COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS

Creating Your CSTE Position Statement for Nationally Notifiable Conditions

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Step 1: Getting Started:

Most of these are self explanatory. Just fill in your specific condition where Condition XYZ is currently written.

Condition **XYZ**

Submission Date:

Committee: Infectious

Title: Public Health Reporting and National Notification for Condition **XYZ**

I. Statement of the Problem

CSTE position statement 07-EC-02 recognized the need to develop an official list of nationally notifiable conditions and a standardized reporting definition for each condition on the official list. The position statement also specified that each definition had to comply with American Health Information Community recommended standards to support "automated case reporting from electronic health records or other clinical care information systems." In July 2008, CSTE identified sixty-eight conditions warranting inclusion on the official list, each of which now requires a standardized reporting definition.

Step 2: Provide Some Basic Background

! ***The Background and Justification section provides a basic description of the disease and lists the criteria the disease meets that determines whether the disease should be routinely or immediately notifiable to CDC.***

II. Background and Justification

Background
Condition **XYZ** is rare in the United States as the result of high levels of immunization ….etc.

Justification
Condition **XYZ** meets the following criteria for a nationally and **routinely** notifiable condition, as specified in CSTE position statement 08-EC-02:

A majority of state and territorial jurisdictions—or jurisdictions comprising a majority of the US population—have laws or regulations requiring **routine** reporting of Condition **XYZ** to public health authorities

CDC requests **routine** notification of Condition **XYZ** to federal authorities [PENDING CDC Case Notification Request]

CDC has condition-specific policies and practices concerning the agency's response to, and use of, notifications. [PENDING CDC Case Notification Request]

Step 3: Some More Standard Language

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

CSTE requests that CDC adopt this standardized reporting definition for Condition **XYZ** to facilitate more timely, complete, and standardized local and national reporting of this condition.

IV. Goals of Surveillance

To provide information on the temporal, geographic, and demographic occurrence of Condition **XYZ** to facilitate its prevention and control.

Step 4: Fill in Given Surveillance Table

In the Methods for Surveillance section, the sources of data to be used for case identification should be listed, making sure to distinguish between methods to be applied population-wide or at sentinel sites. !

V. Methods for Surveillance

Surveillance for Condition **XYZ** should use the sources of data and the extent of coverage listed in Table V.
Table V. Recommended sources of data and extent of coverage for ascertaining cases of Condition **XYZ.**

Source of data for case ascertainment	Coverage	
	Population-wide	Sentinel sites
clinician reporting	X	
laboratory reporting		
reporting by other entities (e.g., hospitals, veterinarians, pharmacies)	X	
death certificates	X	
hospital discharge or outpatient records	X	
extracts from electronic medical records	X	
telephone survey		
school-based survey		
other _____		

Step 5: Complete the Reporting Section

! ***The Criteria for Reporting section provides the criteria to be used by humans or machines to determine whether a specific illness should be reported.***

VI. Criteria for Reporting

Reporting refers to the process of healthcare providers or institutions (e.g., clinicians, clinical laboratories, hospitals) submitting basic information to governmental public health agencies about cases of illness that meet certain reporting requirements or criteria. Cases of illness may also be ascertained by the secondary analysis of administrative health data or clinical data. The purpose of this section is to provide those criteria that should be used by humans and machines to determine whether a specific illness should be reported.

The Narrative section should use text to describe the reporting criteria so that it may be easily understood by clinicians

A. Narrative description of criteria to determine whether a case should be reported to public health authorities

Report any illness to public health authorities that meets any of the following criteria:

1. Any person diagnosed by a medical professional as having Condition **XYZ**.
2. A person whose healthcare record contains a diagnosis of Condition **XYZ**.
3. A person whose death certificate lists Condition **XYZ** as a cause of death or a significant condition contributing to death.

Other recommended reporting procedures

Keep Going- You're almost done!

Table VI-B should provide an algorithm for future use by machines to guide electronic case-reporting. It should mirror the human case reporting criteria as closely as possible. !

B. Table of criteria to determine whether a case should be reported to public health authorities

Table VI-B. Criteria for reporting a case of Condition **XYZ**. Meeting the criteria listed under any single column of this table is sufficient to report a case, as indicated by the column's heading.

Criterion	Reporting		
	Confirmed	Probable	Suspected
Clinical Presentation			
Muscle spasms	N		
Hypertonia	O		
Painful muscular contractions	O		
Trismus	O		
Healthcare record contains a diagnosis of disease due to Condition XYZ		S	
Death certificate lists disease due to Condition XYZ as a cause of death or a significant condition contributing to death			S
Laboratory findings			
Epidemiological risk factors			

Notes:
S = This criterion alone is sufficient to report a case
N = This criterion in conjunction with all other "N" and any "O" criteria in the same column is required to report a case.
O = At least one of these "O" criteria in each category in the same column (e.g., clinical presentation and laboratory findings)—in conjunction with all other "N" criteria in the same column—is required to report a case.

! ***Section C provides a list of disease specific data elements that should be included in the initial case report, if possible. These data elements must be <u>in addition</u> to the common data elements listed in the Appendix.***

C. Disease Specific Data Elements:

Disease-specific data elements to be included in the initial report are listed below.

Epidemiological Risk Factors
Immunization history
- Doses of Condition **XYZ** toxoid-containing vaccine received
- Date of last dose of Condition **XYZ** toxoid-containing vaccine

Country of birth
Wound history

Step 6: Complete the Case Classification Section

VII. Case Definition for Case Classification

A. **Narrative description of criteria to determine whether a case should be classified as confirmed.**

Clinical case definition

Put Case Definition Here!

Case classification

Confirmed: a clinically compatible case, as reported by a health-care professional

Table VII-B should provide an algorithm for future use by machines to guide electronic case-identification. It should mirror the human case identification criteria as closely as possible.

B. Classification Tables

Table VII-B. Criteria for defining a case of Condition XYZ. Meeting the criteria listed under any single column of this table is sufficient to classify a case, as indicated by the column's heading.

	Case Definition		
Criterion	Confirmed	Probable	Suspected
Clinical Presentation			
Muscle spasms	N		
Hypertonia	O		
Painful muscular contractions	O		
Trismus	O		
Healthcare record contains a diagnosis of disease due to Condition XYZ			
Death certificate lists disease due to Condition XYZ as a cause of death or a significant condition contributing to death			
Laboratory findings			
Epidemiological risk factors			

Notes:
N = This criterion in conjunction with all other "N" and any "O" criteria in the same column is required to confirm a case.
O = At least one of these "O" criteria in each category in the same column (e.g., clinical presentation and laboratory findings)—in

Step 7: The Finishing Touches

VIII. Period of Surveillance (Is surveillance on-going or during a specific time-period?)

Surveillance should be on-going.

IX. Data sharing/release and print criteria

[To be added later by CSTE] [PENDING CDC Case Notification Request]

X. References (Try to reference prior CSTE position statements where appropriate)

Centers for Disease Control and Prevention (CDC). Case definitions for infectious conditions under public health surveillance. MMWR 1997; 46(No. RR-10):1–57. Available from: http://www.cdc.gov/mmwr/

Centers for Disease Control and Prevention (CDC). National notifiable diseases surveillance system: case definitions. Atlanta: CDC. Available from: http://www.cdc.gov/ncphi/disss/nndss/casedef/index.htm Last updated: 2008 Jan 9. Accessed:

Council of State and Territorial Epidemiologists (CSTE). CSTE official list of nationally notifiable conditions. CSTE position statement 07-EC-02. Atlanta: CSTE; June 2007. Available from: http://www.cste.org.

XI. Coordination:

Agencies for Response:

XII. Submitting Author:

(1)

Co-Authors:

Step 8: Ugh...The Technical Implementation Guide

! **WARNING: Epidemiologists should not attempt this section alone or before the position statement has been approved by the CSTE membership. You will need the help of an informatics expert. CDC NCPHI will be your greatest resource.**

The purpose of the Technical Implementation Guide is to provide the informatics information necessary to comply with the American Health Information Community recommended standards to support "automated case reporting from electronic health records or other clinical care information systems." It does not have to be submitted with the initial position statement. It may be submitted up to three months after membership approval at the CSTE annual conference.

Example: Technical Implementation Guide

Table 1. (Reference VI-B2 and VII-B2) Clinical criteria for reporting and defining a case of Condition **XYZ** expressed as standard SNOMED codes

Clinical criterion	Text basis for coding	Code	Code system name
Muscle spasms	Spasm	45352006	SNOMED CT
Hypertonia	Hypertonia	56731001	SNOMED CT

SNOMED CT code system OID = 2.16.840.1.113883.6.96

Table 2. (Reference VI-B3 and VII-B3) Laboratory criteria for reporting and defining a case of **XYZ** 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

LOINC code system OID = 2.16.840.1.113883.6.1
SNOMED CT code system OID = 2.16.840.1.113883.6.96

Table 3. (Reference VI-B2 and VII-B2) SNOMED CT to ICD-9-CM mappings for **XYZ**-related clinical criteria.

SNOMED CT text	SNOMED CT code	ICD-9-CM code	ICD-9-CM text
Spasm	45352006	728.85	Spasm of muscle

ICD-9-CM Diagnosis code system OID = 2.16.840.1.113883.6.103
SNOMED CT code system OID = 2.16.840.1.113883.6.96

Table 4. (Reference VI-B2 and VII-B2) ICD-10 codes for **XYZ** -related morbidity and mortality.

ICD-10 text	ICD-10 code
Cramp and spasm	R25.2

ICD-10 Diagnosis code system OID = 2.16.840.1.113883.6.90

Congratulations, You're Done!

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 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**: Included in the initial report.

Reporting Laboratory
- Name
- CLIA
- License Number
- Phone

- Report ID

Patient
- Last Name
- First Name
- Middle name or initial

- Identifier
- Identifier Type
- Identifier assigning authority
- DOB
- Age
- Age units
- Sex
- Street address
- Second Address Line
- City
- State
- Zip Code
- County
- Phone
- Race
- Ethnicity

Next of Kin
- Last Name
- First Name
- Phone

Ordering Provider
- Last Name
- First Name
- Street Address
- Second Address line
- City
- State
- Zip Code
- County
- Phone

Ordering Facility
- Name
- Street Address
- Second Address Line
- City
- State
- Zip Code
- County
- Phone

Specimen
- Accession number
- Collection Date
- Received Date
- Type
- Source

Test/Result
- Test ordered, name
- Test ordered, code
- Test ordered, code system
- Test performed, name
- Test performed, code
- Test performed, code system
- Result, numeric
- Result, code system
- Result, date
- Result status
- Reference Range
- Units
- Performing lab name
- Result, name
- Performing person name