**National Notifiable Diseases Surveillance System (NNDSS)**

**OMB Control Number 0920-0728**

**Expiration Date: 03/31/2026**

**Program Contact**

Umed A. Ajani

Associate Director for Science

Division of Health Informatics and Surveillance

Office of Public Health Data, Surveillance, and Technology

Centers for Disease Control and Prevention

1600 Clifton Rd, MS-E91

Atlanta, GA 30329

Phone: (404) 498-0258

E-mail: [uajani@cdc.gov](mailto:uajani@cdc.gov)

**Submission Date:** June 1, 2023

**Circumstances of Change Request for OMB 0920-0728**

This is a non-substantive change request for OMB No. 0920-0728, expiration date 03/31/2026, for the reporting of Nationally Notifiable Diseases. Information on disease-specific data elements to be modified through this non-substantive change request is enumerated in the table below:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Disease Name**  **in NNDSS Collection** | Nationally Notifiable (NNC) OR Under Standardized Surveillance (CSS) | Current Case Notification (Y/N) | Proposed Case Notification (Y/N) | Current Disease-specific Data Elements (Y/N) | Proposed Disease-specific Data Elements (Y/N) | Number of Existing Data Elements in NNDSS | Proposed Number of NNDSS Data Elements to be Modified |
| Free-living Amebae (FLA) Infections | CSS |  |  | N | Y | 0 | 72 |
| Viral Hemorrhagic Fevers (VHF) | NNC |  |  | Y | Y | 104 | 18 |

The National Notifiable Diseases Surveillance System (NNDSS) is the nation’s public health surveillance system that enables all levels of public health (local, state, territorial, federal and international) to monitor the occurrence and spread of the diseases and conditions that CDC and the Council of State and Territorial Epidemiologists (CSTE) officially designate as “nationally notifiable” or as under “standardized surveillance.” The NNDSS program creates the infrastructure for the surveillance system and facilitates the submission and aggregation of case notification data voluntarily submitted to CDC from 60 jurisdictions: public health departments in every U.S. state, New York City, Washington DC, 5 U.S. territories (American Samoa, the Commonwealth of Northern Mariana Islands, Guam, Puerto Rico, and the U.S. Virgin Islands), and 3 freely associated states (Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau). The NNDSS also facilitates relevant data management, analysis, interpretation and dissemination of the information. The data are used to monitor the occurrence of notifiable conditions and to plan and conduct prevention and control programs at the state, territorial, local and national levels.

This request is for the addition of 90 new disease-specific data elements: 72 new disease-specific data elements for free-living amebae infections and 18 new disease-specific data elements for viral hemorrhagic fevers.

|  |  |
| --- | --- |
| **Free-living Amebae (FLA)** |  |
| The impetus/urgency for CDC to add data elements for this condition | * Free-living amebae (FLA) including *Acanthamoeba* spp., *Balamuthia mandrillaris*, and *Naegleria fowleri* can cause severe and often life-threatening infections in humans. They primarily infect the central nervous system, causing amebic meningoencephalitis, but *Balamuthia* and *Acanthamoeba* can infect other organ systems as well. * *Acanthamoeba*, *Balamuthia*, and *Naegleria fowleri* are commonly found in the environment, but infections are rare, occurring in approximately 30 individuals in the United States annually. FLA infections are nearly always fatal. In the United States, up to 97% of people with FLA infections have died. * The low incidence and high mortality associated with FLA infections have resulted in a need for national surveillance efforts to assist in further understanding risk factors, epidemiology, transmission, treatment, and prevention of FLA infections. * In the event an FLA infection is detected, national surveillance efforts are needed to confirm a case using a standardized case definition, characterize the epidemiology, and inform public health interventions for response and prevention strategies. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Data Element Name** | **Data Element Description** | **Value Set Code** | **CDC Priority[[1]](#footnote-2) (New)** |
| Subject's Last Name | Patient Last Name | N/A | 2 |
| Subject's First Name | Patient First Name | N/A | 2 |
| Middle Initial | Patient Middle Initial | N/A | 2 |
| County of Treatment | County in which patient was treated | PHVS\_County\_FIPS\_6-4 | 2 |
| State of Treatment Hospital | State in which patient was treated | PHVS\_State\_FIPS\_5-2 | 2 |
| Recreational Water Exposure Questions Indicator | Any recreational water exposure | PHVS\_YesNoUnknown\_CDC | 1 |
| Recreational Water Exposure Within 14 Days Before Symptom Onset | Types of recreational water which patient was exposed | TBD | 2 |
| Recreational Water Exposure Date | Date of water exposure | N/A | 2 |
| Recreational Water Notes | Other recreational water exposure, specify | N/A | 3 |
| Other Recreational Water Exposure Date | Other recreational water exposure onset date | N/A | 2 |
| Recreational Water Activities | Patient participation in any recreational water activities | PHVS\_YesNoUnknown\_CDC | 2 |
| Activity Type | Types of recreational water activities patient participated in | TBD | 2 |
| Other Recreational Water Activities Specify | Other water activity, specify | N/A | 3 |
| Nasal Irrigation Exposure | Any nasal irrigation exposure | PHVS\_YesNoUnknown\_CDC | 1 |
| Nasal Irrigation Water Source | Water source used by patient for nasal irrigation | TBD | 1 |
| Nasal Irrigation Exposure Indicator | Types of nasal irrigation | TBD | 2 |
| Nasal Irrigation Exposure Date | Date when patient preformed nasal irrigation | N/A | 2 |
| Other Nasal Irrigation Exposure specify | Other nasal irrigation type, specify | N/A | 3 |
| Soil Exposure | Any soil exposure | PHVS\_YesNoUnknown\_CDC | 1 |
| Soil Exposure Indicator | Types of soil exposure | TBD | 2 |
| Soil Exposure Date | Date when patient was exposed to soil | N/A | 2 |
| Travel | Any travel within the last 2 years | PHVS\_YesNoUnknown\_CDC | 2 |
| International Destination of Travel | International travel destination | N/A | 2 |
| Travel State | Domestic travel destination | N/A | 2 |
| Date Of Arrival to Travel Destination​ | Date of Arrival to Travel Destination | N/A | 2 |
| Date of Departure from Travel Destination | Date of Departure from Travel Destination | N/A | 2 |
| Treatment Type | List of treatment/drugs used by patient in the past 2 years | TBD | 1 |
| Treatment Information | If patient using other treatment/drugs, specify | N/A | 2 |
| Immunocompromised Associated Condition or Treatment | List of immunocompromised conditions experienced by patient | TBD | 1 |
| CD4 Count | If yes to HIV/AIDS, what is CD4 count (per mm3) | N/A | 2 |
| Cancer, specify | If the patient has cancer, specify the type of cancer | N/A | 2 |  |
| Hematologic disease | If patient has a hematologic disease, specify | N/A | 2 |
| Other autoimmune disease | If patient has other autoimmune disease, specify | N/A | 2 |
| Transplant Type | If patient had organ transplant, which organ | N/A | 1 |
| ENT/Respiratory Indicator | List of ENT/Respiratory conditions experienced by patient | TBD | 1 |
| Other ENT | Specify other ENT condition experienced by patient | N/A | 2 |
| Other Respiratory | Specify other respiratory condition experienced by patient | N/A | 2 |
| Underlying Conditions(s) | List of other health conditions experienced by patient | TBD | 2 |
| Other condition | Specify other condition experience by patient | N/A | 2 |
| Second Hospitalization | Other hospitalizations in the past 90 days | PHVS\_YesNoUnknown\_CDC | 2 |
| History of Present Illness | Description of patient’s clinical course prior to hospitalization | N/A | 1 |
| Patient Outcome | Did patient survive | PHVS\_YesNoUnknown\_CDC | 1 |
| Neurologic deficits | If survived, residual neurologic deficits | PHVS\_YesNoUnknown\_CDC | 1 |
| Neurologic Manifestations | Describe neurologic deficits | N/A | 2 |
| Cause of Death | Cause of death | TBD | 1 |
| Other cause of death | Specify other cause of death | N/A | 2 |
| Organs transplant donor | If died, were organs transplanted | PHVS\_YesNoUnknown\_CDC | 1 |
| Specify organs transplanted | Specify which organs were transplanted | N/A | 2 |
| Clinical Outcome | Description of patient’s clinical course | N/A | 1 |
| Sign and Symptoms | List of general and neurological signs and symptoms experienced by patient | TBD | 1 |
| Signs and Symptoms Indicator | Indicator for associated sign and symptom | PHVS\_YesNoUnknown\_CDC | 1 |
| Other Signs and Symptoms, Specify | Specify other general sign or symptoms | N/A | 2 |
| Onset date of neurological symptom | Onset date of first neurological sign/symptom | N/A | 1 |
| Other neurological sign/symptom | Specify other neurological sign/symptom | N/A | 2 |
| Skin lesions | Skin lesions present on patient | PHVS\_YesNoUnknown\_CDC | 1 |
| Character of Lesions | Type of lesion (ulcers, plaques, erythematous nodules) | TBD | 2 |
| Lesion location | Location of lesions | N/A | 2 |
| Total number of Lesions | Number of lesions | N/A | 2 |
| CSF Panel Testing Date | Date of CSF testing | N/A | 1 |
| CSF Panel Test Result | CSF Panel Test Result | TBD | 1 |
| Diagnostic imaging | Use of diagnostic imaging | PHVS\_YesNoUnknown\_CDC | 1 |
| Diagnostic imaging type indicator | Type of imaging preformed | TBD | 2 |
| Diagnostic imaging findings indicator | Findings of diagnostic imaging | TBD | 2 |
| Diagnostic imaging findings specify indicator | Other findings of diagnostic imaging, specify | N/A | 3 |
| Number of brain lesions | How many brain lesions | TBD | 2 |
| Ring-enhancing brain lesions | Were brain lesions ring-enhancing | PHVS\_YesNoUnknown\_CDC | 2 |
| Location of brain lesions | If yes to brain lesions, location of brain lesions | N/A | 2 |
| Surgical resection | Did surgical resection occur | PHVS\_YesNoUnknown\_CDC | 1 |
| Medications | Types of medication used to treat patient | TBD | 1 |
| Medication start date | When did medication start | N/A | 2 |
| Medication end date | When did medication end | N/A | 2 |
| Route of Administration | How was medication administered to patient | TBD | 2 |

|  |  |
| --- | --- |
| **Viral hemorrhagic fevers (VHF)** |  |
| The impetus/urgency for CDC to add data elements for this condition | * Viral hemorrhagic fevers (VHFs) are a group of diseases that affect the organ systems of the body, damaging the overall cardiovascular system, and may result in bleeding, or hemorrhaging. * The number of viruses known to cause disease in humans around the globe is ever-increasing, and the way VHF viruses spread is likely to shift due to globalization, international travel, and climate change. * Due to these dynamics of viral spread, the risk of introducing a VHF into the United States is increasing. Therefore, the need for national notifiable disease surveillance to assist in understanding the transmission and epidemiology of VHFs in U.S. jurisdictions is critical. * In the event a VHF case is detected in the United States, nationwide disease surveillance is necessary to provide consistent case identification and classification, measure the potential burden of illness, characterize the epidemiology of medically attended VHFs in the United States, detect community transmission, and inform public health response to clusters of illness and efficacy of population-based non-pharmaceutical interventions during the outbreak. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Data Element Name** | **Data Element Description** | **Value Set Code** | **CDC Priority[[2]](#footnote-3) (New)** |
| Travel | Did the patient travel outside the United States in the 3 weeks before becoming ill? | PHVS\_YesNoUnknown\_CDC | 1 |
| Contact with Case | Has the patient had contact with a symptomatic VHF case (suspect or confirmed), or VHF survivor in the 3 weeks before becoming ill? | PHVS\_YesNoUnknown\_CDC | 1 |
| Contact with Case Start Date | Contact with VHF case start date | N/A | 1 |
| Contact with Case End Date | Contact with VHF end date | N/A | 1 |
| Provide Care for ill patient | Did the patient care for someone who was sick or died in the 3 weeks before becoming ill? | PHVS\_YesNoUnknown\_CDC | 1 |
| Provide Care for ill patient Start Date | Care for sick person start date | N/A | 1 |
| Provide Care for ill patient End Date | Care for sick person end date | N/A | 1 |
| Attend Funeral | Did the patient attend a funeral outside of the United States in the 3 weeks before becoming ill? | PHVS\_YesNoUnknown\_CDC | 1 |
| Consumed Meat | Did the patient consume any meat harvested from wild animals outside of the United States in the 3 weeks before becoming ill? | PHVS\_YesNoUnknown\_CDC | 1 |
| Reported Pathogen | Select VHF pathogen reported | TBD | 1 |
| Reported Pathogen Other | Other VHF pathogen reported | TBD | 1 |
| Tick Mosquito Contact | Did the patient experience any tick or mosquito bites while outside of the United States? | PHVS\_YesNoUnknown\_CDC | 1 |
| Specify Tick Mosquito Type | Specify tick and/or mosquito contact | TBD | 1 |
| Tick Mosquito Location Country | Tick/Mosquito location country | TBD | 2 |
| Tick Mosquito Location District | Tick/Mosquito location district | TBD | 3 |
| Last Date of Tick Contact | Last date of tick bite (or tick removal) | N/A | 2 |
| Last Date of Mosquito Contact | Last date of mosquito bite | N/A | 2 |
| Positive Results Pathogen | Positive results for which pathogen | TBD | 1 |

Burden

The burden to add 90 data elements to NNDSS is applicable to all 50 states, 5 territories, 3 freely associated states, and 2 cities. Although not all territories and freely associated states use electronic, automated transmission for their case notifications, it is expected that they will adopt electronic, automated transmission in the next three years. This burden includes the one-time burden incurred by the respondents to add the data elements to their surveillance system and modify their case notification message. A one-time average burden of 9 hours is incurred for respondents to add 90 data elements to their surveillance system and modify their electronic case notification message to accommodate those 90 additional data elements. This one-time burden of 9 hours is noted in the following table:

One-Time Burden to Add 90 Data Elements to NNDSS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Respondents** | **Number of Respondents** | **Number of Responses per Respondent** | **Average Burden Per Response (in hours): One-time Addition of 90 Data Elements** |  |
| States | 50 | 1 | 9 |  |
| Territories | 5 | 1 | 9 |  |
| Freely Associated States | 3 | 1 | 9 |  |
| Cities | 2 | 1 | 9 |  |
| Total |  |  |  |  |

The total annualized one-time burden is 180 hours (150 hours for states, 15 hours for territories, 9 hours for freely associated states and 6 hours for cities) as noted in the table below.

Annualized One-Time Burden to Add 90 Data Elements to NNDSS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Respondents** | **Number of Respondents** | **Number of Responses per Respondent** | **Average Burden Per Response (in hours): Annualized One-time Addition of 90 Data Elements** | **Total Annualized One-Time Burden (in hours)** |
| States | 50 | 1 | 3 | 150 |
| Territories | 5 | 1 | 3 | 15 |
| Freely Associated States | 3 | 1 | 3 | 9 |
| Cities | 2 | 1 | 3 | 6 |
| Total |  |  |  | 180 |

180 hours were added to the existing burden hours in Table A.12A and Table A.12B below.

A.12A. Estimates of Annualized Burden Hours

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Respondents** | **Form Name** | **Number of Respondents** | **Number of Responses per Respondent** | **Average Burden Per Response (in hours)** | **Total Burden (in hours)** |
| States | Weekly (Automated) | 50 | 52 | 20/60 | 867 |
| States | Weekly (Non- automated) | 10 | 52 | 2 | 1,040 |
| States | Weekly (NMI Implementation) | 50 | 52 | 4 | 10,400 |
| States | Annual | 50 | 1 | 75 | 3,750 |
| States | One-time Addition of Diseases and Data Elements | 50 | 1 | 9 | 450 |
| Territories | Weekly (Automated) | 5 | 52 | 20/60 | 87 |
| Territories | Weekly, Quarterly (Non-automated) | 5 | 56 | 20/60 | 93 |
| Territories | Weekly (NMI Implementation) | 5 | 52 | 4 | 1,040 |
| Territories | Annual | 5 | 1 | 5 | 25 |
| Territories | One-time Addition of Diseases and Data Elements | 5 | 1 | 9 | 45 |
| Freely Associated States | Weekly (Automated) | 3 | 52 | 20/60 | 52 |
| Freely Associated States | Weekly, Quarterly (Non-automated) | 3 | 56 | 20/60 | 56 |
| Freely Associated States | Annual | 3 | 1 | 5 | 15 |
| Freely Associated States | One-time Addition of Diseases and Data Elements | 3 | 1 | 9 | 27 |
| Cities | Weekly (Automated) | 2 | 52 | 20/60 | 35 |
| Cities | Weekly (Non-automated) | 2 | 52 | 2 | 208 |
| Cities | Weekly (NMI Implementation) | 2 | 52 | 4 | 416 |
| Cities | Annual | 2 | 1 | 75 | 150 |
| Cities | One-time Addition of Diseases and Data Elements | 2 | 1 | 9 | 18 |
| **Total** |  |  |  |  | **18,774** |

A.12B. Estimates of Annualized Cost Burden

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Respondents** | **Form Name** | **Number of Respondents** | **Number of Responses per Respondent** | **Average Burden Per Response (in hours)** | **Total Burden Hours** | **Hourly Wage Rate** | **Respondent Cost** |
| States | Weekly (Automated) | 50 | 52 | 20/60 | 867 | $49.14 | $42,604 |
| States | Weekly (Non-automated) | 10 | 52 | 2 | 1,040 | $41.70 | $43,368 |
| States | Weekly (NMI Implementation) | 50 | 52 | 4 | 10,400 | $49.14 | $511,056 |
| States | Annual | 50 | 1 | 75 | 3,750 | $41.70 | $156,375 |
| States | One-time Addition of Diseases and Data Elements | 50 | 1 | 9 | 450 | $49.14 | $22,113 |
| Territories | Weekly (Automated) | 5 | 52 | 20/60 | 87 | $49.14 | $4,275 |
| Territories | Weekly, Quarterly (Non-automated) | 5 | 56 | 20/60 | 93 | $41.70 | $3,878 |
| Territories | Weekly (NMI Implementation) | 5 | 52 | 4 | 1,040 | $49.14 | $51,106 |
| Territories | Annual | 5 | 1 | 5 | 25 | $41.70 | $1,043 |
| Territories | One-time Addition of Diseases and Data Elements | 5 | 1 | 9 | 45 | $49.14 | $2,211 |
| Freely Associated States | Weekly (Automated) | 3 | 52 | 20/60 | 52 | $49.14 | $2,555 |
| Freely Associated States | Weekly, Quarterly (Non-automated) | 3 | 56 | 20/60 | 56 | $41.70 | $2,335 |
| Freely Associated States | Annual | 3 | 1 | 5 | 15 | $41.70 | $626 |
| Freely Associated States | One-time Addition of Diseases and Data Elements | 3 | 1 | 9 | 27 | $49.14 | $1,327 |
| Cities | Weekly (Automated) | 2 | 52 | 20/60 | 35 | $49.14 | $1,720 |
| Cities | Weekly (Non-automated) | 2 | 52 | 2 | 208 | $41.70 | $8,674 |
| Cities | Weekly (NMI Implementation) | 2 | 52 | 4 | 416 | $49.14 | $20,442 |
| Cities | Annual | 2 | 1 | 75 | 150 | $41.70 | $6,255 |
| Cities | One-time Addition of Diseases and Data Elements | 2 | 1 | 9 | 18 | $49.14 | $885 |
| **Total** |  |  |  |  |  |  | **$882,848** |

1. R=Required; 1=Priority 1, 2=Priority 2, 3=Priority 3 [↑](#footnote-ref-2)
2. R=Required; 1=Priority 1, 2=Priority 2, 3=Priority 3 [↑](#footnote-ref-3)