

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the **Healthiest State** in the Nation

INTEROFFICE MEMORANDUM

DATE: August 8, 2018

TO: County Health Department Epidemiology Programs

FROM: Leah Eisenstein, MPH; Interim Surveillance and Surveillance Systems Section Manager, Bureau of Epidemiology, Florida Department of Health

SUBJECT: Summary of 2018 Changes to Reportable Disease Case Definitions, Florida

A number of changes to the Florida reportable disease surveillance case definitions for general communicable diseases have been identified as a result of the position statements approved by the Council of State and Territorial Epidemiologists (CSTE) at their June 2017 annual meeting. **The revised case definitions are effective for report year 2018, beginning December 31, 2017.**

Short descriptions of the Florida case definition revisions are included below. The fully revised document, *Surveillance Case Definitions for Select Reportable Diseases in Florida, 2018*, will be posted on the Surveillance Case Definitions and MMWR Weeks website (www.Floridahealth.gov/DiseaseCaseDefinitions).

Note that in the 2018 document, each case definition includes five core components: clinical criteria for case classification, laboratory criteria for case classification, epidemiological criteria for case classification, case classification, and criteria to distinguish a new case from previous reports. If criteria for a certain disease have not been defined or are not applicable for a disease, "not applicable" will appear for that component.

Summary of case definition changes for general communicable diseases:

1. **Anthrax:** revised laboratory diagnostics, added infections with *Bacillus cereus* strains that express anthrax toxin genes, clarified terms for types of anthrax, and refined signs and symptoms.
2. **Cryptosporidiosis:** clarified which symptoms meet the clinical criteria for case classification.
3. **Giardiasis:** clarified which symptoms meet the clinical criteria for case classification.
4. **Hepatitis B, acute and chronic:** updated case definitions to exclude children ≤ 24 months old unless the mother was known not to be infected with hepatitis B virus and removed negative to positive result conversion for acute hepatitis B.
5. **Hepatitis C, perinatal:** expanded laboratory criteria to include hepatitis C virus antigen test (if and when an FDA-approved test becomes available) and updated the epidemiologic criteria.
6. **Hepatitis C, acute and chronic:** clarified laboratory criteria and updated case definitions to exclude children ≤ 36 months old unless the child is known to have been exposed to hepatitis C virus via a mechanism other than perinatal transmission.

7. **Legionellosis:** replaced a fourfold increase in antibody titers with a single elevated antibody titer in the supportive laboratory criteria.
8. **Listeriosis:** added new suspect case classification for clinically compatible illnesses people with positive culture-independent diagnostic testing (CIDT).
9. **Shiga toxin-producing *Escherichia coli*:** added new probable case classification for clinically compatible illnesses people with positive CIDT and removed the clinical compatibility requirement from suspect case classification for people with CIDT.

Thank you very much for your surveillance and reporting efforts throughout the year. Your input is essential as we continue to work together to prevent and control these diseases.