ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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MEMORANDUM

TO: Local Health Departments, Regional Offices of IDPH

FROM: Communicable Disease Control Section

DATE: January 2, 2018

SUBJECT: Communicable Disease Surveillance Changes for 2018

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, 2018. These changes are based upon position statements approved by the Council of State and Territorial Epidemiologists (CSTE) at their annual meeting in June 2017. Please continue to use the 2017 case definition for all cases with onsets from January 1, 2017 – December 31, 2017. The 2018 national notifiable case definitions are available at: https://wwwn.cdc.gov/nndss/conditions/notifiable/2018/

Changes in Case Definitions

Acute Flaccid Myelitis (AFM)

Suspect cases of AFM continue to be reportable as an unusual case of a disease or condition caused by an infectious agent (Section 690.295). As described on the CD portal, a patient summary form and imaging results should be sent to IDPH, and the case should be entered in I-NEDSS with the disease "Acute Flaccid Myelitis". Final case classification is determined by CDC. The case definition for AFM was revised to separate laboratory criteria from clinical criteria and small changes have been made in the clinical criteria (i.e. acute flaccid limb weakness) and the probable case classification (i.e. pleocytosis definition). CSTE Position Statement: http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/2017PS/2017PSFinal/17-ID-01.pdf

Anthrax

Suspect cases of anthrax continue to be reportable per Section 690.320 as soon as possible, but at least within three hours by phone, upon clinical suspicion of disease. The case definition for anthrax was revised to separate laboratory criteria from clinical criteria. Clinical criteria was updated, including the addition of an injection anthrax clinical type. In the new case definition, an anthrax test must be ordered for a case to be considered suspect. Laboratory criteria was also revised to move PCR and mass spectrometry evidence from the probable to the confirmed case definition, and epidemiologic linkage was also defined. Additionally, infections with Bacillus cereus strains that express anthrax toxin genes (pXO1 and/or pXO2 plasmids), including B. cereus biovar anthracis was added to the case definition, since while rare, these B. cereus strains have been identified in human infections that resemble anthrax.

CSTE Position Statement:

http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/2017PS/2017PSFinal/17-ID-02.pdf

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

CP-CRE cases continue to be reportable per Section 690.1520 to the XDRO registry. CP-CRE was added to the Nationally Notifiable Condition List with laboratory criteria and the confirmed case classification defined. CP-CRE cases will be extracted from the XDRO registry and sent to CDC with no additional reporting requirements for reporters or local health departments. CSTE Position Statement: http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/2017PS/2017PSFinal/17-ID-04.pdf

Perinatal Hepatitis C Virus Infection

Hepatitis C cases continue to be reportable per Section 690.452. Perinatal Hepatitis C Virus (HCV) infection has been added to the Nationally Notifiable List and a confirmed case definition has been established. Infants who have a positive test for HCV RNA (NAAT), HCV antigen, or detectable HCV genotype at ≥2 months and ≤36 months of age and is not known to have been exposed to HCV via a mechanism other than perinatal (e.g. was acquired via healthcare) are considered confirmed cases. For laboratory confirmation before 18 months, HCV RNA or a positive testing indicating the presence of Hepatitis C viral antigen(s), or other evidence of HCV viremia (genotype testing) is required. The HCV status of the mother should also be ascertained.

On January 1, 2018, Hepatitis C Perinatal will be added to the disease tree to accommodate the new case definition. However, cases from prior years among the age cohort will not be converted to this new disease classification. CSTE Position Statement:
http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/2017PS/2017PSFinal/17-ID-08.pdf

Shiga Toxin-Producing Escherichia coli (STEC)

STEC cases continue to be reportable per Section 690.400 as soon as possible but within 24 hours. The case definition was revised resulting in changes to the probable and suspect case definition for patients with culture independent testing (CIDT). Patients with compatible illness and detection of Shiga toxin or Shiga toxin genes (and no known isolation of Shigella), *E. coli* O157 or STEC/EHEC by CIDT are now classified as probable cases. In 2017, these were classified as suspect cases. The probable case definition was also clarified to include persons epidemiologically linked to a confirmed or probable case with laboratory evidence.

The suspect case definition was expanded to include patients with no known compatible illness with an elevated titer against a known Shiga toxin-producing serogroup of *E. coli*, detection of Shiga toxin or Shiga toxin genes by CIDT or detection of *E. coli* O157 or STEC/EHEC by CIDT. As a reminder, laboratories should attempt culture on all positive CIDT specimens. If that cannot be done specimens should be forwarded to the IDPH laboratories for attempted cultures. Isolates allow for specialized genetic testing to compare the relatedness of the isolates.

Additionally, a new case of STEC should be created when a positive laboratory result is received more than 180 days after the most recent positive laboratory result. Previously, new cases were created after 12 months. CSTE Position Statement: http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/2017PS/2017PSFinal/17-ID-10_rev_11-9-2017.pdf

Syphilis (*Treponema pallidum*)

The syphilis surveillance case definition has been modified to improve surveillance of syphilitic infection and transmission. The STD program will be sending a separate memo specifically addressing these changes.

Other Changes

Hepatitis C Chronic

In 2016, the Hepatitis C case definition was changed, mainly impacting probable cases. The new probable case definition allowed cases to be reported with only an antibody result, including those without cut-off ratios. The case definition for laboratory confirmation stated:

- Has a positive anti-HCV antibody, but no report of a positive HCV Nat or positive HCV antigen.

At that time, we interpreted this to mean that the result of RNA not detected would not disqualify a classification of probable. However, after further considerations and discussions with CSTE, we've decide to classify anti-HCV positive with RNA undetectable results as Not a Case for cases with Event Dates after January 1, 2018. We will continue to allow ELR data to come in with undetectable RNA, as this gives us a measure of those exposed but resolved or treated, but these cases will not be transmitted to CDC.