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: ___Silicosis_____ **Date**: 01_/_08__/_2009____

CDC programmatic unit: _____NIOSH/DRDS/SB_____

CDC staff completing form: Margaret Filios **Contact info**: MFilios@cdc.gov_ (email) and (304) 285-5754 (phone)

Please check requested timeliness of case notification to CDC:
___ Immediate notification
_X__ 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: _____

Please check requested case notification to CDC by classification:
_X__ Confirmed cases
__ Probable (presumptive) cases
___ Suspected (possible) cases
___ All cases prior to classification

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?

Silicosis, one of the pneumoconioses, is an occupational lung disease caused by the inhalation of respirable dust containing crystalline silica. It is estimated that more than one million U.S. workers are exposed to crystalline silica, and 100,000 workers are exposed in high-risk occupations. Individuals with silicosis are at increased risk of tuberculosis and lung cancer. The International Agency for Research on Cancer (IARC) classifies crystalline silica as carcinogenic to humans. Silicosis is progressive, incurable, potentially fatal, and entirely preventable by eliminating or controlling exposure to respirable crystalline silica dust. Yet overexposures remain widespread and cases of silicosis continue to occur despite the existence of legally enforceable limits. Recent estimates indicate between 3600 and 7300 new cases of silicosis may be occurring each year. Currently no comprehensive nationwide silicosis surveillance system exists; the condition is under-recognized and under-reported. Since 1987, CDC/National Institute for Occupational Safety and Health (NIOSH) has funded several states to conduct silicosis surveillance and preventive intervention. These states have demonstrated the utility of silicosis surveillance using various data sources. The goals of silicosis case notification to the national level are to assess the burden of the disease, set priorities for intervention, and monitor trends to measure the progress towards its prevention and elimination. Fulfilling these public health goals requires data on the prevalence, trends and the distribution of silicosis. Case notification at the national level with also address the 2008 recommendation by the National Academy of Science (NAS) to continue and expand surveillance efforts to prevent silicosis and other interstitial lung diseases.

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?

Aggregated case data will be published by CDC/NIOSH on-line and in hard copy in a compilation of work-

related lung disease surveillance data. It will also be used for presentations at national meetings and/or for peer-reviewed journal articles. Aggregate data is used to support science-based regulations and policy at both the federal and state level; it is shared with regulatory partners (e.g., the Occupational Safety and Health Administration) for purposes of setting work-place standards related to prevention of exposure and disease. It will also be used to support decision-making regarding research and intervention activities by the NIOSH National Occupational Research Agenda (NORA) Sector Research Councils, that is for problem identification, hypothesis generation, and evaluation. The uses of ad hoc analysis are similar to those uses of the aggregated case data.

4. How frequently will information be provided to states and territories regarding the results of analyses of the compiled case data? Annually and with any request for the aggregated data or subset of case data.

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?

The frequency of release is generally on an annual basis. Publication may include posting to the electronic Work-related Lung Disease (eWoRLD) Surveillance System, epidemiologic summaries in the MMWR, or manuscripts in peer-reviewed journals. State case data is de-identified prior to submission to CDC/NIOSH. All cases are verified with the state(s) prior to publication.

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

Any re-release or publication of the case data requires permission from states submitting data to CDC/NIOSH. Re-release also requires requesting intramural and extramural researchers fill out a special use agreement, or Data Release Form, based on the *CDC-ATSDR Data Release Guidelines and Procedures for Re-release of State Provided Data*. CDC/NIOSH will only publish data on confirmed cases of silicosis.

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)]?		
8. Is this condition included on the list of Category A possible bioterrorism agents and toxins?		
9. Has this condition or disease been declared eliminated (absence of endemic disease transmission) in the United States or eradicated globally?		

10. Why is immediate case notification to the national level necessary?

11. How will CDC respond to the case notification?