Core Case Notification Data Element Recommendations: Reporting Source

This document was developed by the Data Standardization Work Group (DSWG) of the Council of State and Territorial Epidemiologists (CSTE) Surveillance Practice and Implementation Subcommittee (SPIS) as a part of a larger data harmonization effort. It will be published and maintained in a repository on the CSTE website.

The DSWG identified and standardized the data elements to utilize in the transmission of core surveillance case data to the Centers for Disease Control and Prevention (CDC). Core surveillance data classes and data elements are those that apply across many conditions and, in general, are not specific to any single condition or condition family. In each recommendation document, the DSWG provides common definitions, value sets/code sets, structure, and interpretation notes for each identified data element that is designated as core. The DSWG does not provide questions which would be used to populate the recommended data elements. More information about the DSWG and data harmonization can be found here.

The structure of this document is as follows:

Background

Providers and laboratories are required to report potential cases of reportable conditions to public health in alignment with state or local regulations. Collecting data on the type of provider or laboratory making the initial report to public health for a case can provide insight into where people are being diagnosed with certain conditions and how to best organize outreach efforts to providers. The Reporting Source data element in the Generic v2 Message Mapping Guide (MMG) for case notifications to CDC is defined as the "type of facility or provider associated with the source of information sent to public health". Understanding what types of facilities submit reports to public health can provide insight into and improve disease reporting.

CDC's Division of STD Prevention (DSTDP) is the main NNDSS program at CDC using these data. They analyze reporting source data to understand where the case was identified, which helps guide prevention activities, such as screening recommendations and resource allocations at the state and local levels. The NETSS Implementation Plan used to report cases to DSTDP provides a data element description of: "Setting or health care facility where a person first received diagnosis, treatment or testing for STD or associated syndrome reported in this case report." This focuses on the setting where the individual was diagnosed, which differs from the Generic v2 MMG's focus on the facility that submitted information to public health. This distinction is important as the facility submitting information to public health and the diagnosing facility can be the same but may also differ. DSTDP seeks to understand where patients are being seen to guide prevention activities, such as screening recommendations.

Other programs at CDC don't often use the Reporting Source data element as they find the type of reporter to public health to be less actionable information. In 2023, the data element "Reporting Source" was populated in less than half of case notifications, and over 85% of the responses were either "Laboratory" (as electronic laboratory reporting (ELR) is a common method of first notification for cases to public health) or "Unknown."

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As Reporting Source is a data element created by public health to capture the type of provider or facility associated with the source of information, there is no directly comparable data element within the United States Core Data for Interoperability (USCDI), ELR, or electronic case reporting (eCR). Information contained within the field of “Facility Type”/ "Location Type” in eCR may aid in identifying the type of response to select as the Reporting Source. Alternatively, the sending facility name or address may be used to map to one of the values for Reporting Source for common reporters via ELR or eCR.

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Core Surveillance Reporting Source Data Elements for Routine Case Notifications

The following data elements were discussed, but **consensus was not reached to include them as core surveillance data** included in routine case notifications to CDC.

- Reporting Source Type
- Case Identification Source Type

Table 1. Potential data elements related to Reporting Source discussed by DSWG.

Data Element Name	Data Element Description
Reporting Source Type	Type of facility or entity reporting the initial case to public health authorities.
Case Identification Source Type	Type of facility or entity where the person first received care (diagnosis, testing, or treatment) for the condition.

The current definition for Reporting Source as the "Type of facility or provider associated with the source of information sent to Public Health" lacks specificity in meaning, and therefore two distinct concepts were proposed for discussion. Reporting Source Type describes the type of facility or entity reporting the initial case to public health, which is one way Reporting Source is often interpreted. Case Identification Source Type aligns with how STD describes implementation as "where the person first received care (diagnosis, testing, or treatment) for the condition." Discussion among DSWG members indicated that while most CDC programs do not utilize the Reporting Source variable as it is currently defined in the Generic v2 MMG, there may be utility in a data element like "Case Identification Source Type" that explicitly captures information on where the person first received care. However, identifying where a person first received care for a condition would likely need to come from case interviews, as the provider or facility that first reports the case to public health is not necessarily the same location as where the person *first* received care. Some jurisdictions discussed their current use of the field Ordering Facility within ELR to map Reporting Source for cases reported to DSTDP. Jurisdictions also mentioned that mapping facility name or address data within ELR/eCR to a data element like Reporting Source Type or Case Identification Source Type is labor intensive, requires continuous maintenance, and the same facility name/address may be comprised of multiple options within the Reporting Source value set.

Although discussion highlighted the utility of Case Identification Source Type, when polled, the group supported a core data element of Reporting Source Type (60%) and not of Case Identification Source Type (35%). This may have been influenced by the fact that Reporting Source is already implemented in many systems as a part of the Generic v2 MMG. Based on these discussions and limited utility for other CDC programs, the DSWG does not recommend either of these data elements as core data elements for transmission to CDC. State and local jurisdictions are encouraged to continue to collect the most relevant data for their needs, and CDC programs can consider condition-specific implementation of a similar data element on an as-needed basis.

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Considerations for Potential Future Implementation

While neither data element was recommended for core data collection across all conditions, condition specific implementation would require clarifying the concept being sought, developing a value set to align with that goal, and providing guidance to ensure that how a data element is mapped by jurisdictions aligns with the intent of the program. Standardization between program areas is encouraged, when possible, to facilitate implementation at the jurisdictional level. If different program areas need to capture distinct concepts, it is important that separate data elements with discrete descriptions, codes, and value sets are utilized for representation.

It is of note that the group compared two potential value sets for these data elements – the current value set used in the Generic v2 MMG, and a condensed value set containing 15 values (Table 2). When polled, 63% of participants preferred the smaller value set with less granularity, as it is often difficult to distinguish between more granular options from electronic reports (such as types of outpatient facilities, or departments within a hospital). However, some concerns were raised with the smaller value set as Tribal health centers, military facilities, and blood banks were not represented, meaning data for these facility types may be lost. For instance, participants noted that Tribal facilities have unique reporting contexts, and blood banks play a critical role in identifying vector-borne diseases like West Nile virus. If a similar data element is implemented in the future, further work is needed to develop an appropriate value set that balances granularity acceptable for analysis with practicality in data collection.

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Table 2. Value sets considered during discussions for Reporting Source related data elements. Neither value set was found sufficient during discussion, although a condensed version is preferred.

Reporting Source Value Set (Generic v2 MMG)	Draft Condensed Value Set
Blood Bank	Lab (including hospital and commercial labs)
Correctional Facilities	Outpatient (including physician groups, family planning, prenatal care)
Day care center	Emergency Department (ED)
Dentist	Inpatient (including labor and delivery)
Drug Treatment Facility	Public Health Agency (including clinics)
Emergency Room/Dept	Federal Agency (including Military, Indian Health Service)
Family Planning Facility	STI Clinic
Other Federal Agencies	Registries
HIV Care Facility	Vital Statistics
HIV Counseling and Testing Site	Correctional Facility
Hospital	Education Facility (including training, schools)
Labor and Delivery	Other source type (specify)
Laboratory	Unknown
Managed Care/HMOs	
Mental Health Provider	
Military	
National Job Training Program	
other	
Other Health Dept Clinic	
Other State/Local Agency	
Other Treatment Center	
Pharmacy	
Prenatal/Obstetrics Facility	
Private physicians' group office	
Public Health Clinic	
Data Registries	
Rural Health	
STD Clinic	
School Clinic	
TB Clinic	
Tribal Government	
Indian Health Service	
unknown	
Veterinary Sources	
Vital Statistics	