



Pat Quinn, Governor
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MEMORANDUM

TO: Local Health Departments, Regional Offices of Illinois Department of Public Health

FROM: Connie Austin, D.V.M., M.P.H., Ph.D.
State Public Health Veterinarian

DATE: March 31, 2011

SUBJECT: 2011 Communicable Disease Surveillance Changes

The following information relates to changes in case definitions for 2011 and reminders about surveillance of various diseases.

Arboviruses

Arbovirus Case Definition Change

For neuroinvasive disease the "absence of a more likely clinical explanation" has been added to the clinical criteria.

Arbovirus Surveillance Reminders

- Please include symptoms, including fever measurement, in the patient's INEDSS record as this is needed for case classification.
- All specimens positive for an arbovirus at a commercial laboratory should be forwarded to the state laboratory for confirmation per the IDPH rules. This is especially important for Dengue, as the Dengue commercial tests can cross react with other flaviviruses, like WNV. If testing is only done for Dengue, then other arboviruses present in the state, like WNV, will not be ruled out. If Dengue is suspected please request testing at the IDPH laboratory due to limited reagents. Travel history is also critical to put into the INEDSS record and on any testing request with suspect Dengue cases.
- Blood donors positive for any arbovirus should be reported through INEDSS.
- Because there was a horse with probable Eastern equine encephalitis in Cook County in 2010 please keep this disease in mind when cases of suspect arbovirus negative for WNV are reported.

Botulism, Wound

A probable case definition has been added. Persons who are clinically compatible, are injection drug users or have a wound, but are not laboratory confirmed will be considered probable cases.

Cryptosporidiosis

Cases diagnosed using commercially available immunochromatographic card tests will now be designated as probable due to high rates of false positives in these tests. Please ensure that the type of test is recorded in the laboratory section of INEDSS so an appropriate case status can be assigned. When clusters of probable cases occur, please ensure that stool samples are sent for confirmation to the IDPH laboratory. Otherwise, it is possible false positives on the

commercially available immunochromatographic card tests may result in identification of clusters that are not real but due to false positive testing. The implementation of control measures should be dependent on having confirmed cases linked to the source.

Rabies, Potential human exposure

Surveillance reminders

Because rabies has a high fatality rate, it is extremely important to carefully document persons who are possibly exposed to rabies, the recommendations made about rabies treatment, the completion or failure to complete rabies treatment and whether the treatment regimen was followed correctly. Until there is a rabies module in INEDSS, it is important to continue to use the paper form for rabies, potential human exposure available on the intranet. A “confirmed” case of rabies, potential human exposure is anyone who is a confirmed exposure and meets the criteria in the Communicable Disease rules. This includes anyone who starts on rabies PEP whether it was considered necessary or not, anyone exposed to a bat (whether tested or not) and anyone recommended for rabies PEP even if they did not follow through with the recommendation.

Staphylococcus aureus, Methicillin Resistant (MRSA), Occurring in Infants Under 61

Days of Age

Surveillance reminders

All MRSA-positive test results, including screening tests, occurring in infants under 61 days of age are reportable. Please include the specimen source (e.g., blood, nares, tracheal aspirate), specimen collection date, test type (e.g., culture, PCR) and test result (i.e., MRSA) in the “Laboratory Tests” section of the I-NEDSS record.

Tickborne diseases

Surveillance reminders

- To meet the case definition for Lyme disease using the clinical criteria of EM, the size of the EM must be entered in the INEDSS record. If size was only estimated please place that information in the epi comment section. Radiculoneuropathy should be physician diagnosed.
- Symptoms must be entered in any tickborne record before sending as completed, need closure. If symptoms are unknown, enter unknown and the patient will have to be counted as not a case due to insufficient information to determine if the case definition is met. Health care providers should be contacted to acquire information on symptoms and laboratory testing results.
- IDPH staff members will now enter each paper laboratory report positive for a tickborne disease into INEDSS. The paper laboratory result will be faxed to the LHD upon specific request.
- The suspected location of exposure for the tickborne disease should be entered into the INEDSS record. Dates which cannot be entered into the exposure location section due to an error message should be entered in the epi comments section.

Viral hemorrhagic fevers

Thrombocytopenia has been added to the clinical presentation criteria. Exposure to semen from a confirmed or convalescent case has been added to the criteria for epidemiologic linkage.

Hepatitis C, acute

The 2011 confirmed case definition allows either jaundice **OR dark urine** to be a clinical marker for acute hepatitis C.

Hepatitis A, acute

Change in case definition for Hepatitis A

The 2011 confirmed case definition allows either jaundice **OR dark urine** to be a clinical marker for acute hepatitis A.

INEDSS tips/changes for hepatitis A

- Open a record for any report of positive results for the IgM-specific anti-HAV test in someone not previously reported as a confirmed case of hepatitis A. HAV IgM antibody can remain detectable for up to 6 months. Occasional positive results for this test years apart are anomalous and should not result in duplicate reports. Testing soon after receipt of hepatitis A vaccine sometimes results in false-positive IgM results. Such testing is not necessary to determine vaccine efficacy. A person can be a confirmed case of hepatitis A only once per lifetime. Immunity following infection is life-long.
- Positive results for total anti-HAV (combined IgM and IgG classes of antibody) alone do not meet the case definition's laboratory requirement and should not be entered (see the CDC case definition)
- I-NEDSS release 10 included a reporting module for hepatitis A. (This makes the CDC viral hepatitis [self-copying] case report form redundant. This form is now used only for cases of acute hepatitis C infection.) As a result of your investigation of the case, under "Symptoms" in the module, select from among "Asymptomatic", "Symptomatic/Does Not Meet Case Definition", "Symptomatic/Meets Case Definition". "Unknown" should not be used - if there is no information obtainable about the case, choose "Asymptomatic".
- The 2011 revised CDC case definition allows either jaundice or dark urine to be a clinical marker for acute hepatitis A. If either is present, choose "Symptomatic/ Meets Case Definition". If neither is present, to meet the case definition, ALT must be measured at >200 IU/L (the reporting module includes a specific place to report ALT results) and some combination of other hepatitis symptoms (listed on the "Symptoms" page of the record), singly or together, must be reported by the case to have occurred with sudden and recent onset. If ALT is not done or <200 IU/L and symptoms are present but with an insidious rather than discrete onset and do not include jaundice or dark urine, choose "Symptomatic/Does Not Meet Case Definition".
- Case Status will be "Confirmed" if the case meets the case definition. Any "Asymptomatic" case is "Not A Case – Laboratory Positive" (if the anti-HAV IgM result is positive). If the case definition is not met (except for the anti-HAV IgM result), Case Status is "Not A Case – Laboratory Positive". There should be no cases with Case Status of "Not A Case but Exposed". This describes contacts to cases, which are not reported as cases in INEDSS.
- The reporting module requires a response under "Food Handler". This asks about any food handling by the case during their infectious period outside of the home, whether as an employee or not. This helps to identify contacts in need of prophylaxis. If the large-scale prophylaxis of consumers of food handled by the case seems to be indicated as described in the ACIP statement on hepatitis A, please contact the Communicable Disease Control Section at 217-782-2016 to discuss the situation.
- When running reports in I-NEDSS for acute hepatitis A cases reported to CDC from your jurisdiction, you must select "Case Status = Confirmed".

Reportable Communicable Diseases Still Requiring Paper Report Form

These forms are available on the Intranet under Infectious Disease, Communicable Disease, A-Z and the name of the disease. At this time CDC's surveillance system does not electronically accept additional fields beyond demographics for most reportable diseases. Therefore, they request that state's still submit specific forms for some disease cases.

- Creutzfeldt-Jacob disease
 - Until an INEDSS module is developed the case investigation form on the Intranet should be used.
- Dengue
 - CDC requests that a Dengue form be completed for each case.
- Hantavirus
 - CDC requests that each hantavirus case also be interviewed with the CDC case report form available on the Intranet.
- Hepatitis C, acute
 - Complete the hepatitis form available on the Intranet only for acute hepatitis C, not chronic or resolved hepatitis C.
- *Listeria*
 - CDC requests that each *Listeria* case also be interviewed with the CDC supplemental *Listeria* Case report form available on the Intranet
- Malaria
 - Until an INEDSS module is developed for malaria, please complete the malaria case report form in addition to the information entered into INEDSS.
- Psittacosis
 - A surveillance form is available on the Intranet under psittacosis that asks all the pertinent questions for this disease.
- Rabies, human
 - A surveillance form is available that can also be used to acquire information needed to determine if CDC will agree to perform rabies testing on specimens.
- Rabies, potential human exposure
 - Until a module is developed for this disease, please continue to complete the rabies, PHE form available on the Intranet.
- Trichinellosis
 - CDC requests that each *Trichinella* case also be interviewed with the CDC *Trichinella* form available on the Intranet.
- Typhoid and paratyphoid fever report form
 - CDC requests that each typhoid and paratyphoid fever case also be interviewed with the CDC case report form.
- *Vibrio* non-cholerae and cholera
 - CDC requests that the COVIS form be completed for each case of cholera and non cholera *Vibrio* cases and the form is available on the intranet.