

Appendix D: Summary of Updates rev Jan 2018

April 2017

Acute Flaccid Myelitis (AFM)

- Investigation form updated to fit CDC's case definition
- Links were updated to the most recent patient summary forms from the CDC
- Specimen collection tables were updated to reflect changes to testing procedures at the CDC

Amebic Meningitis/Encephalitis

- Definitions: changed Clinical Case Definition and Laboratory Confirmation for both PAM and Other Amebic Meningitis/Encephalitis to make this document consistent with the Epi Case Criteria Guide (ECCG).
- Surveillance and Case Investigation: separated Control Measures by *Naegleria fowleri* and *Balamuthia mandrillaris* and *Acanthamoeba* spp.
- Reporting and Data Entry Requirements: added that probable cases need to be entered into NBS and a NBS notification submitted
- Laboratory Procedures: edited CDC DPDx laboratory contact information

Ascariasis

- Basic Epidemiology: revised the Transmission, Incubation Period, and Communicability sections to provide clarity.

Campylobacteriosis

- Updated statement regarding how often to count a case, only counting a case once per 30 days, in the Definitions and Reporting and Data Entry Requirements section.
- Updated table regarding the submission of raw stool or stool in transport medium in the Laboratory Procedures section.

Carbapenem- resistant *Enterobacteriaceae* (CRE)

- Added information and clarification about jurisdiction and who should investigate cases and included information about consulting with a DSHS regional HAI Epidemiologist for more help with an investigation.
- Added more specific information about control measures and isolation.
- Clarified instructions on how to handle an outbreak.

Congenital Rubella Syndrome (CRS)

- Edits made throughout the document to improve clarity

Cryptosporidiosis

- Updated statement regarding how often to count a case, only counting a case once per 365 days, in the Definitions and Reporting and Data Entry Requirements section.

Cyclosporiasis

- Updated statement regarding how often to count a case, only counting a case once per 365 days, in the Definitions and Reporting and Data Entry Requirements section.

Diphtheria

- Updates made to document to clarify case classification
- Updates made to process for obtaining diphtheria antitoxin

Ebola Virus Disease

- Edited Laboratory Confirmation.
- Updated and edited Local and Regional Reporting and Follow-up Responsibilities.
- Removed footnotes related to Ebola outbreak 2014 which no longer apply.

Gastroenteritis Outbreaks

- Updated table regarding the submission of raw stool or stool in transport medium in the Laboratory Procedures section.

Haemophilus influenzae

- The phase “clinically compatible” has been removed from the case definition to reflect the current change in case definition from the Council of State and Territorial Epidemiologists
- Edits made throughout the document to improve clarity

Hepatitis A

- The clinical case definition has been updated to require both the discrete onset of symptoms and either jaundice or elevated liver enzymes to reflect the current change in case definition from the Council of State and Territorial Epidemiologists
- Parenthetical note added about epi linkage, discussing sexual and household contacts

Hepatitis B, acute and perinatal

- **Hepatitis B, acute**
 - The laboratory criteria for diagnosis has been updated to require a hepatitis B surface antigen (HBsAg) positive test results and, if done, an IgM antibody to hepatitis B core antigen (anti-HBc IgM) positive laboratory result
 - The clinical case definition has been updated to require both the discrete onset of symptoms and either jaundice or elevated liver enzymes to reflect the current change in case definition from the Council of State and Territorial Epidemiologists
- **Hepatitis B, perinatal**
 - The laboratory criteria for diagnosis has been updated to include hepatitis B e antigen (HBeAg) and hepatitis B virus DNA (HBV DNA) to the laboratory confirmed definition
 - A probable case definition has been added to perinatal hepatitis B to reflect the current change in case definition from the Council of State and Territorial Epidemiologists
 - Notes were added to laboratory criteria for diagnosis as well as case definition

Hepatitis C

- Updated laboratory criteria.
- Updated case definition to reflect new case criteria including the addition of “probable” case classification.
- Updated Basic Epidemiology information to reflect latest information from CDC including probability of symptom manifestation and probability of progression to Chronic Hepatitis C infection.
- Added information for Acute HCV infected pregnant women to the “Managing Special Situations” section.

Hookworm (ancylostomiasis)

- Basic Epidemiology: revised the Transmission, Incubation Period, and Communicability sections to provide clarity.

Influenza A-Novel/Variant

- Definitions: modified the Case Under Investigation definition and footnote number 1 for the “Novel Influenza A Viruses **Associated with Severe Disease in Humans**” subsection
- Laboratory Procedures: changes made to Submission Form instructions to reflect updates to the DSHS Laboratory G-2V Specimen Submission Form and the DSHS Laboratory submission procedure

Influenza-Associated Pediatric Mortality

- Laboratory Procedures: changes made to Submission Form instructions to reflect updates to the DSHS Laboratory G-2V Specimen Submission Form and the DSHS Laboratory submission procedure

Legionellosis

- Basic Epidemiology: added additional species of *Legionella* to Infectious Agents. Added additional symptoms to Legionnaires’ disease under clinical Illness.
- Surveillance and Case Investigation
 - Case Investigation Checklist: corrected urine antigen to urinary antigen, changed multiple attempts to at least three attempts, added information about what to do in the event of a death.
 - Prevention and Control Measures: changed physician to medical provider, added information about the CDC Toolkit, minor grammatical changes.
 - School/Daycare Exclusion Criteria: no changes
- Managing Special Situations
 - Travel-associated cases: added additional information about the environmental assessment; added CDC toolkit link; updated web links; clarified that environmental sampling should be informed by environmental assessment and needs to be approved by health department
 - Healthcare-associated cases: added information about what to do if it involves outpatients; added additional information about the environmental assessment; added CDC toolkit link; updated web links; added clarification about the retrospective and prospective surveillance dates; added clarification about clinical *Legionella* isolates; clarified that environmental sampling should

- be informed by environmental assessment and needs to be approved by health department
- Cases associated with a gym, spa, or other “open” facility: added additional information about the environmental assessment; added CDC toolkit link; updated web links; clarified that environmental sampling should be informed by environmental assessment and needs to be approved by health department
- Cases associated with a community: no changes
- Reporting and Data Entry Requirements: no changes
- Clinical Laboratory Procedures: updated section number on Laboratory Submission Form; added information about name and approved secondary identifier
- Environmental Sampling and Testing: added that the sampling plan should be approved by the health department
- Additional Resources: added links to CDC’s toolkit *Developing a Water Management Program to Reduce Legionella Growth and Spread in Buildings: A Practical Guide to Implementing Industry Standards* and EPA’s - *Technologies for Legionella Control in Premise Plumbing Systems: Systematic Review*; updated web links

Listeriosis

- Updated statement regarding how often to count a case, only counting a case once per 365 days, in the Definitions and Reporting and Data Entry Requirements section.

Measles

- Edits made throughout the document to improve clarity

Meningococcal Infection, Invasive

- Edits made throughout the document to improve clarity

Multidrug-resistant *Acinetobacter* (MDR-A)

- Added information and clarification about jurisdiction and who should investigate cases and included information about consulting with a DSHS regional HAI Epidemiologist for more help with an investigation.
- Added more specific information about control measures and isolation.
- Clarified instructions on how to handle an outbreak.

Mumps

- Updated reporting time frame from “within 1 week” to “within 1 work day”
- Added clarifying language to the case classification

Novel Coronavirus

- Definitions: updated the footnotes.
- Contact Tracing: updated the close contact definition for MERS
- Laboratory Procedures: updated DSHS lab submission G-2V form picture; updated what type of information needs to match between the DSHS lab G-2V submission form and the specimen tube

Pertussis

- Updates made throughout document to improve clarity

Polio (paralytic and non-paralytic infection)

- Updated definitions section to differentiate between paralytic and non-paralytic polio cases
- Updated reporting requirements for paralytic and non-paralytic polio

Rubella

- Edits made throughout the document to improve clarity

Salmonellosis (non-typhoidal)

- Updated case definition to match the Epi Case Criteria Guide for 2017
 - CIDT methods now included in Probable case definition
- Added statement in Laboratory Procedures section regarding new *Salmonella* isolate submission requirement.
- Updated table regarding the submission of raw stool or stool in transport medium in the Laboratory Procedures section.

Shiga toxin-producing *E. coli*

- Updated statement regarding how often to count a case, only counting a case once per 365 days, in the Definitions and Reporting and Data Entry Requirements section.
- Updated table regarding the submission of raw stool or stool in transport medium in the Laboratory Procedures section.

Shigellosis

- Updated case definition to match the Epi Case Criteria Guide for 2017
 - CIDT methods now included in Probable case definition
- Updated statement regarding how often to count a case, only counting a case once per 90 days in the Definitions and Reporting and Data Entry Requirements section.
- Updated table regarding the submission of raw stool or stool in transport medium in the Laboratory Procedures section

GAS

- Definitions: minor change to the confirmed Case Classification, added an additional note about case counting to match the change made in the Epi Case Criteria Guide (ECCG)

GBS

- Definitions: minor change to the confirmed Case Classification, added additional notes about case counting to match the change made in the Epi Case Criteria Guide (ECCG)

Streptococcus pneumoniae

- The case classification for confirmed cases has been updated to remove the requirement for being clinically compatible to reflect the current change in case definition from the Council of State and Territorial Epidemiologists
- A case classification for probable cases has been added to reflect the current addition in case definition from the Council of State and Territorial Epidemiologists
- A note regarding the timeframe for counting new cases has been added

Trichuriasis

- Basic Epidemiology: revised the Transmission, Incubation Period, and Communicability sections to provide clarity.

Typhoid Fever

- Updated statement regarding how often to count a case, only counting a case once per 365 days in the Definitions and Reporting and Data Entry Requirements section.
- Updated table regarding the submission of raw stool or stool in transport medium in the Laboratory Procedures section.

Varicella

- Edits made to clarify investigation aspects of confirmed and probable cases
- Updates made to provide instruction in handling varicella cases who have crossed the border into the United States within the last two weeks
- Number of days added for providing varicella vaccine as post-exposure prophylaxis

***Vibrio* infections including cholera**

- Updated case definition to match the Epi Case Criteria Guide for 2017
 - CIDT methods now included in Probable case definition
- Updated statement regarding how often to count a case, only counting a case once per 30 days, in the Definitions and Reporting and Data Entry Requirements section.
- Updated table regarding the submission of raw stool or stool in transport medium in the Laboratory Procedures section.

Viral Hemorrhagic Fever (Non-Ebola)

- Updated case classification information to align with Epi Case Criteria Guide
- Added reference to Ebola guidelines for suspect case investigation.

VISA/VRSA

- Minor grammatical corrections.
- Clarified instructions for who conducts an investigation.

Yersiniosis

- Updated statement regarding how often to count a case, only counting a case once per 365 days, in the Definitions and Reporting and Data Entry Requirements section.
- Updated table regarding the submission of raw stool or stool in transport medium in the Laboratory Procedures section.

Appendix B

- Updated the Background and Regional and Local Health Department expectations sections

Appendix C

- Updated the Basic Health Department Recommendations section
- In the Preferred Specimen Submission Table:
 - Added details for acute flaccid myelitis (AFM)
 - Added the word encephalitis to “meningitis, amebic”
 - Updated isolate submission requirement, effective April 2017, for salmonellosis, diphtheria and *Streptococcus pneumoniae*.

Appendix D

- Added updates made in 2017

Appendix E

- Updated Resources and links

January 2018

Acute Flaccid Myelitis

- *Acute Flaccid Myelitis: Patient Summary Form* including updated medical record requirements and 60 day follow up section
- Specimen collection tables were updated to reflect changes to testing procedures at the CDC
- Specimens should be sent through DSHS Austin laboratory and not directly to the CDC

Amebiasis

- Updated case definition to match Epi Case Criteria Guide for 2018
 - Revised class classifications to provide clarity

Amebic meningitis/encephalitis

- Basic Epidemiology: updated the fatality rates for PAM and GAE
- Surveillance and Case Investigation: updated web addresses/links
- Reporting and Data Entry Requirements: added that completed case investigation forms may be sent to the IRID Epidemiologist I or IRID team lead by secure email
- Laboratory Procedures: updated “Specimens Needed for Pre-Mortem Diagnosis” information and updated the process for requesting diagnostic assistance from the CDC DPDx Team

Ascariasis

- Minor updates made throughout the document to improve clarity

Carbapenem-resistant *Enterobacteriaceae* (CRE)

- Clarified regional and local health department responsibilities and follow-up
- Introduced PHIN document upload option for multi-jurisdictional view
- Updated NEDSS email address and DSHS links
- Encouraged prompt reporting, and ELR lab follow-up

Congenital Rubella Syndrome (CRS)

- Edits made throughout the document to improve clarity
- VPD team email address added as a method of sending case investigation forms

Cyclosporiasis

- Updated *Cyclospora* National Hypothesis Generating Questionnaire (CNHGQ) investigation form information, including information regarding capturing electronic online database.

Diphtheria

- Updates made to clarify case classification.
- Updates made to the process for obtaining diphtheria antitoxin.
- Email address added as method of sending case investigation forms.

Ebola Virus Disease

- Edited Laboratory Confirmation.

***Haemophilus influenzae*, invasive disease**

- Edits made throughout the document to improve clarity.
- All cases of *H. influenzae*, regardless of serotype, should have a full investigation completed with completed case investigation form sent to DSHS EAIDB.
- VPD team email address added as method of securely sending completed case investigation forms.
- NEDSS requirement to update serotype results when typed for those under 5 years old.
- Updated G-2B form guidance.

Hepatitis A

- The clinical case definition has been updated to require both the discrete onset of symptoms and either jaundice or elevated liver enzymes to reflect the current change in case definition from the Council of State and Territorial Epidemiologists.
- Parenthetical note added about epi linkage, discussing sexual and household contacts.
- Updated IG dosage for prophylaxis to 0.1 mL/kg.
- Email address added as method of sending case investigation forms.

Hepatitis B, acute and perinatal

- **Hepatitis B, acute**
 - EAIDB VPD team email added as method of sending completed case investigation forms.

Hepatitis C, acute

- Correction to the Clinical Case Definition (ALT >200 IU/L).
- Updated contact information for the Hepatitis C Team under TB/HIV/STD.

Hookworm

- Minor updates made throughout the document to improve clarity

Influenza A - novel/variant

- Definitions: updated a web address/link and made a minor formatting change
- Surveillance and Case Investigation: added that the completed investigation forms can be securely emailed to DSHS and made minor formatting changes
- Reporting and Data Entry Requirements: added that a case of novel/variant influenza A should be reported to the DSHS regional office or DSHS EAIDB and that completed investigation forms may be sent to the IRID team lead or State Influenza Surveillance Coordinator by secure email

Influenza-associated pediatric mortality

- Surveillance and Case Investigation: added that the completed Influenza-Associated Pediatric Mortality Case Report Form and accompanying documents may be submitted to DSHS by secure email
- Reporting and Data Entry Requirements: updated the web address on where to find the Respiratory Diseases Outbreak Summary Form and added that completed case investigation forms and the Respiratory Disease Outbreak Summary Form may be sent to the State Influenza Surveillance Coordinator by secure email

Legionellosis

- Definition: removed the definitely and possibly travel-associated case categories and their definitions and created a single travel-associated case category definition
- Surveillance and Case Investigation: updated web addresses, added a request for health departments (regional and local) to send in medical records for a legionellosis case with the completed case investigation form, and added that case investigation forms may be sent to DSHS by secure email
- Reporting and Data Entry Requirements: added that completed case investigation forms and the Respiratory Disease Summary Outbreak Form may be sent to the IRID Epidemiologist I or IRID team lead by secure email
- Clinical Laboratory Procedures: updated the pictures of the G-2B form
- Environmental Sampling and Testing: updated web address
- Additional Resources: updated the Model Aquatic Health Code web address

Measles

- VPD team email address added as a method of sending case investigation forms.
- TAC update regarding exclusions
- Edits made throughout for clarity

Meningococcal Infection, invasive disease

- Available vaccines offered for meningococcal disease
- Community- based outbreak definition and settings
- VPD team email address added as method of securely sending case investigation form
- Updated G-2B guidance

Multidrug-resistant *Acinetobacter* (MDR-A)

- Clarified Regional and local health department responsibilities and follow-up
- Introduced PHIN document upload option for multi-jurisdictional view
- Updated NEDSS email address and DSHS links
- Encouraged prompt reporting, and ELR lab follow-up

Mumps

- Updated minimum number of cases to classify an outbreak from 2 to 3.
- Email address added as method of sending case investigation forms.

Novel coronavirus

- Definitions: updated case definitions
- Surveillance and Case Investigation: added that completed PUI forms may be sent to DSHS by secure email, removed information about reporting ill travelers from South Korea to the CDC, and made some minor grammatical and formatting changes
- Reporting and Data Entry Requirements: added that completed case investigation forms and the completed Respiratory Disease Summary Outbreak form may be sent to the IRID team lead by secure email

Pertussis

- Updates made throughout the document to improve clarity
- VPD team email address added as method of sending case investigation forms

Polio (Paralytic and Non-Paralytic Infection)

- Updated the reporting requirements to include VPD team email as an option for sending completed investigation forms.

Rubella

- Updates made throughout the investigation guide to improve clarity.
- Email address added as method of sending case investigation forms.

Shiga toxin-producing *Escherichia coli*

- Updated case definition to match Epi Case Criteria Guide for 2018
 - Added two bullet points to Probable case classification to address CIDT's in cases with known clinical compatibility.
 - Added two bullet points to Suspect case classification to address CIDT's in cases with no known clinical compatibility.
- Updated the criteria to distinguish a new case from an existing case; only counting a case once per 180 days, in the Case Definitions and Reporting and Data Entry Requirements section.
- Updated the testing of food and environmental swabs at the DSHS laboratory section.

GAS

- Definitions: changed some of the formatting for normally sterile site paragraphs
- Surveillance and Case Investigation: added the location in the Emerging Acute Infectious Disease Guidelines of where a person could find the Sterile Site and Invasive Disease Determination Flowchart
- Reporting and Data Entry Requirements: added that completed investigation forms may be sent to the IRID Public Health and Preventionist III by secure email and the completed Respiratory Disease Outbreak Summary Form may be sent to the IRID team lead by secure email

GBS

- Definitions: Changed some of the formatting for normally sterile site paragraphs
- Surveillance and Case Investigation: added the location in the Emerging Acute Infectious Disease Guidelines of where a person could find the Sterile Site and Invasive Disease Determination Flowchart
- Reporting and Data Entry Requirements added that completed investigation forms may be sent to the IRID Public Health and Preventionist III by secure email and the completed Respiratory Disease Outbreak Summary Form may be sent to the IRID team lead by secure email

Streptococcus pneumoniae

- Updated to include isolate submission requirement.
- Requirement to submit completed case investigation form for cases under 5 years of age.
- Included VPD team email as a secure method to submit completed investigation forms.
- Updated G-2B Guidance.

Tetanus

- Updated the reporting requirements to include the VPD team email as a method of sending completed investigation forms.

Trichuriasis

- Minor updates made throughout the document to improve clarity

Varicella

- Reorganized Control Measures section for clarity.
- Added requirement that medical records for varicella hospitalizations should be faxed along with investigation forms.
- Email address added as method of sending case investigation forms.

VISA/VRSA

- Minor grammatical corrections
- Corrections to improve flow of information
- Added information to these sections
 - Infectious Agent
 - Prevention and Control
- Under Definition
 - Switched Case Classification and Laboratory Confirmation headings
 - Added requirement that must be “Confirmed by the DSHS laboratory”
- Changed Surveillance and Case Investigation Section – to state that **only** confirmed cases of VISA/VRSA will require completion of the investigation form.
- No requirement to fax forms to Central Office

Appendix B

- Updated the Background and Basic Notification Process sections

Appendix C

- Updated the Basic Health Department Recommendations and How to Order Specimen Collections Supplies sections
- Updated How to Order Specimen Collection Supplies section for Pertussis PCR to include note about testing only in outbreak situations or by request
- In the Preferred Specimen Submission Table:
 - Added the word Lab to “Flu Surveillance Protocol” in the “Notes” column of the “Influenza” row
 - Minor edits to botulism, salmonellosis, STEC, and vibriosis
 - Changed *E. coli*, shiga toxin-producing to Shiga toxin-producing *E. coli* and moved to alphabetical place in chart
 - Acute flaccid myelitis row updated to send specimen to DSHS not directly to the CDC, and to contact EAIDB VPD team
 - Updated diphtheria notes section to contact EAIDB VPD team
 - Added words invasive disease to *haemophilus influenzae* and *streptococcus pneumoniae*
 - Added smallpox

Appendix D

- Inserted the updates made in 2018

Appendix E

- Updated Resources and links