Colleagues,

Please find below the National Notifiable Diseases Surveillance System (NNDSS) Modernization Initiative (NMI) Technical Assistance (TA) Coordination Team Update for April 24, 2015. These e-mail updates are a collaboration among the Centers for Disease Control and Prevention (CDC), Council of State and Territorial Epidemiologists (CSTE), and the Association of Public Health Laboratories (APHL) and will be sent biweekly in an effort to keep reporting jurisdictions and other partners and stakeholders updated on the progress of NMI.

For more information on NMI, please see the NMI FAQs at http://www.cdc.gov/nmi/faq.html. If you have questions not answered in the FAQs, please send them to edx@cdc.gov.

**NMI Overall Updates**

- The NMI team has set up an orientation meeting—scheduled for 4/24/2015—for CDC program subject matter experts (SMEs) for Generic v2 and Arboviral conditions.
  - The Message Mapping Guide (MMG) Development Team plans to start work on the Arboviral MMG within the next month.
  - In addition, the Generic v2 MMG is expected to be implemented in June 2015 and will require input from the CDC programs to validate messages.
  - The orientation meeting will provide a brief overview and status of NMI to facilitate the new CDC SMEs’ active participation in the NMI process.

**Message Mapping Guide Development Updates**

- The MMG Development Team determined the conditions included in the Generic v2 MMG.
  - Most jurisdictions will be able to use the Generic v2 MMG for 54 conditions.
  - National Electronic Disease Surveillance System Base System (NBS) jurisdictions will be able to use it for 52 conditions.
  - The lists of conditions will be made available at a later date.

- **Message Mapping Guide Status Updates:**
  - **Mumps and Pertussis MMGs (Stage 1—Draft Phase):**
    - The MMG Development Team has revised the expected posting date for the restructured Mumps and Pertussis MMGs for a second external review period of 3 weeks, expected to occur 4/28/15 to 5/22/15.
  - **Congenital Syphilis and STD MMGs (Stage III—Reconciled Draft Phase):**
    - The team revised the STD MMG in response to changes suggested by the NBS Team and the Message Validation, Processing, and Provisioning System (MVPS) developer and delivered an updated MMG, test scenarios, and test messages to the MVPS Team in March 2015.
    - The MMG Development Team revised the Congenital Syphilis MMG, test scenarios, and test messages and delivered them to the MVPS Team on 4/9/15.
The MMG Development Team will post the STD and Congenital Syphilis MMGs as soon as possible as Stage III—Pilot Test-ready Draft Phase versions of the MMGs, along with their artifacts.

- **Generic v2 and Hepatitis MMGs (Stage III—Pilot Test-ready Draft Phase)**
  - The team revised the Generic v2 and Hepatitis MMGs in response to changes suggested by the NBS Team and the MVPS developer and delivered updated MMGs, test scenarios, and test messages to the MVPS Team in March 2015.
  - The MMG Development Team expects to post updated versions of the Generic v2 and Hepatitis artifacts to the Draft MMG Web site in April 2015.
- No guides are in Stage IV—Final MMG Phase at this time.

**Message Validation, Processing, and Provisioning System Updates**

- Message processing clarification sessions with the MVPS developer, MVPS Team, CDC Message and Vocabulary (M&V) Team, and CDC Surveillance Operations Team (SOT) were conducted on 4/8/15 for Generic v2, Hepatitis, and STD based upon the message processing guide (MPG)/MMG requirements submitted to the developer on 4/3/15.
  - Based upon these sessions, the CDC teams made minor updates to the MPG/MMG documents, including updates to the PHIN Specification, the conformance profiles, MMG Lab and Vaccine templates, and MPG blanket and processing rules.
  - CDC provided these updates to the MVPS developer on 4/20/15; the developer is expected to deliver the message processing code to CDC in support of these requirements in early May 2015.
- The MVPS Team expects to complete the Congenital Syphilis MPG and processing requirements documents and provide them to the MVPS developer in late April 2015.
- The MVPS Team continues to work on creating the data provisioning requirements and data dictionary mapping for Generic v2, Hepatitis, and STD in conjunction with the SOT and M&V teams.
- The MVPS developer delivered code for the MVPS Dashboard role-based security functionality to CDC on 4/17/2015, and CDC soon will begin internal technical validation testing of this functionality.
  - Role-based security will give both users internal to CDC and external to CDC role-based access to specific functions and data within the dashboard.
  - The MVPS Dashboard is a component of the MVPS that summarizes data sent by jurisdictions, including the details of messages received and processed by CDC and errors and warnings associated with messages that were submitted by jurisdictions. The dashboard also will allow jurisdictions to identify notifications that have been received successfully by MVPS or that may need rework, as well as to perform near real-time reconciliation of messages sent to and received by MVPS.
- The updated Message Evaluation and Testing Service (METS) tool is expected to be available in early June 2015 to support jurisdictions in their independent testing of Hepatitis, STD, and Generic v2 messages. The MVPS Dashboard and message processing functionality also is expected to be available in June 2015 to support independent testing of Generic v2, Hepatitis, and STD messages by the jurisdictions and programs. The message processing functionality supports the implementation of the Message Mapping Guides.

**Technical Assistance Updates**

- Upon the basis of the recent NMI pilot jurisdiction readiness assessments, the NMI team has determined that California, Florida, Michigan, Minnesota, and Oregon will be the pilot jurisdictions participating in NMI Technical Assistance (TA) Pilot Phase II, wave 1 (occurring now through 6/30/15).
  - This wave will focus on developing case notification messages for Hepatitis and STD.
The APHL TA Team is completing the gap analysis with these jurisdictions and has begun to schedule site visits.

- New York has agreed to serve as an independent pilot site during NMI TA Pilot Phase II, wave 1. They will participate in the NMI evaluation process, working with draft NMI TA tools and resources to implement the priority MMGs.
- Arizona, Colorado, and up to three additional states will be included in wave 2 of the NMI TA Pilot Phase II, which is expected to start on 7/1/15.
- APHL continues to develop and refine NMI TA tools and resources, including the Rhapsody route and Mirth channel for Hepatitis and STD.
- CSTE will work with all of the pilot jurisdictions to evaluate the NMI TA efforts.
- Reminder about MMG status:
  - MMGs in Stages I, II, and III are considered draft and may be revised until the time they are finalized.
  - Those jurisdictions selected for pilot testing of the test-ready versions (Stage III) of the MMGs should wait until contacted by the NMI TA Team before using the test-ready MMGs, before implementing surveillance information system changes, and before submitting test messages to CDC.
  - All other jurisdictions should not plan to submit data to CDC or implement MMG-based updates to their surveillance information systems until the final MMGs (Stage IV) have been posted.
- For more information about technical assistance:
  - Please see the NMI FAQs at http://www.cdc.gov/nmi/faq.html.
  - For pilot jurisdictions: If you have questions specific to NMI TA, please contact Laura Carlton, APHL, at laura.carlton@aphl.org.
  - For non-pilot jurisdictions: If you have questions or would like to request TA for MMG implementation through the Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Cooperative Agreement, please email edx@cdc.gov.

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