

# Appendix D: Summary of Updates

## December 2021

### Acute Flaccid Myelitis

- Minor revisions

### Amebic Meningitis/Encephalitis

- Added IRID inbox email as a contact

### Congenital Rubella Syndrome (CRS)

- Updated Control Measures

### Cyclosporiasis

- Updated Definitions, Managing Special Situations, and Laboratory Procedures sections

### Ebola Virus Disease

- Edited Basic Epidemiology and Definitions

### Gastroenteritis Outbreaks

- Updated Outbreak Investigation and Laboratory Procedures section

### Hemolytic Uremic Syndrome, post diarrheal

- Minor edits

### Legionellosis

- Removed or updated links that were no longer active
- Added IRID inbox email as a contact

### Norovirus Outbreaks

- Updated Definitions and Outbreak Investigations section

### Novel Coronavirus

- Removed inactive links
- Added IRID inbox email as a contact

### Shiga toxin-producing *Escherichia coli*

- Updated Definitions, Managing Special Situations, and Surveillance and Case Investigation sections

### Viral Hemorrhagic Fever (non- Ebola)

- Edits to Basic Epidemiology and Definitions

### Appendix A: Additional Flowcharts and Tables

- 'Invasive Streptococcal Infection: Case Status Classification' flow chart deleted due to Group A and Group B Streptococcal Infections no longer classified as reportable conditions in Texas.

## May 2021

### Appendix B

- Minor edits

### Appendix C

- Getting a Lab Submitter ID and Submission Forms:
  - Added toll-free number
- How to Order Specimen Collection Supplies:
  - Removed fecal specimens for bacterial culture, fecal specimens for intestinal parasites from specimen collection kits available to be ordered
  - Added face mask to supplies provided, deleted specimen tube from Nasopharyngeal (NP) swab for Pertussis (PCR) tests
- Basic Steps to Ship Specimens:
  - Changed the word "Most" to "All" specimens require at least two identifiers on the specimen tube/container such as patient name and date of birth.
  - Changed the word "State" to "Federal" do not ship a specimen to arrive on Saturday, Sunday or a Federal holiday.
- Preferred Specimen Submission Table:
  - Edits to Acute Flaccid Myelitis (AFM): Preferred specimen updated, DSHS laboratory form updated
  - Campylobacteriosis: Send specimens to DSHS laboratory for outbreaks or by request only
  - Candida Auris: Send specimens to DSHS laboratory, collection kit available only for surveillance studies directed by DSHS EAIDG, preferred specimen isolate, media Sabouraud Dextrose agar slants, transport temperature ambient, time period for receipt as soon as possible, DSHS laboratory form G-2E, notifiable condition as of 1/5/21
  - Carbapenem-resistant *Enterobacteriales* (CRE) and *Pseudomonas aeruginosa* (CRPA): Collection kit not available, preferred specimen isolate, media Agar slant, transport temperature ambient, time period for receipt not specified; within expiration date of media, DSHS laboratory form G-2E, lab confirmation is not necessary however submission is appreciated.
  - Cyclosporiasis: Added media Cary Blair
  - Legionellosis: Time period for receipt changed to not specified; within expiration date of media
  - Measles - PCR: Added throat swab is preferred specimen
  - Meningococcal (*Neisseria meningitidis*): Time period for receipt changed to not specified; within expiration date of media
  - Multidrug-resistant *Acinetobacter* (MDR-A): Collection kit not available, preferred specimen isolate, media Agar Slant, temperature ambient, time period for receipt not specified; within expiration date of media, DSHS laboratory form G-2E, added test not performed at DSHS, specimens will be submitted to Regional ARLN for testing.
  - Rubella PCR: Added throat swab is preferred specimen
  - Varicella PCR: Added G-2V form needed only if sending to DSHS to be forwarded to CDC

## March 2021

### **Ascariasis**

- Minor edits

### **Cryptosporidiosis**

- Minor edits

### **Cyclosporiasis**

- Entire section

### **Ebola Virus Disease**

- Entire section

### **Fascioliasis**

- Minor edits

### **Gastroenteritis Outbreaks**

- Entire section

### **Hemolytic Uremic Syndrome, post diarrheal**

- Entire section

### **Hepatitis E**

- Minor updates

### **Hookworm (ancylostomiasis)**

- Minor updates

### **Listeriosis**

- Updated Laboratory Confirmation and Case Classifications statements under Definitions section.

### **Meningococcal Infection, Invasive**

- Added Prophylaxis Guidelines Section
- Added prophylaxis table based on the Red Book.

### **Norovirus Outbreaks**

- Entire section updated

### **Paragonimiasis**

- Minor edits

### **Pertussis**

- Pertussis case definition updated.
- Updated postexposure prophylaxis guideline wording to match CDC and for clarity
- Updated structure for Managing Close Contacts and Prophylaxis Guidelines
- Updated Outbreaks section of Managing Special Situations
- Updated flow chart

**Salmonellosis (Non-Paratyphi/NonTyphi)**

- Updated case definition to match the Epi Case Criteria Guide for 2019: “A case with isolation of *S. Paratyphi B* (tartrate positive) from a clinical specimen should be reported as a salmonellosis, non-Paratyphi/non-Typhi case. Salmonellosis Paratyphi A, B (tartrate negative), and C is reported as a separate condition”

**Shiga toxin-producing Escherichia coli**

- Entire section

**Shigellosis**

- Minor edits

**Trichuriasis**

- Minor edits

**Typhoid Fever (Salmonella Typhi)**

- Updated Case Classifications under Definition section and lab information to replace PFGE with current WGS analysis.

**Vibrio Infections including Cholera**

- Minor edits

**Viral Hemorrhagic Fever (non-Ebola)**

- Minor edits

**January 2021****Acute Flaccid Myelitis (AFM)**

- Updated case definition
- *Acute Flaccid Myelitis: Patient Summary Form* including updated medical record requirements and 60 day follow up section, 6 month, and 12 month follow up sections.
- Specimens should be sent through DSHS Austin laboratory and not directly to the CDC
- Updated information that CDC will review suspect AFM patients with limb weakness from prior years.
- Updated process for CDC review
- Specimen collection tables were updated to reflect changes to testing procedures at the CDC

**Diphtheria**

- Updated case classification
- Updated Managing Close Contacts
- Added Prophylaxis Guidelines section
- Updated throughout to add cutaneous diphtheria

**Haemophilus influenzae, Invasive Disease**

- Updated Managing Close Contacts section
- Added Prophylaxis Guidelines Section
- Updated flow chart

**Hepatitis A**

- Updated vaccine requirements to coincide with updated CDC guidelines for postexposure prophylaxis (see Prophylaxis Guidelines)
- Updated case definition
- Updated Managing Special Situations

**Hepatitis B, Acute & Perinatal**

- No updates

**Legionellosis**

- Case classification: Added Probable case classification

**Measles**

- Updates made throughout for clarity

**Mumps**

- Updated Communicability section
- Updated Case Investigation Checklist
- Added a suspect mumps case definition.
- Updated Control Measures
- Updated Exclusions
- Updated Outbreaks
- Added Mumps Viral Specimen Collection Table
- Updated Mumps Case Classification Flow Chart

**Polio (Paralytic and Non-paralytic Infection)**

- Updated Emerging and Acute Infectious Disease Unit name throughout

**Rubella**

- Added a section about managing pregnant women and women of childbearing age to Managing Special Situations section.
- Updates to laboratory specimen collection.
- Updated flow chart.

**Streptococcus pneumoniae, Invasive (Pneumococcal Disease)**

- Requirement to submit completed case investigation form for all cases.
- New investigation form and hyperlink to investigation forms updated.
- Updated G-2B Guidance.
- Added flow chart.

**Tetanus**

- Updated Table 1. Guide to Tetanus Prophylaxis in Routine Wound Management
- Updated TIG availability

**Varicella**

- Updated the investigation checklist and reporting and data entry requirements section to match each other in regards to faxing varicella reporting forms and medical records
- Added a Severity section
- Updated Control Measures section
- Updated the Prophylaxis section

- Updated Exclusion recommendations
- Updated the Outbreaks section of Managing Special Situations
- Updated the outbreak requirements
- Updated the Causes for Rejection for specimen submission
- Updated flow chart

## January 2018

### Acute Flaccid Myelitis (AFM)

- 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 Ausint 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: add 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 Enterobacteriales (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 a 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**

- 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 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.
- 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 CIDTs in cases with known clinical compatibility.
  - Added two bullet points to Suspect case classification to address CIDTs 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 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”
- Change 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 EAID 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