Surveillance Summaries

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History of CDC Surveillance Activities

CDC has been actively involved in disease-surveillance activities since the formulation of the Communicable Disease Center in 1946. The original scope of the National Surveillance Program included the study of malaria, murine typhus, smallpox, psittacosis, diphtheria, leprosy, and sylvatic plague. In 1954, a surveillance section was established within the Epidemiology Branch of CDC, primarily concerned with planning and conducting continuing surveillance and making periodic reports. Occurrences such as the Asian influenza pandemic and the discovery of Legionnaires' disease prompted the involvement of CDC in additional surveillance activities. Over the years the surveillance activities of CDC have expanded to include not only new areas in infectious disease but also programs in human reproduction, injuries, environmental health, chronic disease, risk reduction, and occupational safety and health. Ongoing evaluation of these programs has led to new methods of data collection and analysis and has prompted examination of how data are disseminated to the public health community.

The publication titled CDC Surveillance Summaries was initiated in 1982 after a survey was made of CDC staff and state epidemiologists. Results of the survey suggested that improved coordination of surveillance reports with the MMWR and the MMWR Annual Summary (later titled Summary of Notifiable Diseases, United States) would facilitate timely publication; provide greater uniformity in the acquisition, evaluation, and reporting of surveillance data; and encourage the use of these data.

In 1985, the CDC Surveillance Coordination Group was formed with representatives from all Centers/Institute/Program Offices and from the Council of State and Territorial Epidemiologists. The Group was charged with developing and implementing a policy for CDC's public health surveillance activities. State public health officials also actively participate in the activities of the Group. These activities, which are documented in regular reports, are directed toward achieving the following goals: 1) conducting epidemiologic surveillance of all health events considered to be of high priority, 2) evaluating regularly all CDC surveillance activities, 3) developing and evaluating improved methods for the collection, analysis, and dissemination of surveillance data, and 4) maintaining and improving the expertise of CDC staff and constituents in the development, implementation, and evaluation of systems of public health surveillance. Data Sources

Data on the reported occurrence of notifiable diseases are derived from reports supplied by the state

and territorial health departments and by CDC program activities. These data are published weekly in the MMWR, and the final official numbers of cases are published in the annual Summary of Notifiable Diseases. Complementary data are provided in MMWR surveillance summaries and recommendations and reports. Data reported in the weekly MMWR and the more detailed data reported by individual CDC programs are collected independently; therefore, some numbers may be slightly different because of the timing of reports or because of refinements in case definition.

Data published in the MMWR series of publications should be interpreted with caution. Some diseases that cause severe clinical illness and are associated with serious consequences are probably reported quite accurately; however, diseases that are clinically mild and infrequently associated with serious consequences are less likely to be reported. Additionally, subclinical cases are seldom detected except in the course of epidemic investigations or special studies. The degree of completeness of reporting is also influenced by the diagnostic facilities available, the control measures in effect, and the interests and priorities of state and local officials responsible for disease control and surveillance. Finally, factors such as the introduction of new diagnostic tests and the discovery of new disease entities may cause changes in disease reporting independent of the true incidence of disease. Despite these limitations, the data in these reports have proven to be very useful in the analysis of trends.

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