspected (Possible)
Clinical Presentation			
Laboratory findings			
Epidemiological risk factors			

Notes:
S = This criterion alone is Sufficient to classify a case.
N = All "N" criteria in the same column—in conjunction with at least one of the "O" criteria in each category (e.g., clinical presentation and laboratory findings) in the same column—are Necessary to classify a case. A number following an "N" indicates that this criterion is only required for a specific clinical presentation (see below).
O = At least one of these "O" (Optional) criteria in each category (e.g., clinical presentation and laboratory findings) in the same column—in conjunction with all other "N" criteria in the same column—is required to classify a case. A number following an "O" indicates that this criterion is only required for a specific clinical presentation (see below).
A = This criterion must be absent (i.e., NOT present) for the case to meet the classification criteria.
[*Use the following numbers to indicate different clinical presentations (e.g., cutaneous anthrax vs. inhalational anthrax); delete if not needed.*]
1 =
2 =
3 =
4 =

Table 1. Clinical criteria for reporting or classification of a case of [[condition]] expressed as standard SNOMED codes.

Clinical criterion	Text basis for coding	Code	Code system name

Table 2. Laboratory criteria for reporting or classification of a case of [[condition]] expressed as standard LOINC and SNOMED codes.

Laboratory criterion	Text basis for coding	Test code	Test code system name	Text basis for result code	Result code	Result code system name

Table 3. SNOMED CT to ICD-9-CM mappings for [[condition]] - related clinical criteria

SNOMED CT text	SNOMED CT code	ICD-9-CM code	ICD-9-CM text

Table 4. ICD-10 codes for [[condition]] - related morbidity and mortality [*Include ICD-10-CM codes (provisional until final adoption by US-DHHS) as available.]*

SNOMED CT text	SNOMED CT code	ICD-10 code	ICD-10 text	ICD-10-CM code	ICD-10-CM text

Table 5. Criteria for case identification of a case of [[condition]], where case-finding is based exclusively on secondary analysis of coded administrative or clinical data, expressed as standard codes. [*List criteria in text using unambiguous language. Change the generic "Data source" to appropriate data system descriptor. Delete unnecessary columns.*]

Criterion	Data source	Data source	Data source
	[*specify coding system used*]	[*specify coding system used*]	[*specify coding system used*]

Table 6. Criteria for case classification of a case of [[condition]], where case-finding is based exclusively on secondary analysis of coded administrative or clinical data, expressed as standard codes. [*List criteria in text in left column using unambiguous language. Change the generic "Data source" to appropriate data system descriptor. Delete unnecessary rows.*]

Criterion	Confirmed	Probable (Presumptive)	Possible (Suspected)
Data source [*specify coding system used*]			
Data source [*specify coding system used*]			
Data source [*specify coding system used*]			

Appendix. Common Data Elements

This appendix is intended for use only during the process of drafting the surveillance position statement. It is to be deleted when the position statement is submitted to CSTE for consideration by the membership.

Common core data elements for case reporting to a public health agency from a healthcare provider: To be included in the initial case report.

Reporting Information
Date of report
Reporter name
Reporter Contact Information
Telephone
Address
Health Care Provider Information
Health care provider name
Facility Name
Facility/Provider Contact Information
Phone number
Address
Subject Information
First Name Middle Name Last Name Street City State ZIP Telephone Age Date of birth Gender
Clinical Information
Name of Condition
Date of onset

Common core data elements for result reporting to a public health agency from a laboratory: To be included in the initial report.

Group	**Element**
Reporting laboratory	Name
Reporting laboratory	CLIA
Reporting laboratory	License number
Reporting laboratory	Phone
Report	Report ID
Patient	Last name
Patient	First name
Patient	Middle name or initial
Patient	Identifier
Patient	Identifier type
Patient	Identifier assigning authority
Patient	DOB
Patient	Age
Patient	Age units
Patient	Sex
Patient	Street address
Patient	Second address line

Patient	City
Patient	State
Patient	Zip code
Patient	County
Patient	Phone
Patient	Race
Patient	Ethnicity
Next of kin	Last name
Next of kin	First name
Next of kin	Phone
Ordering provider	Last name
Ordering provider	First name
Ordering provider	Street address
Ordering provider	Second address line
Ordering provider	City
Ordering provider	State
Ordering provider	Zip code
Ordering provider	County
Ordering provider	Phone
Ordering facility	Name
Ordering facility	Street address
Ordering facility	Second address line
Ordering facility	City
Ordering facility	State
Ordering facility	Zip code
Ordering facility	County
Ordering facility	Phone
Specimen	Accession number
Specimen	Collection date
Specimen	Received date
Specimen	Type
Specimen	Source
Test/result	Test ordered, name
Test/result	Test ordered, code
Test/result	Test ordered, code system
Test/result	Test performed, name
Test/result	Test performed, code
Test/result	Test performed, code system
Test/result	Result, numeric
Test/result	Result, name
Test/result	Result, code
Test/result	Result, code system
Test/result	Result date
Test/result	Result status
Test/result	Reference range
Test/result	Units
Test/result	Performing lab name
Test/result	Performing person name
Test/result	Specimen sent to PHL