July 2026

NNDSS eSHARE Webinar

Office of Public Health Data, Surveillance, and Technology

July 21, 2026

Meeting Agenda

July 21, 2026, 3:00 pm ET

01 Welcome

02 General NNDSS Announcements

- Public Health Information Network Messaging System (PHIN MS) Update
- Key Dates for 2024 and 2025 NNDSS Annual Data Reconciliation
- Status of 2024 and 2025 NNDSS Annual Data Reconciliation

03 Highlights from the 2026 Council of State and Territorial Epidemiologists (CSTE) Annual Conference

04 Q&A

NNDSS
National Notifiable Diseases Surveillance System

General NNDSS Updates

Andrew Kuehl, MIT, PMP

Office of Public Health Data, Surveillance, and Technology

PHIN MS Update

- Sunsetting November 30, 2026
- Mercury S3 available as an alternative
- Support team will help jurisdictions:
  - Understand their SFTP/API options
  - Set up connections
  - Test connections
  - Cutover to production
- Send PHIN MS requests to edx@cdc.gov

Key Dates for 2024 and 2025 NNDSS Annual Data Reconciliation

- ✓ Feb 17: Reconciliation kick-off and eSHARE
- ✓ Feb 18: Reconciliation module open for 2024
- ✓ Mar 2: Reconciliation module open for 2025
- ✓ July 17: Final day for jurisdictions to submit STD/CS data
- ➢ **August 7: Lock All data (STD and non-STD data)**
- ➢ **August 17: STD Manager approval**
- ➢ **August 28: All data State/Territorial Epidemiologist approvals complete**

Status of 2024 and 2025 NNDSS Annual Data Reconciliation

2024	Percentage
Started	98.2%
STD Approved	28.3%
EPI Approved	23.6%

2025	Percentage
Started	70.9%
STD Approved	18.9%
EPI Approved	14.5%

*** As of 7/17/2026**

#CSTE2026

CSTE 2026 ANNUAL CONFERENCE

Boston

MASSACHUSETTS

MAY 31 to JUNE 04

A Beacon for Public Health: Epidemiology Guiding the Way for 75 Years and Beyond

csteconference.org

Section 508 alternative text version available on slide 39

Highlights from 2026 CSTE Annual Conference

Agenda:

- Conference Theme – A Beacon for Public Health: Epidemiology Guiding the Way for 75 Years and Beyond
- Overview of 2026 CSTE Annual Conference
- Plenary Sessions
- Sunday Workshop Review
- Highlights from the Surveillance/Informatics Track
- Review of Approved 2026 Position Statements
- Surveillance/Informatics and Data Modernization Updates
- Q&A

Overview of 2026 CSTE Annual Conference

- Registered Attendees: 2,473
  - 2,405 attendees onsite
- 99 breakout sessions
- 4 EpiVision sessions
- 83 discussion sessions
- 173 poster presentations
- Thursday: Annual Business Meeting

2026-2027 CSTE Executive Board

Officers

President
Sarah Kemble
Hawaii

President-Elect
Zack Moore
North Carolina

Vice President
Kathy Turner
Idaho

Secretary-Treasurer
Mary-Margaret Fill
Tennessee

Members-at-Large

Isaac Benowitz
Maine

Rachelle Boulton
Utah

Catherine Brown
Massachusetts

Laurie Forlano
Virginia

Ruth Lynfield
Minnesota

Meghan O'Connell
Great Plains Tribal Leaders Board

Theresa Sokol
Louisiana

Betsy Wasilevich
Michigan

Green = newly elected board member, or new role on the board

Section 508 alternative text version available on slide 41

Plenary Sessions

Monday: The Midnight Call for Health

- Dr. Bisola Ojikutu, Boston Public Health Commission

Tuesday: The AI Revolution in Public Health: Promise, Peril, and Accountability

- Robbie Goldstein, MA Department of Public Health Commissioner
- Kara Swisher, New York Magazine

Wednesday: Resilience and Moving Forward

- Dr. Allision Arwady, CDC
- Dr. Leonard Marcus, Harvard

Sunday Workshop Review: Informatics & Data Modernization

- "The Boston Data Party: Revolutionizing Public Health Surveillance and Informatics"
- Objectives
  - Participants will discuss and analyze scenarios to identify key challenges and emerging opportunities.
  - Participants will produce a cohesive, collective output through the rotating world café process.
  - Participants will evaluate and prioritize scenario-based solutions and barriers using dot-voting to surface key themes (e.g., high impact, major barriers, innovative) that will inform future CSTE member discussions and products.

Sunday Workshop Review: Informatics & Data Modernization

- Half-day morning workshop
- CDC Opening Remarks
- Three scenarios: Considering key needs to discontinue manual reporting for eCR, discussing surveillance system functionality in context of a rubella outbreak, and evaluating data visualization tools to preserve essential functions and reduce cost
  - Facilitators led attendees through table-discussions on these via a World Café
  - Attendees engaged in a gallery walk to review outputs and dot vote on key priorities/needs, barriers/challenges, and innovative/nice-to-have ideas

Sunday Workshop Review: Informatics & Data Modernization

- 196 attendees representing 62 STLT jurisdictions, CDC, non-profits, private sector, Tribal-serving, and academia
- Next Steps
  - Share out document containing raw and summarized outputs with attendees and CSTE S/I Chairs
  - CSTE S/I Chairs review and identify areas to bring to their specific communities

Sunday Workshop Review: Practical AI for Public Health

- "Navigating the AI Harbor: A Hands-on Workshop for Modern Epidemiologists"
- Hosted in Partnership with PubHealth Futures
- Objectives
  - Identify high-impact AI use cases relevant to your jurisdiction's data workflows
  - Apply prompt engineering techniques to extract structured information from unstructured public health data (e.g., electronic case reports)
  - Understand how to generate and use synthetic data to prototype AI solutions without compromising PII
  - Build interactive dashboards and analytics from AI-processed public health data
  - Evaluate foundational steps for bringing AI into your agency, from data readiness to enterprise capability

Sunday Workshop Review: Practical AI for Public Health

- 211 attendees from 69 different STLT jurisdictions, CDC, non-profits, private sector, Tribal-serving, and academia.
- Half-day afternoon workshop
- Didactic presentation; breakout groups to review specific tools with AWS, Cloudwick, and Inductive Health teams; CDC AI team presentation and Q&A

Sunday Workshop Review: Syndromic Surveillance

- Revolutionary Insights: Building Broader Use of Syndromic Data
  - Only the 2nd annual syndromic surveillance workshop!
- 94 attendees representing 50 different STLT jurisdictions
  - Up from 65 attendees representing 44 jurisdictions at first workshop
- Activities included:
  - Programmatic use of syndromic surveillance panel
    - Panelists use syndromic surveillance in their work, but they are not syndromic epidemiologists/analysts
  - Programmatic use discussion tables
    - Attendees were grouped by the program area they work in or were interested in discussing
  - Functional exercise
    - Fictional scenario based on a measles outbreak
    - 4 quick rounds where attendees received new information/discussion prompts

Highlights from the Surveillance/Informatics Track

- 20 breakout sessions (~130 abstracts presented)
- 15 discussion sessions
  - Several discussion sessions dedicated to CSTE workgroup/CoP meet and greats to discuss priorities for the upcoming year
- 32 posters presented
  - Poster award winner: Validation of Syndromic Surveillance Firearms Syndromes in Illinois Reveals Mixed Results (IL)
- Abstracts spanned across S/I, including, but not limited to: syndromic surveillance, AI, eCR, ELR, surveillance systems, data modernization, data quality, data visualization, data automation, FHIR and interoperability, and tribal/community data sharing

CSTE 2026 ANNUAL CONFERENCE

Review of Approved 2026 Position Statements

New Case Definitions, non-NNCs

ID	Title	Details
26-EH-01	Standardized Surveillance Case Definition for **Mortality Due to Environmental Heat**	• Establishes a standardized case definition for mortality due to environmental heat • *Note: Does not address other conditions that could be exacerbated by environmental heat; surveillance period is ongoing* • Clinical + epi linkage, vital records, and other records like healthcare, EMS, workers' comp may trigger reports to public health • Case classification criteria include epi linkage and vital records or C/ME evidence • Cases may be classified as "confirmed" or "probable" • Recommends "confirmed" and "probable" case counts be released

New Case Definitions, non-NNCs

ID	Title	Details
26-ID-05	Standardized Surveillance Case Definition for **Human New World Screwworm (NWS) Myiasis** to Support One Health Response	• *Note: NNC Recommendation was rejected by ID Committee* • Establishes a standardized case definition for human NWS myiasis • Clinical + epi linkage, laboratory, vital records, and healthcare records criteria may trigger reports to public health • Case classification criteria include clinical, lab, and epi linkage • Cases may be classified as “confirmed,” “probable,” or “suspect” • Recommends “confirmed” case counts be released

Updated Case Definitions, Non-NNCs

ID	Title	Details
26-ID-01	Update to the Standardized Case Definition for **Extrapulmonary Nontuberculous Mycobacteria Infection**	• Adds *Mycobacteria ulcerans* to the list of species excluded from the case definition (along with the previously excluded *M. gordonae*) • Expands clinical criteria for case classification to include night sweats and skin infections not limited to cellulitis (e.g., abscess)

CSTE 2026 ANNUAL CONFERENCE

New NNCs

ID	Title	Details
26-ID-08	Public Health Reporting and National Notification for **Respiratory Syncytial Virus (RSV)-Associated Pediatric Mortality**	• Creates a pediatric-specific case definition for RSV-associated mortality, in alignment with case definitions for COVID-19- and influenza-associated pediatric mortality (25-ID-03 and 26-ID-03, respectively) • *Note: 18-ID-01 will remain active for populations 18+ years* • Clinical + lab criteria, vital records criteria may trigger reports to public health • Case classification criteria include clinical, laboratory, and vital records • Cases may be classified as “confirmed,” “probable,” or “suspect” • Recommends RSV-associated pediatric mortality be routinely notifiable to CDC for “confirmed” cases only

Updates to NNCs – Changes to Subtypes/Condition Categories

ID	Title	Details

26-ID-04	Update to the Standardized Case Definition for Public Health Reporting and National Notification for **Measles**	• Expands clinical, epi linkage criteria that may trigger reports to public health; adds vital records to case ascertainment
		• Explicitly defines community transmission for the purpose of epi linkage criteria within the position statement
		• "Confirmed" cases may be:
		  • "Laboratory-Confirmed," which now allows "confirmed" cases to meet confirmatory laboratory evidence alone, or
		  • "Epidemiologically-Linked," which allows "confirmed cases" to meet clinical + epi linkage of contact with a "Confirmed, Laboratory-Confirmed" case without requiring lab evidence
		• Updates "probable" case classifications to mirror 2025's operational guidance, which will be replaced by this position statement
		• Adds "suspect" case classification (2012's "probable")
		• Remains immediately notifiable, urgent (within 24 hours) to CDC, with the addition of "probable" cases to "confirmed" cases for release

Updates to NNCs – No Longer Notifiable

ID	Title	Details
26-ID-06	Update to Public Health Reporting and National Notification of **Psittacosis** (*Chlamydia psittaci* infection)	• Updates clinical criteria for case classification • Updates laboratory criteria for both case ascertainment and classification based on additional testing methodologies • Establishes epidemiologic linkage criteria for case classification and incorporates epidemiologic linkage into “probable” case classification • Adds a “suspect” case classification • Establishes criteria for enumerating new cases of psittacosis • Recommends the removal from the *NNC List*, thus ending notifications to CDC for “confirmed” and “probable” cases

CSTE 2026 ANNUAL CONFERENCE

Updates to NNCs – No Changes to Notifiability

ID	Title	Details
26-ID-02	Update to Public Health Reporting and National Notification for **HIV Infection**	• Removes opportunistic infections as a criterion for Stage 3 HIV • Removes laboratory criteria paired with a physician diagnosis to trigger reports to public health • Revises Stage 0 HIV to add Stage 0 – Acute HIV Infection to distinguish among individuals with recent HIV infection and those with acute infection • Further updates made to align with 2014 *MMWR* case definition • Adds case classifications for perinatal exposure • Remains routinely notifiable to CDC for "confirmed" cases only

CSTE 2026 ANNUAL CONFERENCE

Updates to NNCs – No Changes to Notifiability

ID	Title	Details
26-ID-03	Update to Public Health Reporting and National Notification for **Influenza-Associated Pediatric Mortality**	• Updates align with case definitions for COVID-19- and RSV-associated pediatric mortality (25-ID-03 and 26-ID-08, respectively) • Revises lab criteria for both case ascertainment and classification to address changes in testing availability and practice • Expands case ascertainment and classification criteria to include vital records • Creates “probable” and “suspect” case classifications • Remains routinely notifiable to CDC for “confirmed” cases only

Updates to NNCs – No Changes to Notifiability

ID	Title	Details
26-ID-07	Update to Public Health Reporting and National Notification of **Acute and Chronic Q fever** (*Coxiella burnetii*)	• Simplifies clinical criteria that may trigger reports to public health; removes epi linkage criteria for case ascertainment • Updates and expands laboratory criteria for both ascertainment and classification to include metagenomic sequencing • Updates and broadens clinical criteria for case classification and delineates between “acute” and “chronic” Q fever • Defines epi linkage criteria for case classification • Adds “suspect” case classification • Remains routinely notifiable to CDC for “confirmed” and “probable” cases

Implementation Notes

- Finalized approved position statements available by July 30, 2026
- Effective date for position statements: January 1, 2027*

  * *CSTE and CDC are collaborating to implement an early effective date for 26-ID-05, NWS; CSTE members will be notified as soon as possible with additional details*
- CDC webpages and State Epi Letter with updated event codes expected early 2027

Additional SI / DM updates

- GenV3 Implementation
  - CSTE is partnering with CDC OPHDST in the development of a national strategy for GenV3 implementation
    - reduces reporting burden
    - improves data quality through use of data elements standardized by DSWG
    - strengthens interoperability
    - enhances CDC's ability to detect and respond to public health threats.
  - Builds on work of case service design
  - Held 4 Listening to Action sessions with STLT to inform roadmap
  - Anticipated early fall 2026

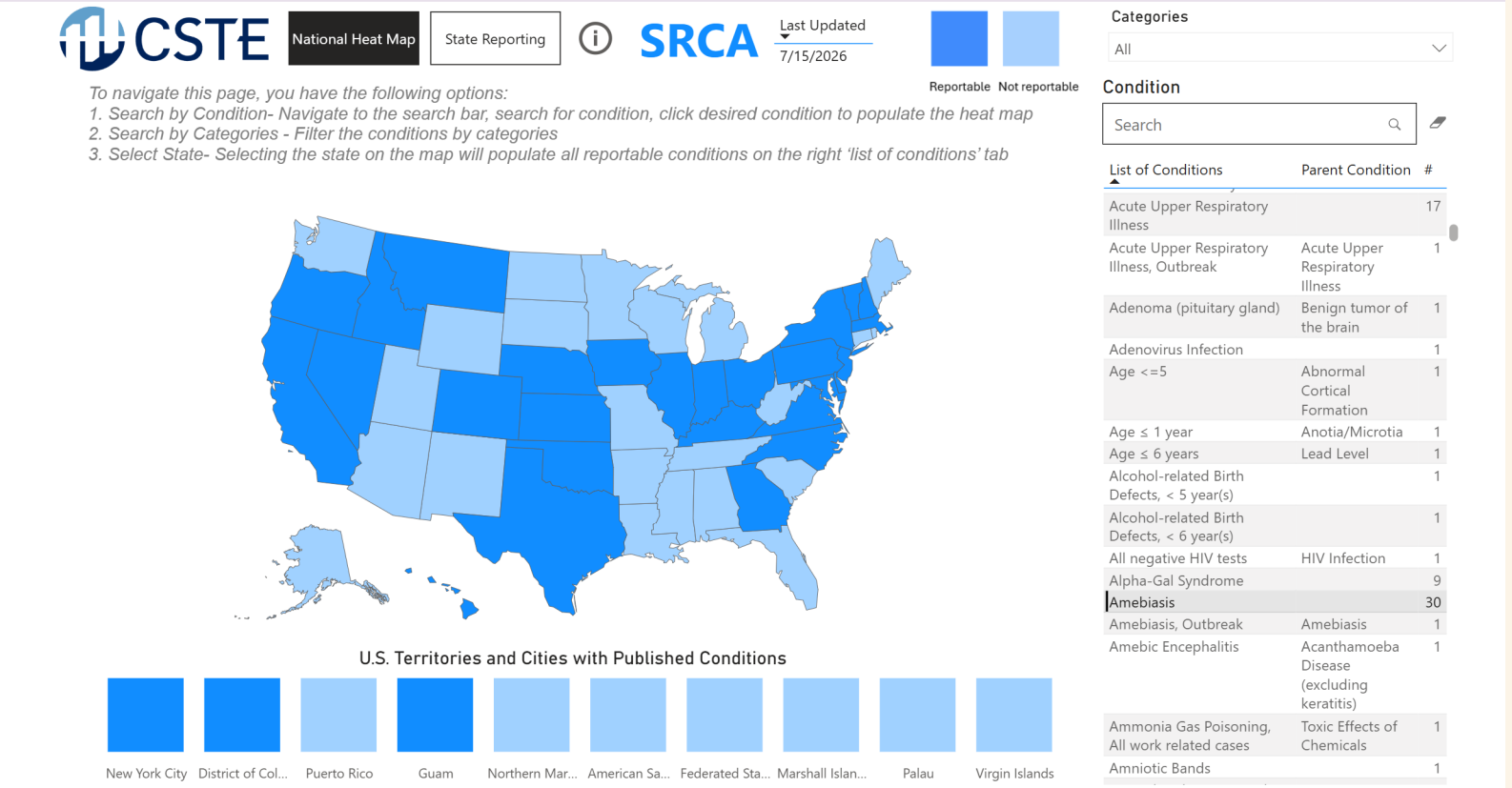
Additional SI / DM Updates

- Data Standardization Workgroup – public website coming soon!
- Reportable Conditions Knowledge Management System (RCKMS)
  - Content Development & Maintenance: Reporting Specifications for 262 conditions are currently available in RCKMS
    - Materials availabe at https://rckms.org/content-repository/
  - RCKMS Authoring Support available to 78 jurisdictions utilizing RCKMS
    - https://www.rckms.org/rckms-authoring-support-team/
- Electronic Case Reporting (eCR) Consensus Criteria
  - Consensus-based criteria for percent completeness thresholds for priority data elements sent in the electronic initial case report (eICR) & requirements for distinct phases of the eCR onboarding process, to reduce the variation in PHA requirements for healthcare organizations implementing eCR
  - Published in February 2026: https://libraries.cste.org/wp-content/uploads/2026/07/CSTE-eCR-Consensus-Criteria-20260204.pdf

Additional SI / DM Updates

State Reportability Conditions Assessment (SRCA)

Heat Map



Screenshot of the SRCA heat map with list of conditions listed on right column

Additional SI / DM Updates

State Reportability Conditions Assessment (SRCA)

State Reportability

CSTE | National Heat Map | State Reporting | SRCA

Condition: Search

Categories: All

Select State: Massachusetts

Latest Date of Last Approval: 12/19/2025

Reportable (State): Multiple selections

To navigate this page, first, select a state to populate the reportable condition list
1. Search Condition - Use this to search for specific condition in selected state
2. Filters - Filter by 'categories', or 'reportable (state)' (yes/no option for reportability)

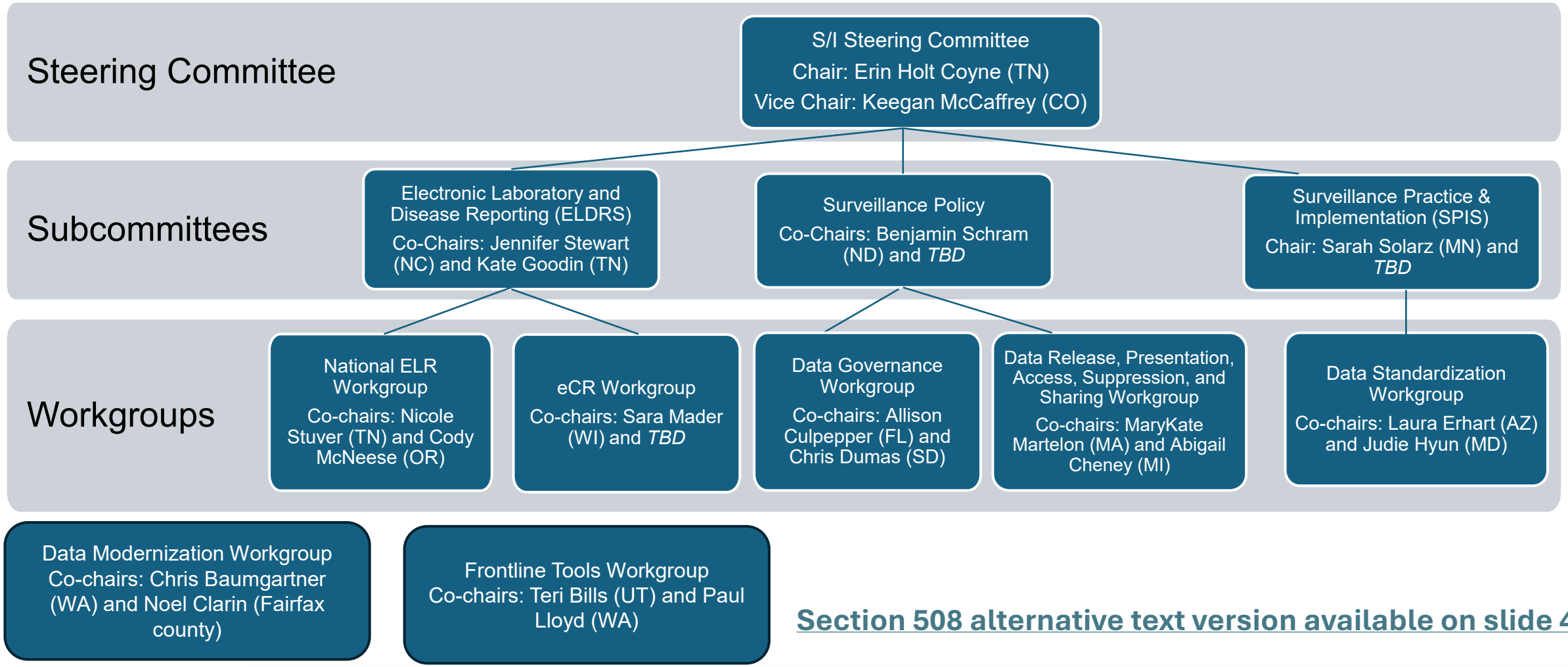
Condition	Category	Report Types: Healthcare Providers	Hospitals	Other	Laboratory
Coal Workers' Pneumoconiosis	Selected Non-Infectious Diseases	Implicitly Reportable	Not Reportable	Not Reportable	Not Reportable
Coccidioidomycosis	Respiratory Conditions	Implicitly Reportable	Implicitly Reportable	Implicitly Reportable	Implicitly Repor
Colorado Tick Fever	Zoonotic and Vectorborne Diseases	Implicitly Reportable	Implicitly Reportable	Implicitly Reportable	Implicitly Repor
Colorado Tick Fever, Neuroinvasive	Zoonotic and Vectorborne Diseases	Implicitly Reportable	Implicitly Reportable	Implicitly Reportable	Implicitly Repor
Congenital adrenal hyperplasia	Birth Defects and Congenital Anomalies	>1 Week	>1 Week	Not Reportable	Not Reportable
Congenital Cytomegalovirus	Birth Defects and Congenital Anomalies	Not Reportable	Not Reportable	Not Reportable	Not Reportable
Congenital Glaucoma, Congenital Cataract	Birth Defects and Congenital Anomalies	>1 Week	>1 Week	Not Reportable	Not Reportable
Congenital Hyperthyroidism	Birth Defects and Congenital Anomalies	>1 Week	Not Reportable	Not Reportable	Not Reportable
Congenital Rubella Syndrome	Vaccine-Preventable Conditions	Implicitly Reportable	Implicitly Reportable	Implicitly Reportable	Not Reportable
Congenital Toxoplasmosis	Zoonotic and Vectorborne Diseases	Not Reportable	Not Reportable	Not Reportable	Not Reportable
Conjunctivitis	Infectious Disease Not Otherwise Specified	Not Reportable	Not Reportable	Not Reportable	Not Reportable
Contaminated Sharps Injury	Injuries	Not Reportable	>1 Week	Not Reportable	Not Reportable
Craniosynostosis	Birth Defects and Congenital Anomalies	>1 Week	>1 Week	Not Reportable	Not Reportable
Creutzfeldt-Jakob Disease	Neurologic and Toxin-Mediated Conditions	≤24 Hours	≤24 Hours	≤24 Hours	≤24 Hours
Crimean-Congo Hemorrhagic Fever Virus Infection	Zoonotic and Vectorborne Diseases	Implicitly Reportable	Implicitly Reportable	Implicitly Reportable	Implicitly Repor
Cronobacter	Systemic Conditions	Implicitly Reportable	Implicitly Reportable	Implicitly Reportable	Not Reportable
Cryptococcosis	Respiratory Conditions	Not Reportable	Not Reportable	Not Reportable	Not Reportable
Cryptosporidiosis	Enteric Diseases	≤24 Hours	≤24 Hours	≤24 Hours	≤24 Hours
Cyclosporiasis	Enteric Diseases	≤24 Hours	≤24 Hours	≤24 Hours	≤24 Hours
Cystic Fibrosis	Birth Defects and Congenital Anomalies	>1 Week	Not Reportable	Not Reportable	Not Reportable
Cysticercosis	Zoonotic and Vectorborne Diseases	Implicitly Reportable	Implicitly Reportable	Implicitly Reportable	Implicitly Repor
Deletion 22q	Birth Defects and Congenital Anomalies	>1 Week	>1 Week	Not Reportable	>1 Week

Screenshot of SRCA 'state reportability' tab with list of conditions and reporting timeline/reporter types listed

Additional SI / DM Updates

- Data Privacy Training Series
  - Course 1 – Basic Principles of Privacy Risk in Public Health
  - Course 2 – Privacy Risk Assessment and Control Guidance
  - Course 3 – Community Data Reporting Privacy Risk Considerations
- Public Health Interoperability Essentials Training
- Disability Definitions Implementation Toolkit – Enhancing Syndromic Surveillance for Emergency Response
- Strengthening Syndromic Surveillance Data Sharing with Tribes and Tribal Epidemiology Centers

CSTE S/I Steering Committee, Subcommittees, Workgroups



Section 508 alternative text version available on slide 40

Q&A

Thank you!
Next NNDSS eSHARE: August 18, 2026

Subscribe to *Case Surveillance News*

Access NNDSS' Technical Resource Center

Email edx@cdc.gov for technical help

Learn about case surveillance modernization

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 https://www.cdc.gov/
Follow us on social @CDCgov

Appendix:

Accompanying Text

Accompanying Text for Slide7

(Section 508 Compliant Text)

- The graphic shows the CSTE Annual Conference Logo in a nautical theme with text titled “CSTE 2026 Annual Conference” “Boston Massachusetts May 31st to June 04.”

- The bottom text of the graphic reads “A beacon for Public Health Epidemiology, guiding the way for 75 years and beyond.”

Return to relevant slide

Accompanying Text for Slide 35
(Section 508 Compliant Text)

The graphic shows an org chart of CSTE S/I Steering Committee, Subcommittees, and Workgroups.

- S/I Steering Committee:

Chair: Erin Holt Coyne (TN)

Vice Chair: Keegan McCaffrey (CO)

- Subcommittees:

Electronic Laboratory and Disease Reporting (ELDRS)

Co-Chairs: Jennifer Stewart (NC) and Kate Goodin (TN)

Surveillance Policy

Co-Chairs: Benjamin Schram (ND) and TBD

Surveillance Practice & Implementation (SPIS)

Chair: Sarah Solarz (MN) and TBD

- Workgroups:

National ELR Workgroup

Co-chairs: Nicole Stuver (TN) and Cody McNeese (OR)

- eCR Workgroup

Co-chairs: Sara Mader (WI) and TBD

- Data Governance Workgroup

Co-chairs: Allison Culpepper (FL) and Chris Dumas (SD)

- Data Release, Presentation, Access, Suppression, and Sharing Workgroup

Co-chairs: MaryKate Martelon (MA) and Abigail Cheney (MI)

- Data Standardization Workgroup

Co-chairs: Laura Erhart (AZ) and Judie Hyun (MD)

- Data Modernization Workgroup

Co-chairs: Chris Baumgartner (WA) and Noel Clarin (Fairfax county)

- Frontline Tools Workgroup

Co-chairs: Teri Bills (UT) and Paul Lloyd (WA)

Return to relevant slide

Accompanying Text for Slide 10
(Section 508 Compliant Text)

2026-2027 CSTE Executive Board

Officers:
President: Sarah Kemble (Hawaii) – Green (newly elected board member, or new role on board)
President Elect: Zack Moore (North Carolina) - Green (newly elected board member, or new role on board)
Vice-President: Kathy Turner (Idaho) - Green (newly elected board member, or new role on board)
Secretary-Treasurer: Mary-Margaret Fill (Tennessee) - Green (newly elected board member, or new role on board)

Members-at-Large:
Isaac Benowitz (Maine)
Rachelle Boulton (Utah)- Green (newly elected board member, or new role on board)
Catherine Brown (Massachusetts) - Green (newly elected board member, or new role on board)
Laurie Foriano (Virginia)
Ruth Lynfield (Minnesota) - Green (newly elected board member, or new role on board)
Meghan O' Connell (Great Plains Tribal Leaders Board)
Theresa Sokol (Lousiana)
Betsy Wasilevich (Michigan) - Green (newly elected board member, or new role on board)

Return to relevant slide