

*epi*TRENDS

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New Surveillance Case Definitions for 2020

National case definitions are established by the Council of State and Territorial Epidemiologists (CSTE). Case definition for several notifiable conditions will apply to cases being counted during the 2020 reporting year. Cases reported for 2019 will follow the case definitions that were operative last year.

Pertussis

The new case definition for pertussis makes PCR equivalent to culture as confirmatory laboratory evidence. With a positive result for either test, the minimum required clinical criterion to confirm a case is only an acute cough illness **of any duration**. Likewise, for a person who is epi-linked to a laboratory confirmed pertussis case, the minimum required clinical criteria are a cough **of any duration** and at least one of the following:

- Paroxysms of coughing
- Inspiratory whoop
- Post-tussive vomiting
- Apnea, with or without cyanosis (**new for adults**)

The clinical criterion for other cases is still a cough illness lasting ≥ 2 weeks, with at least one of the case-defining symptoms in the list above. Other changes include harmonization of infant and non-infant case classification criteria, adding apnea as a clinical criterion for any age, and a classification change from Confirmed to Probable for cases with an epi-link to a laboratory confirmed pertussis case. A person meeting the clinical case criteria without supporting laboratory evidence or epi-link will continue to be classified as Probable.



Source: CDC



John Wiesman, DrPH, MPH
Secretary of Health

Kathy Lofy, MD
State Health Officer

Scott Lindquist, MD, MPH
State Epidemiologist,
Communicable Disease

Jerrod Davis, PE
Assistant Secretary
Disease Control and Health
Statistics

Marcia J. Goldoft, MD
Scientific Editor

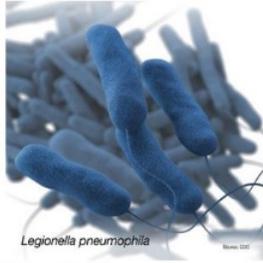
Doreen Terao
Managing Editor

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WA State Dept. of Health
Communicable Disease Epi
1610 NE 150th Street
Shoreline, WA 98155
206-418-5500

Legionellosis



Source: CDC

Extrapulmonary legionellosis has been added as a separate category of illness, joining the existing categories of Legionnaires' disease (an illness characterized by pneumonia) and Pontiac fever (a milder illness without pneumonia.) The rare cases of extrapulmonary legionellosis have clinical evidence of a non-pulmonary disease site (e.g., heart, wound, or joint) and laboratory evidence of *Legionella* at that site. Changes for the 2020 case definition include:

- The incubation period for Legionnaires' disease is now the **14** days prior to illness onset (previously 10 days.)
- PCR positive, clinically compatible cases will be classified as Confirmed (previously Suspect.)
- A Probable case classification has been added for Legionnaire's disease and Pontiac fever when cases are epi-linked to a confirmed source. How this classification will be utilized in practice has not been determined on a national scale.
- Healthcare-associated cases of Legionnaires' disease are now categorized as presumptive or as possible (replacing definite and probable). A presumptive healthcare association is ≥ 10 days of continuous stay at a healthcare facility during the 14 days before symptom onset. A possible healthcare association is spending only a portion of the 14 days before symptom onset in one or more healthcare facilities.

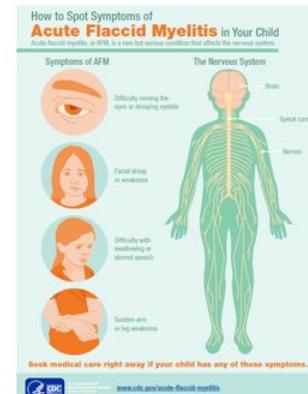
Yersiniosis

Yersiniosis can be due to many different pathogenic species of *Yersinia* (excluding *Y. pestis*, the causative agent of plague) and may involve febrile diarrhea as well as skin, joint, or tissue infections. Rates have increased in recent years, likely in part due increased diagnosis via rapid PCR panel tests. Yersiniosis is notifiable in Washington but not nationally. The state's case definition has been updated to include additional species beyond *Y. enterocolitica* and *Y. pseudotuberculosis*. Culture-positive reports of these two species, along with *Y. intermedia*, *Y. fredericksonii*, *Y. kristensenii*, or *Y. ruckeri*, will be considered as laboratory evidence for a Confirmed case. The Probable case definition has removed the need for clinical criteria; any case with a positive PCR for non-*pestis Yersinia* will qualify as a Probable case, even if the patient was asymptomatic or symptoms were unknown.

Rare Diseases

Acute Flaccid Myelitis (AFM)

AFM is rare in Washington but had a trend of biennial spikes in case counts so could there could be an increase in confirmed AFM cases in 2020. Changes for 2020 reporting include an update to add a Suspect classification and modification of criteria. Clinical criteria require an illness with onset of acute flaccid weakness of one or more limbs. Laboratory criteria are confirming (MRI with predominant gray matter involvement in the spinal cord and spanning one or more vertebral segments,) presumptive (MRI with spinal cord gray matter lesion predominance cannot be determined) and supportive (MRI with some gray matter involvement.) Persons with acute **flaccid** limb weakness with at least some gray matter involvement seen on MRI should be reported; a negative or normal MRI performed within the first 72 hours after onset of limb weakness does not rule out AFM.



Source: CDC

Plague

Plague was last reported in Washington in a human in 1984. The updated clinical case definition has abbreviated clinical criteria of acute onset of fever (removing chills, headache, malaise, prostration, and leukocytosis) with no change in identification of one or more specific clinical manifestations (regional lymphadenitis, septicemia, pneumonia, or pharyngitis with cervical lymphadenitis.)

The updated plague laboratory criteria add:

- Detection of *Y. pestis*-specific DNA in a clinical specimen by direct fluorescent antibody (DFA), immunohistochemical assay (IHC), or PCR

An epidemiologic linkage section was added:

- Epidemiologic linkage can be used in combination with the clinical case definition and presumptive laboratory evidence to confirm a case

Spotted fever rickettsiosis (SFR)



Child with spotted fever.
Source: CDC

SFR, such as Rocky Mountain spotted fever or travel-associated Mediterranean spotted fever, is reportable using the tick-borne disease reporting form. The 2020 laboratory criteria add presumptive laboratory evidence and update supportive laboratory evidence. To meet the Probable case definition, a case must now both be clinically compatible and have serologic evidence of elevated IgG at a titer $\geq 1:128$ in a sample collected within 60 days of illness onset. IFA IgG titers of 1:64 will now meet the suspect case definition. ELISA and latex agglutination are no longer part of the SFR case definition.

Blastomycosis

Blastomycosis is not specifically reportable in Washington, but cases can be entered under “Rare Disease.” A new standardized national case definition for blastomycosis is now available including a range of clinical and laboratory criteria (see Resources).

Reporting Notifiable Conditions

The Centers for Disease Control and Prevention (CDC) website posts current and prior national case definitions as well as guidelines for determining residency of reported cases (see Resources). A case is reported by the person’s usual residence at disease onset; report a person with unstable housing by where they were staying at the time of onset but report a person with multiple residences or at school by the jurisdiction where they spend the most time. Inpatients in general hospitals are reported by their usual residence while persons institutionalized for long term stay (e.g., long-term care, inpatient recovery, or correctional facility) are reported by the jurisdiction of the facility.

The Department of Health (DOH) website will have updated reporting forms and guidelines reflecting changes in case definitions and for affected conditions there are now two sets of wizards in Washington Disease Reporting System (WDRS). When entering cases in WDRS, use the 2019 wizard for cases with onset through December 28, 2019. For cases with onset after that date, use the 2020 wizard.

DOH staff can assist local health jurisdictions with questions about notifiable conditions reporting. Please contact the subject matter expert or our main number 206-418-5500.

Resources

- DOH forms and guidelines: <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions/ListofNotifiableConditions>
- CDC case definitions: <https://wwwn.cdc.gov/nndss/case-definitions.html>
 - Pertussis: <https://wwwn.cdc.gov/nndss/conditions/pertussis/case-definition/2020/>
 - Legionellosis: <https://wwwn.cdc.gov/nndss/conditions/legionellosis/case-definition/2020/>
 - Acute flaccid myelitis: <https://wwwn.cdc.gov/nndss/conditions/acute-flaccid-myelitis/>
 - Spotted fever: <https://wwwn.cdc.gov/nndss/conditions/spotted-fever-rickettsiosis/case-definition/2020/>
 - Plague: <https://wwwn.cdc.gov/nndss/conditions/plague/>
 - Blastomycosis: <https://wwwn.cdc.gov/nndss/conditions/blastomycosis/case-definition/2020/>
- CDC guidelines for residency: <https://wwwn.cdc.gov/nndss/document/11-SI-04.pdf>