epiTRENDS

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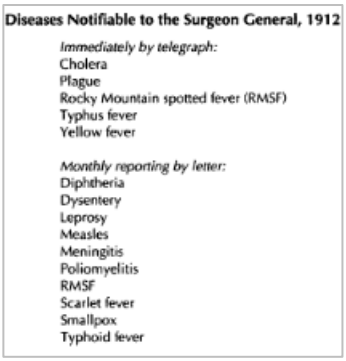
Changes in National Case Definitions

National notifiable condition reporting began by 1902. In 1951 the Council of State and Territorial Epidemiologists (CSTE) developed a fully-documented list of nationally notifiable conditions. Washington State Department of Health (DOH) follows CSTE definitions for notifiable conditions, which are available from the Centers for Disease Control and Prevention and included in investigation guidelines.



Diseases Notifiable to the Surgeon General, 1912

Immediately by telegraph:
Cholera
Plague
Rocky Mountain spotted fever (RMSF)
Typhus fever
Yellow fever

Monthly reporting by letter:
Diphtheria
Dysentery
Leprosy
Measles
Meningitis
Poliomyelitis
RMSF
Scarlet fever
Smallpox
Typhoid fever

https://www.jstor.org/stable/4497051

Beginning January, 2023, CSTE case definitions will have major changes for certain notifiable conditions which will be updated in DOH guidelines (see Resources). Additional changes made to Washington's reporting requirements are also summarized below.

Revised Case Definitions for 2023

Blood Lead Levels

To reflect changes to the CDC Blood Lead Reference Value (BLRV), the CSTE updated its position statement for Lead in Blood in June 2022. In recognition that there is no safe level of lead in blood, the condition changed from "elevated blood lead levels" to "lead in blood". Moreover, the case classification has been updated from the definition of ≥5µg/dL for "elevated blood lead level" to "blood lead levels at or above the reference value of ≥3.5µg/dL".

The updated BLRV and CSTE position statement do not automatically change the guidelines for Washington State. "Elevated blood lead level" is defined as ≥5µg/dL under Notifiable Conditions Rule in the Washington Administrative Code (WAC). Though changing the WAC is possible through the rule-making process, LHJ may choose to use the 3.5µg/dL BLRV as a guideline for intervention. For more information, please contact lead@doh.wa.gov.

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Burkholderia

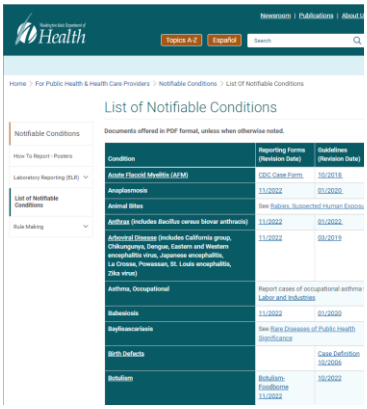
Burkholderia pseudomallei, and less commonly *B. mallei*, can cause disease in humans, known as melioidosis or glanders, respectively. Rare cases of melioidosis reported in Washington have been associated with travel history to endemic areas, mainly south Asia. Recently in the United States cases linked to contaminated products and pets have been reported, and endemic cases in the Gulf Coast region have been identified. In 2023, CSTE added melioidosis to the Nationally Notifiable Conditions list and updated the standardized case definition from 2012. The updated case definition includes a more specific set of clinical criteria, addition of supportive laboratory criteria, and a definition for epidemiologic linkage. A suspect case classification was added.

Candida auris

CSTE updated the case definition for *Candida auris*, with reporting and specimen submission required under Washington Administrative Code 246-101. *C. auris* is a newly identified multidrug resistant yeast that can cause life threatening infections in vulnerable patients, particularly in those with long term acute care and indwelling devices. Healthy people in the community are not considered at risk from *C. auris*. Several states have reported difficult to control healthcare outbreaks. *C. auris* transmission can be prevented through optimal infection prevention practices.

Carbapenem resistant organisms

CSTE updated the case definition of 'carbapenemase producing Enterobacteriaceae' to 'carbapenemase producing organisms'. Current reporting is for carbapenem resistant Enterobacterales, specifically *E. coli*, *Enterobacter* and *Klebsiella*. DOH is using provisional reporting to expand reporting and specimen submission of carbapenem resistant organisms to include all species under Enterobacterales, as well as *Acinetobacter baumannii* and *Pseudomonas aeruginosa*. An updated guideline has detailed antibiotic resistance criteria for laboratory submission. LHJs are asked to investigate only cases confirmed as carbapenemase producing through laboratory testing.



https://doh.wa.gov/public-health-healthcare-providers/notifiable-conditions/list-notifiable-conditions

Coccidioidomycosis

Coccidioides is a pathogenic environmental fungus which causes the disease coccidioidomycosis, also known as Valley Fever. The first locally-acquired case in Washington was reported in 2010; DOH has systematically tracked the disease since 2014. Each year up to 120 cases are reported statewide, most with travel-related exposures. With the 2023 WAC changes, coccidioidomycosis was added as a notifiable condition. In addition, a new CSTE case definition was approved to be implemented in January 2023. This case definition follows the model of the recently implemented Lyme disease case definition, recognizing the different surveillance objectives in high-incidence and low-incidence states, and maintaining separate criteria for each. Historically, all positive test results for Coccidioides were confirmatory without needing symptom information. The new case definition classifies cases as confirmed, probable, or suspect, using a combination of laboratory, clinical, and epidemiologic linkage criteria.

COVID-19

SARS-CoV-2 infection, the virus that causes 2019 novel coronavirus disease (COVID-19), remains a nationally notifiable condition and DOH has adopted the national case definition. To summarize the new CSTE case definition changes, the following elements of the case definition have been updated:

- A person who has a compatible clinical syndrome with an epidemiologic link to a laboratory positive case is no longer classified as a probable case;
- A death with COVID-19, SARS-CoV-2, or an equivalent term but lacking a positive test is classified as suspect, rather than probable; and
- A person who has a SARS-CoV-2 antibody detection is no longer classified as a suspect case.

Disseminated gonococcal infection (DGI)

The current case definition for *Neisseria gonorrhoeae* infection (gonorrhea) released in 2014 lacks a standardized definition for disseminated gonococcal infection (DGI). Upcoming case definition revisions include classifications for *N. gonorrhoeae* infections that result in DGI:

- *Verified DGI* – Isolation or detection of *N. gonorrhoeae* from a disseminated site of infection (e.g., skin, synovial fluid, blood, or cerebrospinal fluid) by culture or nucleic acid amplification test (NAAT).
- *Likely DGI* – Clinical manifestations of DGI without other known causes AND isolation or detection of *N. gonorrhoeae* from a mucosal site of infection by culture or nucleic acid amplification test (NAAT).

Future revisions to the PHIMS-STD Case Report page and corresponding paper form will include the addition of a "Specimen Type" section to better classify gonorrhea cases leading to complications such as DGI. LHJ staff are encouraged to document specimen type of all confirmatory tests if a "Disseminated" diagnosis is reported on the submitted case report and/or if a specimen type other than standard urine or swab specimens is noted on the case report.

With the ongoing threat of cephalosporin-resistant gonorrhea, inclusion of antimicrobial susceptibility test (AST) results, when available, in case reports can help strengthen local and national surveillance efforts. The STI Surveillance staff plan to explore how to improve the collection of AST results in PHIMS-STD beginning in 2023.

Strongyloidiasis

Strongyloidiasis is a parasitic disease caused by the soil-transmitted helminth *Strongyloides* spp. Although *Strongyloides stercoralis* is endemic in parts of the country, strongyloidiasis has never been reportable in any US state, nor has it been nationally notifiable. A new standardized case definition was developed for implementation in January 2023 to assist in the standardized collection of passive surveillance data. While not notifiable, cases of strongyloidiasis can be investigated and tracked by entering a case in WDRS at the discretion of the local health jurisdiction.

Viral hepatitis

Laboratory criteria for reporting viral hepatitis in Washington were updated:

	Prior criteria	New 2023 criteria
Hepatitis A	IgM positivity	Positive results for: IgM or Nucleic acid detection (NAT or NAAT)
Hepatitis B	IgM positivity (acute) HBsAg (surface antigen) HBeAg (E antigen) HBV DNA	Positive results for: IgM anti-HBc HBsAg, HBeAg, or HBV nucleic acid detection (NAT or NAAT) either qualitative or quantitative, for example PCR or genotyping
Hepatitis C	Hepatitis C virus	Positive result by any method Positive and nonpositive results for: HCV nucleic acid detection (NAT or NAAT) for qualitative, quantitative, and genotype tests
Hepatitis D	Hepatitis D virus	Positive result by any method
Hepatitis E	Hepatitis E virus	Positive result by any method

In addition there may be new laboratory reporting requirements associated with viral hepatitis such as providing hepatocellular enzyme results associated with a positive hepatitis report, if those results are available to the laboratory.

Resources

WAC 246-101-101 (health care providers and health care facilities)
https://app.leg.wa.gov/WAC/default.aspx?cite=246-101-101&pdf=true

WAC 246-101-201 (laboratories)
https://app.leg.wa.gov/WAC/default.aspx?cite=246-101-201&pdf=true

National case definitions: https://ndc.services.cdc.gov/

Washington State Department of Health disease investigation guidelines (including case definitions): https://doh.wa.gov/public-health-healthcare-providers/notifiable-conditions/list-notifiable-conditions

Council of State and Territorial Epidemiologist: https://www.cste.org/page/About_CSTE

Blood lead level:

Reference value: https://www.cdc.gov/nceh/lead/data/blood-lead-reference-value.htm

Recommended actions: https://www.cdc.gov/nceh/lead/advisory/acclpp/actions-blls.htm

Case definitions: https://www.cdc.gov/nceh/lead/data/case-definitions-classifications.htm

CSTE position statement: https://cdn.ymaws.com/www.cste.org/resource/resmgr/ps/ps2022/22-EH-01_Lead_in_Blood.pdf