

2019 Michigan Communicable Disease Surveillance and Reporting Changes

Target audience: Local Health Departments, Physicians, Infection Preventionists, and Laboratories

Date: January 2019

Background: Each year, the Council of State and Territorial Epidemiologists (CSTE) develops and endorses Position Statements to recommend certain diseases become Nationally Notifiable, that states adopt standardized case definitions, or provide guidance for communication and reporting. This communication is meant to provide notification to our partners of the changes the MDHHS will be making to the official Michigan Reportable Disease List. These changes will be adopted on January 1, 2019.

If you have questions, concerns, or comments about these changes, please contact the MDHHS Communicable Disease Division at 517-335-8165.

Conditions Being Removed from the Michigan Reportable Disease List:

- **Hepatitis D Virus (HDV)** – HDV is not a nationally notifiable disease, there is no standardized case definition, and there are no guidelines for case follow-up. HDV reports are also relatively rare. The infrastructure to report HDV cases into the MDSS will remain but reporting of these lab results will be voluntary.
- **Hepatitis E Virus (HEV)** - HEV is not a nationally notifiable disease, there is no standardized case definition, and there are no guidelines for case follow-up. HEV cases are relatively rare in Michigan and are frequently the result of international travel and not local transmission. The infrastructure to report HEV cases into the MDSS will remain but reporting of these lab results will be voluntary.

Modifications to Existing Conditions on the Michigan Reportable Disease List:

- **Cyclosporiasis (Cyclospora)** – Added footnote (5) denoting that specimens or isolates are requested and should be sent to the MDHHS Lansing laboratory. Further characterization of *Cyclospora cyatanensis* is needed to distinguish cyclosporiasis outbreaks and to assist in tracebacks of suspect food items.
- **Hepatitis C Virus (HCV)** – The Michigan Department of Health and Human Services is requesting that all agencies reporting to the Michigan Disease Surveillance System via HL7 message, report the results of **all** HCV tests. That includes all positive **AND** negative HCV antibody, RNA, and genotype tests. The reporting of negative HCV antibody results will better help State and local health department staff in capturing seroconversions that may represent acute HCV infection. HCV is a curable infection (both spontaneously and via treatment) and the reporting of negative HCV RNA results will help State and local health departments better measure HCV viral clearance providing a better picture of HCV prevalence. It will also help to better identify clients who could benefit from HCV treatment and patient navigation services.

Modifications to Existing Conditions on the Michigan Reportable Disease List, continued:

- **Paratyphoid fever** – In January 2018, CDC requested that salmonellosis cases be classified into two separate conditions for NNDSS submission. Paratyphoid fever was added to MDSS in 2018 and has its own reporting form. In 2019, salmonellosis (non-typhi) will be split into two groups: (1) salmonellosis (excluding paratyphoid fever and typhoid fever), and (2) paratyphoid fever (caused by *Salmonella* serotypes Paratyphi A, Paratyphi B (tartrate negative), and Paratyphi C).
- **Rabies: Potential Exposures** – Omit “Animal Bites” from the Michigan Reportable Disease List and replace with the condition “Rabies: potential exposure and post exposure prophylaxis”. This is intended to emphasize that bite and non-bite exposures* (e.g. exposure to a bat without a known bite) should be reported to the local health department. * <https://www.cdc.gov/mmwr/PDF/rr/rr5703.pdf>, pp12-13
- **Legend** – (5) *Respiratory*: modify language to read “Respiratory: submit specimens, if available.”

Conditions Being Added to the Michigan Reportable Disease List:

- **Acute flaccid myelitis (AFM)** – AFM was first identified in the United States in 2014 during an enterovirus D68 epidemic. In 2015, the CSTE approved a standardized case definition for AFM. Michigan introduced an MDSS case report form for AFM in October, 2017 for the reporting of cases and uploading of medical records and lab results.

In 2019, single cases of AFM will be reportable (within 3 days) in Michigan. AFM is not currently a nationally notifiable condition; however, the CDC actively investigates suspect AFM cases reported to them and encourages suspect cases to be reported. AFM is already reportable in multiple other states. Although AFM is very rare, it is a serious condition that affects the nervous system. Most cases are children. Making AFM a reportable disease in Michigan will help to understand the burden of disease in our state and encourage clinicians to report suspect AFM cases. Complete case reporting will aid in the collection of data to help determine the risk factors and possible causes of this condition.

- **Candida auris** – *C. auris* is a multidrug resistant yeast that can spread quickly in healthcare settings and has been associated with high morbidity and mortality. There have been recent outbreaks reported from multiple states. In 2019, CSTE and CDC passed a position statement to make *C. auris* nationally notifiable. As such, MDHHS will add *C. auris* to the list of reportable disease in Michigan with the designation that laboratories shall immediately submit suspect or confirmed isolates, subcultures, or specimens from the patient being tested to the MDHHS Lansing laboratory.

Please report any patient or laboratory finding to MDHHS that meets either of the following criteria:

- Detection of *C. auris* in a specimen using either culture or a culture independent diagnostic test (CIDT) (e.g., Polymerase Chain Reaction [PCR])
- Detection of an organism that commonly represents a *C. auris* misidentification in a specimen by culture (i.e., *Candida haemulonii*):
<https://www.cdc.gov/fungal/diseases/candidiasis/pdf/Testing-algorithm-by-Method-temp.pdf>

- **Rabies Post-Exposure Prophylaxis (RPEP)** – Rabies is a fatal disease that can be prevented if RPEP is given promptly after an exposure. Previously, “animal bites where rabies is suspected” were reportable in Michigan. However, other situations, such as bat exposures, have the potential for rabies transmission even in the absence of a recognized animal bite. Statewide reporting of this treatment will help the state and local health departments ensure that rabies PEP is administered promptly, properly, and only when it is needed.

In 2019, RPEP administrations will be considered reportable in Michigan. In 2018, as part of the Rabies PEP Reporting Working Group, a RPEP Reporting Pilot was conducted in 20 counties. These counties reported and tracked all RPEP administrations throughout the 2018 rabies season. The majority of participating health departments were supportive of this condition being reportable at the State level.

Beginning in January, after the release of the planned MDSS update, the MDSS disease condition “Animal Bite” will be removed and replaced with “Rabies: Potential Exposure and PEP,” which can be used for all potential rabies exposure case follow-up, regardless of RPEP treatment. RPEP administrations will be reported by utilizing the MDSS “Rabies: Exposure and Post-Exposure Treatment Investigation” form. This form is a revision of the MDSS Animal Bite form and has been renamed to include RPEP treatments and incorporates potential rabies exposures that occur in the absence of a bite, such as a bat in the same room as a deeply sleeping person. This new MDSS form will serve two purposes: (1) To track RPEP administrations and (2) Reporting agencies have the option to use this form for their animal bite investigations.

Health Care Professional’s Guide to Disease Reporting in Michigan Changes

https://www.michigan.gov/documents/mdhhs/MDHHS_Brick_Book_609755_7.pdf

1. Updated Reportable Disease Lists by Condition (page 6) and by Pathogen (page 11) to reflect 2019 changes
2. Updated language regarding hepatitis laboratory reporting (page 13)
3. Clarified Animal Bite/Rabies Reporting Requirements (page 7) to reflect 2019 addition of Rabies Post Exposure Prophylaxis as a reportable condition. Language is as follows:
 - a. Animal Bite Reporting

Any person who has knowledge of an animal bite where rabies is suspected **must, within 24 hours** of the biting incident, report the bite to the appropriate local health department and to the local health department where the bite occurred. The report **must** include all of the following information:

- Animal species inflicting the bite
- Animal owner’s name, address, and telephone number
- Vaccination status of animal
- Date and location of biting incident
- Name, address, and telephone number of the person bitten
- Site of the bite on the body
- Name of the reporter of the bite

Please report any encounter with a bat, where exposure is uncertain, to the local health department. For example, someone who may be exposed to a bat in their bedroom while they are sleeping.

Upon request by the Department or local health department, any person (including the general public) who has information regarding the identity, whereabouts, or vaccination status of an animal that has bitten an individual or otherwise potentially exposed an individual to rabies, or information about the owner of the animal, **must** provide information about the animal or the animal's owner to the local health department or MDHHS.

An animal that has bitten an individual or otherwise potentially exposed an individual to rabies **must** be handled pursuant to the provisions of the publication entitled "Compendium of Animal Rabies Control" issued by the National Association of State Public Health Veterinarians. Copies of this publication are available online at: www.michigan.gov/rabies

b. *NEW for 2019: Rabies Post-exposure Prophylaxis (RPEP) Reporting

Healthcare providers/healthcare facilities are now required to report to Michigan local health departments, any initiation of rabies post-exposure prophylaxis to an individual exposed or potentially exposed to rabies, whether through a bite or other type of exposure (for example, a person wakes to a bat in the room where they were sleeping, bat found in the room with a child or adult who cannot account for their time in the room with the bat). In addition to the patient information listed in Section C. 1., the report must also contain the following:

- Date, location, and description of the exposure incident
- Animal species involved in the exposure (domestic, wildlife, etc.)
- Disposition of the exposing animal (alive, dead, escaped, available for observation, sent for rabies diagnostic testing, etc.)
- Treatments initiated (wound treatment, tetanus immunization, rabies immune globulin administration, rabies vaccine administration, etc.) and each subsequent rabies vaccine dose administered in the series.

The initiation of RPEP is a medical urgency, not an emergency. Before initiating treatment, healthcare providers should consider the rabies risk for each situation, including whether the exposing animal might be available for observation or testing. Prompt reporting of animal bites and potential rabies exposures to local authorities aids the investigation into animals that have potentially exposed people to rabies. In many cases, treatment of the exposed person can wait for the outcome of the animal investigation.

c. Suspect Human Rabies Case Diagnostic Testing

A physician who performs a postmortem on the body of a person who died of rabies or who was suspected of dying of rabies **must** immediately submit non-preserved portions of the hippocampus major and spinal cord to the Michigan Department of Health and Human Services Laboratory for rabies examination. A written history of the case **must** accompany the specimens.

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