61 data elements that were not included in the previously reviewed ICR or approved through non-substantive change requests were added for 2 conditions: 51 new disease-specific data elements for toxoplasmosis, and 10 new disease-specific data elements for congenital toxoplasmosis. Names, descriptions, value set codes (the answer list for coded data elements from CDC vocabulary server (PHIN VADS) which can be accessed at [http://phinvads.cdc.gov),](http://phinvads.cdc.gov/) and justification for the addition of these new data elements are below:

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| **Toxoplasmosis** |  |
| The impetus/urgency for CDC to add data elements for this condition | * A standardized surveillance case definition for toxoplasmosis was approved in 2023 by the Council of State and Territorial Epidemiologists (CSTE), providing a framework for consistent reporting and enhancing quality of toxoplasmosis data across states and jurisdictions. * Toxoplasmosis is a significant public health issue that can cause severe health complications in immunocompromised individuals, pregnant women, and their unborn children. * There has been growing awareness of the risks associated with toxoplasmosis, particularly in relation to food safety (e.g., undercooked meat) and environmental exposure (e.g., contaminated soil). Enhanced data collection can help identify risk factors and inform prevention strategies. * Adding data elements would improve surveillance capabilities, allowing for better tracking of cases, outbreaks, and trends over time. * Robust data is essential for developing evidence-based policies and guidelines related to the prevention and management of toxoplasmosis at local, state, and national levels. * As toxoplasmosis is a global concern with varying prevalence rates across different regions, improved data collection can contribute to international efforts in monitoring and controlling the disease. |

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| **Label/Short Name** | **Description** | **Value Set Code** | **CDC Priority** |
| Date first received by Public Health Agency | Date first received by Public Health Agency | N/A | 3 |
| Previous Evidence of Toxoplasmosis | Does the patient have previous evidence of toxoplasmosis | PHVS\_YesNoUnknown\_CDC | 1 |
| Estimated Date of Delivery of the Pregnancy | If the patient is pregnant, estimated date of delivery of the pregnancy | N/A | 2 |
| Pregnancy Outcome | What was the outcome of the pregnancy? | TBD | 2 |
| Die within ≤ 7 days of life | If live born, did the infant die within ≤ 7 days of life? | PHVS\_YesNoUnknown\_CDC | 2 |
| Patient immunocompromised | At time of diagnosis, was the patient immunocompromised due to medical condition(s) or treatment | PHVS\_YesNoUnknown\_CDC | 2 |
| Immune compromising condition or treatment | If patient was immunocompromised, what was the associated condition or treatment | TBD | 2 |
| Case associated with at least one probable or confirmed case of active toxoplasmosis | Is this case associated with at least one probable or confirmed case of active toxoplasmosis? | PHVS\_YesNoUnknown\_CDC | 2 |
| linked case | case ID number for the linked case | N/A | 2 |
| Reason for testing | Reason for testing | TBD | 2 |
| Patient symptomatic | Was the patient symptomatic for toxoplasmosis? | PHVS\_YesNoUnknown\_CDC | 1 |
| Date of onset estimated | Is date of onset is estimated | PHVS\_YesNoUnknown\_CDC | 2 |
| Clinical manifestations | Clinical manifestations | TBD | 1 |
| Clinical manifestations Indicator | Clinical manifestations Indicator | PHVS\_YesNoUnknown\_CDC | 1 |
| Admitted to an intensive care unit | If Yes, was the patient ever admitted to an intensive care unit during that visit? | PHVS\_YesNoUnknown\_CDC | 3 |
| Did the patient die | Did the patient die | PHVS\_YesNoUnknown\_CDC | 1 |
| Death Related to Toxoplasmosis | If patient died, was death related to toxoplasmosis | PHVS\_YesNoUnknown\_CDC | 1 |
| Date of Death | If patient died, date of death? | N/A | 2 |
| Imaging type | Imaging type | TBD | 3 |
| Imaging date performed | Imaging date performed | TBD | 3 |
| Imaging Result | Imaging Result | TBD | 3 |
| Further classification | Further classification | TBD | 3 |
| Case is LTFU or not investigated further. | Check if case is LTFU or not investigated further. | PHVS\_YesNoUnknown\_CDC | 3 |
| Patient Receive Treatment | Did the patient receive treatment for toxoplasmosis | PHVS\_YesNoUnknown\_CDC | 3 |
| Medications administered | Medications administered | TBD | 3 |
| Patient travel out of their county, state, or country of residence | In the 30 days prior to illness onset or diagnosis (use earlier date) did the patient travel out of their county, state, or country of residence | PHVS\_YesNoUnknown\_CDC | 2 |
| International Travel | International Travel? | PHVS\_YesNoUnknown\_CDC | 2 |
| Domestic Travel | Domestic Travel? | PHVS\_YesNoUnknown\_CDC | 2 |
| Travel Country | Travel Country | TBD | 2 |
| Travel Arrival Date | Travel Arrival Date | N/A | 2 |
| Travel Departure Date | Travel Departure Date | N/A | 2 |
| Travel State or Territory | Travel State or Territory | PHVS\_State\_FIPS\_5-2 | 2 |
| Immigration Date | If patient born outside the US, when did the patient immigrate to the United States? | N/A | 2 |
| Patient consumed any meat or shellfish | In the 30 days prior to illness onset or diagnosis (use earlier date), did the patient consume any meat or shellfish? | PHVS\_YesNoUnknown\_CDC | 2 |
| Type of meat or shellfish | Type of meat or shellfish | TBD | 2 |
| Source of meat or shellfish | Source of meat or shellfish | TBD | 2 |
| Method of cooking or prepping meat or shellfish | Method of cooking or prepping meat or shellfish | TBD | 2 |
| Patient drank unpasteurized or raw milk | In the 30 days prior to illness onset or diagnosis, did the patient drink any unpasteurized or raw milk? | PHVS\_YesNoUnknown\_CDC | 2 |
| Patient’s drinking water source | In the 30 days prior to illness onset or diagnosis, what was the patient’s drinking water source(s)? | TBD | 2 |
| Patient have any contact with kittens, cats, or their feces | In the 30 days prior to illness onset or diagnosis, did the patient have any contact with kittens, cats, or their feces? | PHVS\_YesNoUnknown\_CDC | 2 |
| Activities that led to the exposure | If Yes, what activities led to the exposure? | TBD | 2 |
| Patient work with soil | In the 30 days prior to illness onset or diagnosis, did the patient work with soil | PHVS\_YesNoUnknown\_CDC | 2 |
| Patient play in sand | In the 30 days prior to illness onset or diagnosis, did the patient play in sand | PHVS\_YesNoUnknown\_CDC | 2 |
| Patient received a transfusion of blood or blood products | In the 30 days prior to illness onset or diagnosis did the patient receive a transfusion of blood or blood products? | PHVS\_YesNoUnknown\_CDC | 2 |
| Infection transfusion associated | Was the patient’s infection transfusion associated? | PHVS\_YesNoUnknown\_CDC | 2 |
| Type(s) of transfused blood products | If a transfused blood product was implicated in an investigation, specify which type(s) of product | TBD | 2 |
| Date(s) of transfusion | Date(s) of transfusion | N/A | 2 |
| Patient received an organ or tissue transplant(s) | In the 30 days prior to illness onset or diagnosis, did the patient receive an organ or tissue transplant(s)? | PHVS\_YesNoUnknown\_CDC | 2 |
| Infection transplant-related | Was the patient’s infection transplant-related? | PHVS\_YesNoUnknown\_CDC | 2 |
| Organ or Tissue transplanted | what was the organ or tissue transplanted? | TBD | 2 |
| Date(s) of organ or tissue transplant | Date(s) of organ or tissue transplant | N/A | 2 |

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| **Congenital Toxoplasmosis** |  |
| The impetus/urgency for CDC to add data elements for this condition | * A standardized surveillance case definition for congenital toxoplasmosis was approved in 2023 by the Council of State and Territorial Epidemiologists (CSTE), providing a framework for consistent reporting and enhancing quality of congenital toxoplasmosis data across states and jurisdictions. * Congenital toxoplasmosis can lead to severe health issues in newborns, including neurological damage, vision problems, and other serious complications. * Enhanced data elements can improve surveillance systems, allowing for more accurate tracking of cases. Comprehensive data on congenital toxoplasmosis can help public health officials allocate resources more effectively, targeting areas with higher incidence rates or populations at greater risk. * Better data can inform prevention strategies and educational campaigns aimed at reducing the risk of infection during pregnancy, ultimately leading to better outcomes for mothers and infants. * Improved data collection can facilitate research into the epidemiology of congenital toxoplasmosis, helping to identify risk factors and potential interventions. * Robust data is essential for developing effective public health policies and guidelines related to screening, diagnosis, and treatment of congenital toxoplasmosis. |

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| **Label/Short Name** | **Description** | **Value Set Code** | **CDC Priority** |
| Date first received by Public Health Agency | Date first received by Public Health Agency | N/A | 3 |
| Birthweight | Birthweight | N/A | 3 |
| Birthweight units | Birthweight units | TBD | 3 |
| Gestational age at diagnosis | Gestational age at diagnosis | N/A | 2 |
| Gestational age at delivery | Gestational age at delivery | N/A | 2 |
| Vital status | Vital status of patient at time of report | TBD | 2 |
| Date of death | If died, date of death | N/A | 2 |
| Clinical manifestations | Clinical manifestations (check all that apply) | TBD | 1 |
| Pregnant person toxoplasma infection status | Fetus or infant delivered to a pregnant person with evidence of Toxoplasma gondii infection or toxoplasmosis acquired or reactivated during current gestation or within 6 months prior to conception. | PHVS\_YesNoUnknown\_CDC | 1 |
| Birth parents state Case ID | Gestational age at delivery | N/A | 2 |