

2023 Reportable Disease Changes

NATIONAL AND MICHIGAN 2023 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 the 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 CDC 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 or Revised National Surveillance Case Definitions

- COVID-19
- Multisystem Inflammatory Syndrome in Children Associated with SARS-CoV-2 Infection (MIS-C)
- Gonorrhea
- Carbapenemase-Producing Organisms (CPO)
- *Candida auris*
- Animal Rabies
- Coccidioidomycosis
- Melioidosis
- Mpox

Revised National Case Definition: COVID-19

- **Updates to the 2021 case definition address criteria for reporting, case classifications and criteria, and CDC notification time**
 - Updates to reporting and case classification criteria help meet long-term surveillance goals.
 - The probable case definition no longer includes cases based only on clinical criteria + epidemiologic linkage to known cases.
 - COVID-19 case ascertainment based on positive serologic test results is no longer relevant, as surveillance should focus on incident cases only.
 - Changes to the COVID-19-associated death definition will be communicated by MDHHS in early 2023.
- COVID-19 Case Definition: https://www.cste.org/resource/resmgr/ps/ps2022/22-ID-01_COVID19.pdf
- COVID-19-Associated Death Definition: https://preparedness.cste.org/wp-content/uploads/2022/12/CSTE-Revised-Classification-of-COVID-19-associated-Deaths.Final_11.22.22.pdf

New National Case Definition: Multisystem Inflammatory Syndrome in Children (MIS-C)

- **New case definition for MIS-C as a rare but severe complication of infection with SARS-CoV-2**
 - MIS-C continues to be reportable in Michigan (it is not nationally notifiable).
 - In May 2020, CDC issued a health advisory asking clinicians to report suspected cases to local and state health departments. This new case definition was developed through consultation with clinical experts, review of current literature, and interrogation of the national MIS-C surveillance data and data collected through the Overcoming COVID-19 Network MIS-C registry.
- MIS-C case definition: https://www.cste.org/resource/resmgr/ps/ps2022/22-ID-02_MISC.pdf

Revised National Case Definition: Gonorrhea

- **Updates to the case definition to capture disseminated gonococcal infection (DGI) and to address reporting of drug resistance measures for gonorrhea**
 - DGI occurs when *Neisseria gonorrhoeae* from a mucosal site invades the bloodstream and spreads to distant sites in the body. Clinical manifestations of DGI include petechial or pustular acral skin lesions, tenosynovitis, asymmetric polyarthralgia, bacteremia, oligoarticular septic arthritis, or, on rare occasions, endocarditis, osteomyelitis, or meningitis.
 - *Verified DGI*: GC is identified at the sterile site by culture or by NAAT
 - *Likely DGI*: GC is identified from a genital site but not from the sterile site, AND the documented clinical symptoms are consistent with DGI
 - In Michigan, *N. gonorrhoeae* isolates from sterile sites are required to be submitted to the MDHHS Lansing Laboratory.
 - *N. gonorrhoeae* has developed resistance to most antimicrobials used for treatment. Clinicians who diagnose *N. gonorrhoeae* infection in a person with suspected cephalosporin treatment failure should perform culture and antimicrobial susceptibility testing of relevant clinical specimens and document in the initial report.
 - CDC now has an online form for requesting expert consultation on suspect gonorrhea treatment failures, available at [Suspected Gonorrhea Treatment Failure Consultation Form \(cdc.gov\)](https://www.cdc.gov/gonorrhea/treatment-failure-consultation-form)
- Case Definition: https://www.cste.org/resource/resmgr/ps/ps2022/22-ID-03_Gonorrhea.pdf

Revised National Case Definition: Carbapenemase-Producing Organisms (CPO)

- **Updates to the case definition to expand Carbapenemase-Producing Carbapenem-Resistant Enterobacterales (CP-CRE) to Carbapenemase-Producing Organisms (CPO), expand acceptable laboratory criteria, and the change the timeframe for counting new clinical cases**
 - Reporting of CP-CRE in Michigan was expanded to include all Enterobacterale genera in 2022, along with required CP-CRE isolate submission.
 - While included in the updated CPO case definition, *Acinetobacter* spp. and *Pseudomonas aeruginosa* are currently *not required* to be reported in Michigan at this time, although laboratories are encouraged to submit isolates to BOL.
 - Since next generation sequencing (NGS) has become more widely used, it is also included in the laboratory criteria.
 - Data have shown the difficulty of clearing CPO colonization and since public health response does not rely on the time between identification of the same organism in a patient, the temporal requirement for counting new cases is removed.
- Case Definition: https://www.cste.org/resource/resmgr/ps/ps2022/22-ID-04_CPO.pdf

Revised National Case Definition:

Candida auris

- **Updates to the 2018 case definition by removing presumptive laboratory criteria, probable and suspect case classifications, and include screening cases as newly nationally notifiable**
 - *Candida auris* continues to be reportable in Michigan since 2019.
 - Since 2018, laboratory capability to detect *C. auris* has greatly improved. Misidentification of *C. auris* is much less common than it was previously, and confirmatory testing is now widely available, therefore probable and suspect case classifications are no longer needed.
 - Individuals colonized with *C. auris* present similar transmission risks and require the same infection control precautions as those with *C. auris* identified from clinical specimens. *C. auris* screening can detect outbreaks earlier than passive clinical culture surveillance alone.
- Case Definition: https://www.cste.org/resource/resmgr/ps/ps2022/22-ID-05_C_auris.pdf

Revised National Case Definition: **Animal Rabies**

- **Updates to the 2010 case definition with new laboratory criteria and updates to reporting variables and timeframes for significant animal rabies events**
 - New laboratory diagnostic tests have been developed to detect rabies virus in animal specimens so additional tests were added to the laboratory criteria.
 - In Michigan, rabies specimens are tested by BOL or the USDA Wildlife Services Lab. Any positive results from BOL are confirmatory, while USDA-positive specimens are sent to CDC for confirmation.

- Case Definition: https://www.cste.org/resource/resmgr/ps/ps2022/22-ID-06_Animal_Rabies.pdf

Revised National Case Definition: Coccidioidomycosis

- **Updates to the 2010 case definition by adding new clinical, laboratory, and epidemiologic criteria**
 - The case definition is revised to reflect differing goals of surveillance and capacities to investigate cases in high- (Arizona and California) and low-incidence jurisdictions.
 - New laboratory tests have become available, clinical criteria is updated and probable and suspect case classifications are added.
- Case Definition: https://www.cste.org/resource/resmgr/ps/ps2022/22-ID-07_Coccidioidomycosis.pdf

Revised National Case Definition: Meloidosis

- **Updates to the 2011 case definition and newly nationally notifiable**
 - Melioidosis continues to be reportable in Michigan.
 - Although case counts are low in the US, reporting of Melioidosis is important due to increasing trends in international travel and globalized supply chain leading to continued importation of products from melioidosis-endemic regions; increasing worldwide disease burden; increasing evidence of endemicity in the southern U.S.; persistently high case-fatality rates; and possibility of its use for bioterrorism.
- Case Definition: https://www.cste.org/resource/resmgr/ps/ps2022/22-ID-08_Melioidosis.pdf

New National Case Definition:

Mpox

- **New standardized surveillance case definition for infection with mpox virus and newly nationally notifiable**
 - Mpox continues to be reportable in Michigan.
 - Beginning in May 2022, multiple countries that do not usually have monkeypox began to report cases, including the US. Most of these cases were not associated with travel to parts of West or Central Africa where the disease is endemic. Many, but not all, cases were in gay or bisexual men, or other men who report sex with men.
- Case Definition: https://www.cste.org/resource/resmgr/ps/ps2022/22-ID-10_Monkeypox_7.28.2022.pdf
- Michigan resources can be found at www.mi.gov/mpox

Modifications to the Michigan Reportable Disease List

- No conditions were added to the Reportable Disease List for 2023. There are two modifications to the list between 2022v2 and 2023:
 - **HIV:** Added wording to clarify HIV reporting requirements to include all HIV tests including reactive immunoassay, including all analytes.
 - **Orthopox viruses:** adoption of Mpox as the term used to refer to monkeypox disease.

Modifications to the Brick Book

- Updated Reportable Disease Lists by Condition (page 6) and by Pathogen (page 11) to reflect 2023 changes described above.
 - A reminder that the reportable disease list Legend contains important requirements. For example, where footnote 4 is applied suspect or confirmed isolates, subcultures, or specimens shall be immediately submitted to the MDHHS Lansing laboratory, and where footnote 6 is indicated pregnancy status should be included in the report.
- Added clarifying information and weblinks for HIV reporting (page 4).
 - HIV Mandatory reporting of HIV laboratory results should be reported electronically or by arrangement with MDHHS. A case report form, MDHHS Form 1355, should also be completed by the medical provider and faxed to the Division of HIV/STI Programs, Surveillance Unit at 313-456- 1580. The case report form is available at: [Michigan Adult HIV Confidential Case Report](#) and instructions can be found at [Instructions for Completion of the Michigan Adult Confidential HIV Case Report](#)
 - Reporting of CP-CRE in Michigan was expanded to all Enterobacterale genera in 2022. While the new CSTE carbapenemase-producing organism (CPO) position statement includes *Acinetobacter* spp. and *Pseudomonas aeruginosa*, these are currently *not required* to be reported in Michigan at this time. However, laboratories are highly encouraged to submit isolates to MDHHS Lansing laboratory for carbapenemase testing. MDHHS is working through system updates to accommodate any additional future required reporting and isolate submission.

Michigan 2023 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

2023: Health Care Professional's Guide to Disease Reporting in Michigan

A summary of the Michigan Communicable Disease Rules

MDHHS
Michigan Department of Health & Human Services

2023 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 if the agent is identified by clinical or laboratory diagnosis. See footnotes for exceptions.

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

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

(1) Reporting within 3 days is required.

(2) Report HIV labs electronically/by arrangement & case reports by MDHHS Form 1335. Report HIV genome sequence data only as Sanger sequences, or as consensus sequences for next generation sequencing.

(3) Sexually transmitted infection for which expedited partner therapy is authorized. See www.michigan.gov/hivsti 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 must be notified immediately to the MDHHS Laboratory (517-335-8063)

This reporting is expressly allowed under HIPAA and required by Michigan Public Act 368 of 1976, 333.5111

MDHHS maintains, reviews, and updates this list at least annually, for the most recent version please refer to: www.michigan.gov/cdinfo

Michigan Department of Health & Human Services • Bureau of Infectious Disease Reporting

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Resources



Case Definitions can be found at <https://www.cdc.gov/nndss/>



MDHHS tip sheets and guidance documents can be found at www.michigan.gov/cdinfo



MDSS website: www.michigan.gov/mdss