epiTRENDS
Epidemiology and Public Health Practice in WA

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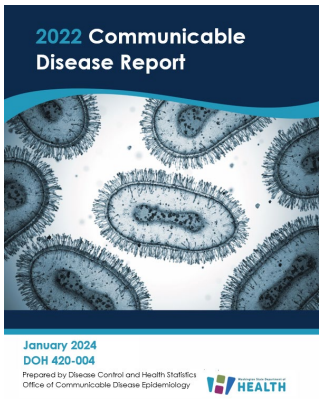
Annual Report and 2024 Case Definition Changes

Department of Health issues periodic updates for notifiable communicable conditions in the form of annual reports. The reports are posted on the DOH site: https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/communicable-disease-surveillance-data/annual-cd-surveillance-reports.

Annual Report for 2022



https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/communicable-disease-surveillance-data/annual-cd-surveillance-reports

Among unusual cases reported in 2022 was a fatal brain infection with *Balamuthia mandrillaris*, an organism associated with soil and water. There was also introduction of mpox (formerly monkeypox) into the United States with person-to-person transmission through close contact. A total of 654 cases were reported in the state.

There were 991,579 COVID-19 cases reported for a rate of 12,608/100,000 which is equivalent to about one case per 10 people (where a person could have been counted more than once); there were also 5,068 associated deaths.

The COVID-19 response was complex and could have impacted actual disease rates. For example there could have been less transmission from classrooms or during travel, as well as level of diagnosis if fewer people had infections but avoided healthcare settings so were not tested.

During 2020-2022 there were declines in reported numbers without rebound for Chlamydia, malaria, and invasive meningococcal disease; the rate for meningococcal disease was the lowest ever documented in Washington. Note that no decrease occurred for gonorrhea or herpes, while there was a dramatic increase in syphilis cases starting in 2021 with the rate in 2022 double the previously high rates of 2018-2020.

Washington State Department of HEALTH

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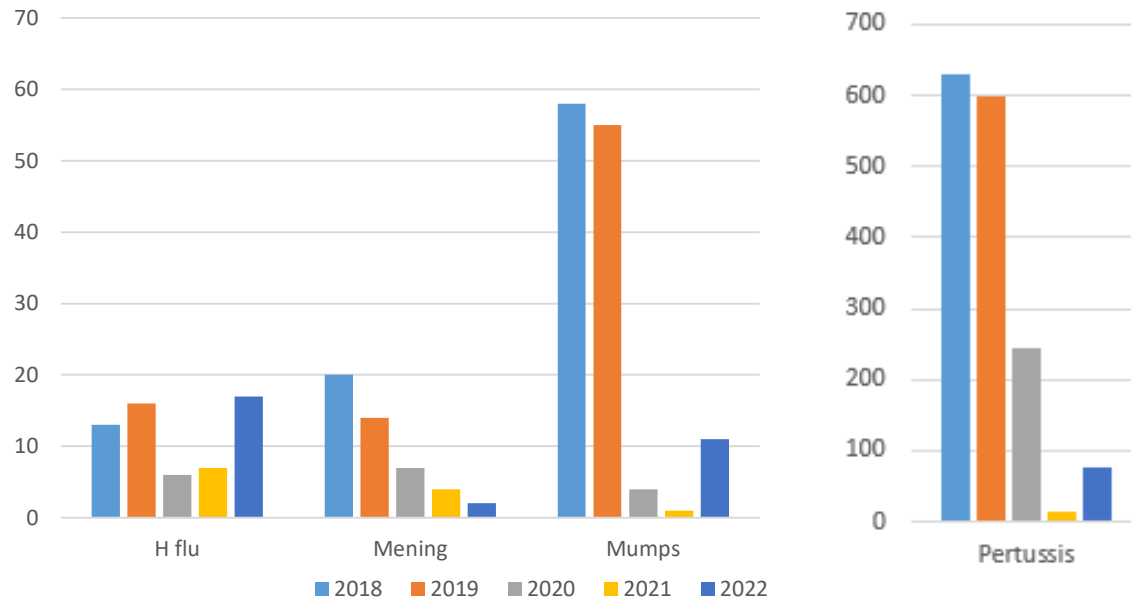
Reports of wound botulism have declined over the past five years. Recently there may be less use of heroin, which has been linked to wound botulism in western states.

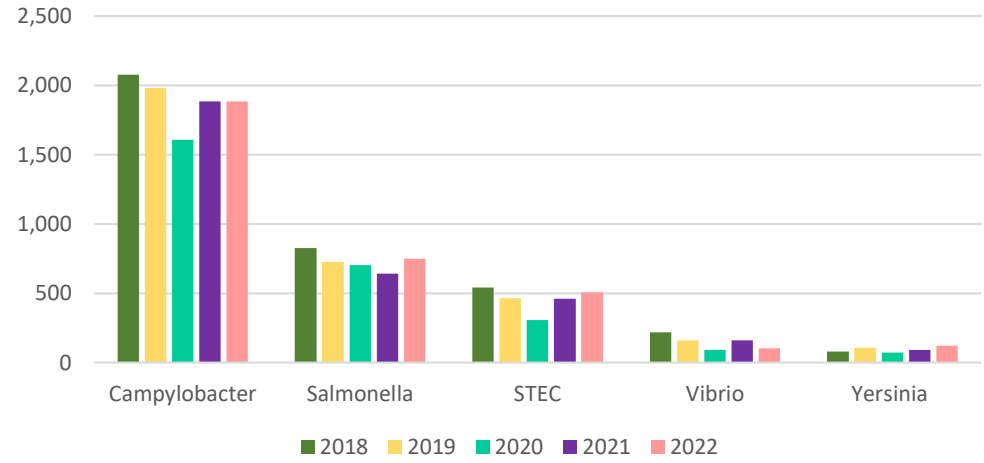
During 2020-2021 there were decreases in cases with rebound in 2022 for several conditions including arboviral infections, *H.influenzae* (which had its highest number of cases in 30 years), mumps, pertussis (which reached its lowest recorded number of cases in 2021), and tuberculosis. Select disease data are shown in Figure 1.

Figure 1. Vaccine preventable disease cases, Washington State 2018-2022 (note differing scales)



While most enteric bacterial conditions such as salmonellosis and STEC infections were relatively stable recently, in 2022 yersiniosis had the highest case count and rate ever reported in Washington (Figure 2); case counts were also high for cryptosporidiosis and cyclosporiasis.

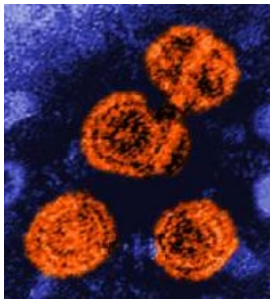
Figure 2. Enteric bacteria cases, Washington State 2018-2022



Case Definition Changes

Changes in national case definitions are decided at the annual meeting of the Council of State and Territorial Epidemiologists. For 2024 case definitions will change for several conditions notifiable in Washington. The changes apply to cases reported for 2024; cases with onset dates for reporting in 2023 will follow the case definitions being used during that year. Summaries of changes follow; Department of Health disease-specific guidelines will be updated with full details of the changes (see Resources).

Hepatitis B


Hepatitis B virus cdc.gov

In criteria for acute hepatitis B, the cutoff for an elevated serum alanine aminotransferase (ALT) is > 200 IU/L (increased from 100 IU/L). Elevated bilirubin ≥3.0 mg/dL can replace elevated ALT or jaundice. A positive nucleic acid test for HBV DNA is confirmatory laboratory evidence. Clinical criteria are not required if there is a seroconversion within 12 months (increased from 6 months) **or** if both IgM anti-HBC and viral detection testing are positive. A case previously reported with hepatitis B infection is excluded as an acute case. There is a new Probable acute case definition for clinically consistent cases with only a positive IgM anti-HBc and no positive viral detection test.

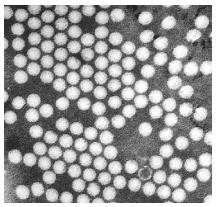
Chronic hepatitis B can be reported with a single HBV DNA test.

Mumps

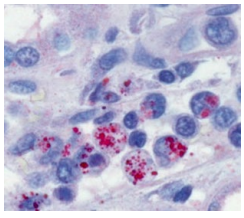
For the definition of a Confirmed mumps case, symptoms are not required and PCR, culture, seroconversion, or four-fold change in serologic titer will be sufficient for classification. For Probable cases, duration of parotitis as ≥ days will be a requirement only for cases with no epidemiologic link. Confirmatory tests are PCR, viral isolation, seroconversion, or 4-fold or greater titer; mumps IgM is no longer a confirmatory laboratory result but may be supportive for Probable or Suspect cases.

Paralytic Poliomyelitis

A laboratory component was added for a Confirmed paralytic poliomyelitis case, requiring detection of poliovirus by sequencing or other validated laboratory method. This case definition change will clarify the difference between non-poliovirus-associated acute flaccid myelitis (AFM) and paralytic poliomyelitis.


Poliovirus cdc.gov

Anaplasmosis and Ehrlichiosis


Ehrlichia cdc.gov

Anaplasmosis and ehrlichiosis will now have separate case definitions, and there is no longer a undetermined human ehrlichiosis/anaplasmosis classification. IgM and ELISA results have been removed, and actionable antibody tiers increased from 1:64 to ≥ 1:128. Presumptive tests (serology, smear testing) must be collected within 60 days of onset. For symptoms, fever is no longer required and fatigue/malaise was added. Clinical evidence is stratified into objective and subjective lists.

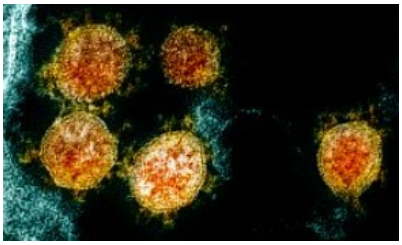
Non-congenital and congenital Zika virus disease

Clinical criteria have been revised to provide more specific descriptions for congenital Zika virus disease. Non-congenital and congenital Zika virus infection (without disease) were removed from the nationally notifiable conditions list. Laboratory criteria have been changed for congenital and non-congenital Zika virus disease subtypes, reflecting cross-reactivity and persistent detection of IgM. Epidemiologic linkage criteria are more specific.

COVID-19 Outbreak Definition in Healthcare Settings

The following are the significant updates to the definition to identify and report outbreaks of COVID-19 in healthcare settings:

- COVID-19 outbreaks in outpatient care settings are no longer reportable.
- In the absence of at least one case among residents, outbreaks involving only long-term care healthcare personnel are no longer reportable.
- Thresholds for residents and cases have increased in COVID-19 outbreak definitions in acute care and long-term care facilities.



SARS-CoV-2
https://www.nih.gov/news-events/nih-research-matters/designing-sars-cov-2-decoy

There may be additional requirements for general reporting individual laboratory-confirmed cases or for licensed facilities to report cases or outbreaks.

Resources

CSTE position statements:
https://www.cste.org/page/PositionStatements?&hhsearchterms=%22position+and+statement%22

DOH guidelines (new case definitions will be updated in late January):
www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions/ListofNotifiableConditions

Department of Health annual reports:
https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/communicable-disease-surveillance-data/annual-cd-surveillance-reports

Legacy communicable disease reporting:
https://doh.wa.gov/sites/default/files/legacy/Documents/5100/420-004-CDAnnualReport1920-1982.pdf

COVID-19 outbreak case definitions:
https://www.corha.org/wp-content/uploads/2024/01/COVID-19-HC-Outbreak-Definition-Guidance_January-2024.pdf

National case definitions:
https://ndc.services.cdc.gov/