

Mission:

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



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

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

INTEROFFICE MEMORANDUM

DATE: December 27, 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 2020 Changes to Reportable Disease Case Definitions, Florida

Each January, the Bureau of Epidemiology changes Florida reportable disease surveillance case definitions for general communicable diseases to align with position statements approved by the Council of State and Territorial Epidemiologists (CSTE) at their annual meeting. **Revised case definitions will be applied to cases with event dates in 2020 (beginning December 29, 2019).**

Short descriptions of the Florida case definition revisions are included below. The fully revised document, *Surveillance Case Definitions for Select Reportable Diseases in Florida 2020, Version 1.0*, 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. Acute flaccid myelitis:** Added standard case definition to Merlin and case definition document.
- 2. Anaplasmosis/ehrlichiosis:** Clarified laboratory criteria related to fourfold IgG titer changes for *Anaplasma phagocytophilum* and *Ehrlichia chaffeensis* infections, added microscopic evidence to presumptive laboratory criteria for *Anaplasma phagocytophilum* and *Ehrlichia chaffeensis* infections, and expanded presumptive laboratory criteria for undetermined anaplasmosis/ehrlichiosis.
- 3. Hepatitis C:** Updated clinical criteria to include bilirubin ≥ 3.0 mg/dL or alanine aminotransferase level >200 IU/L in place of symptoms for acute and chronic hepatitis C and clarified laboratory conversion criteria for acute hepatitis C.
- 4. Legionellosis:** Separated clinical criteria into Legionnaires' disease, Pontiac fever, and extrapulmonary legionellosis; clarified laboratory criteria related to equivocal antibody titers; moved PCR from supportive to confirmatory laboratory criteria; added epidemiological criteria; and added a probable case classification based on clinical and epidemiological criteria.
- 5. Pertussis:** Updated case classification to be consistent across all age groups and removed symptom criteria by test type.
- 6. Plague:** Clarified and expanded laboratory criteria and added epidemiological criteria.
- 7. Rocky Mountain spotted fever and spotted fever rickettsiosis:** Clarified laboratory criteria and updated case classification to include epidemiological criteria.

8. ***Salmonella* Paratyphi infection:** Updated supportive laboratory criteria to exclude negative *Salmonella* culture.
9. ***Salmonella* Typhi Infection:** Updated supportive laboratory criteria to exclude negative *Salmonella* culture.
10. **Zika virus disease and infection, non-congenital:** Updated epidemiological criteria to be specific to symptomatic cases, asymptomatic cases in pregnant women, and possibly locally acquired asymptomatic cases.

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.