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To: U.S. State and Territorial Epidemiologists

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Subject: 2025 changes to the National Notifiable Diseases Surveillance System

This memorandum summarizes changes to the National Notifiable Diseases Surveillance System (NNDSS) based upon position statements approved by the Council of State and Territorial Epidemiologists (CSTE) in 2024 and other relevant updates. Updates about the following are summarized below: 1) case definition revisions to seven existing nationally notifiable diseases; 2) removal of one condition from the nationally notifiable condition list; 3) establishment of case definitions for three conditions under standardized surveillance, which are not nationally notifiable; 4) case definition revision for one condition under standardized surveillance, which is not nationally notifiable; 5) reminder about novel influenza A; 6) reminder about Oropouche updates and summary of 2025 event code changes; and 7) summary of NNDSS event code changes.

Please share this letter with surveillance and informatics staff in your jurisdictions responsible for collection or submission of NNDSS data to CDC.

CDC plans to post the 2025 [event code list](#), the 2025 updates to the national surveillance [case definitions](#), and the 2025 list of nationally notifiable conditions on the NNDSS website by the end of January 2025.

Section I: Revised national surveillance case definitions for seven existing nationally notifiable diseases

1) Anthrax (event codes are specific to subclassification)

CSTE position statement [24-ID-01](#), titled *Update to the Standardized Case Definition for Public Health Reporting and National Notification for Anthrax*, revises the standardized surveillance case definition for anthrax to:

- Enhance the detection and prevention of newly recognized forms of anthrax by including all *Bacillus* species that produce anthrax toxin,
- Broaden the laboratory criteria to include all anthrax toxin producing *Bacillus* species, and
- Update clinical description of anthrax to include signs and symptoms associated with welder's anthrax.

Starting in 2025, health departments that have the capacity and resources can submit case notifications further classifying anthrax cases using five new sub-classifications:

- Anthrax, cutaneous (event code 10352)
- Anthrax, ingestion (event code 10353)
- Anthrax, inhalation (event code 10354)
- Anthrax, injection (event code 10355)
- Anthrax, welder's (event code 10356)

Jurisdictions that choose to classify and send case notifications to CDC using the sub-classifications should use event codes 10352–10356. If sending case notifications using sub-classifications is not possible then cases can instead be submitted using anthrax (event code 10350). **Important:** do not submit the same case twice using anthrax and sub-classifications.

CSTE recommends immediately notifiable, extremely urgent (within 4 hours), notification for confirmed and probable cases of anthrax when source of infection is not recognized, a recognized bioterrorism exposure or potential for mass exposure, or serious illness of naturally occurring anthrax. Otherwise, immediately notifiable, urgent (within 24 hours), notification is recommended when source of infection is naturally occurring (with non-serious illness) or occupational and responding to treatment.

Provisional case notifications of anthrax will be verified with both the reporting jurisdiction and the National Center for Emerging and Zoonotic Infectious Diseases before publication in the NNDSS weekly tables. The low incidence verification will be performed using the Message Validation, Processing, and Provisioning System (MVPS) portal. The NNDSS weekly tables will publish total confirmed and probable anthrax cases consisting of anthrax (10350) and any of the subclassifications (10352–10356) unless there is a reporting exception. The NNDSS annual tables will distinguish between welder's and non-welder's anthrax.

2) Babesiosis (event code 12010)

CSTE position statement [24-ID-02](#), titled *Update to Public Health Reporting and National Notification for Babesiosis*, revises the standardized surveillance case definition for babesiosis to:

- Update the fever language to match other vectorborne disease case classification criteria,
- Update laboratory evidence,
- Remove epidemiologic linkage for purpose of classifying cases, and
- Add criteria to distinguish a new case from an existing case.

CSTE recommends routine notification for confirmed and probable cases of babesiosis. The NNDSS annual tables will continue publishing total, confirmed, and probable case counts for babesiosis unless there is a reporting exception, and starting in 2025 the condition will no longer be included in the NNDSS weekly tables.

3) Brucellosis (event code 10020)

CSTE position statement [24-ID-03](#), titled *Update to Public Health Reporting and National Notification for Brucellosis*, revises the standardized surveillance case definition for brucellosis to:

- Define brucellosis-causing *Brucella* spp.,
- Modify clinical criteria, epidemiologic linkage, and laboratory criteria,
- Add suspect case classification, and
- Add criteria to distinguish a new case from an existing case.

CSTE recommends immediately notifiable, urgent (within 24 hours), notification for confirmed and probable cases of brucellosis when cases are temporally or spatially clustered. Otherwise, routine notification is recommended when cases are not temporarily or spatially clustered.

The total case counts for confirmed and probable brucellosis cases will continue being published in the NNDSS weekly and annual tables unless there is a reporting exception.

4) [Leprosy \(Hansen's disease\) \(event code 10380\)](#)

CSTE position statement [24-ID-05](#), titled *Update to Public Health Reporting and National Notification for Leprosy (Hansen's Disease)*, revises the standardized surveillance case definition for leprosy to:

- Change the name from Hansen's disease (Leprosy) to leprosy (Hansen's disease),
- Add clinical criteria compatible with primary neural leprosy or diffuse leprosy of Lucio and Latapi to leprosy case classification criteria,
- Include leprosy caused by *Mycobacterium lepromatosis*,
- Add detection of *Mycobacterium leprae* or *M. lepromatosis* by nucleic acid detection to the case ascertainment criteria,
- Add epidemiologic linkage,
- Add probable and suspect case classification, and
- Add criteria to distinguish a new case from an existing case.

CSTE recommends routine notification for confirmed and probable cases of leprosy. The NNDSS weekly and annual tables will continue publishing total case counts for leprosy and, starting in 2025, these totals will consist of confirmed **and probable** cases.

5) [Leptospirosis \(event code 10390\)](#)

CSTE position statement [24-ID-07](#), titled *Update to Public Health Reporting and National Notification for Leptospirosis*, revises the standardized surveillance case definition for leptospirosis to:

- Simplify the clinical criteria.

CSTE recommends routine notification for confirmed and probable cases of leptospirosis. The NNDSS weekly and annual tables will continue publishing total case counts of confirmed and probable cases for leptospirosis.

6) [Rubella \(event code 10200\)](#)

CSTE position statement [24-ID-10](#), titled *Update to Public Health Reporting and National Notification of Rubella in the United States*, revises the standardized surveillance case definition for rubella to:

- Clarify that rubella IgM antibody testing **must** have been completed because acquired rubella was suspected and should **not** have been conducted as part of routine immunity screening,
- Require positive rubella IgM antibody results to be paired with a) low IgG avidity; b) contact with lab confirmed rubella or congenital rubella case; or c) international travel (23 days prior to rash), clinical symptoms, and a lack of presumptive evidence of immunity to meet confirmatory rubella classification,

- Add persons who gave birth to an infant with confirmed congenital rubella to the confirmed rubella classification,
- Update the probable case classification to only include persons with a positive rubella IgM paired with clinical evidence and a lack of presumptive evidence of immunity, and
- Remove the suspected case classification.

CSTE recommends immediately notifiable, urgent (within 24 hours), notification to CDC for confirmed cases of rubella. The NNDSS weekly and annual tables will continue publishing total case counts and, starting in 2025, **only** confirmed cases will be included (i.e., unknown case classification no longer meets the publication criteria).

7) Viral hemorrhagic fevers (event codes are specific to each condition)

CSTE position statement [24-ID-12](#), titled *Update to Public Health Reporting and National Notification of Viral Hemorrhagic Fever (VHF) Caused by Ebola or Marburg Viruses, Old World Arenaviruses (Lassa and Lujo Viruses), New World Arenaviruses (Guanarito, Machupo, Junin, Sabia, and Chapare Viruses), Rift Valley Fever Virus, or Crimean-Congo Hemorrhagic Fever Virus*, revises the standardized surveillance case definition for viral hemorrhagic fever to:

- Expand clinical criteria and laboratory criteria,
- Update epidemiologic linkage,
- Amend classification for confirmed cases to clarify that confirmatory laboratory evidence is required,
- Add vital records criteria to case classification and vital records criteria alone is sufficient to classify a case as suspect, and
- **Add VHF caused by Rift Valley fever virus (event code 11643)** to the national notifiable condition list.

CSTE recommends immediately notifiable, extremely urgent (within 4 hours), notification to CDC for suspected or confirmed cases of viral hemorrhagic fever when an intentional release is suspected as the cause of infection. Otherwise, immediately notifiable, urgent (within 24 hours), notification is recommended for all other suspected and confirmed cases.

The NNDSS weekly and annual tables will continue publishing total case counts for each viral hemorrhagic fever condition and, starting in 2025, **only** confirmed cases will be included (i.e., suspected case classification no longer meets the publication criteria).

Section II: Removal of one condition from the nationally notifiable condition list

Coronavirus disease 2019 (COVID-19) (event code 11065)

CSTE position statement [24-ID-11](#), titled *Update to the standardized surveillance case definition for SARS-CoV-2 infection, call for continued refinement of an integrated surveillance strategy in alignment with other endemic respiratory viruses, and discontinuation of national notification*, revises the standardized surveillance case definition for SARS-CoV-2 infection (COVID-19) to simplify laboratory criteria for reporting and case classification.

Beginning in 2025, COVID-19 will be removed from the nationally notifiable condition list and CDC NNDSS will not receive and process case notifications, leading to error messages for any COVID-19 case notifications received for 2025 data (MMWR year=2025) and forward.

CDC will not perform the aggregate COVID-19 Epi Info web form data collection process for 2024 data.

Section III: National surveillance case definitions for three new conditions under standardized surveillance, which are not nationally notifiable

Note: NNDSS does **not** publish data in the weekly or annual tables on conditions under standardized surveillance, which are not nationally notifiable.

1) Firearm-related injury (event code 42070)

CSTE position statement [24-INJ-01](#), titled *Standardized Public Health Case Definition for Injuries Related to Firearms*, creates a standardized surveillance case definition for injuries related to firearms to:

- Establish a nationally standardized public health case definition for firearm-related injury,
- Provide comparable information across jurisdictions on the temporal, geographic, and demographic occurrence of firearm-related injury,
- Describe risk and protective factors for firearm-related injury, and
- Facilitate and monitor the effectiveness of timely public health prevention and response efforts.

CDC is seeking the Office of Management and Budget (OMB) approval under the Paperwork Reduction Act (PRA) to receive case notifications for this condition. When approved, if a jurisdiction collects data for injuries related to firearms, CDC would like to receive data using HL7[®] Generic v2 MMG (preferred), the National Electronic Disease Surveillance System (NEDSS) Base System (NBS) master message, or National Electronic Telecommunications System for Surveillance (NETSS).

2) Hepatitis D virus (HDV) infection

CSTE position statement [24-ID-06](#), titled *Standardized Surveillance Case Definition for Hepatitis D Virus (HDV) Infection*, creates a standardized surveillance case definition for HDV infection to:

- Provide a framework for classifying cases consistently across the jurisdictions that collect information on HDV infection and those that are interested in making HDV infection reportable.

CDC does not have OMB PRA approval to collect HDV infection case notifications through NNDSS and will not plan to perform data collection in the immediate future. However, to support jurisdictions' internal surveillance system updates, if CDC NNDSS data collection were to occur for HDV infection in the future, then case notifications for HDV infection would be implemented using event code 10102.

The 2025 HDV infection case definition will be posted on CDC's national surveillance [case definitions](#) website for reference, as with other conditions that NNDSS receives data for.

3) Chagas disease (event codes are specific to classification)

CSTE position statement [24-ID-04](#), titled *Standardized Surveillance Case Definition for Acute, Congenital, and Chronic Trypanosoma cruzi Infection or Chagas Disease*, creates a standardized surveillance case definition for Chagas disease to:

- Allow for consistent case classification across jurisdictions,
- Enable CDC to accept Chagas disease surveillance data from jurisdictions and guide surveillance efforts at the national level, and
- Improve understanding of the burden of disease and guide public health prevention and response efforts.

Health departments can use the following event codes to classify and send case notifications for Chagas disease:

- Acute Chagas disease (event code 12041)
- Chronic Chagas disease (event code 12042)
- Congenital Chagas disease (event code 12044)

CDC is seeking OMB PRA approval to receive case notifications for this condition. When approved, if a jurisdiction collects data for Chagas disease, CDC would like to receive data using HL7® Generic v2 MMG (preferred), the NBS master message, or NETSS file format.

Section IV: Revised national surveillance case definitions for one condition under standardized surveillance, which is not nationally notifiable

Yersiniosis (non-*pestis*) (event code 11565)

CSTE position statement [24-ID-08](#), titled *Update to Public Health Surveillance Case Definition for Non-*pestis* Yersiniosis*, revises the standardized surveillance case definition for yersiniosis to:

- Specify the laboratory definition of a culture independent diagnostic test (CIDT)-positive result as a positive result by nucleic acid amplification testing (NAAT) or other molecular testing of a clinical specimen,
- Update laboratory criteria to now include isolation of any non-*pestis* *Yersinia* species from a clinical specimen, and
- Expand description of a clinically compatible illness to include extraintestinal infection.

Section V: Reminder about novel influenza A*

Novel influenza A (submitted through CDC's Influenza Program)

CSTE position statement [24-ID-09](#), titled *Update to Public Health Reporting and National Notification for Novel Influenza A Virus Infection*, revises the standardized surveillance case definition for novel influenza A virus infections.

Starting from September 29, 2024, jurisdictions should use the case definition outlined in position statement 24-ID-09 for identifying novel influenza A cases. However, this new case definition should not be applied retroactively to change the classification of cases reported before September 29, 2024.

CDC has posted the updated novel influenza A virus infection national surveillance case definition to the NNDSS [case definitions](#) website.

The updates to position statement 24-ID-09 include:

- Revisions to the clinical, laboratory, and epidemiological criteria, for purposes of case ascertainment and case classification,
- Changes to the case classifications (i.e., confirmed, probable, and suspected), and
- Case counts published by CDC will now include confirmed **and probable** cases.

Novel influenza A virus infection remains on the Nationally Notifiable Condition List using the following notification timeframe: immediately notifiable, urgent (within 24 hours). Case notification data should continue to be sent to CDC's Influenza program using the Pediatric Death Reporting (PedFlu) reporting portal via CDC's Secure Access Management Services (SAMS). If you have questions about sending novel influenza A virus infection case data to CDC, please e-mail CDC's Influenza program at the FluViewSupport@cdc.gov mailbox.

*Previously shared in the [2024 Changes to the National Notifiable Diseases Surveillance System for Novel Influenza A Virus Infections](#) letter distributed on September 25, 2024.

Section VI: Reminder about Oropouche updates

Non-congenital Oropouche virus disease (event code 50290) and congenital Oropouche virus disease (event code 50291)

In 2018, CSTE provided clarification to position statement [14-ID-04](#), titled *Update to Arboviral Neuroinvasive and Non-neuroinvasive Diseases Case Definition*, to allow jurisdictions to voluntarily send case notifications for "other" arboviral conditions without adding them to the national notifiable condition list.

Starting in August 2024, the following two new Oropouche specific event codes were added to NNDSS:

- Non-congenital Oropouche virus disease (event code 50290)
- Congenital Oropouche virus disease (event code 50291)

Until jurisdictions update their surveillance systems to send the two new event codes, the previously implemented "Other arbovirus, not otherwise specified" (event code 10072) can be used.

Case notifications sent to NNDSS using the Arboviral MMG should assign the value of 'Oropouche' ([concept code 33660003](#)) to the Arbovirus data element. If this is not possible, then the data element Arbovirus can be assigned 'Other Arbovirus' ([concept code 281165003](#)).

Additional information on Oropouche may be found at [Updated Interim Guidance for Health Departments on Testing and Reporting for Oropouche Virus Disease](#).

Section VII: Summary of 2025 event code changes

Condition	Event Code	Notes
New		
Anthrax, cutaneous	10352	If possible, subclassification is used instead of anthrax (10350)
Anthrax, ingestion	10353	If possible, subclassification is used instead of anthrax (10350)
Anthrax, inhalation	10354	If possible, subclassification is used instead of anthrax (10350)
Anthrax, injection	10355	If possible, subclassification is used instead of anthrax (10350)
Anthrax, welder's	10356	If possible, subclassification is used instead of anthrax (10350)
Chagas disease, acute	12041	
Chagas disease, chronic	12042	
Chagas disease, congenital	12044	
Firearm-related injury	42070	
Oropouche virus disease, non-congenital	50290	
Oropouche virus disease, congenital	50291	
Rift Valley fever virus	11643	
Retired (will error for 2025 cases)		
Coronavirus disease 2019 (COVID-19)	11065	COVID-19 is no longer nationally notifiable