# National Notifiable Diseases Surveillance System

# Supporting Statement Section B

# OMB Control Number 0920-0728

**September 22, 2026**

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## National Notifiable Diseases Surveillance System - Request for Revision

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### B. Collections of Information Employing Statistical Methods

#### B1. Respondent Universe and Sampling Methods

The respondent universe consists of up to 110 jurisdictions that voluntarily submit case notifications for nationally notifiable conditions to CDC: 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), 3 freely associated states (Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), and up to 50 tribal nations. No statistical sampling methods are used. The anticipated response rate for the aforementioned state, city, and territories, and one tribal nation (Cherokee Nation) is 100 percent. The previous actual response rate was 100 percent. All participate.

#### B2. Procedures for the Collection of Information

No statistical sampling methods are used. Public health departments review, process and analyze reportable conditions data and voluntarily submit case notification data on nationally notifiable conditions to CDC. The Council of State and Territorial Epidemiologists (CSTE), local, state, and territorial health departments and CDC work jointly to decide which conditions are nationally notifiable and added to the National Notifiable Diseases Surveillance System (NNDSS).

Over 90% of case notifications are sent to CDC by automated messaging. Some case notification messages are sent to CDC by non-automated mechanisms including fax, email, secure file upload, and data entry to a secure website. These different mechanisms used to send case notifications to CDC vary by the jurisdiction and disease or condition. All 50 states, all cities (New York City and Washington, D.C.), four territories (the Commonwealth of the Northern Mariana Islands, Guam, the U.S. Virgin Islands, and Puerto Rico) and one Freely Associated State (the Republic of the Marshall Islands) submit STD case notifications (STD case notifications account for approximately 87% of all case notifications received by CDC before the COVID-19 pandemic) by automated electronic messaging. Other territories and freely associated states send STD case notifications by non-automated methods including fax (only quarterly aggregate data are sent by fax), email, secure file upload, and data entry to a secure website. All states and cities send case notification data by automated electronic messaging for all other diseases and conditions covered by this ICR. In addition, up to 50 tribal nations will send case notification data by automated electronic messaging for all diseases and conditions covered by this ICR.

**B3. Methods to Maximize Response Rates and Deal with No response**

Methods are not necessary to maximize response rates and deal with no response. Jurisdictions (including one Tribal Nation, the Cherokee Nation) voluntarily submit notifications to CDC. The response rate is 100 percent

**B4. Tests of Procedures or Methods to be Undertaken**

As stated in Supporting Statement A, a key activity for NNDSS is to implement health information exchange industry standards for case notification message content and format. Part of this process involves pilot testing new message content and format for various conditions using HL7 electronic messaging. All selected conditions and data elements used in pilot testing are already approved through this ICR, 0920-0728. Pilot testing is used to evaluate whether the message is able to effectively transmit the expected data.

**B5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data**

There are no individuals consulted on statistical aspects of the data collection design as no sampling is used. CDC programs collect and analyze the information.