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TO: County Health Department Epidemiologists

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SUBJECT: Summary of 2012 Changes to the Reportable Disease Case Definitions, Florida

A number of changes to the Florida reportable disease surveillance case definitions have been identified as a result of the position statements approved by the Council of State and Territorial Epidemiologists (CSTE) at their June 2011 annual meeting. The revised case definitions should be used for reporting new 2012 cases beginning January 2012. (As a reminder, changes to the case definitions for campylobacteriosis, salmonellosis, shigellosis and STEC based on position statements approved in 2011 by the CSTE were made in July 2011.)

A short description of the Florida case definition revisions are included below. The fully revised document "Surveillance Case Definitions for Select Reportable Diseases in Florida, 2012" will be posted on the Bureau of Epidemiology website site

http://www.doh.state.fl.us/disease_ctrl/epi/surv/CaseDefinitions.html

Case definitions are published individually by disease on the following website

http://www.doh.state.fl.us/disease_ctrl/epi/topics/crforms.html

Summary of case definition changes:

1. Amebic Encephalitis: removes the suspect case classification for *Naegleria fowleri* causing Primary Amebic Meningoencephalitis (PAM); removes the probable case classification for *Balamuthia mandrillaris* Disease; removes the suspect case classification for *Acanthamoeba* Disease (*excluding* keratitis); added a new case definition to capture *Acanthamoeba* keratitis.
2. Hepatitis A: adds symptoms to the clinical case definition.
3. Hepatitis B, acute: adds symptoms to the clinical case definition; laboratory criteria is revised to specify ALT levels >100IU/L in the absence of jaundice; adds the provision that cases need not meet the clinical case definition for acute disease *if* the patient has a documented negative HBV antigen laboratory test result followed *within 6 months* by a positive test result AND no previous diagnosis of chronic hepatitis B.
4. Hepatitis B, chronic: clarifies that only one laboratory result of the three laboratory tests that meet the criteria for diagnosis of HBV infection is required to meet the case definition (discordant results do not confirm the absence of HBV infection).
5. Hepatitis C, acute: adds symptoms to the clinical case definition; adds the provision that cases need not meet the clinical case definition for acute disease *if* the patient has a

documented negative HCV antibody laboratory test result followed *within 6 months* by a positive test.

6. *Vibrio*, Infections: Recent taxonomic changes have resulted in some *Vibrio* species being reassigned to new genera. Vibriosis now includes any infection that meets the clinical description where a species of the family *Vibrionaceae* (formerly included only species of the genus *Vibrio*) is isolated from a clinical specimen or where the case is epidemiologically linked to a confirmed case. This change has resulted in changes in reporting codes 00193 (from *Vibrio*, other to *Vibrionaceae*, other) and 00196 (from *V. hollisae* to *G. hollisae*).
7. Cryptosporidiosis: Clarified Laboratory Evidence section for confirmed and probable case classifications; revised the confirmed and probable case classification – laboratory evidence alone (without clinical evidence) is sufficient to classify cases as probable or confirmed;
8. Melioidosis: Cases no longer need to have clinical evidence to meet the confirmed case definition, isolation of *B. pseudomallei* is sufficient; added a probable case definition that relies on clinical, supportive laboratory, and epidemiologic evidence.
9. Mumps: Cases must be both clinically compatible AND laboratory confirmed to meet the confirmed case definition (epidemiologic link is no longer an acceptable alternative to laboratory confirmation for confirmed cases); clinically compatible illness for probable and suspect cases is more clearly defined; “epidemiologic link” for probable cases has been expanded to include membership in a group/community defined by public health during an outbreak.
10. Ricin: Multiple revisions to the case classification criteria; a confirmed and probable case classification criteria has been added; the suspected classification removed; revised the Clinical Description and Laboratory Evidence section; the laboratory evidence now includes detection of ricin in environmental samples and detection of urinary ricinine, an alkaloid in the castor bean.
11. Carbon monoxide: clarified the case definition applies to acute CO poisoning; revised formatting.
12. Pesticide-related illness and injury, acute: clarified the case definition applies to acute pesticide-related illness and injury; revised the clinical description and case classification criteria and overall formatting.
13. Lead: Updated the “Comments” section of the case definition to align with previously distributed case investigation guidance and prioritization.

These changes were effective in Merlin on January, 1, 2012.

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.