2017 Reportable Disease Changes

2017 National Notifiable Diseases Changes

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Salmonellosis

- Suspect case classification removed
- Positive culture-independent diagnostic testing (CIDT) results for *Salmonella* that are not culture-confirmed will now be reported as probable cases
- Illnesses among persons who are epidemiologically linked to a confirmed case or a probable case with supportive laboratory evidence will be classified as probable cases
- Criteria to distinguish a new case from an existing case:
  - A case should not be counted as a new case if laboratory results were reported within 365 days of a previously reported infection in the same individual
  - When two or more different serotypes are identified from one or more specimens from the same individual, each should be reported as a separate case

2017 Salmonellosis Case Definition

- **Laboratory Criteria for Diagnosis**
  - Supportive laboratory evidence: Detection of *Salmonella* spp. in a clinical specimen using a CIDT.
  - Confirmatory laboratory evidence: Isolation of *Salmonella* spp. from a clinical specimen.
- **Epidemiologic Linkage**
  - Probable: A clinically compatible case that is epidemiologically linked to a case that meets the supportive or confirmatory laboratory criteria for diagnosis.
- **Case Classification**
  - **Probable:** A case that meets the supportive laboratory criteria for diagnosis; **OR** a clinically compatible case that is epidemiologically linked to a case that meets the supportive or confirmatory laboratory criteria for diagnosis.
  - **Confirmed:** A case that meets the confirmed laboratory criteria for diagnosis.

Shigellosis

- Suspect case definition removed
- Laboratory criteria updated for a probable case of shigellosis to include detection of *Shigella* spp. or *Shigella*/Enteroinvasive Escherichia coli (EIEC) in a specimen use a CIDT
- Criteria to distinguish a new case from an existing case:
  - A case should not be counted as new case if laboratory results were reported within 90 days of a previously reported infection
  - When two or more different serotypes are identified in one or more specimens from the same individual, each should be counted as a separate case

2017 Shigellosis Case Definition

- **Laboratory Criteria for Diagnosis**
  - Supportive laboratory evidence: Detection of *Shigella* spp. or *Shigella*/ enteroinvasive *E. coli* (EIEC) in a clinical specimen using a culture-independent diagnostic testing (CIDT).
  - Confirmatory laboratory evidence: Isolation of *Shigella* spp. from a clinical specimen.
- **Epidemiologic Linkage**
  - A clinically compatible case that is epidemiologically linked to a case that meets the supportive or confirmatory laboratory criteria for diagnosis.
- **Case Classification**
  - **Probable:** A case that meets the supportive laboratory criteria for diagnosis; **OR** a clinically compatible case that is epidemiologically linked to a case that meets the supportive or confirmatory laboratory criteria for diagnosis.
  - **Confirmed:** A case that meets the confirmed laboratory criteria for diagnosis.

Vibriosis

- Positive CIDT results for *Vibrio* that are not culture-confirmed will now be reported as probable cases
- Epidemiologically linked cases include cases that are clinically compatible and meet either the supportive or confirmatory laboratory criteria for diagnosis
- Criteria to distinguish a new case from an existing case:
  - A case should not be counted as a new case if laboratory results were reported within 30 days of a previously reported infection
  - When two or more different species of the family *Vibrionaceae* are identified in one or more specimens from the same individual, each should be reported as a separate case

2017 Vibriosis Case Definition

- **Laboratory Criteria for Diagnosis**
  - Supportive laboratory evidence: Detection of a species of the family *Vibrionaceae* (other than toxigenic *Vibrio cholerae* O1 or O139, which are reportable as cholera) from a clinical specimen using a culture-independent diagnostic test.
  - Confirmatory laboratory evidence: Isolation of a species of the family *Vibrionaceae* (other than toxigenic *Vibrio cholerae* O1 or O139, which are reportable as cholera) from a clinical specimen.
- **Epidemiologic Linkage**
  - A clinically compatible case that is epidemiologically linked to a case that meets the supportive or confirmatory laboratory criteria for diagnosis.
- **Case Classification**
  - **Probable:** A case that meets the supportive laboratory criteria for diagnosis, OR a clinically compatible case that is epidemiologically linked to a case that meets the supportive or confirmatory laboratory criteria for diagnosis.
  - **Confirmed:** A case that meets the confirmed laboratory criteria for diagnosis.

Perinatal Hepatitis B Virus Infection

- The clinical criteria for diagnosis now includes a specific age range for the patient
- The laboratory diagnosis includes additional testing methods
- The epidemiologic linkage criteria adds ‘Born to Hepatitis B virus infected mother’
- Confirmed cases now include specific age ranges for the patients as well as time frames for positive testing.
- New probable case definition

2017 Perinatal Hepatitis B Case Definition

- **Clinical Criteria:** Perinatal HBV infection in a child ≤ 24 months of age may range from asymptomatic to fulminant hepatitis.
- **Laboratory Criteria for Diagnosis**
  - Laboratory evidence of HBV infection in an infant consists of one or more of the following:
    - positive hepatitis B surface antigen (HBsAg) test (only if at least 4 weeks after last dose of Hep B vaccine)
    - positive hepatitis B e antigen (HBeAg) test
    - detectable HBV DNA
- **Epidemiologic Linkage:** Born to a HBV-infected mother.
- **Case Classification**
  - **Probable:** Child born in the US and positive for HBsAg at ≥ 1 month of age and ≤ 24 months of age OR positive for HBeAg or HBV DNA ≥9 months of age and ≤ 24 months of age, but whose mother's hepatitis B status is unknown (i.e. epidemiologic linkage not present).
  - **Confirmed:** Child born in the US to a HBV-infected mother and positive for HBsAg at ≥ 1 month of age and ≤ 24 months of age OR positive for HBeAg or HBV DNA ≥9 months of age and ≤ 24 months of age.

Invasive Pneumococcal Disease

- Suspect case definition removed
- The definition for probable cases has been added to include a case that meets the supportive laboratory evidence which is the identification of *Streptococcus pneumoniae* from a normally sterile body site by a CIDT without isolation of the bacteria
- Criteria for distinguishing a new case from an existing case:
  - A single case should be defined as a health event with a specimen collection date the occurs more than 30 days from the last known specimen with a positive lab finding

2017 Invasive Pneumococcal Disease Case Definition

- **Laboratory Criteria for Diagnosis**
  - Supportive: Identification of *S. pneumoniae* from a normally sterile body site by a CIDT without isolation of the bacteria.
  - Confirmatory: Isolation of *S. pneumoniae* from a normally sterile body site.
- **Case Classification**
  - **Probable:** A case that meets the supportive laboratory evidence.
  - **Confirmed:** A case that meets the confirmatory laboratory evidence.

Lyme Disease

- Updated laboratory criteria
- Reference to exposure in "endemic" counties is removed
  - Exposure is now categorized based on whether it likely occurred in a state that consistently reports a high incidence of Lyme disease (>10 per 100,000 population) or in a state where Lyme disease is less frequently reported
- Criteria to distinguish a new case from an exiting case:
  - Based upon the case not previously being reported to public health authorities
- Note: final Lyme disease case counts will be included in the *MMWR* annual summary reports but will be omitted from the weekly NNDSS surveillance tables.

2017 Lyme Disease Case Definition

- **Laboratory Criteria for Diagnosis**
  - A positive culture for *B. burgdorferi*, **OR**
  - A positive two-tier test. (This is defined as a positive or equivocal EIA or IFA followed by a positive IgM or IgG WB for Lyme disease **OR**
  - A positive single-tier IgG WB test for Lyme disease
- **Exposure:** Defined as having been (less than or equal to 30 days before onset of EM) in wooded, brushy, or grassy areas (i.e., potential tick habitats) of Lyme disease vectors. Since infected ticks are not uniformly distributed, a detailed travel history to verify whether exposure occurred in a high or low incidence state is needed. An exposure in a high-incidence state is defined as exposure in a state with an average Lyme disease incidence of at least 10 confirmed cases/ 100,000 for the previous three reporting years. A low-incidence state is defined as a state with a disease incidence of <10 confirmed cases/100,000 (*see* https://www.cdc.gov/lyme/stats/tables.html). A history of tick bite is not required.
- **Case Classification**
  - **Suspected:** A case of EM where there is no known exposure (as defined above) and no laboratory evidence of infection (as defined above), **OR** a case with evidence of infection but no clinical information available (e.g., a laboratory report).
  - **Probable:** Any other case of physician-diagnosed Lyme disease that has laboratory evidence of infection (as defined above).
  - **Confirmed:**
    - A case of EM with exposure in a high incidence state (as defined above), **OR**
    - A case of EM with laboratory evidence of infection and a known exposure in a low incidence state, **OR**
    - Any case with at least one late manifestation that has laboratory evidence of infection.

Tularemia

- Supportive laboratory criteria now includes detection of *F. tularensis* in a clinical or autopsy specimen using polymerase chain reaction (PCR), for a probable case
- Confirmatory laboratory criteria now includes isolation of *F. tularensis* in an autopsy specimen in addition to a clinical specimen
- Epidemiological linkage has been added to support clinical diagnosis.
- Criteria to distinguish a new case from an existing case:
  - Serial or subsequent cases of tularemia experienced by one individual should only be counted if there is an additional epidemiologically compatible exposure and new onset of symptoms. Because the duration of antibodies to *F. tularensis* is not known, mere presence of antibodies without a clinically-compatible illness **AND** an epidemiologically compatible exposure within 12 months of onset may not indicate a new infection, especially among persons who live in endemic areas.

2017 Tularemia Case Definition

- **Laboratory Criteria for Diagnosis**
- *Supportive*
  - Elevated serum antibody titer(s) to *F. tularensis* antigen (without documented fourfold or greater change) in a patient with no history of tularemia vaccination, **OR**
  - Detection of *F. tularensis* in a clinical or autopsy specimen by fluorescent assay, **OR**
  - Detection of *F. tularensis* in a clinical or autopsy specimen by a polymerase chain reaction (PCR)
- *Confirmatory*
  - Isolation of *F. tularensis* in a clinical or autopsy specimen, **OR**
  - Fourfold or greater change in serum antibody titer to *F. tularensis* antigen between acute and convalescent specimens
- **Epidemiologic Linkage:** Clinical diagnosis is supported by evidence or history of a tick or deerfly bite, exposure to tissues of a mammalian host of *F. tularensis*, including via an animal bite, or exposure to potentially contaminated water.
- **Case Classification**
  - **Probable:** A clinically-compatible case with supportive laboratory evidence.
  - **Confirmed:** A clinically-compatible case with confirmatory laboratory evidence.

New conditions to be placed under standardized surveillance, but not added to the NNDSS

Histoplasmosis

- Established standardized criteria for case identification and classification.
- Condition will be added to the NNDSS pending Office of Management and Budget Paperwork Reduction Act Approval (OMB PRA)

Free-living Amebae Infections

- New standards for case identification to reflect increased use of advanced molecular diagnostics for Free-living Amebae infection and less reliance on visualization along to identify amebae changes in testing practices
- The following conditions will be added to the 2017 NNDSS list
  - *Naegleria fowleri* causing Primary Amebic Meningoencephalitis
  - *Balamuthia mandrillaris* disease
  - Acanthamoeba disease (excluding keratitis)

Change in Display of Hepatitis C data

- Provisional data in the weekly MMWE will now be displayed with separate columns for ‘Hepatitis C, acute, confirmed’ and ‘Hepatitis c, acute, probable’
- For finalized data in the NNDSS Annual Summary, ‘Hepatitis C, acute’ will now be displayed with two rows – ‘Hepatitis C acute, confirmed’ and ‘Hepatitis C acute, probable’

NNDSS Data and Statistics Page

- The NNDSS Data and Statistics page is now part of the NNDSS website:
  - https://wwwn.cdc.gov/nndss/data-and-statisics.html

Additional Information

The full National update can be found at https://wwwn.cdc.gov/nndss/downloads.html