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To: U.S. State and Territorial Epidemiologists

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Subject: 2016 Changes to the National Notifiable Diseases Surveillance System and other relevant updates

This memo summarizes changes to the National Notifiable Diseases Surveillance System (NNDSS) based on the position statements approved by the Council of State and Territorial Epidemiologists (CSTE) at their annual meeting in June 2015, as well as other relevant updates. Please share this letter with the surveillance and informatics staff in your jurisdiction who are responsible for collection or submission of NNDSS data to CDC. The following list summarizes the topics covered in the seven sections of this memorandum:

- Section I has two Parts:
 - Part A includes two conditions that CSTE has approved revised national surveillance case definitions for. These case definitions should be used beginning January 2016 for new 2016 cases. We expect to post these case definition revisions to the NNDSS web site (<http://wwwn.cdc.gov/nndss/>) by approximately December 18, 2015. CSTE did not add or delete any conditions to the list of nationally notifiable conditions.
 - Part B summarizes the list of conditions CSTE requested in 2014 to be made nationally notifiable and which are still pending Office of Management and Budget (OMB) Paperwork Reduction Act (PRA)

approval. We expect to receive OMB PRA approval in early 2016 and will let you know when we are ready to receive data for these conditions.

- Section II includes a description of a new policy to limit the conditions and diseases processed and provisioned to CDC programs to only those event codes in the annual NNDSS event code lists, beginning with Morbidity and Mortality Weekly Report (MMWR) year 2015. A major change in the way the event code lists will be created is also described.
- Section III includes a response to a question we received about whether the current message mapping guides (MMGs) can be used to send summary data.
- Section IV provides an update about the current MMG development effort for case notifications to the NNDSS, which is a component of the NNDSS Modernization Initiative (<http://www.cdc.gov/nmi/>). The draft message mapping guide website is available at: <http://www.cdc.gov/nndss/message-mapping-guides.html>.
- Section VII summarizes a change in the way data will be displayed for Arboviral diseases in the MMWR NNDSS Table I.

Section I. Revisions to national surveillance case definitions beginning in 2016 and new conditions to be added to the NNDSS in 2016 after receiving OMB PRA approval:

A) Summary of 2015 CSTE Position Statements requesting revisions to national surveillance case definitions beginning in 2016 for new 2016 cases:

- a. Position statement 15-ID-03 titled *Revision of the Case Definition of Hepatitis C for National Notification* (<http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/2015PS/2015PSFinal/15-ID-03.pdf>) requests the event name changed from 'Hepatitis C virus infection, past or present' to 'Hepatitis C, chronic' beginning in 2016. Both probable and confirmed cases will be accepted for Hepatitis C, acute and Hepatitis C, chronic. The position statement lowered the threshold for elevated alanine aminotransferase

(ALT) from 400 IU/L to 200 IU/L. Additionally, minor changes to the acute Hepatitis C definition allows for seroconversion within 12 months.

- b. Position statement 15-EH-01 titled *Public Health Reporting and National Notification for Elevated Blood Lead Levels* (<http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/2015PS/2015PSFinal/15-EH-01.pdf>) updates the definition of elevated blood lead, reducing the criteria from 10 µg/dL to 5 µg/dL for both children (< 16 years) and adults (≥ 16 years). Additionally, it changes the case classification for children from confirmed, probable, and suspected to confirmed and unconfirmed.

B) The following conditions will be added to the NNDSS (based upon 2014 CSTE position statements) when we receive OMB PRA approval in 2016 to receive data for these conditions:

- a. Chikungunya virus disease (event code 10073))
- b. Hantavirus infection, non-Hantavirus Pulmonary Syndrome (event code 11610)
- c. Dengue-like illness (event code 11704).

We will update the 2016 Event Code list to include the above conditions after we receive OMB PRA approval to receive data for these conditions (Refer to Section II below).

Section II. New policy limiting the diseases and conditions processed and provisioned to those event codes in the annual event code lists

Because CDC's NNDSS will only process and provision data to CDC programs for those diseases and conditions that have OMB PRA approval, we will limit the diseases and conditions listed in the event code lists to only those that have OMB PRA approval (at the time we distribute the list) and for which data should

be sent to the NNDSS. At CDC, we will only process and provision data for the event codes included in the annual event lists, beginning with the updated 2015 and 2016 list that we distribute in December 2015. A copy of the 2015 and 2016 event code lists (and subsets of the 2015 and 2016 event code list that represent the diseases/conditions that will use only the Generic v2 MMG) are available at this web site (<http://wwwn.cdc.gov/nndss/message-mapping-guides.html>) in the tables at the bottom of the page titled “Annual National Notifiable Diseases Surveillance System Event Code Lists” and “Annual Conditions that Only Use the Generic v2.0 Message Mapping Guide.” We will no longer produce an event code list with any diseases or conditions that do not have OMB PRA approval. Our event code lists will include information about the following for each disease or condition on the list:

- Event (disease or condition) code number
- Event name
- Nationally Notifiable Indicator (Yes/No)
- Notes about surveillance for this condition
- Verification Procedures
- Print Criteria (used in publishing data in MMWR NNDSS tables and reports)
- Preferred Mechanism for submitting the data (this column will include the name of the message mapping guide to use to send HL7 case notifications for the specified condition)
- Alternative Mechanism for submitting the data and legacy (data submission) format.

Any event code that does not have OMB PRA approval will be flagged as an error as CDC is processing the data and the data for this condition will not be included in the NNDSS data repository.

Section III. Response to question we have received about whether our current message mapping guides can be used to send summary data.

No, the new MMGs are intended for transmitting individual case notifications. We expect to address an HL7-based mechanism for summary notifications in the future, but the current priority is developing guides for individual case notifications. Any jurisdiction sending summary data for specific diseases should continue to do so by using their current process in place.

Section IV. Update on the MMG Development Effort for HL7 NNDSS Case Notifications

As part of the NNDSS Modernization Initiative (<http://www.cdc.gov/nmi/>) we are completing work on the development of pilot test-ready versions of the following six priority MMGs: Generic version 2, Hepatitis, Sexually transmitted diseases (STD), Congenital syphilis (CS), Mumps, and Pertussis. In the last two months, we have been performing a quality assurance review on the MMGs, Test Scenarios, and Test Messages to ensure they are as consistent in format and wording as possible. The MMGs have a revision history worksheet that summarizes the changes made to these MMGs, since the first time they were posted as pilot test-ready MMGs. We will be posting updated MMGs as pilot test-ready versions for these six MMGs next year (<http://wwwn.cdc.gov/nndss/script/DraftMMG.aspx>). We have recently posted a Frequently Asked Questions for MMG Implementation that appears in the Related Documentation table on that web site, which may be of interest to you. We are also working on a re-design of the Draft MMG for HL7 Case Notification web site, to make it easier to navigate, but the redesign won't be implemented until next year.

This year, we started development of two new MMGs for varicella and arboviral diseases. Draft versions of these MMGs are expected to be posted early next year in order to solicit external feedback.

Section VII. Change in the display of Arboviral Disease data in MMWR NNDSS Table I.

At the request of the CDC Arboviral Program, beginning in January 2016, we will remove “California serogroup viruses” from MMWR NNDSS Table I and replace it with “La Crosse virus” and “Jamestown Canyon virus,” the two most commonly reported California serogroup viruses. The Arboviral Program believes this change in the display of data will be more useful to readers than the previous display.

Thank you very much for your reporting efforts throughout the year. Your input is essential as we continue to work together to prevent and control these diseases.

Cc

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