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To: U.S. State and Territorial Epidemiologists

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Subject: 2023 changes to the National Notifiable Diseases Surveillance System (NNDSS) based upon approved 2022 Council of State and Territorial Epidemiologists (CSTE) position statements

This memorandum summarizes changes to NNDSS based upon position statements approved by the Council of State and Territorial Epidemiologists (CSTE) in June 2022. Updates about the following are summarized below: 1) five new nationally notifiable conditions, 2) case definition revisions to five existing nationally notifiable conditions, 3) case definition revisions for two conditions under standardized surveillance, that are not nationally notifiable, and 4) a summary of syphilis event codes that will be retired January 1, 2023 and active syphilis event codes.

Please share this letter with surveillance and informatics staff in your jurisdictions responsible for submission of NNDSS data to CDC.

CDC plans to post the 2023 event code list and the 2023 list of nationally notifiable conditions linked to their respective national surveillance case definitions on the NNDSS website by the end of January 2023.

Section I, Part A: Surveillance for five new nationally notifiable conditions

1) Monkeypox virus infections (event code 11801)

On July 25, 2022, CDC emailed a letter to State and Territorial Epidemiologists about the implementation of monkeypox as a nationally notifiable condition. The letter indicates that beginning August 1, 2022, jurisdictions should use the CSTE case definition described in position statement 22-ID-10. Jurisdictions should not retroactively change the classification of cases reported prior to August 1, 2022, based upon the new case definition.

The position statement recommends that CDC make monkeypox virus infection an immediately notifiable urgent condition. This means that public health jurisdictions should notify CDC within 24 hours of a monkeypox case meeting the confirmed or probable classification criteria. Data for this condition are submitted through various case notification mechanisms, including HL7 generic v2 messages, NEDSS Base System (NBS) master messages, and National Electronic Telecommunications System for Surveillance (NETSS) file format.

Case data should be sent to CDC as soon as possible, even before the case investigation is complete. Confirmed, probable, and total monkeypox cases will be published in the NNDSS tables on the CDC WONDER platform, when the monkeypox response stops publishing data about U.S. cases on the CDC Monkeypox web site.

2) Melioidosis (event code 11585)

CSTE position statement 22-ID-08, titled *Update to the Public Health Reporting and National Notification of Melioidosis*, updates the melioidosis case definition from a previous position statement (11-ID-16)

Melioidosis will become an immediately notifiable urgent condition beginning January 1, 2023. This means that public health jurisdictions should notify CDC within 24 hours of a melioidosis case meeting the confirmed or probable classification criteria. Data for melioidosis can be submitted through various case notification mechanisms, including HL7 generic v2 messages, NBS master messages, and NETSS files.

Melioidosis will be verified with the jurisdiction and CDC program before publication in the NNDSS tables on the CDC WONDER platform. Because melioidosis has been designated a low-incidence condition requiring verification, provisional case reports will be verified with both the reporting jurisdiction and the National Center for Emerging and Zoonotic Infectious Diseases via the Low Incidence Verification module in the Message Validation, Processing, and Provisioning System (MVPS) portal. Verified cases meeting print criteria will be published in the NNDSS tables. Data displayed in the weekly and annual NNDSS tables will combine case counts for confirmed and probable melioidosis cases.

3) *Candida auris*, screening (event code 50264)

CSTE position statement 22-ID-05, titled *Update to the Standardized Case Definition and National Notification for Candida auris*, updates the case definition for *Candida auris* to reflect improved laboratory capability to identify *Candida auris* (*C. auris*) and highlights the importance of reporting screening cases nationally.

"*Candida auris*, screening" replaces *"Candida auris*, colonization/screening" as the condition name associated with event code 50264 and becomes nationally notifiable as of January 1,

2023. Both clinical (event code 50263) and screening (event code 50264) cases are routinely notifiable. This means jurisdictions should submit electronic case notifications for confirmed cases to CDC within the next reporting cycle after the case definition is met. They can be reported through generic v2-based HL7 case notifications using the healthcare-associated infections, multidrug-resistant organisms (HAI MDRO) message mapping guide (MMG) or the generic MMG. Data can also be sent to CDC through legacy NETSS files and NBS master messages.

The position statement removed the probable and suspect case classifications for *C. auris*. Beginning in *MMWR* year 2023, only confirmed "*Candida auris*, clinical" and "*Candida auris*, screening" cases will be published.

4 and 5) Carbapenemase-producing organisms (CPO), clinical (event code 50270) and CPO, screening (event code 50271)

CSTE position statement 22-ID-04, titled *Change in Case Definition from Carbapenemase-Producing Carbapenem-Resistant Enterobacteriaceae (CP-CRE) to Carbapenemase-Producing Organisms (CPO)*, expands the organisms for CPO, to include but not be limited to, Enterobacterales, *Acinetobacter baumannii*, and *Pseudomonas aeruginosa.* This position statement also expands acceptable laboratory criteria and the timeframe for counting new clinical cases.

CPO cases are classified as either "CPO, clinical," or "CPO, screening." They should be classified as clinical CPO cases (event code 50270) when the specimens were collected for the purpose of diagnosing or treating disease during normal care, and as screening CPO cases (event code 50271) when the specimens were collected for the detection of colonization and not for diagnosing or treating disease.

CDC is currently seeking Office of Management and Budget Paperwork Reduction Act (OMB PRA) approval to receive case notifications for CPO. CDC will notify you when we are able to accept data for these new CPO conditions. When approved, data for CPO can be sent using HL7 case notifications using the HAI MDRO MMG or the generic MMG. In addition, data can be sent using legacy methods, including NETSS files and NBS master messages. CSTE designated CPO routinely notifiable, meaning that when the case definition is met, cases should be electronically submitted to CDC within the next reporting cycle. Confirmed cases will be published in the NNDSS tables.

Because jurisdictions will need time to transition from reporting CP-CRE to CPO, CDC will use the following implementation plan for publishing data about CPO in the NNDSS tables on the CDC WONDER platform:

- Surveillance year 2023 is designated as a transition year to allow jurisdictions to transition to using the new CPO event codes. Beginning January 2023, jurisdictions will

be able to send case notifications for the following 3 event codes and CDC will publish confirmed cases of the following event codes as "CPO, total" in the weekly NNDSS tables:

  - CP-CRE (event code 50244),
  - CPO, clinical (event code 50270), and
  - CPO, screening (event code 50271)

- Beginning January 2024, the CP-CRE event code (50244) will be retired and will be rejected by MVPS for 2024 cases.
- 2024 is the year of full implementation of the new CPO event codes. Beginning with cases in surveillance year 2024, CPO, clinical (event code 50270); CPO, screening (event code 50271); and CPO, total (the sum of CPO, clinical and CPO, screening) will be displayed in the NNDSS weekly tables, and CP-CRE cases will be errored out by MVPS.

Section I, Part B: Revised national surveillance case definitions for 5 existing nationally notifiable conditions

1) SARS-CoV-2 infection/coronavirus disease 2019 (event code 11065)

CSTE position statement 22-ID-01, titled *Update to the standardized surveillance case definition and national notification for SARS-CoV-2 infection (the virus that causes COVID-19)*, updates the national case definition for 2019 novel coronavirus disease (COVID-19) from position statement 21-ID-01 and retains COVID-19 as a nationally notifiable disease.

The timeframe for notification to CDC was changed from immediately notifiable urgent to routinely notifiable. The position statement updates the reporting and case classification criteria to better meet long-term surveillance goals for tracking COVID-19 infections. Revisions to the case definition include removing clinical criteria and epidemiologic linkage criteria and updating the probable and suspect case classifications and laboratory criteria.

When CDC begins publishing COVID-19 data in the NNDSS tables on the WONDER platform, we will display confirmed, probable, and the total number of cases. NNDSS will publish 2020 and 2021 COVID-19 data in the NNDSS annual tables from the aggregate COVID-19 data requested from jurisdictions through the Epi Info™ web form data collection process. Jurisdictions should continue to report COVID-19 cases to CDC using HL7 generic v2-based COVID-19 and COVID Lite case notifications as well as NETSS and NBS master message.

2) Coccidioidomycosis (event code 11900)

CSTE position statement 22-ID-07, titled *Update to the Standardized Case Definition and National Notification for Coccidioidomycosis*, updates the previous case definition for coccidioidomycosis (10-ID-04) through the addition of new clinical, laboratory, and epidemiologic criteria for case reporting and case classifications.

The position statement establishes notification expectations for high-incidence and low-incidence jurisdictions. Both high-incidence and low-incidence jurisdictions should send notifications for confirmed cases; only low-incidence jurisdictions are asked to send notifications for probable and suspect cases. The goal of surveillance in high-incidence jurisdictions with established endemicity is to better understand epidemiologic trends over time. Low-incidence and non-endemic jurisdictions have the additional surveillance goal of identifying potential new areas of endemicity to accurately assess the expanding geographic range of *Coccidioides* spp.

- **High-incidence jurisdictions** are defined as those that have had an average coccidioidomycosis incidence of ≥10 confirmed cases per 100,000 population for a period of three consecutive years. As of July 2022, jurisdictions meeting these criteria include Arizona and California.

- **Low-incidence jurisdictions** are those that have not had an average coccidioidomycosis incidence of ≥10 confirmed cases per 100,000 population for a period of three consecutive years. Once ≥10 confirmed cases per 100,000 population have been observed in a low-incidence jurisdiction for a period of three consecutive years, they become a high-incidence jurisdiction for the purposes of surveillance and should permanently switch reporting criteria.

Coccidioidomycosis is designated as routinely notifiable, meaning that jurisdictions should submit electronic notifications for cases meeting the confirmed and probable case classifications in the electronic reporting cycle after the case definition is met. Jurisdictions should continue to report coccidioidomycosis cases to CDC using HL7 case notifications using the generic MMG or legacy formats, including NETSS and NBS master message. Confirmed and probable cases will be published in the NNDSS tables.

3) *Neisseria gonorrhoeae* infection/gonorrhea (event code 10280)

CSTE position statement 22-ID-03, titled *Update to Public Health Reporting and National Notification for Infection Caused by Neisseria gonorrhoeae,* updates the standardized surveillance case definition for *Neisseria gonorrhoeae* infection, to capture disseminated gonococcal infection (DGI) and to address reporting of drug resistance measures for gonorrhea.

***Neisseria gonorrhoeae* cases that result in DGI should be classified according to the guidance in the CSTE position statement**. The "Type of Complications" repeating group in the STD

v1.2.0 MMG has a "Type of Complication" data element for reporting DGI. The "Type of Complications Indicator" data element should be used for reporting DGI status.

Beginning in January 2023, only confirmed and probable gonorrhea cases will be included in published gonorrhea counts in the weekly and the annual NNDSS tables on the CDC WONDER platform. Because all case classification statuses were included in the published counts previously, counts may be lower when compared to previous years. Gonorrhea continues to be a routinely notifiable condition. This means jurisdictions should submit electronic case notifications within the next reporting cycle after the case definition is met.

4) Animal rabies (event code 10340)

CSTE position statement 22-ID-06, titled *Revision of Public Health Reporting and Timeframes for National Notification for Animal Rabies*, updates the animal rabies case definition through the addition of new laboratory criteria and updates reporting data elements and timeframes for significant animal rabies events, as required for international reporting.

In compliance with international reporting regulations, animal rabies cases meeting the criteria specified below are designated as immediately notifiable urgent conditions requiring notification to CDC of confirmed cases within 24 hours of identification:

- Detection of a case of rabies or non-rabies lyssavirus occurring in an animal imported from outside the continental United States within the previous 365 days, unless variant testing identifies a variant known to circulate in the United States
- Detection of a rabies virus variant or non-rabies virus lyssavirus in a new geographic area as determined by the jurisdiction.
- Identification of sustained transmission of any rabies virus variant or non-rabies lyssavirus among animals of a previously unrecognized reservoir species for that virus or virus variant.

Other cases are designated as routinely notifiable, requiring notification to CDC of confirmed cases meeting the case definition by the next electronic reporting cycle in the following circumstances:

- Routine (standard) notification of positive and negative animal rabies test results to CDC for all situations that do not meet the criteria for immediate notification. Routine notification should occur no less frequently than monthly.
- Negative results from certain laboratory tests (direct fluorescent antibody, direct rapid immunohistochemical [dRIT], immunohistochemistry [IHC] on formalin-fixed tissues and pan-lyssavirus real-time RT-PCR) should also be included in the notification.

Animal rabies data should be reported to CDC using legacy generic HL7 case notifications, NETSS, and NBS master message. Beginning in MMWR year 2023, animal rabies data will only be published in the annual NNDSS tables on the CDC WONDER platform.

5) Lead in blood (no event code assigned)

CSTE position statement 22-EH-01, titled *Public Health Reporting and National Notification for Lead in Blood*, updates position statement 15-EH-01 by changing the name of the condition under surveillance from "elevated blood lead level" to "lead in blood" and updating the criteria for reporting, the case definition, and case classifications.

Notifications should be sent for all blood lead test data for children and for adults regardless of blood lead level. Jurisdictions may not have the resources to collect and process all blood lead laboratory reports. At a minimum, jurisdictions should share case data on all confirmed and suspect cases in children (less than age 16 years) with blood lead levels at or above the reference value (≥ 3.5 µg/dL) and all confirmed cases in adults (age 16 years or greater) at or above the reference value (≥ 3.5 µg/dL)**.** Notifications for adults should be sent to the National Institute for Occupational Safety and Health. Notifications for children should be sent to the National Center for Environmental Health.

Section I, Part C: National surveillance case definitions for two conditions under standardized surveillance, which are not nationally notifiable

1) Multisystem inflammatory syndrome in children (MIS-C) associated with SARS-CoV-2 infection (event code 11066)

CSTE position statement 22-ID-02, titled *Standardized Case Definition for Surveillance of Multisystem Inflammatory Syndrome in Children (MIS-C) Associated with SARS-CoV-2 Infection*, establishes a standardized case definition that public health officials can use to estimate disease burden, monitor geographic trends in incidence, and characterize the demographic characteristics of affected persons. CSTE indicates these data are critical to inform interventions such as vaccination, non-pharmaceutical interventions, and public health messaging aimed at preventing SARS-COV-2 infection.

Assignment of final case classification for all reported MIS-C cases will be done by national MIS-C surveillance staff to provide consistency in case classification. The MIS-C surveillance case definition includes confirmed, probable, and suspect case classification categories. Based on the national case definition, MIS-C is an illness in a person aged < 21 years, but event code 11066 does not have an age specification.

CDC will not publish MIS-C in the weekly or annual NNDSS tables on the CDC WONDER platform, since it is not a nationally notifiable condition**.** However, CDC's National Center for Immunization and Respiratory Diseases expects to publish MIS-C data on a monthly basis. The preferred method for sending data on MIS-C cases to the CDC program is through HHS Protect, the CDC MIS-C REDCap project, the secure file transfer portal, or secure email. Jurisdictions may also send notifications of MIS-C cases using HL7 generic v2 messages, but should send MIS-C specific data through currently established reporting mechanisms.

2) Strongyloidiasis (current or past; event code 12036)

CSTE position statement 22-ID-09, titled *Standardized Surveillance Case Definition for Strongyloidiasis*, establishes a case definition for strongyloidiasis to provide data on the temporal, geographic, and demographic occurrence of strongyloidiasis to facilitate its prevention and control.

CDC is seeking OMB PRA approval to receive case notifications for this condition. When approved, data can be sent using HL7 case notifications for the generic v2 MMG, the NBS master message, or NETSS file format.

Section II: Syphilis event codes that will be retired as of January 1, 2023 and active syphilis event codes

Syphilis (event codes 10314 and 10319)

Beginning with Morbidity and Mortality Weekly Report (*MMWR)* year 2023, CDC will not accept event codes 10314 (syphilis, late latent) and 10319 (syphilis, late with clinical manifestations) for **new** cases of syphilis.

Active event codes for syphilis case notifications that are aligned with the 2018 CSTE case definition are:

- 10311 (primary),
- 10312 (secondary),
- 10313 (early non-primary, non-secondary),
- 10316 (congenital), and
- 10320 (unknown duration or late).

New cases for *MMWR* year 2023 sent to CDC with event codes 10314 and 10319 will receive an error message in MVPS and the cases will not be published in the NNDSS data tables on CDC WONDER and data.CDC.gov.

Jurisdictions may continue using event codes 10314 and 10319 to update cases sent to CDC for previous years.

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 diseases.