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MEMORANDUM

TO: Local Health Departments

FROM: Communicable Disease Control Section

DATE: January 11, 2019

SUBJECT: 2019 Communicable Disease Surveillance Changes

2019 COMMUNICABLE DISEASE SURVEILLANCE CHANGES

The following surveillance changes will apply to cases reportable by the IDPH Control of Communicable Disease Code (77 Ill. Adm. Code Part 690) with onsets starting January 1, 2019. These changes are based upon position statements approved by the Council of State and Territorial Epidemiologists (CSTE). Please continue to use the 2018 case definition for all cases with onsets from January 1, 2018 – December 31, 2018. All 2019 national notifiable case definitions are available at <https://wwwn.cdc.gov/nndss/conditions/notifiable/2019/>.

New Disease Reporting

Candida auris, clinical

Clinical infection of *Candida auris* has been recommended by CSTE for inclusion in the Nationally Notifiable List and the CDC is in the process of completing the required paperwork to receive approval to collect data. It is anticipated that this will be finalized soon and at such time, IDPH will add this condition to our CDC transmission files. Additionally, the disease case definition has been updated to reflect changes in the performance characteristics of laboratory tests. Clinical cases in Illinois will now be reportable under the Communicable Disease Code as an unusual case of a disease or condition caused by an infectious agent (Section 690.295) until the next rule revision is adopted. Beginning in 2019, “*Candida auris, clinical*” is available in the I-NEDSS disease tree and cases and details from the case report form entered into I-NEDSS. As part of an ongoing outbreak investigation, colonization or screening cases are reportable by providers to the LHD and are entered into the XDRO Registry by IDPH staff with LHDs completing a more extensive case report form when requested by IDPH. A complete I-NEDSS module will be finalized soon to collect all details from the case report form.

2019 Case Definition: <https://wwwn.cdc.gov/nndss/conditions/candida-auris-clinical/>.

Changes in Case Definitions

Diphtheria

The 2019 case definition was updated to include only confirmed and suspect case classifications (probable has been removed). The definition also was modified, stating that toxin-producing *C. diphtheriae* from any anatomic site (respiratory and non-respiratory) should be reported as *diphtheria* cases.

2019 Case Definition: <https://wwwn.cdc.gov/nndss/conditions/diphtheria/case-definition/2019/>

Hepatitis A, acute

The case definition was revised to add nucleic acid amplification tests (NAAT; such as Polymerase Chain Reaction [PCR] or genotyping) into the laboratory criteria.

2019 Case Definition: <https://wwwn.cdc.gov/nndss/conditions/hepatitis-a-acute/case-definition/2019/>

***Salmonella* Paratyphi infection and *Salmonella* Typhi infection**

Under the 2019 case definition, cases positive for *Salmonella* Paratyphi A, B (tartrate negative), and C are classified as *S. Paratyphi* Infection instead of salmonellosis, and a case definition is now available. Additionally, Typhoid fever has been renamed to *S. Typhi* Infection for the national case definition. For both *S. Paratyphi* and *S. Typhi*, cases do not have to be clinically compatible to meet the confirmed case classification. Probable cases of both conditions are those with a clinically compatible illness and either presumptive laboratory evidence (detection of the organism using culture-independent diagnostic tests) or with an epidemiologic linkage. To enter a case into I-NEDSS, choose Paratyphi A, B or C in the disease tree for *S. Paratyphi* and Typhoid Fever for *S. Typhi*. Cases positive for *S. Paratyphi* B (tartrate positive) should be reported as salmonellosis with “PARATYPHI B var. L(+) tartrate(+) (formerly Java)” chosen in the disease tree.

2019 Case Definition – *Salmonella* Paratyphi Infection:

<https://wwwn.cdc.gov/nndss/conditions/Salmonella-Paratyphi-Infection/case-definition/2019/>

2019 Case Definition – *Salmonella* Typhi Infection: <https://wwwn.cdc.gov/nndss/conditions/Salmonella-Typhi-Infection/case-definition/2019/>

Yellow fever

The case definition for yellow fever was updated to include changes in diagnostic testing, including confirmatory and presumptive laboratory evidence. The definition also adds the reporting of yellow fever vaccine-associated viscerotropic disease. Additionally, the request for immediate notifications has been removed.

2019 Case Definition: <https://wwwn.cdc.gov/nndss/conditions/yellow-fever/case-definition/2019/>

Other Changes

Carbapenemase Producing Carbapenem-Resistant Enterobacteriaceae (CP- CRE) for *E. coli*, *Klebsiella* spp. and *Enterobacter* spp.

While CDC is requesting reporting of all CP-CRE cases, at this time, we are only asking LHDs to enter non-KP CRE cases into I-NEDSS. Beginning in late 2018, the disease became available in the I-NEDSS disease tree. CRE is reportable by providers via the XDRO Registry. LHDs are asked to collect additional information as part of the investigation and enter that information into I-NEDSS.

If you have any questions about any of the case definition changes, please contact the CD Section at 217-785-8375.