

epiTRENDS

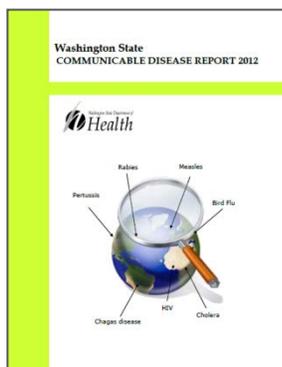
A Monthly Bulletin on Epidemiology and Public Health Practice in Washington

Notifiable Conditions Case Definitions

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Case Definitions

Standard case definitions are used by all states for notifiable conditions reporting to produce comparable data nationwide. State representatives at the Council of State and Territorial Epidemiologists annual conference vote on changes to the national case definitions. This year a small number of changes in communicable diseases reporting were enacted.



Washington State follows almost all national case definitions for notifiable conditions reporting. One exception is the reporting of post-diarrheal hemolytic uremic syndrome (HUS). Although this condition is separately defined as a notifiable condition, the case definition for shiga toxin-producing *Escherichia coli* (STEC) includes post-diarrheal HUS as a suspect case. To avoid overlap in reporting, In Washington State HUS is included in reporting of STEC.

Washington State Department of Health established case definitions for diseases that are notifiable conditions in this state but not nationally. These include prion disease (such as Creutzfeldt-Jakob disease), shellfish poisoning (paralytic and domoic acid shellfish poisonings), and yersiniosis. In addition, a small number of nationally notifiable conditions (amebic meningitis, Hansen disease and histoplasmosis) are not notifiable in Washington because they are not endemic in the state or because they have no public health interventions.

2014 Case Definition Changes

The changes below will be included in forms available on the Notifiable Conditions web page and in PHIMS, the state's electronic surveillance reporting system.

Arboviral disease (excluding Dengue) has minor changes. For Neuroinvasive cases, fever is no longer a clinical criterion for diagnosis. For Non-neuroinvasive cases, the clinical criterion of measured fever was

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replaced by “report of fever or chills by patient or healthcare provider”. In addition, cerebral spinal fluid (CSF) testing no longer applies to non-neuroinvasive cases; the laboratory indicators have been modified to support this change. Headache and stiff neck are no longer identified in PHIMS as case-defining, although for only dengue the symptom headache continues to be one of several potential case-defining clinical criteria only. The previous clinical finding of “underlying chronic illness or immunosuppression” was replaced with a question in which specific pre-existing conditions can be identified. Guillain-Barré syndrome has been added to other neuroinvasive findings.



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<http://listserv.wa.gov/cgi-bin/wa?SUBED1=epitrends&A=1>

Choose the option to join the listserve. Enter your name and email address.

West Nile virus has minor changes. For Neuroinvasive cases, fever is no longer a clinical criterion for diagnosis. For Non-neuroinvasive cases, the clinical criterion of measured fever was

replaced by “report of fever or chills by patient or healthcare provider”. Cerebral spinal fluid (CSF) testing no longer applies to non-neuroinvasive cases; the laboratory indicators have been modified to support this change. In addition, headache, stiff neck, and seizures are no longer identified as case-defining in PHIMS.

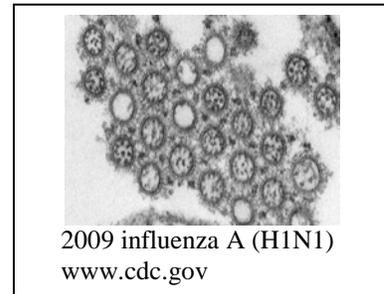
Cryptosporidiosis has had a requirement since 2012 that diarrhea last at least 72 hours if it is the only reported symptom for a Probable or Confirmed case. Since duration of diarrhea was not specifically asked in PHIMS, the variable “Diarrhea duration \geq 72 hours” was added. If a cryptosporidiosis case reports any diarrhea, mark “Diarrhea” as “Yes”. If the diarrhea lasted at least 72 hours, also mark “Diarrhea duration \geq 72 hours” as “Yes”. If the diarrhea did not last at least 72 hours, there must be one other case-defining symptom (abdominal cramping, vomiting or anorexia) for the case to be classified as Confirmed or Probable. Note that Fever is no longer a case-defining symptom so has been unbolded.

Malaria does not have a change in the case definition, but for national reporting it is requested that the Plasmodium species be recorded, and if known the quantification of parasitemia. Species is already captured in PHIMS. If the percent of red cells affected is known, add it as a PHIMS shared note.

Mumps now has a Confirmed classification only when laboratory confirmation for mumps virus by culture or with reverse transcription polymerase chain reaction (RT-PCR) accompanies an acute illness characterized by any of the following: acute parotitis lasting at least 2 days, aseptic meningitis, encephalitis, hearing loss, orchitis, oophoritis, mastitis, or pancreatitis. A Probable classification applies for acute parotitis lasting at least two days or orchitis or oophoritis (unexplained

by another more likely diagnosis) with a positive test for serum anti-mumps immunoglobulin M (IgM) antibody, or with an epidemiologic linkage to another probable or confirmed case or a link to a community outbreak. As before, a Suspect case has parotitis, acute salivary gland swelling, orchitis, or oophoritis unsupported by any laboratory evidence. A positive laboratory result with no clinical symptoms of mumps (with or without an epidemiologic link to a confirmed or probable case) also gives a Suspect case.

Novel influenza A has a clarification that a case-defining epidemiologic linkage is restricted to having contact with a laboratory-confirmed novel influenza case. Laboratory confirmation is expanded to include any laboratory using CDC-approved protocols or FDA-authorized tests to detect novel influenza. The Probable case definition applies for inconclusive test results as well as no confirmatory testing.



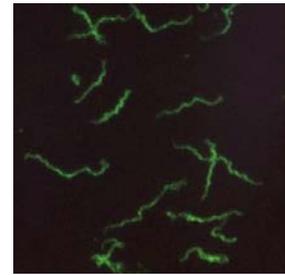
Pertussis has a change in the case definition for infants less than one year of age only. Apnea was added nationally as a case-defining clinical symptom; however, Washington State has considered apnea to be case-defining in infants since 2012. In addition, the criteria for classifying infant cases as Probable now include an acute cough illness of any duration when one other clinical symptom (paroxysms, inspiratory whoop, post-tussive vomiting, or apnea) is present AND either a pertussis polymerase chain reaction (PCR) positive result or contact with a laboratory-confirmed case of pertussis. These infants were previously classified as Suspect. Infant cases meeting the clinical criteria (i.e., cough lasting ≥ 2 weeks plus one case-defining symptom but lacking laboratory confirmation or epidemiologic link) will continue to be classified as Probable. Note that any person meeting the clinical criteria who has contact with a PCR-positive Probable infant case (i.e., PCR positive with ≥ 1 case-defining clinical symptom but cough duration < 14 days) should be classified as Probable rather than Confirmed.

Shiga toxin-producing *Escherichia coli* (STEC) reporting includes new exposure data elements with an expanded and specific new form replacing the old supplemental form. The left side and non-shaded information is entered into PHIMS. The right side and shaded information will be collected by the local health jurisdiction and on request forwarded to Office of Communicable Disease Epidemiology during cluster investigations. Such information includes details of sources of food, brands purchased, and foods consumed outside the house (see bottom of page 4).

Trichinellosis has had a Confirmed classification with a clinically compatible illness AND either the organism demonstrated in the patient or a positive serologic test. Starting in 2014 there will be new Suspect and Probable classifications. A Suspect case does not have a clinically compatible illness but shared epidemiologically implicated food AND has a positive serologic test. A Probable case has a clinically compatible illness AND either shared epidemiologically implicated food or ate a meat product in which the organism was demonstrated.

Gonorrhea has proctitis and pharyngitis added as symptoms in the clinical description. Laboratory criteria added observation of gram-negative intracellular diplococci in an endocervical smear obtained from a female. Comprehensive sites of infection had been added to both the case reporting form and PHIMS-STD several years ago, so no changes were needed to accommodate other updates.

Syphilis has an updated list of serologic tests, adding enzyme immunoassay (EIA) and chemiluminescence immunoassay (CIA), and removing older testing technologies no longer used. Details of clinical history and symptoms indicative of each syphilis stage were added to assist in appropriate case classification. Of note, the syphilis stage of “latent, of unknown duration” was discontinued so all latent staged syphilis cases are now classified as either “early latent” (initial infection in the previous 12 months) or “late latent” (initial infection occurred greater than one year previously). The “unknown duration” stage has not been included on the STD case report for some time, though remains in PHIMS-STD.



Treponema pallidum
(syphilis) www.cdc.gov

PHIMS Update

The 2013 case definitions will apply to cases being counted for the 2013 reporting year. For acute communicable diseases, new PHIMS screens and PHIMS forms for 2014 will be available in early February. Until then, a local health jurisdiction with a 2014 case of any of the above conditions can contact Office of Communicable Disease Epidemiology for the updated form (206 418-5500 or 877-539-4344).

Resources

National case definitions (CDC)

<http://www.cdc.gov/NNDSS/script/SearchResults.aspx?Searchfor=>

Department of Health surveillance data:

Reporting posters:

<http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions/ReportingPosters.aspx>

Annual reports:

<http://www.doh.wa.gov/DataandStatisticalReports/DiseasesandChronicConditions/CommunicableDiseaseSurveillanceData/AnnualCDSurveillanceReports.aspx>

Statewide historical cases:

<http://www.doh.wa.gov/Portals/1/Documents/5100/420-004-CDAnnualReport1920-1982.pdf>

EXPOSURES		
All questions refer to the 1 – 8 days before onset.		
Enter Data in PHIMS		Hard Copy Only
Y N DK NA	Case knows anyone with similar symptoms <input type="checkbox"/> household contact <input type="checkbox"/> daycare <input type="checkbox"/> friend <input type="checkbox"/> other attendee at common event <input type="checkbox"/> Other, specify _____	Details:
<input type="checkbox"/>	Contact with lab confirmed case <input type="checkbox"/> Household <input type="checkbox"/> Casual <input type="checkbox"/> Sexual <input type="checkbox"/> Needle use <input type="checkbox"/> Other: _____	
<input type="checkbox"/>	Epidemiologic link to a confirmed human case	
<input type="checkbox"/>	Contact with dispersed or incriminated ovine or adult	
<input type="checkbox"/>	Visited, lived or worked in a residential facility	
<input type="checkbox"/>	Travel out of the state, out of the country, or outside of usual routine Out of: <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Country Dates/locations: _____	
<input type="checkbox"/>	Do you try to select mostly organic products? <input type="checkbox"/> Produce <input type="checkbox"/> Other produce _____	
<input type="checkbox"/>	Were you on any kind of special or restricted diet for medical, weight loss, religious or other reasons? Specify: _____	If yes, describe: _____
<input type="checkbox"/>	Known contaminated food product? Specify: _____	
Sources of food – Hard Copy Only		
Sources of food (check all that apply) List Store/Retail Names & Locations:		
<input type="checkbox"/> Grocery store or supermarkets		
<input type="checkbox"/> Warehouse store (e.g., Costco, Sam's Club)		
<input type="checkbox"/> Small markets, mini marts & convenience stores		
<input type="checkbox"/> Ethnic specialty markets (Mexican, Asian or Indian)		
<input type="checkbox"/> Health food stores or Co-ops		
<input type="checkbox"/> Fish or meat specialty shops (butcher's shop, etc.)		
<input type="checkbox"/> Farmer's markets, roadside stands, open-air markets, or food purchased directly from a farm		
<input type="checkbox"/> School or other institutional setting		
<input type="checkbox"/> Other, specify: _____		
Y N DK NA	Restaurants - Name(s)/location(s): (Note: Add new entries here/next page) Specify/locations must be entered in PHIMS	
<input type="checkbox"/>	Group meal, (e.g., potluck, reception)	
Foods consumed outside the home (including restaurants, schools, etc.) – Hard Copy Only		
Date/Time of Meal	Restaurant/School/Facility Name & Location	Meal description

New STEC exposure form