INTEROFFICE MEMORANDUM

DATE: January 16, 2019

TO: County Health Department Epidemiology Programs

FROM: Heather Rubino, PhD; Surveillance and Surveillance Systems Section Administrator, Bureau of Epidemiology, Florida Department of Health

SUBJECT: Summary of 2019 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 2018 annual meeting. **Revised case definitions are effective for report year 2019 (beginning December 30, 2018)** with the exception of arboviruses, chikungunya fever, dengue and severe dengue fever, and hepatitis A, which were retroactively applied to cases with event dates in 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, 2019*, will be posted on the Surveillance Case Definitions and MMWR Weeks website (www.Floridahealth.gov/DiseaseCaseDefinitions).

Summary of case definition changes for reportable diseases and conditions:

1. **Arboviral diseases:** Added cerebrospinal fluid as a valid specimen type for IgM in confirmatory laboratory testing criteria and added a suspect case classification for asymptomatic people with laboratory evidence of infection.
2. **Carbon monoxide poisoning:** Updated laboratory criteria based on age and smoking status, revised exposure criteria, and revised case classifications based on laboratory, exposure, and epidemiological criteria.
3. **Campylobacteriosis:** Added a suspect case classification to capture non-isolate based sequencing, detection of antibodies (no longer considered culture-independent diagnostic testing), and new laboratory methodologies.
4. **Chikungunya fever:** Added suspect case classification to capture asymptomatic people with laboratory evidence of infection.
5. **Creutzfeldt-Jakob disease:** Updated laboratory criteria to include RT-QuIC assay/MRI findings and remove the Tau assay and removed fatal outcome from clinical criteria.
6. **Dengue and severe dengue fever:** Expanded suspect case classification to include asymptomatic people with laboratory evidence of infection.

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7. **Diphtheria:** Added toxin production to confirmed classification, moved histopathologic diagnosis to suspect classification, and eliminated probable classification.
8. **Hepatitis A:** Added nucleic acid amplification as a confirmatory laboratory test regardless of clinical signs or symptoms.
9. **Listeriosis:** Expanded confirmed classification to capture isolation of *Listeria monocytogenes* from products of conception at time of delivery and non-sterile sites from neonates, added a probable classification to capture culture-independent diagnostic testing, added epidemiological criteria for mothers and neonates, and updated suspect classification to capture isolation of *Listeria monocytogenes* from non-invasive clinical specimens.
10. ***Salmonella* Paratyphi infection:** Revised to only exclude infection with Salmonella Paratyphi B (tartrate positive), moved culture-independent diagnostic testing from suspect classification to probable classification when clinical criteria are met, revised suspect classification to capture detection of antibodies (no longer considered culture-independent diagnostic testing), and removed clinical criteria for confirmed cases.
11. ***Salmonella* Typhi infection:** Moved culture-independent diagnostic testing from suspect classification to probable classification when clinical criteria are met, revised suspect classification to capture detection of antibodies (no longer considered culture-independent diagnostic testing), and removed clinical criteria for confirmed cases.
12. **Salmonellosis:** Added a suspect case classification to capture non-isolate based sequencing, detection of antibodies (no longer considered culture-independent diagnostic testing), and new laboratory methodologies.
13. **Shigellosis:** Added a suspect case classification to capture non-isolate based sequencing, detection of antibodies (no longer considered culture-independent diagnostic testing), and new laboratory methodologies.
14. **Yellow fever:** Updated laboratory to address changes in diagnostic testing and the possible occurrence of yellow fever vaccine-associated viscerotropic disease.

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.