

epiTRENDS

A Monthly Bulletin on Communicable Disease Epidemiology and
Public Health Practice in Washington State

Surveillance Case Definitions for 2009

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Washington State mandates reporting of specific conditions for the purposes of public health surveillance which has been conducted in some form since at least 1920. Similar reporting occurs in other states and territories. Data from the states are compiled by the Centers for Disease Control and Prevention (CDC) to provide national disease trends.

The annual Council of State and Territorial Epidemiologists (CSTE) meeting includes a session discussing position statements. A position paper documents and analyzes a broad policy issue affecting the public's health which CSTE will discuss and decide whether to adopt. Any CSTE member working in a state or local health department may submit a resolution or position paper. The adoption and implementation of a position statement may lead to adding a condition for national surveillance or changing the case definition for a condition.



CSTE Logo

Courtesy of Patrick J. McConnon, Exec. Dir.

Position statements adopted at the 2008 CSTE Annual Meeting will change the 2009 published case definitions used for reporting cases of cryptosporidiosis, rubella, and rubeola to the National Notifiable Diseases Surveillance System (NNDSS); small wording changes were also made for Q fever. Department of Health reporting forms and electronic data entry screens in PHIMS will be modified for reporting during 2009.

Cryptosporidiosis

Cryptosporidiosis is an illness characterized by watery diarrhea, abdominal cramps, loss of appetite, low-grade fever, nausea, and vomiting. Public health surveillance for cryptosporidiosis focuses on the detection of human disease associated with drinking water supplies and recreational water exposures. The disease can be prolonged and life-threatening in severely immunocompromised persons.

The 2009 update to the CSTE case definition results in a change in reporting criteria for this notifiable condition. Beginning with the first case definition in 1995, all instances of cryptosporidia-positive stool testing were reported as confirmed cases regardless of illness status. With the new case definition, laboratory detection of *Cryptosporidium* species in a person not meeting the clinical case description will no longer be reportable.

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epiTRENDS
P.O. Box 47812
Olympia, WA 98504-7812

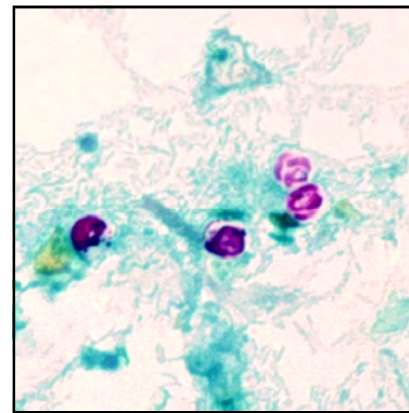
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A confirmed cryptosporidiosis case is one that meets the clinical description and at least one of the criteria for laboratory-confirmation (organisms in stool, intestinal fluid or tissue sample). Laboratory methods may include visualization of organisms by microscopy, detection of antigen by immunoassay, or detection of nucleic acid by polymerase chain reaction (PCR).

A probable cryptosporidiosis case meets the clinical description and is epidemiologically linked to a confirmed case.

In 2007 there were 139 reports of cryptosporidiosis received in Washington, an increase over recent years with fewer than 100 cases annually. The increase in cases is likely due to increased testing with a newly available method rather than a true increase in disease level. About 6% of the cases reported in 2007 were asymptomatic.



Cryptosporidium parvum oocysts (encapsulated zygotes)

Photo courtesy of CDC

Rubella

Rubella is a vaccine-preventable viral rash illness that is generally mild. Congenital infections can result in malformations or fetal death. Public health agencies promote rubella immunization and investigate all cases to identify susceptible contacts.

The 2009 rubella position statement emphasizes timely reporting of cases and addition of positive PCR results for laboratory reporting criteria. Rubella is currently nationally notifiable, with existing laboratory criteria for diagnosis including isolation of the virus, significant rise in immunoglobulin G (IgG) titer, or positive IgM titer.

The case definition of rubella will be modified with laboratory criteria for a confirmed case including:

- Isolation of rubella virus from a clinical specimen, or
- Detection of rubella-virus-specific nucleic acid by PCR, or
- Significant rise in serum rubella IgG antibody level between acute- and convalescent-phase specimens, by any standard serologic assay, or
- Positive serologic test for rubella IgM antibody

With successful implementation of rubella vaccination programs, endemic rubella transmission was declared eliminated in the United States in 2004. To maintain rubella elimination and prevent re-establishment of endemic disease transmission, sustained high vaccine coverage and sensitive rubella surveillance with rapid and robust public health response to every rubella case is needed.



Maculopapular skin rash, rubella
Photo courtesy of CDC

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Measles

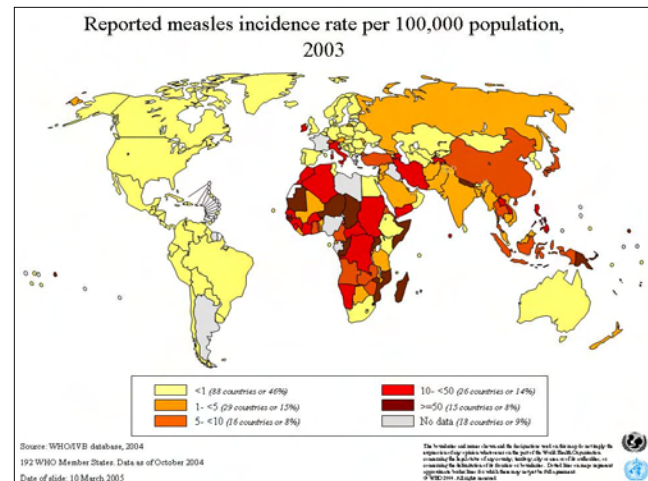
Measles is a vaccine-preventable viral rash illness with complications including pneumonia, encephalitis, and death. Public health agencies promote measles immunization and investigate all cases to identify susceptible contacts.

The 2009 measles position statement also emphasizes timely reporting of cases and addition of positive PCR results for laboratory reporting criteria. Measles is currently nationally notifiable, with existing laboratory criteria for diagnosis including isolation of the virus, significant rise in IgG titer, or positive IgM titer.

The case definition for measles will be modified with the laboratory criteria for a confirmed case including:

- Isolation of measles virus from a clinical specimen, or
- Detection of measles-virus-specific nucleic acid by PCR, or
- Significant rise in serum measles immunoglobulin G antibody level between acute- and convalescent-phase specimens, by any standard serologic assay, or
- Positive serologic test for measles immunoglobulin M antibody

Endemic measles was declared eliminated in the United States in 2000 and in the World Health Organization (WHO) Region of the Americas in 2002. To maintain measles elimination and prevent re-establishment of endemic disease transmission, sustained high vaccine coverage and sensitive measles surveillance with rapid and robust public health response to every measles case is needed.



Global measles incidence rates, 2003

Endemic measles declared eliminated in the United States in 2000

Map courtesy of World Health Organization

Resources

Communicable Disease Epidemiology Section maintains up-to-date case definitions in the surveillance and reporting guidelines for each condition which are available on-line:

<http://www.doh.wa.gov/notify/forms/>

The CDC website maintains information about case definitions. Current case definitions are available on-line at: <http://www.cdc.gov/ncphi/diss/nndss/casedef/index.htm>. There are also definitions of terms and old case definitions available.

Disease surveillance data for Washington State including monthly data, annual summaries, and historical data for 1920-1983 are available on-line at:

<http://www.doh.wa.gov/notify/surdata/surdata.htm>