2022 Reportable Disease Changes

NATIONAL AND MICHIGAN 2022 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.

Revised National Surveillance Case Definitions

- Acute Flaccid Myelitis (AFM)
- Chlamydia
- COVID-19 *(updated August 2021)*
- Lyme Disease
- Viral Hemorrhagic Fever (VHF)

Revised National Case Definition:
Acute Flaccid Myelitis (AFM)

- The suspect case classification criteria have been modified to include supportive laboratory/imaging criteria.
- Additional criteria have been added under case ascertainment to allow for reporting of suspect AFM identified post-mortem.
- The confirmed case classification is revised to include persons who died and did not have an MRI performed but have evidence of myelitis on autopsy.
- Case Definition: https://ndc.services.cdc.gov/case-definitions/acute-flaccid-myelitis-2022/

Revised National Case Definition: Chlamydia

- New clinical and laboratory criteria were added to distinguish cases of lymphogranuloma venereum (LGV) from other infections due to chlamydia.
  - LGV is a specific type of chlamydial infection and is **nationally** notifiable as chlamydia. **In Michigan**, LGV has been reported separately from chlamydia, using "Lymphogranuloma venereum" from the Reportable Condition List. *Additional CDC guidance for documenting and reporting LGV is forthcoming in the near future.*
  - LGV is a specific type of chlamydial infection, caused by the serovars L1, L2, and L3 of *C. trachomatis*. Symptomatic LGV can be divided into three stages. The primary stage can include a small ulcer or lesion at the site of inoculation (genital, rectal, or oral/oropharyngeal sites). The secondary stage can include a syndrome featuring cervical, inguinal, and/or femoral lymphadenopathy that may rupture or an anorectal syndrome featuring proctocolitis (including mucoid or hemorrhagic rectal discharge, anal pain, constipation, fever, and/or tenesmus). Late stage LGV typically involves sequelae, such as genital elephantiasis, lymph node scarring, chronic colorectal fistulas and strictures, perirectal abscesses, and/or anal fissures. LGV may also be asymptomatic.
- Case definition: https://ndc.services.cdc.gov/case-definitions/chlamydia-trachomatis-infection-2022/

Revised National Case Definition: COVID-19 (updated August 2021)

- Includes asymptomatic infection caused by Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2)
- Addition of COVID-19 as a nationally notifiable condition
- Updates to clarify clinical, laboratory, and epidemiologic linkage criteria
- Addition of specificity for enumerating re-infections

- Case Definition: https://ndc.services.cdc.gov/case-definitions/coronavirus-disease-2019-2021/

- Additional guidance for COVID-19 in Michigan can be found in the Novel Coronavirus (nCoV) Standard Operating Procedures (SOP) at: https://www.michigan.gov/documents/mdhhs/nCoV_SOP_TEAM_680994_7.pdf

Revised National Case Definition:
Lyme Disease

- Defines and standardizes approaches to public health surveillance for high-incidence and low-incidence jurisdictions by including laboratory reports for case classification absent clinical information in high-incidence jurisdictions
- Increases specificity of the probable case classification in low-incidence states by removing “other physician diagnoses”
- Institutes a tiered approach to laboratory evidence of infection. Recategorizes the single-tier IgG immunoblot as a category B (presumptive) test, given that it is not, by itself, recommended for laboratory diagnosis

(continued on next slide)

Revised National Case Definition: **Lyme Disease (continued)**

- Updates laboratory evidence to reflect new developments:
  - Updates serologic testing criteria and adds PCR and direct detection of *B. burgdorferi* in tissue as acceptable laboratory evidence
  - A new modified two-tiered approach to serologic testing was approved by the FDA in 2019, allowing for an EIA rather than immunoblot as the second test in a Lyme disease testing algorithm
  - While PCR lacks sensitivity for most Lyme disease diagnoses, it has proven useful in certain clinical circumstances (e.g. detecting evidence of the pathogen in synovial fluid and detecting *B. mayonii*)
  - Direct detection of B. burgdorferi spirochetes in biopsy and autopsy tissues has also been useful in establishing a diagnosis in Lyme disease-associated carditis deaths
- Case Definition: https://ndc.services.cdc.gov/case-definitions/lyme-disease-2022/

Lyme Disease – Michigan Resources

- Updated Michigan Lyme Disease Case Investigation guidance and tools are now available on the MDHHS CD Info website (www.mi.gov/cdinfo), under 'Communicable Diseases (A-Z)'
- Updated documents include the following:
  - MDSS LD Case Investigation Guidance-2022
    - Lyme Disease Case Investigation Flowchart-2022
    - NEW Lyme Disease Case Classification Matrix
    - Lyme Disease Laboratory Results Interpretation Key (this will be updated as information is received about new labs coming into MDSS, particularly for the MTTT)
  - NEW Healthcare Provider Lyme Disease Case Report Form tool (this is a fillable PDF that LHD's can provide to HCP's to obtain information necessary for the investigation of suspected cases of Lyme disease-some LHD's may already have their own form)

Revised National Case Definition:
Viral Hemorrhagic Fever (VHF)

- Modifies the fever threshold from >40°C to ≥38°C/100.4°F
- Adds Chapare virus to those reportable under this position statement
  - VHF refers to viral hemorrhagic fever caused by either Ebola or Marburg viruses, Old World arenavirus (Lassa and Lujo viruses), New World arenaviruses (Guanarito, Machupo, Junin, Sabia, and Chapare viruses), or Crimean-Congo hemorrhagic fever virus.
- Amends the epidemiologic linkage criteria for sexual exposure within the past 3 weeks to semen from a confirmed acute or clinically recovered case of VHF to remove the stipulated time period of exposures within 10 weeks of the VHF case's onset of illness
- Case Definition: https://ndc.services.cdc.gov/case-definitions/viral-hemorrhagic-fever-2022/

Modifications to the Michigan Reportable Disease List

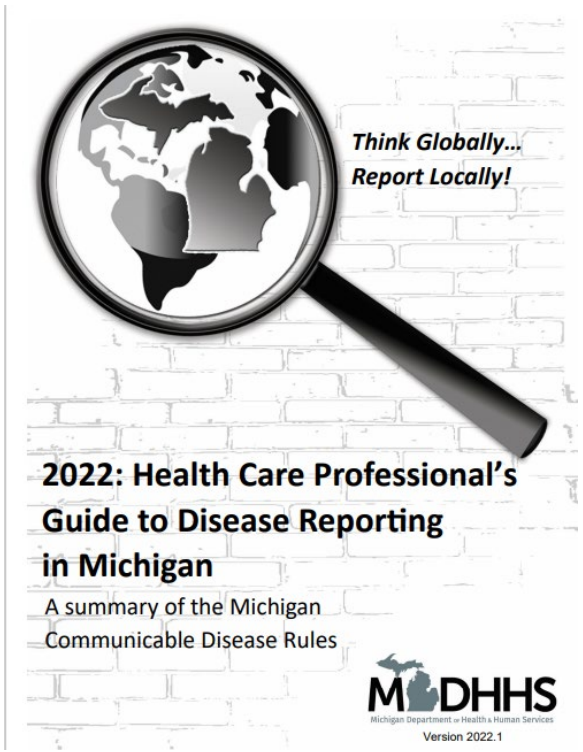
- **Carbapenemase Producing – Carbapenem Resistant Enterobacterales (CP-CRE)**:
  - Expanded to include all genera (previously only Klebsiella spp., Enterobacter spp., and Escherichia coli were reportable)
- **HIV**:
  - Expanded footnote (2) to include that HIV genome sequence data should only be reported as Sanger sequences, or as consensus sequences for next generation sequencing
    - Currently, there is no documented public health benefit to collecting raw NGS data through HIV surveillance, and therefore, the risks of collecting these data outweigh any potential benefits.
    - CDC expanded guidance on collection and reporting of HIV sequence data in October 2021, the full guidance can be found here: https://www.cdc.gov/hiv/pdf/funding/announcements/ps18-1802/cdc-hiv-sequence-guidance.pdf

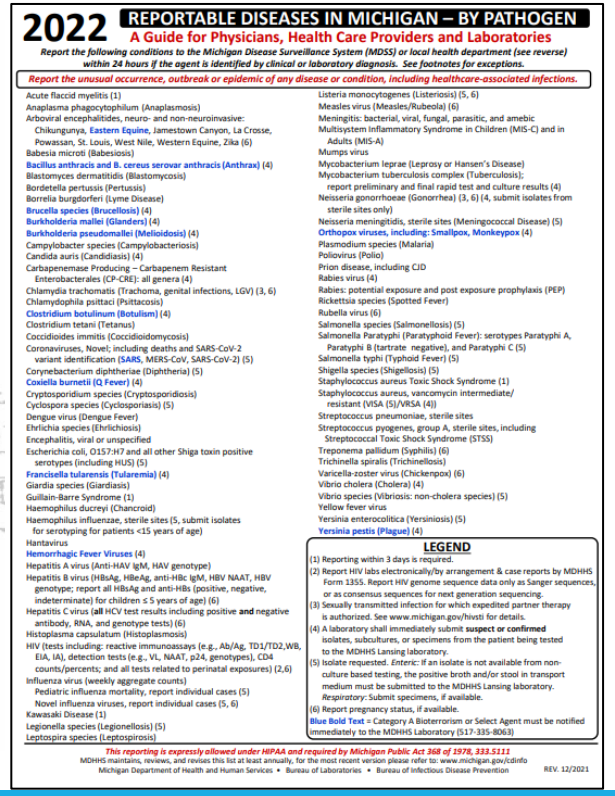
Modifications to the Brick Book

- Updated Reportable Disease Lists by Condition (page 6) and by Pathogen (page 11) to reflect 2022 changes
- Added clarifying information and weblinks for HIV reporting (page 4)
  - Mandatory reporting of HIV laboratory results should be reported electronically via the HIV Laboratory Management System (LMS). LMS is a web-based reporting system developed for the State of Michigan. 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: https://www.michigan.gov/documents/mdhhs/Michigan_Adult_HIV_Confidential_Case_Report_Form_732626_7.pdf and instructions can be found at: https://www.michigan.gov/documents/mdhhs/Michigan_Adult_HIV_Confidential_Case_Report_Form_Instructions_724837_7.pdf
- Requested that race and ethnicity be reported with laboratory information, if available (page 5)
- Updated eligible genera for Carbapenemase-Producing Carbapenem-Resistant Enterobacterales (CP-CRE) reporting and requirements for CP-CRE isolate submission (page 12)

Michigan 2022 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





2022 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.

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)
Carbapenemase Producing – Carbapenem Resistant Enterobacterales (CP-CRE): all genera (4)
Chlamydia trachomatis (Trachoma, genital infections, LGV) (3, 6)
Chlamydophila psittaci (Psittacosis)
Clostridium botulinum (Botulism) (4)
Clostridium tetani (Tetanus)
Coccidioides immitis (Coccidioidomycosis)
Coronaviruses, Novel; including deaths and SARS-CoV-2 variant identification (**SARS**, MERS-CoV, SARS-CoV-2) (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
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 (5, submit isolates for serotyping for patients <15 years of age)
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)
Legionella species (Legionellosis) (5)
Leptospira species (Leptospirosis)
Listeria monocytogenes (Listeriosis) (5, 6)
Measles virus (Measles/Rubeola) (6)
Meningitis: bacterial, viral, fungal, parasitic, and amebic
Multisystem Inflammatory Syndrome in Children (MIS-C) and in Adults (MIS-A)
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) (4, submit isolates from sterile sites only)
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) (5)
Yersinia pestis (Plague) (4)

LEGEND

(1) Reporting within 3 days is required.
(2) Report HIV labs electronically/by arrangement & case reports by MDHHS Form 1355. 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 1978, 333.5111

MDHHS maintains, reviews, and revises this list at least annually, for the most recent version please refer to: www.michigan.gov/cdinfo
Michigan Department of Health and Human Services • Bureau of Laboratories • Bureau of Infectious Disease Prevention
REV. 12/2021

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