

Provisional National Notifiable Diseases Surveillance Data

Provisional data for the National Notifiable Diseases Surveillance System (NNDSS) are published weekly in *MMWR* Table I titled “Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year)—United States,” weekly in Table II titled “Provisional cases of selected notifiable diseases, United States,” and quarterly in Table IV for tuberculosis titled “Provisional cases of selected nationally notifiable diseases, United States” (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5901md.htm#tab4>). To provide timely NNDSS data, state and territorial health departments voluntarily report nationally notifiable diseases data to CDC as soon as possible after the criteria are met for submitting case notifications to CDC. These data include case reports that are considered to be “suspected” or “probable” as per published national condition-specific surveillance case definitions, in addition to those that are “confirmed.” Provisional NNDSS data are published each week in the *MMWR* to disseminate the most current national information, but are subject to change based on the outcome of further case investigation. As provisional counts are updated, the cumulative (year-to-date) count of cases can increase or decrease. Year-to-date incidence data from the previous year are presented in the *MMWR* NNDSS Tables as a crude method to identify aberrations or discrepancies in reported disease data, whether because of disease incidence or reporting artifact. Provisional case counts as published in the *MMWR* weekly tables are available at <http://wonder.cdc.gov/mmwr/mmwr morb.asp>.

Readers of *MMWR* NNDSS tables may benefit from some background about the reporting process for provisional and finalized data. NNDSS data are considered provisional and subject to change each week until the data are reconciled and verified with the state and territorial data providers to be the final official incidence counts for a given notifiable condition and year. Likewise, provisional data counts are updated in the *MMWR* tables until the data are finalized. The NNDSS data are finalized with the state and territorial health department data providers approximately 6 months after the end of the calendar year they were initially reported in. Finalized counts by condition and state/territory are published in the *MMWR* Early Release Tables approximately 2 months after the state and territorial health departments finalize the data. In addition, finalized data are published in the *MMWR Summary of Notifiable Disease--United States* approximately 9-10 months after data are published in the Early Release Tables. For example, 2008 data was finalized by state and territorial data providers in June 2009, the *MMWR* Early Release Table of finalized counts by state/territory was published in August 2009 (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5831a5.htm>), and the *MMWR Summary of Notifiable Diseases, United States, 2008* was published in June 2010 (http://www.cdc.gov/mmwr/mmwr_nd/index.html).

Provisional data have not been adjusted for variations in reporting procedures across different states or for delays in reporting. Provisional data are subject to reporting delays due to outbreaks, other health conditions or issues taking priority, or for other reasons (e.g., technical problems, changes in staff schedules or even vacation periods). Provisional data may be batched

reported during outbreaks and at other times, including at the end-of-year when surveillance staff are trying to finalize the data for a given year.

Notifiable disease reporting is likely incomplete, and the completeness varies depending upon the disease and the reporting state or territory. The recognition of a disease and degree of completeness may be influenced by the availability of diagnostic facilities; control measures in effect; public awareness of a specific disease; and the interests, resources, and priorities of state and local health officials responsible for disease control and public health surveillance. In addition, factors such as changes in methods for public health surveillance, introduction of new diagnostics tests, or discovery of new disease entities can cause changes in disease reporting and are independent of the true incidence of a disease.