2019 Reportable Disease Changes

NATIONAL AND MICHIGAN 2019 CHANGES

Background

- The National Notifiable Disease Surveillance System (NNDSS) offers surveillance case definitions with a set of uniform criteria used to define diseases for public health surveillance
- While the list of reportable conditions varies by state, the Council of State and Territorial Epidemiologists (CSTE) has recommended that state health departments report cases of selected diseases to CDC's National Notifiable Diseases Surveillance System (NNDSS). Every year, case definitions are updated using CSTE's Position Statements
- In Michigan, reporting of conditions is mandated by the Michigan Public Health Code [Public Act 368 of 1978, 333.5111]. Section 333.5111 mandates that MDHHS annually review, update, and publish the list on the department's website
- Michigan's reportable disease requirements are updated yearly to reflect changes in national reporting guidance from the Centers for Disease Control and Prevention and CSTE. Changes to the Michigan requirements may also reflect updated laboratory testing capabilities, requests for epidemiologic data, and contacts for local health departments and laboratories

New National and Michigan Reportable Condition: *Candida auris*, clinical

- *C. auris* is a multidrug resistant yeast that can spread quickly in healthcare settings and has been associated with high morbidity and mortality
- Control of *C. auris* requires timely detection and adherence to recommended infection control practices
- Yeast identification methods used at many clinical laboratories often misidentify *C. auris* as other yeasts (e.g. *Candida haemulonii*), making detection and control of *C. auris* challenging
- *Candida auris* will now be routinely reportable through MDSS – a specific reportable condition and condition specific case detail form is available in the system

Candida auris, clinical case definition

- Detection of *C. auris* in a specimen (from any body site) using either culture or a culture independent diagnostic test (CIDT) (e.g., Polymerase Chain Reaction [PCR])
- Detection of an organism that commonly represents as a *C. auris* misidentification in a specimen by culture (i.e., *Candida haemulonii*): https://www.cdc.gov/fungal/diseases/candidiasis/pdf/Testing-algorithm-by-method-temp.pdf
- The complete case definition can be found at: https://wwwn.cdc.gov/nndss/conditions/candida-auris-clinical/case-definition/2019/

New Michigan Reportable Condition: Acute Flaccid Myelitis (AFM)

- AFM was first identified in the US in 2014 during an enterovirus D68 epidemic. The CSTE approved a standardized case definition in 2015
- Single cases of AFM will be reportable (within 3 days) in Michigan. An AFM specific reportable condition and condition specific case detail form is available in MDSS
- Case definition (https://wwwn.cdc.gov/nndss/conditions/acute-flaccid-myelitis/case-definition/2018/):
  - Clinical Criteria: An illness with onset of acute flaccid limb weakness
  - Laboratory Criteria for Diagnosis:
    - Confirmatory: a magnetic resonance image (MRI) showing spinal cord lesion largely restricted to gray matter and spanning one or more vertebral segments
    - Supportive: cerebrospinal fluid (CSF) with pleocytosis (white blood cell count >5 cells/mm^3)
  - Probable: Clinically compatible case **AND** supportive laboratory evidence
  - Confirmed: Clinically compatible case **AND** confirmatory laboratory evidence

New Michigan Reportable Condition: Rabies Post-Exposure Prophylaxis (RPEP)

- Rabies Post-Exposure Prophylaxis (RPEP) will be considered reportable in Michigan in 2019
- The MDSS disease condition "Animal Bite" will be removed and replaced with "Rabies: Potential Exposure and PEP," which can be used for all potential rabies exposure case follow-up, regardless of RPEP treatment. *Note: this new form will be available in February 2019*
- HCPs are now required to report any initiation of RPEP to an individual exposed or potentially exposed to rabies, whether through a bite or other type of exposure
- In addition to reporting the patient information, the report must also contain the following:
  - Date, location, and description of the exposure incident
  - Animal species involved in the exposure (domestic, wildlife, etc.)
  - Disposition of the exposing animal (dead, alive, escaped, available for observation, sent for rabies diagnostic testing, etc.)
  - Treatments initiated (wound treatment, tetanus immunization, rabies immune globulin administration, rabies vaccine administration, etc.) and each subsequent rabies vaccine dose administered in the series

Revised National Case Definition: Diphtheria

- Removes the probable case classification. Cases can now only be classified as confirmed or suspect
- Toxin-producing *C. diphtheriae* cases from any anatomic site should be reported by state or local health departments to CDC as confirmed diphtheria cases
- The 2019 Diphtheria case definition can be found at: https://wwwn.cdc.gov/nndss/conditions/diphtheria/case-definition/2019/
- Note: data for Diphtheria will no longer be displayed in the weekly NNDSS tables beginning in 2019, but will continue to be displayed in the annual tables

Revised National Case Definition: Hepatitis A

- Incorporates nucleic amplification tests into the laboratory criteria. The previous 2012 hepatitis A case definition included only IgM antibody
- 2019 Hepatitis A case definition (https://wwwn.cdc.gov/nndss/conditions/hepatitis-a-acute/case-definition/2019/)
- **Clinical Criteria:** An acute illness with a discrete onset of any sign or symptom consistent with acute viral hepatitis (e.g., fever, headache, malaise, anorexia, nausea, vomiting, diarrhea, abdominal pain, or dark urine)

  AND

  a) jaundice or elevated total bilirubin levels ≥ 3.0 mg/dL, **OR**

  b) elevated serum alanine aminotransferase (ALT) levels >200 IU/L,

  AND

  c) the absence of a more likely diagnosis

Revised National Case Definition: Hepatitis A, cont.

- **Laboratory Criteria for Diagnosis:** IgM antibody to hepatitis A virus (anti-HAV) positive, **OR n**ucleic acid amplification test (NAAT; such as PCR or genotyping) for hepatitis A virus RNA positive
- **Confirmed Case Classification:**
  - A case that meets the clinical criteria and is IgM anti-HAV positive[§], **OR**
  - A case that has hepatitis A virus RNA detected by NAAT (such as PCR or genotyping), **OR**
  - A case that meets the clinical criteria and occurs in a person who had contact (e.g., household or sexual) with a laboratory-confirmed hepatitis A case 15-50 days prior to onset of symptoms

§ And not otherwise ruled out by IgM anti-HAV or NAAT for hepatitis A virus testing performed in a public health laboratory

Revised National Case Definitions: *Salmonella* Typhi infection and *Salmonella* Paratyphi infection

- In 2019, Salmonellosis (non-typhi) will be split into two groups:
  - 1) salmonellosis (excluding paratyphoid fever and typhoid fever), and
  - 2) paratyphoid fever (caused by *Salmonella* serotypes Paratyphi A, Parathpyi B (tartrate negative), and Paratyphi C)
- Paratyphoid fever was added to MDSS in 2018 and has its own reporting form
- The *Salmonella* case definitions can be found at:
- *Salmonella* Paratphyi infection: https://wwwn.cdc.gov/nndss/conditions/Salmonella-Paratyphi-Infection/case-definition/2019/
- Salmonella Typhi infection: https://wwwn.cdc.gov/nndss/conditions/Salmonella-Typhi-Infection/case-definition/2019/
- Salmonellosis: https://wwwn.cdc.gov/nndss/conditions/salmonellosis/case-definition/2017/

Revised National Case Definition: Yellow Fever

- Case definition revision addresses changes in diagnostic testing and the possible occurrence of yellows fever vaccine-associated viscerotropic disease
- The request of immediate notification of yellow fever cases has been removed and yellow fever has now been designated routinely notifiable
- The 2019 Yellow Fever case definition can be found at: https://wwwn.cdc.gov/nndss/conditions/yellow-fever/case-definition/2019/

New Conditions Under Standardized Surveillance But Not Added to the NNDSS

The following conditions are not reportable in MI but definitions have been created for them

- ***Candida auris*, colonization/screening:** https://wwwn.cdc.gov/nndss/conditions/candida-auris-colonization-screening/case-definition/2019/ Note: only ***Candida auris*, clinical** is reportable in MI
- **Respiratory Syncytial Virus-Associated Mortality (RSV-Associated Mortality):** https://wwwn.cdc.gov/nndss/conditions/respiratory-syncytial-virus-associated-mortality/case-definition/2019/
- **Yersiniosis, non-pestis – only for FoodNet sites:** https://www.cste.org/resource/resmgr/2018_position_statements/18-ID-02.pdf

Conditions Being Removed from the Michigan Reportable Disease List

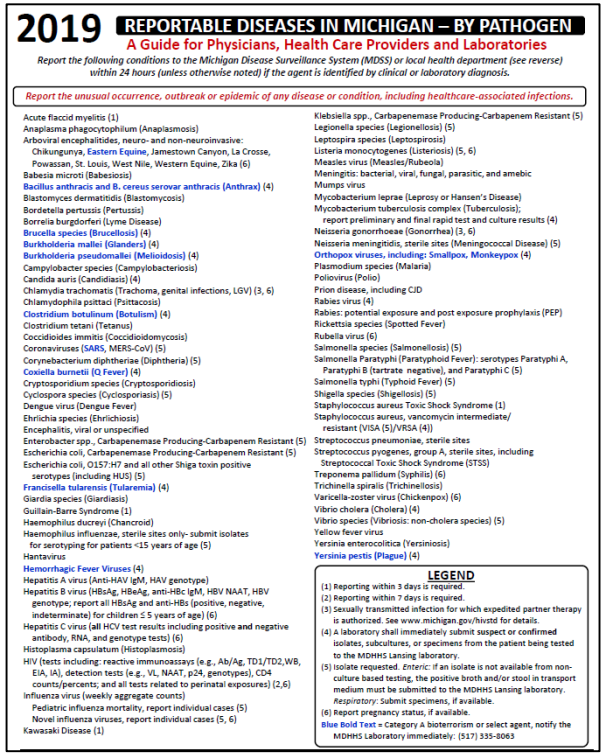
- Hepatitis D Virus (HDV)
  - HDV is not a nationally notifiable disease and there is no standardized case definition. Cases will still be able to be entered into MDSS on a voluntary basis
- Hepatitis E Virus (HEV)
  - HDE is not a nationally notifiable disease and there is no standardized case definition. Cases will still be able to be entered into MDSS on a voluntary basis
- The MDSS structure for Hepatitis D and E will remain if providers would like to report the diseases

Modifications to Existing Conditions on the Michigan Reportable Disease List

- **Cyclosporiasis (*Cyclospora*):**
  - Added footnote (5) denoting that specimens or isolates are requested and should be sent to the MDHHS Lansing laboratory
- **Hepatitis C:**
  - MDHHS is requesting that all agencies reporting to the MDSS via Hl7 message, report the results of **ALL** HCV tests. That includes all positive **AND** negative HCV antibody, RNA, and genotype tests. Negative lab results will go into a holding queue in MDSS starting in February 2019
- **Paratyphoid Fever**: Salmonellosis (non-typhi) will be split into two groups: 1) salmonellosis (excluding paratyphoid fever and typhoid fever) and 2) paratyphoid fever (caused by Salmonella serotypes Paratyphi A, Paratyphi B (tartrate negative), and Paratyphi C
- **Rabies-Potential Exposures**: changes 'Animal Bite' in MDSS to "Rabies Potential exposure and PEP"
- **Legend**: Note (5) modified language to read "Respiratory: submit specimens, if available"

Michigan 2019 Updated Documents

- Updated reportable disease lists (by pathogen and by condition), as well as the Healthcare Professional's Guide (Brick Book) are available for download at www.michigan.gov/cdinfo


2019 REPORTABLE DISEASES IN MICHIGAN – BY PATHOGEN

A Guide for Physicians, Health Care Providers and Laboratories

Report the following conditions to the Michigan Disease Surveillance System (MDSS) or local health department (see reverse) within 24 hours (unless otherwise noted) if the agent is identified by clinical or laboratory diagnosis.

Report the unusual occurrence, outbreak or epidemic of any disease or condition, including healthcare-associated infections.

Acute flaccid myelitis (1)
Anaplasma phagocytophilum (Anaplasmosis)
Arboviral encephalitides, neuro- and non-neuroinvasive:
Chikungunya, Eastern Equine, Jamestown Canyon, La Crosse, Powassan, St. Louis, West Nile, Western Equine, Zika (6)
Babesia microti (Babesiosis)
Bacillus anthracis and B. cereus serovar anthracis (Anthrax) (4)
Blastomyces dermatitidis (Blastomycosis)
Bordetella pertussis (Pertussis)
Borrelia burgdorferi (Lyme Disease)
Brucella species (Brucellosis) (4)
Burkholderia mallei (Glanders) (4)
Burkholderia pseudomallei (Melioidosis) (4)
Campylobacter species (Campylobacteriosis)
Candida auris (Candidiasis) (4)
Chlamydia trachomatis (Trachoma, genital infections, LGV) (3, 6)
Chlamydophila psittaci (Psittacosis)
Clostridium botulinum (Botulism) (4)
Clostridium tetani (Tetanus)
Coccidioides immitis (Coccidioidomycosis)
Coronaviruses (SARS, MERS-CoV) (5)
Corynebacterium diphtheriae (Diphtheria) (5)
Coxiella burnetii (Q Fever) (4)
Cryptosporidium species (Cryptosporidiosis)
Cyclospora species (Cyclosporiasis) (5)
Dengue virus (Dengue Fever)
Ehrlichia species (Ehrlichiosis)
Encephalitis, viral or unspecified
Enterobacter spp., Carbapenemase Producing-Carbapenem Resistant (5)
Escherichia coli, Carbapenemase Producing-Carbapenem Resistant (5)
Escherichia coli, O157:H7 and all other Shiga toxin positive serotypes (including HUS) (5)
Francisella tularensis (Tularemia) (4)
Giardia species (Giardiasis)
Guillain-Barre Syndrome (1)
Haemophilus ducreyi (Chancroid)
Haemophilus influenzae, sterile sites only- submit isolates for serotyping for patients <15 years of age (5)
Hantavirus
Hemorrhagic Fever Viruses (4)
Hepatitis A virus (Anti-HAV IgM, HAV genotype)
Hepatitis B virus (HBsAg, HBeAg, anti-HBc IgM, HBV NAAT, HBV genotype; report all HBsAg and anti-HBs (positive, negative, indeterminate) for children ≤ 5 years of age) (6)
Hepatitis C virus (all HCV test results including positive and negative antibody, RNA, and genotype tests) (6)
Histoplasma capsulatum (Histoplasmosis)
HIV (tests including: reactive immunoassays (e.g., Ab/Ag, TD1/TD2,WB, EIA, IA), detection tests (e.g., VL, NAAT, p24, genotypes), CD4 counts/percents; and all tests related to perinatal exposures) (2,6)
Influenza virus (weekly aggregate counts)
Pediatric influenza mortality, report individual cases (5)
Novel influenza viruses, report individual cases (5, 6)
Kawasaki Disease (1)
Klebsiella spp., Carbapenemase Producing-Carbapenem Resistant (5)
Legionella species (Legionellosis) (5)
Leptospira species (Leptospirosis)
Listeria monocytogenes (Listeriosis) (5, 6)
Measles virus (Measles/Rubeola)
Meningitis: bacterial, viral, fungal, parasitic, and amebic
Mumps virus
Mycobacterium leprae (Leprosy or Hansen's Disease)
Mycobacterium tuberculosis complex (Tuberculosis); report preliminary and final rapid test and culture results (4)
Neisseria gonorrhoeae (Gonorrhea) (3, 6)
Neisseria meningitidis, sterile sites (Meningococcal Disease) (5)
Orthopox viruses, including: Smallpox, Monkeypox (4)
Plasmodium species (Malaria)
Poliovirus (Polio)
Prion disease, including CJD
Rabies virus (4)
Rabies: potential exposure and post exposure prophylaxis (PEP)
Rickettsia species (Spotted Fever)
Rubella virus (6)
Salmonella species (Salmonellosis) (5)
Salmonella Paratyphi (Paratyphoid Fever): serotypes Paratyphi A, Paratyphi B (tartrate negative), and Paratyphi C (5)
Salmonella typhi (Typhoid Fever) (5)
Shigella species (Shigellosis) (5)
Staphylococcus aureus Toxic Shock Syndrome (1)
Staphylococcus aureus, vancomycin intermediate/resistant (VISA (5)/VRSA (4))
Streptococcus pneumoniae, sterile sites
Streptococcus pyogenes, group A, sterile sites, including Streptococcal Toxic Shock Syndrome (STSS)
Treponema pallidum (Syphilis) (6)
Trichinella spiralis (Trichinellosis)
Varicella-zoster virus (Chickenpox) (6)
Vibrio cholera (Cholera) (4)
Vibrio species (Vibriosis: non-cholera species) (5)
Yellow fever virus
Yersinia enterocolitica (Yersiniosis)
Yersinia pestis (Plague) (4)

LEGEND

(1) Reporting within 3 days is required.
(2) Reporting within 7 days is required.
(3) Sexually transmitted infection for which expedited partner therapy is authorized. See www.michigan.gov/hivstd for details.
(4) A laboratory shall immediately submit suspect or confirmed isolates, subcultures, or specimens from the patient being tested to the MDHHS Lansing laboratory.
(5) Isolate requested. *Enteric:* if an isolate is not available from non-culture based testing, the positive broth and/or stool in transport medium must be submitted to the MDHHS Lansing laboratory. *Respiratory:* Submit specimens, if available.
(6) Report pregnancy status, if available.
Blue Bold Text = Category A bioterrorism or select agent, notify the MDHHS Laboratory immediately: (517) 335-8063

Resources

- The full National update can be found at https://wwwn.cdc.gov/nndss/downloads.html
- MDHHS tip sheets and guidance documents can be found at www.michigan.gov/cdinfo
- MDSS website: www.michigan.gov/mdss