

2015 Changes to the National Notifiable Disease Surveillance System (NNDSS)

Background

- * The list of nationally notifiable infectious diseases is revised periodically.
 - * Diseases may be added as a new pathogen emerges or deleted as incidence declines.
- * The Council of State and Territorial Epidemiologists (CSTE), with input from CDC, makes recommendations *annually* for additions and deletions to the list of nationally notifiable diseases.
- * Reporting of diseases is mandated at the state level and lists vary slightly by state.
 - * CDC has some case definitions available to non-nationally notifiable diseases. For other diseases there is not a national case definition.

Where can these revisions be found?

- * The CDC's case definitions for Nationally Notifiable Infectious Conditions can be found at: www.cdc.gov/nndss or from the 'Case Definitions' link in MDSS
- * A link to the case definition for each condition is available on the CDInfo website (www.michigan.gov/cdinfo), just click on 'Communicable Diseases (A-Z)' then navigate to the condition of interest



C	Case Definition	Form Name
	Carbapenem-Resistant Enterobacteriaceae (CRE)	CRE Tip Sheet
	Campylobacter	MDCH Campylobacter Case Definition Update
	Chickenpox	See Varicella
	Chlamydia (Genital)	MDCH STD Website
		Chlamydia and Gonorrhea Reporting Tip Sheet
	Cholera	
	Clostridium difficile	Clostridium difficile (C. diff) Tip Sheet
	Coccidioidomycosis	Fungal Disease Flowchart
		Reportable Fungal Diseases Presentation
	Creutzfeldt-Jakob	Creutzfeldt-Jakob Case Definition

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Search Conditions By Name

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NNDSS Home

CDC's National Notifiable Diseases Surveillance System (NNDSS) is a multifaceted public health disease surveillance system that gives public health officials powerful capabilities to monitor the occurrence and spread of diseases. Facets of NNDSS are used by numerous state, territorial, tribal, and local health departments; and by partner organizations, such as the Council of State and Territorial Epidemiologists (CSTE), to

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2015 NNDSS Changes

Revisions to case definitions and laboratory criteria for:

- * Congenital Syphilis
- * Invasive *Haemophilus influenzae* Disease
- * Meningococcal Disease
- * Dengue
- * New definitions should be used for reporting new 2015 cases beginning in January 2015

Note: on the following slides, updates from the previous case definition are highlighted in red.

Congenital Syphilis

- * **2015 Changes:**

- * Laboratory criteria for congenital syphilis is updated to reflect changes in available tests as well as new tests being used
- * Provides parameters for what is considered abnormal cerebrospinal fluid values in congenital syphilis
- * Case definition link:
<http://wwwn.cdc.gov/NNDSS/script/conditionsummary.aspx?CondID=177>

Congenital Syphilis – Case Definition

Laboratory Criteria

- * Demonstration of *Treponema pallidum* by:
 - * Darkfield microscopy of lesions, body fluids, or neonatal nasal discharge, or
 - * Polymerase chain reaction (PCR) or other equivalent direct molecular methods of lesions, neonatal nasal discharge, placenta, umbilical cord, or autopsy material, or
 - * Immunohistochemistry (IHC), or special stains (e.g., silver staining) of specimens from lesions, placenta, umbilical cord, or autopsy material.]

Congenital Syphilis – Case Definition

Probable Case Classification

- * A condition affecting an infant whose mother had untreated or inadequately treated* syphilis at delivery, regardless of signs in the infant, or an infant or child who has a reactive non-treponemal test for syphilis (**Venereal Disease Research Laboratory [VDRL], rapid plasma reagin [RPR], or equivalent serologic methods**) AND any one of the following:
 - * Any evidence of congenital syphilis on physical examination (see Clinical description)
 - * Any evidence of congenital syphilis on radiographs of long bones
 - * A reactive CSF VDRL test
 - * In a nontraumatic lumbar puncture, an elevated CSF leukocyte (white blood cell, WBC) count or protein (without other cause):
Suggested parameters for abnormal CSF WBC and protein values:
 - * During the first 30 days of life, a CSF WBC count of >15 WBC/mm³ or a CSF protein >120 mg/dL.
 - * After the first 30 days of life, a CSF WBC count of >5 WBC/mm³ or a CSF protein >40 mg/dL, regardless of CSF serology.
The treating clinician should be consulted to interpret the CSF values for the specific patient.

Invasive *Haemophilus influenzae* Disease

- * **2015 Changes:**

- * Adds polymerase chain reaction (PCR) as an acceptable laboratory test
- * Classifies PCR-positive *Haemophilus influenzae* cases as confirmed
- * Case definition link:

<http://wwwn.cdc.gov/NNDSS/script/conditionsummary.aspx?CondID=74>

Invasive *Haemophilus influenzae* Disease

Case Definition:

Laboratory Criteria

- * Detection of *Haemophilus influenzae* type b antigen in cerebrospinal fluid [CSF]
- * Detection of *Haemophilus influenzae*-specific nucleic acid in a specimen obtained from a normally sterile body site (e.g., blood or CSF), using a validated polymerase chain reaction (PCR) assay; or
- * Isolation of *Haemophilus influenzae* from a normally sterile body site (e.g., cerebrospinal fluid [CSF], blood, joint fluid, pleural fluid, pericardial fluid)

Invasive *Haemophilus influenzae* Disease – Case Definition

Confirmed Case Definition

- * Isolation of *Haemophilus influenzae* from a normally sterile body site (e.g., cerebrospinal fluid [CSF], blood, joint fluid, pleural fluid, pericardial fluid) OR
- * Detection of *Haemophilus influenzae*-specific nucleic acid in a specimen obtained from a normally sterile body site (e.g., cerebrospinal fluid [CSF], blood, joint fluid, pleural fluid, pericardial fluid), using a validated polymerase chain reaction (PCR) assay

Meningococcal Disease

- * **2015 Changes:**

- * Classifies PCR-positive meningococcal cases as “confirmed”
- * Modifies case ascertainment criteria to include medical examiner reporting of *N. meningitidis* to public health agencies
- * Case definition link:

<http://wwwn.cdc.gov/NNDSS/script/conditionsummary.aspx?CondID=107>

Meningococcal Disease – Case Definition

Confirmed Case Classification

- * Detection of *N. meningitidis*-specific nucleic acid in a specimen obtained from a normally sterile body site (e.g., blood or CSF), using a validated polymerase chain reaction (PCR) assay; or
- * Isolation of *N. meningitidis*
 - * From a normally sterile body site (e.g., blood or CSF, or less commonly, synovial, pleural, or pericardial fluid); or
 - * From purpuric lesions.

Dengue

* 2015 Changes:

- * Updates the clinical and laboratory presentation of dengue to account for new disease classifications which include dengue-like illness*, dengue, and severe dengue, that replace the previous disease classifications
- * Modifies the sources of data for case ascertainment to include school-based surveys in dengue endemic areas
- * Deletes the “Asymptomatic Blood or Tissue Donor” reporting category and limits reporting to symptomatic (lab-positive) dengue virus infections
- * Case definition link:

<http://wwwn.cdc.gov/NNDSS/script/conditionsummary.aspx?CondID=40>

**Note: dengue-like illness will be added to NNDSS pending approval*

Dengue – Case Definition

Laboratory Criteria

Confirmatory:

- * Detection of DENV nucleic acid in serum, plasma, blood, CSF, other body fluid or tissue by validated reverse transcriptase-PCR, or
- * Detection of DENV antigens in tissue by a validated immunofluorescence or immunohistochemistry assay, or
- * Detection in serum or plasma of DENV NS1 antigen by a validated immunoassay; or
- * Cell culture isolation of DENV from a serum, plasma, or CSF specimen; or
- * Detection of IgM anti-DENV by validated immunoassay in a serum specimen or CSF in a person living in a dengue endemic or non-endemic area of the US without evidence of other flavivirus transmission (e.g., WNV, SLEV, or recent vaccination against a flavivirus (e.g., YFV, JEV)); or
- * Detection of IgM anti-DENV in a serum specimen or CSF by validated immunoassay in a traveler returning from a dengue endemic area without ongoing transmission of another flavivirus (e.g., WNV, JEV, YFV), clinical evidence of co-infection with one of these flaviviruses, or recent vaccination against a flavivirus (e.g., YFV, JEV); or
- * IgM anti-DENV seroconversion by validated immunoassay in acute (i.e., collected <5 days of illness onset) and convalescent (i.e., collected >5 days after illness onset) serum specimens; or
- * IgG anti-DENV seroconversion or ≥ 4 -fold rise in titer by a validated immunoassay in serum specimens collected >2 weeks apart, and confirmed by a neutralization test (e.g., plaque reduction neutralization test) with a >4-fold higher end point titer as compared to other flaviviruses tested.

Dengue – Case Definition

Laboratory Criteria

Probable:

- * Detection of IgM anti-DENV by validated immunoassay in a serum specimen or CSF in a person living in a dengue endemic or non-endemic area of the United States with evidence of other flavivirus transmission (e.g., WNV, SLEV), or recent vaccination against a flavivirus (e.g., YFV, JEV).
- * Detection of IgM anti-DENV in a serum specimen or CSF by validated immunoassay in a traveler returning from a dengue endemic area with ongoing transmission of another flavivirus (e.g., WNV, JEV, YFV), clinical evidence of co-infection with one of these flaviviruses, or recent vaccination against a flavivirus (e.g., YFV, JEV).

Suspected:

- * The absence of IgM anti-DENV by validated immunoassay in a serum or CSF specimen collected <5 days after illness onset and in which molecular diagnostic testing was not performed in a patient with an epidemiologic linkage.

Dengue – Case Definition

Case Classification

Suspected

- * A clinically compatible case of dengue-like illness, dengue, or severe dengue with an epidemiologic linkage

Probable

- * A clinically compatible case of dengue-like illness, dengue, or severe dengue with laboratory results indicative of probable infection

Confirmed

- * A clinically compatible case of dengue-like illness, dengue, or severe dengue with confirmatory laboratory results

2015 NNDSS Changes

New National reportable conditions

- * Campylobacteriosis
- * Chikungunya virus neuroinvasive and non-neuroinvasive (*pending approval*)
- * Hantavirus infection, non-hantavirus Pulmonary Syndrome (*pending approval*)

New Conditions Under National Surveillance

Campylobacteriosis

- * Confirmed and probable cases are asked to be submitted to CDC starting January 2015
- * **Note:** updates the existing standardized surveillance case definition, removing the “suspect” category and creating two classifications of probable cases: cases diagnosed through culture-independent methods and cases that are epi-linked to a confirmed and probable case
- * Case definition link:
<http://wwwn.cdc.gov/NNDSS/script/conditionsummary.aspx?CondID=31>
- * **Campylobacteriosis is and has been reportable to State of Michigan in the past**

New Conditions Under National Surveillance

Chikungunya virus neuroinvasive and non-neuroinvasive disease

- * To be added pending approval
- * **Note:** the case definition for Arboviral neuroinvasive and non-neuroinvasive diseases will be revised to include Chikungunya virus to the list of nationally notifiable Arboviral diseases in the US
- * Case definition link:
<http://wwwn.cdc.gov/NNDSS/script/conditionsummary.aspx?CondID=17>

New Conditions Under National Surveillance

Hantavirus infection, non-Hantavirus Pulmonary Syndrome

- * To be added pending approval
- * Surveillance is broadened to include both “Hantavirus Infection, Non-Hantavirus Pulmonary Syndrome and HPS so that all cases of laboratory-confirmed hantavirus infection would be nationally notifiable
- * Case definition Link:
 - * Non-Hantavirus Pulmonary Syndrome:
<http://wwwn.cdc.gov/NNDSS/script/conditionsummary.aspx?CondID=180>
 - * Hantavirus Pulmonary Syndrome (HPS) **REVISED**:
<http://wwwn.cdc.gov/NNDSS/script/conditionsummary.aspx?CondID=76>