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To: U.S. State and Territorial Epidemiologists

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Subject: 2026 changes to the National Notifiable Diseases Surveillance System

This memorandum summarizes changes to the National Notifiable Diseases Surveillance System (NNDSS), based on position statements approved by the Council of State and Territorial Epidemiologists (CSTE) in 2025 and related implementation decisions for 2026. Updates include 1) establishment of two new nationally notifiable conditions; 2) case definition revisions for four existing nationally notifiable conditions; 3) establishment of case definitions for three conditions under standardized surveillance; 4) summary of NNDSS event code changes.

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

CDC will post the 2026 [event code list](#), the 2026 updates to the national surveillance [case definitions](#), and the 2026 list of nationally notifiable conditions on the NNDSS website in the upcoming weeks.

Section I: Establishment of two new nationally notifiable conditions

1) COVID-19-associated pediatric mortality (event code 11069)

CSTE position statement [25-ID-03](#), titled *Public Health Reporting and National Notification for COVID-19-Associated Pediatric Mortality*, creates a standardized surveillance case definition to:

- Facilitate timely, complete, and consistent assessment of the most severe COVID-19 outcome in a population of interest nationally,
- Define case classification criteria that include clinical, laboratory, and vital record criteria,
- Outline case classification for confirmed, probable, and suspected cases, and
- **Add COVID-19-associated pediatric mortality** to the national notifiable condition list (NNCL).

CSTE recommends routine notification for confirmed cases of COVID-19-associated pediatric mortality to CDC as this condition is now nationally notifiable. Beginning in 2026, the NNDSS weekly and annual tables will now include case counts of confirmed cases. If your jurisdiction is requesting a reporting exception of 'not reportable' for COVID-19-associated pediatric mortality in 2026 due to state law or regulation, or if you are unable to send data to CDC and need to indicate 'unavailable' and have not yet notified us, please reach out to us at edx@cdc.gov.

CDC is seeking approval from the Office of Management and Budget (OMB) under the Paperwork Reduction Act (PRA) to receive case notifications for this condition. When approved, if a jurisdiction collects data for COVID-19-associated pediatric mortality, CDC would like to receive data through a system and process being developed by CDC's Coronavirus and Other Respiratory Viruses Division (CORVD). CORVD will share additional information in the upcoming weeks, but please feel free to contact them at respviruspededeaths@cdc.gov for any immediate questions.

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

CSTE position statement [25-ID-01](#), titled *Public Health Reporting and National Notification for Non-congenital and Congenital Oropouche Virus (OROV) Disease*, revises the standardized surveillance case definition to:

- Provide a consistent frame to classify and report travel-associated and locally acquired cases across jurisdictions, identify and monitor risk factors and adverse outcomes, promptly detect and trace outbreaks, and inform control and prevention measures,
- Identify pregnancies and infants for possible further follow-up through SET-NET (CDC's Surveillance for Emerging Threats to Mothers and Babies Network) to further understand the risk of vertical transmission and potential adverse pregnancy and infant outcomes,
- Define case ascertainment criteria that include clinical criteria paired with epidemiologic linkage, laboratory, vital record, and healthcare record criteria,
- Define case classification criteria that include clinical, laboratory, and epidemiologic linkage criteria,
- Specify case classifications for non-congenital disease, which include confirmed and probable cases, and for congenital disease, which include confirmed, probable, and suspected cases, and
- **Add Oropouche virus disease** to the NNCL.

CSTE recommends routine notification for confirmed and probable cases of non-congenital and congenital Oropouche virus disease to CDC as these conditions are now nationally notifiable. Beginning in 2026, the NNDSS weekly tables will now include total case counts for confirmed and probable cases of non-congenital Oropouche virus disease, while the NNDSS annual tables will include total case counts for confirmed and probable cases of both non-congenital and congenital Oropouche virus disease.

Section II: Revised national surveillance case definitions for four existing nationally notifiable conditions

1) Campylobacteriosis (event code 11020)

CSTE position statement [25-ID-02](#), titled *Update to Standardized Surveillance Case Definition for Campylobacteriosis*, revises the standardized surveillance case definition for campylobacteriosis to:

- Broaden the case ascertainment criteria so that clinically compatible illness is no longer necessary to trigger a report public health, and a symptomatic person who is epidemiologically linked to a confirmed OR probable case, rather than just a confirmed case, should trigger a report to public health,
- Update the case classification criteria, so that laboratory evidence alone can be used to classify a case as confirmed or probable, and
- Extend the enumeration period for distinguishing a new case from 30 days to 90 days.

CSTE continues to recommend routine notification for confirmed and probable cases of campylobacteriosis to CDC, consistent with previous years. The NNDSS weekly and annual tables will continue publishing total case counts of confirmed and probable cases.

2) Dengue (event code 10680), severe dengue (event code 11705), and dengue-like illness (event code 11704)

CSTE position statement [25-ID-04](#), titled *Update to Public Health Reporting and National Notification of Dengue and Severe Dengue*, revises the standardized surveillance case definition for dengue and severe dengue to:

- Update confirmatory lab evidence to now require neutralizing antibodies among cases with only serologic evidence of infection to address difficulties in case classification with IgM results,
- Remove the sub-type of dengue-like illness from both the case definition and NNCL,
- Update the suspected case classification to note the absence of laboratory testing, and
- Clarify the qualifying criteria for severe dengue to support accurate classifications of dengue cases.

CSTE continues to recommend routine notification for confirmed and probable cases of dengue and severe dengue to CDC, consistent with previous years. The NNDSS weekly and annual tables will continue publishing total case counts for confirmed and probable cases of dengue and severe dengue.

Beginning in 2026, dengue-like illness will be removed from the NNCL, and CDC's NNDSS will no longer request or process case notifications. As a result, any dengue-like illness (event code 11704) notifications submitted for MMWR year 2026 and forward will generate an error. Consequently, dengue-like illness will also not be included in the NNDSS weekly or annual tables going forward.

3) Syphilis*

CSTE position statement [25-ID-08](#), titled *Update to Public Health Reporting and National Notification for Syphilis*, revises the standardized surveillance case definition to:

- Consistently use “acquired” rather than “adult” syphilis nomenclature for more accurately describing case reporting among children with sexually acquired syphilis,
- Update the confirmatory, presumptive, and supportive laboratory criteria to accurately reflect changes in available laboratory testing and methodologies,

- Add supportive laboratory evidence for secondary syphilis that can be used for counting probable secondary syphilis cases,
- Add confirmatory laboratory evidence and a confirmed case definition for early non-primary non-secondary and unknown duration or late syphilis,
- Add a criterion for identifying cases of early non-primary non-secondary syphilis (i.e., fourfold increase in nontreponemal antibody test titer between initial specimen collection and treatment initiation dates),
- Update language around non-sustained increases in nontreponemal antibody test titers for improved clarity,
- Update neurologic, ocular, and otic manifestations of syphilis to ensure these manifestations can be included with all primary and secondary syphilis case notifications and remove the possible classification category from these manifestations due to challenges with consistent implementation of this category,
- Add molecular detection methods and cerebrospinal fluid RPR testing to the definition for verified neurologic manifestations,
- Update language around interpretation of blood-contaminated cerebrospinal fluid specimens for improved clarity,
- Simplify definitions for likely neurologic, ocular, and otic manifestations so they can be counted any time a clinician diagnoses or treats these manifestations,
- Clarify that late clinical manifestations should only be included with unknown duration or late syphilis case notifications,
- Add a confirmed syphilitic stillbirth definition,
- Update fetal criteria for the syphilitic stillbirth definition,
- Remove cerebrospinal fluid protein level from the definition for probable congenital syphilis, and
- Add a criterion for counting congenital syphilis cases to align with CDC STI Treatment Guidelines (i.e., infant nontreponemal antibody test titer at least fourfold higher than maternal nontreponemal antibody test titer in specimens collected during the immediate postnatal period).

CSTE continues to recommend routine notification for confirmed and probable cases of syphilis to CDC, consistent with previous years. The NNDSS weekly and annual tables will publish total case counts, which will include **only confirmed and probable cases starting in 2026**, whereas in previous years, all case classification statuses were published.

The NNDSS weekly tables will continue publishing total case counts for confirmed and probable cases of:

- Primary and secondary syphilis combined (event codes 10311 and 10312), and
- Congenital syphilis (event code 10316).

The NNDSS annual tables will continue publishing total case counts for confirmed and probable cases of:

- Primary and secondary syphilis combined (event codes 10311 and 10312),
- Congenital syphilis (event code 10316), and
- Total for all stages of syphilis*

*Stages of syphilis and associated event codes affected by the revised standardized surveillance case definition:

- Congenital syphilis (event code 10316)
- Early non-primary non-secondary syphilis (event code 10313)
- Primary syphilis (event code 10311)
- Secondary syphilis (event code 10312)
- Unknown duration or late syphilis (event code 10320)

4) Tularemia (event code 10230)

CSTE position statement [25-ID-09](#), titled *Update to Public Health Reporting and National Notification of Tularemia (Francisella tularensis)*, revises the standardized surveillance case definition to:

- Update clinical evidence to delineate symptoms listed for specific tularemia clinical forms and describe and include rarer tularemia manifestations such as meningitis, septic arthritis, or endocarditis,
- Update laboratory evidence to include detection of *F. tularensis* DNA by sequencing assays as presumptive laboratory criterion and clarify how to interpret and classify qualitative serologic results,
- Incorporate epidemiologic linkage criteria into confirmed and probable case classifications, and
- Create a suspect case classification.

CSTE recommends immediately notifiable, extremely urgent (within 4 hours) for cases if the source of the infection is not recognized or is recognized as one of bioterrorism or potential mass exposure. Otherwise, routine notification is recommended when the source of the infection can be attributed to a naturally occurring exposure. The NNDSS weekly and annual tables will continue publishing total case counts for confirmed and probable cases of tularemia.

Section III: Establishment of standardized case definitions for three conditions under standardized surveillance (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) Flea-borne Typhus (event code 10260)

CSTE position statement [25-ID-05](#), titled *Standardized Surveillance Case Definition for Flea-borne Typhus*, creates a standardized surveillance case definition to:

- Support learning more about the incidence and epidemiology of flea-borne typhus (FBT) through standardized surveillance,
- Prevent inconsistent case designation across jurisdictions,
- Establish case ascertainment criteria primarily based on laboratory reports, and
- Create case classifications for confirmed and probable cases, which include clinical, laboratory, and epidemiologic criteria.

CDC is seeking approval from the Office of Management and Budget (OMB) under the Paperwork Reduction Act (PRA) to receive case notifications for this condition. When approved, if a jurisdiction collects data for flea-borne typhus, 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) Soft tick relapsing fever

CSTE position statement [25-ID-06](#), titled *Standardized Surveillance Case Definition for Soft Tick Relapsing Fever (STRF)*, creates a standardized surveillance case definition for soft tick relapsing fever to:

- Provide a framework for classifying cases consistently across the jurisdictions that collect information on soft tick relapsing fever,
- Define case ascertainment criteria that include clinical, laboratory, and epidemiologic linkage criteria,
- Define case classification criteria that include clinical, laboratory, and epidemiologic linkage criteria, and
- Specify case classifications for confirmed, probable, and suspected cases.

CDC does not have OMB PRA approval to collect soft tick relapsing fever case notifications through the NNDSS and does not plan to perform data collection in the immediate future.

The 2026 soft tick relapsing fever case definition will be posted on CDC’s national surveillance [case definitions](#) website for reference, as with other conditions for which NNDSS receives data.

3) Soil-transmitted helminth infections (event code 12039)

CSTE position statement [25-ID-07](#), titled *Standardized Surveillance Case Definition for Soil-Transmitted Helminth Infections (Ascariasis, Trichuriasis, and Intestinal Hookworm Disease)*, creates a standardized surveillance case definition for soil-transmitted helminth infections to:

- Provide a consistent framework for classifying and reporting these infections and to provide consistent estimates of incidence and prevalence in jurisdictions where these infections are reportable across and among public health jurisdictions,
- Define case ascertainment criteria that include laboratory, vital record, and healthcare record criteria,
- Define case classification criteria that include clinical, laboratory, and vital record criteria, and
- Specify case classification criteria for confirmed and probable cases.

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

Section IV: Summary of 2026 event code changes

Condition	Event Code	Notes
New		
COVID-19-associated pediatric mortality	11069	Newly nationally notifiable
Congenital Oropouche virus disease	50291	Newly nationally notifiable
Non-congenital Oropouche virus disease	50290	Newly nationally notifiable
Flea-borne typhus	10260	-
Soil-transmitted helminth infections	12039	-
Retired (will error for 2026 cases)		
Dengue-like illness	11704	Dengue-like illness is no longer nationally notifiable