



September 1, 2016

To: State and Territorial Epidemiologists

From: Ruth Jajosky, DMD, MPH; Division of Health Informatics and Surveillance; Center for Surveillance, Epidemiology, and Laboratory Services; Office of Public Health Scientific Services; CDC

Subject: Instructions for Implementing CSTE Position Statement 16-ID-01

The Centers for Disease Control and Prevention (CDC) is in the process of implementing the Council of State and Territorial Epidemiologists (CSTE) position statement #16-ID-01 about Zika virus disease and Zika virus infection, which was approved in June 2016 (1). Based on this position statement, the following conditions are nationally notifiable to CDC's National Notifiable Diseases Surveillance System (NNDSS):

New Zika Virus Disease and Infection categories, as per CSTE position statement 16-ID-01, approved in June 2016 (1):

- Zika virus disease, non-congenital (event code: 50223)
- Zika virus disease, congenital (event code: 50224)
- Zika virus infection, non-congenital (event code: 50221)
- Zika virus infection, congenital (event code: 50222).

The above four categories and their associated case definitions replace the two following categories and associated case definitions created by CSTE's Interim Zika position statement #16-ID-01, approved by the CSTE Executive Board on February 26, 2016 (2):

- Zika virus disease, non-congenital infection (event code 11726)
- Zika virus, congenital infection (event code 11736).

CDC now is ready for reporting jurisdictions to submit case notifications for the four new Zika virus disease and infection categories using the four new event codes listed above. Please transmit data by the method that your jurisdiction is

currently approved to use for arboviral data submission, including Arboviral 1.2 HL7 case notifications or ArboNET (either direct data entry or XML upload). We will notify you when we are ready to accept Arboviral 1.3 HL7 case notifications from your jurisdiction.

In a memorandum dated August 5, 2016 (3), CSTE recommended that all jurisdictions implement the four new national surveillance case definitions and reclassify all previously reported 2016 Zika virus disease and congenital infection cases according to the new case definitions from June 2016. We understand that jurisdictions will need time to reclassify previously submitted cases, but we encourage you to begin to use the four new case definitions and codes for new Zika virus disease and infection cases as soon as possible.

CDC will accept data using all six event codes listed above until December 31, 2016, at which time all cases should have been reclassified to one of the four new event codes. Beginning on January 1, 2017, CDC will accept data using only the four new Zika event codes (50223, 50224, 50221, and 50222) for 2016 and 2017 Zika virus disease and infection cases.

As jurisdictions are reclassifying cases, CDC will sum the case counts for event codes 11726 and 50223 and display the resultant case count as “Zika virus disease, non-congenital” (event code 50223) in NNDSS Table I in the *Morbidity and Mortality Weekly Report (MMWR)* and when the data are finalized in the *MMWR Summary of Notifiable Infectious Diseases and Conditions*. In addition, CDC will sum the case counts for event codes 11736 and 50224 and display the resultant case count as “Zika virus disease, congenital” when the data are finalized in the *MMWR Summary of Notifiable Infectious Diseases and Conditions*. Probable and confirmed cases having the “Publish Flag” indicator set to “Yes” will be published in the *MMWR* NNDSS tables and reports.

We are updating the NNDSS website (4) to include the new Zika virus disease and Zika virus infection case definitions approved by CSTE in June 2016 (1). We will maintain the Zika case definitions from February 2016 on the NNDSS website to help facilitate the reclassification process by jurisdictions and to document the case definitions that were in use during 2016.

Please email any questions regarding this letter to the CDC Electronic Data Exchange Mailbox at edx@cdc.gov with the words “Zika implementation” in the subject line.

Thank you for your surveillance efforts.

References

- (1) CSTE Position Statement 16-ID-01 (approved June 2016, revised July 29, 2016) titled *Zika Virus Disease and Zika Virus Infection Without Disease, Including Congenital Infections Case Definitions and Addition to the Nationally Notifiable Diseases List*, available at http://www.cste.org/resource/resmgr/2016PS/16_ID_01_edited7.29.pdf
- (2) CSTE Interim Position Statement #16-ID-01 titled “Zika Virus Disease and Congenital Zika Virus Infection Interim Case Definition and Addition to the Nationally Notifiable Diseases List” available at https://www.cste2.org/docs/Zika_Virus_Disease_and_Congenital_Zika_Virus_Infection_Interim.pdf
- (3) CSTE Memorandum to State and Territorial Epidemiologists, dated August 5, 2016, about implementation of the new Zika virus case definition. Refer to pages 4 and 5.
- (4) NNDSS Website: <https://wwwn.cdc.gov/nndss/>

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Jeffrey P. Engel, M.D.

Memorandum

August 5, 2016

To: State and Territorial Epidemiologists; City and Large
Urban Epidemiologists

Re: Implementation of the new Zika virus case definition

At the June 23, 2016 Annual Business meeting of the
Council of State and Territorial Epidemiologists (CSTE), the
final Zika Virus Case Definition Position Statement 16-ID-
01 was approved

(http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/2016PS/16_ID_01_edited7.29.pdf). The Centers for
Disease Control and Prevention (CDC) received the new
case definition at the end of July and is in the process of
implementing the position statement.

However, the technical transition for states to notify CDC
utilizing the new case definition will take additional time.
CDC epidemiologists in the Division of Vector-Borne
Diseases (DVBD) at the National Center for Emerging and
Zoonotic Infectious Diseases (NCEZID) and Division of
Health Informatics and Surveillance (DHIS) at the Center
for Surveillance, Epidemiology, and Laboratory Sciences
(CSELS) are working with CSTE subject matter experts to
update ArboNET and the National Notifiable Diseases
Surveillance System (NNDSS), including alignment of
message mapping guides and on-boarding new event
codes. **Please await implementation instructions
forthcoming from CDC in late August or early September.**
CDC and CSTE will work expediently to minimize this
transition time.

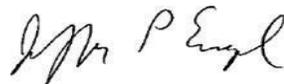
In the meantime, CSTE recommends that states and other
reporting jurisdictions begin to plan for implementing the
new case definition (16-ID-01) as well as aligning and

reconfiguring their surveillance systems with the new case definition. CSTE also recommends that, as resources allow, jurisdictions plan to reclassify all previously reported Zika cases in morbidity year 2016 to meet the criteria in the new case definition (16-ID-01) when CDC is ready to receive these data. This recommendation has been vetted with high morbidity jurisdictions, including Florida and New York City.

Finally, CDC and CSTE will be working on a communication plan for standard messages to use for public health leadership, websites, and for media and the public to explain the change in Zika case counts which will change once the new case definition has been implemented at the jurisdictional and national level.

Please address concerns to Jeff Engel (jengel@cste.org) and they will be communicated to the national Zika virus working group that meets weekly on Tuesday afternoon.

Sincerely,



Jeffrey P. Engel, M.D.
Executive Director
Council of State and Territorial Epidemiologists