INTEROFFICE MEMORANDUM

DATE: February 13, 2015

TO: County Health Department Epidemiology Programs

FROM: Janet J. Hamilton, M.P.H.; Surveillance and Surveillance Systems Section Manager, Bureau of Epidemiology, Florida Department of Health

SUBJECT: Summary of 2015 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 2014 annual meeting. **The revised case definitions are effective for report year 2015, beginning January 4, 2015.**


Summary of case definition changes for general communicable diseases:

1. **Arboviral diseases**: removed fever requirement from neuroinvasive disease and added additional symptoms. Note that arboviral diseases include California serogroup virus disease, eastern equine encephalitis disease, St. Louis encephalitis disease, Venezuelan equine encephalitis disease, West Nile virus disease, western equine encephalitis disease, and other arboviral disease.

2. **Campylobacteriosis**: moved culture-independent diagnostic testing in the presence of symptoms and the absence of another organism from suspect to probable classification.

3. **Dengue**: updated clinical description to include those with just fever, combined symptoms of dengue hemorrhagic fever and dengue shock syndrome into a severe dengue category, and added additional symptoms.

4. **Haemophilus influenzae**: updated to include PCR as an acceptable test for confirmatory laboratory evidence, eliminated clinically compatible illness from the confirmed case classification, and specified that meningitis is required to meet the clinical criteria for probable case classification.

5. **Hantavirus infection**: expanded to include hantavirus infections that do not progress to hantavirus pulmonary syndrome (HPS).

6. **Meningococcal disease**: eliminated clinically compatible illness from case classifications when laboratory evidence is present and moved PCR from presumptive laboratory criteria to confirmatory laboratory criteria.

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.