

History and Modernization of Case Surveillance

Historical Timeline

Collection of national notifiable disease data has long been essential to quality public health decision making. Here is a history of major milestones in the advancement of case surveillance.

2014

CDC launches the NNDSS National Modernization Initiative (NMI) as part of the CDC Surveillance Strategy. Through this multi-year initiative, CDC increased the robustness of the NNDSS technological infrastructure with interoperable, standardized data and exchange mechanisms.





2007

Council of State and Territorial Epidemiologists (CSTE) approves a position statement that supports implementation of International Health Regulations in the U.S. This international legal instrument governs information sharing about events that might constitute a Public Health Emergency of International Concern.



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In collaboration with CSTE, CDC publishes an MMWR entitled Case Definitions for Public Health Surveillance (MMWR 1990;39 [No. RR-13]). It provides uniform criteria for reporting cases. These case definitions were developed in collaboration with epidemiologists at CDC and CSTE. They were approved by a full vote of the CSTE membership and also endorsed for use by the Association of State and Territorial Public Health Laboratory Directors, now APHL.

1990

NETSS launches. NETSS is a computerized public health surveillance information system allowing health jurisdictions to collect and transmit weekly data regarding national notifiable diseases to CDC.



1961

CDC assumes responsibility for collecting and publishing data on national notifiable diseases. The agency publishes its first issue of the *MMWR* with notifiable disease data on January 13.

1955

CSTE formally established as the Conference of State and Territorial Epidemiologists. CSTE continues to be responsible for defining and recommending both reportable diseases and conditions within states and the national notifiable diseases and conditions for which data are voluntarily sent to CDC.



1951

A conference of state and territorial epidemiologists generates a fully documented list of national notifiable diseases.

1950

Alexander Langmuir, Director of CDC's Bureau of Epidemiology, recognizes the importance of state input in reporting communicable diseases. He asks the Association of State and Territorial Health Officials (ASTHO) to convene the state epidemiologists and charge them with deciding which diseases should be reported nationally.



1928

All states, the District of Columbia, Hawaii, and Puerto Rico are participating in the national reporting of 29 specified diseases.

1912

State and territorial health authorities, in conjunction with the Public Health Service, recommend immediate telegraphic reporting of five infectious diseases and monthly reporting by letter of 10 additional diseases.



1912

First annual summary of The Notifiable Diseases includes reports on 10 diseases from 19 states, the District of Columbia, and Hawaii.

1902

Congress directs the Surgeon General to improve the uniformity of national notifiable disease data by providing specific forms for collecting and compiling data and publishing reports.



1893

Congress expands the authority for weekly reporting and publishing of notifiable disease cases to include data from states and municipal authorities.

1879

Congressional appropriation funds collecting data and publishing reports on notifiable diseases.



1878

Congress authorizes the U.S. Marine Hospital Service, the forerunner of the Public Health
Service, to collect reports from U.S. consuls overseas about local occurrences of cholera, smallpox, plague, yellow fever and other disease. The information was used to institute quarantine measures to prevent introducing or spreading disease in the U.S.

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