

Appendix D: Summary of Updates rev Apr 2017

January 2016

Newly added conditions

- Acute Flaccid Myelitis
- Ascariasis
- Fascioliasis
- Hookworm (ancylostomiasis)
- Paragonimiasis
- Trichuriasis

Amebiasis

- Revised the Exclusion section to provide clarity.
- Expanded the NORS sub-section in the Reporting and Data Entry Requirements section to include the NORS outbreak definition and the types of outbreaks that should be reported in NORS.
- Expanded the Laboratory Procedures section to address the unavailability of food and environmental swab testing for *E. histolytica* at the DSHS laboratory.

Amebic meningitis/encephalitis

- Basic Epidemiology: added organ transplantation to Transmission; changed incubation and duration periods for PAM; updated Communicability and Clinical Illness sections
- Definitions: changed Clinical Case Definition and Laboratory Confirmation for both PAM and Other Amebic to make this document consistent with the Epi Case Criteria Guide (ECCG).
- Surveillance and Case Investigation: added location of FLA form on DSHS website to Case Investigation Checklist; added some clarifications in Control Measures section, and added information on religious practices (ritual nasal rinsing and ablution) as a possible source of infection
- Reporting and Data Entry Requirements: clarified that only waterborne outbreaks of amebic meningitis/encephalitis should be reported in NORS
- Laboratory Procedures: included teleradiology information, edited CDC DPDx laboratory contact information, edited the specimen submission form requirements, and included various other changes

Botulism

- Expanded the NORS sub-section in the Reporting and Data Entry Requirements section to include the NORS outbreak definition and the types of outbreaks that should be reported in NORS.

Campylobacteriosis

- Revised the Exclusion section to provide clarity.
- Added statement regarding only counting a case once per 365 days in the Reporting and Data Entry Requirements section.
- Expanded the NORS sub-section in the Reporting and Data Entry Requirements section to include the NORS outbreak definition and the types of outbreaks that should be reported in NORS.
- Expanded the Laboratory Procedures section to include additional information regarding the submission of raw stool and stool in transport medium for *Campylobacter* spp. testing and to include the General Policy of testing food samples and environmental swabs for *Campylobacter* spp.

Carbapenem-resistant *Enterobacteriaceae* (CRE)

- Added CRE as its own condition
- Updated the CRE definition per the CSTE position paper that came out April 2015.
- Deleted most of the section related to control measures for cases (aka patients) to avoid confusion as it is not necessary in most MDRO investigations to interview the patient.
- Clarified verbiage on who to contact if assistance is needed by the LHD/ HSR; contact your DSHS HAI epidemiologist.

Cryptosporidiosis

- Revised the Exclusion section to provide clarity.
- Added statement regarding only counting a case once per 365 days in the Reporting and Data Entry Requirements section.
- Expanded the NORS sub-section in the Reporting and Data Entry Requirements section to include the NORS outbreak definition and the types of outbreaks that should be reported in NORS.
- Expanded the Laboratory Procedures section to address the unavailability of food and environmental swab testing for *Cryptosporidium* at the DSHS laboratory.

Cyclosporiasis

- Revised the Exclusion section to provide clarity.
- Added statement regarding only counting a case once per 365 days in the Reporting and Data Entry Requirements section.
- Expanded the NORS sub-section in the Reporting and Data Entry Requirements section to include the NORS outbreak definition and the types of outbreaks that should be reported in NORS.
- Expanded the Laboratory Procedures section to include additional information regarding clinical specimen testing and testing of food and environmental swabs for *Cyclospora*.

Ebola

- Updated time period of the detection of Ebola virus in semen under Basic Epidemiology
- Edited Confirmed and removed Probable from Case Classification
- Updated High, Some, and Low risk and added No identifiable risk in Exposure Risk Levels
- Edited CDC link under Definitions

Gastroenteritis Outbreaks

- Added an Exclusion sub-section to address child-care/school and food employee exclusions.
- Expanded the NORS sub-section in the Reporting and Data Entry Requirements section to include the NORS outbreak definition and the types of outbreaks that should be reported in NORS

Haemophilus influenzae

- Updated case definition to reflect change from HIB to all *H. flu* being reportable
- Updated investigation checklist with information on which *H. flu* cases need investigation
 - HIB cases of any age and *H. flu* cases in children <5 need full investigation
 - All other cases (*H. flu* in people 5 and older) only need info to meet case definition
- Updated control measures to include *H. flu* and HIB.
- Updated laboratory information to reflect new TAC requirement for isolates on children < 5.
- Updated flow chart to reflect changes in case definition.
- Updated language throughout chapter to refer to *H. flu*, not just HIB.

Hepatitis A

- Added special situations section and provided info about foodhandler, daycare, and common source exposures (some of these may have been moved from other parts of the chapter).

Hepatitis E

- Revised the Exclusion section to provide clarity.
- Expanded the NORS sub-section in the Reporting and Data Entry Requirements section to include the NORS outbreak definition and the types of outbreaks that should be reported in NORS.

Influenza A - novel/variant

- Definitions: changed Case Under Investigation definition and footnotes for “Novel Influenza A Viruses **with the Potential to Cause** Severe Disease in Humans”
- Laboratory Procedures: made changes to Specimen Submission section to reflect changes to submission form; removed reference to wet ice

Influenza-associated pediatric mortality

- Basic Epidemiology: minor changes to Transmission, Communicability, Clinical Illness, and Severity
- Laboratory Procedures: changes made to Submission Form instructions to reflect form updates; references to “wet ice” removed in Specimen Shipping instructions

Legionellosis

- Basic Epidemiology: added environmental video link, note about incubation period for outbreaks; clarified severity for different types of Legionellosis disease
- Surveillance and Case Investigation
 - Case Investigation Checklist: clarified investigation forms to use for cases, updated web links, added recommendations for documentation to determine onset date, slight reordering of section
 - Prevention and Control Measures:
 - Cases, contacts, and the general public: updated web links, slight reordering, updated water birth guidelines and link
 - Healthcare providers and facilities: added indications for Legionella testing, added and updated water maintenance bullet, slight reordering, minor clarifications
 - Providers and facilities that offer water birthing: updated web link and guidelines (per DSHS Midwifery Board update)
 - School/Daycare Exclusion Criteria: no changes
- Managing Special Situations
 - Travel-associated cases: clearly defined sections for single cases vs. multiple cases; added water system maintenance guidance link; updated web links; added training video link for environmental assessment; updated ASHRAE standards
 - Healthcare-associated cases: clearly defined sections for single cases vs. multiple cases; added water system maintenance guidance link; updated web links; added training video link for environmental assessment; updated ASHRAE standards; added recommendation to retain clinical isolates
 - Cases associated with a gym, spa, or other “open” facility: slight heading name change; clearly defined sections for single cases vs. multiple cases; added water system maintenance guidance link; updated web links; added training video link for environmental assessment; updated ASHRAE standards
 - Cases associated with a community: slight heading name change; updated web links; added recommendation to retain clinical and environmental isolates for comparison; added note about incubation period during outbreaks
- Reporting and Data Entry Requirements: added request for environmental assessment and testing results; minor formatting changes
- Clinical Laboratory Procedures: minor changes only
- Environmental Sampling and Testing: shortened introductory paragraph; changes to heading titles; updated web links; added sampling purpose, instructional video links, CDC sampling document link, and potential sampling sites; added several bullets to section on Choosing Sites for Sampling; to this section, moved information from previous Sampling and Additional Resources section; slight reordering of some information in section
- Additional Resources: heading name change; deleted materials and instructions for sampling (that information is now in the Environmental Sampling and Testing Section and in the CDC videos); added links to CDC’s videos on environmental sampling; updated web links; added Water System Maintenance section

Listeriosis

- Revised the Exclusion section to provide clarity.
- Added statement regarding only counting a case once per 365 days in the Reporting and Data Entry Requirements section.
- Expanded the NORS sub-section in the Reporting and Data Entry Requirements section to include the NORS outbreak definition and the types of outbreaks that should be reported in NORS.
- Expanded the Laboratory Procedures section to include the General Policy of testing food samples and environmental swabs for *Listeria monocytogenes*.

Measles

- Edits made throughout in improve clarity.
- Deleted bullet about minimum clinical presentation for suspect measles. Information was contradictory.
- Added section on determining susceptibility of contacts.
- Updated IG information
 - Added link to immune globulin product information.
 - Added information about vaccination timing after IG administration
- Updated exclusion criteria to reflect TAC change from 14 to 21 day exclusion for unvaccinated, exposed children.
- Updated (and moved) Table 1 (Recommended follow-up of measles contacts) with more specific information on high risk and low risk contacts and their management.
- Separated control measures for school and childcare facilities to reflect the different risk status of their populations
- Updated language about testing of recently vaccinated individuals to highlight when testing should or should not be done
- Refined IgG specimen collection language in lab section for clarity

Meningococcal invasive disease

- Basic Epidemiology: Added clinical manifestations of meningococcal disease and their occurrence in Texas
- Definitions: Updated case definition to match the Epi Case Criteria Guide for 2016
- Surveillance and Case Investigation:
 - Case Investigation Checklist: Rewording of several bullets; moved information for meningococcal case in a school to the Control Measures section; changed timeframe for isolate/culture follow-up to 24 hours after start of investigation (to try to get the isolate/specimen before the lab throws it out)
 - Control Measures: Clarified that DSHS FAQ is for meningococcal meningitis; moved information on schools and institutions to this section from Checklist
 - School/Daycare Exclusion Criteria: clarified exclusion for specific types of meningococcal disease and not just meningitis
- Reporting and Data Entry Requirements: added instructions for suspect cases
- Laboratory Procedures: Added request for nonviable isolates and sterile sites specimens when isolates are not available; added request for shipment tracking number
- Invasive Meningococcal Infection: Case Status Classification flowchart: updated to reflect changes in case definition (removed requirement for clinical compatibility,

changed Gram-negative diplococci and purpura fulminans to suspect cases), added Note box, clarified lab specimens/isolates to send for each case classification

Multidrug-resistant *Acinetobacter* (MDR-A)

- Added MDR-A as its own condition
- Deleted most of the section related to control measures for cases (aka patients) to avoid confusion as it is not necessary in most MDRO investigations to interview the patient.
- Clarified verbiage on who to contact if assistance is needed by the LHD/ HSR; contact your DSHS HAI epidemiologist.

Mumps

- Updated laboratory section to reflect discontinuation of IgM at DSHS Laboratory.
- Removed information about PCR testing of urine as it is not recommended for mumps.
- Updated flow chart to match case definition.

Novel coronavirus

- Basic Epidemiology: changes to SARS incubation period and percentage of cases with diarrhea
- Definitions: updated suspect/Patient Under Investigation definition to incorporate CDC changes in fever requirement and to remove references to the Republic of Korea
- Surveillance and Case Investigation:
 - Case Investigation Checklist: slight changes to specify when to complete the PUI form and how quickly to send the completed form to DSHS
 - Prevention and Control Measures:
 - Healthcare Facilities and Healthcare Personnel: change to heading name; added detailed CDC guidance
 - Laboratory settings: extensive updates to incorporate CDC's changes
 - Air or Ground Medical Transport: NEW
 - Confirmed, Probable or Suspected (PUI) Case-Patients: added detailed recommendations including assessment of suitability of home isolation/care and reformatting of guidance per CDC's updates
 - Caregivers and Household Members: added detailed recommendations
 - Close Contacts: added detailed recommendations
 - Travelers to Arabian Peninsula and Airline Crew: added detailed CDC guidance
 - Footnotes: NEW
- Contact Tracing: added a statement to clarify that DSHS Austin may request that healthcare workers who are close contacts to a confirmed or probable case be included in contact tracing activities regardless of PPE usage
- Managing Special Situations: added footnote on fever
- Laboratory Procedures: updated DSHS lab submission form picture; attempted to clarify when serum should be collected for rRT-PCR testing at a state or local PHL (more common) vs. PCR testing at CDC (less common)

Norovirus Outbreaks

- Added an Exclusion sub-section to address child-care/school and food employee exclusions. The food employee exclusions reflect the New Texas Food Establishment Rules (TFER) which went into effect on October 11, 2015.
- Expanded the NORS sub-section in the Reporting and Data Entry Requirements section to include the NORS outbreak

Pertussis

- Deleted redundant yet conflicting note about epi-linking from case criteria.
- Updated exclusion criteria to reflect recent TAC change. Patients with cough onset more than 21 days prior do not need to be excluded from school.
- Added section on pertussis outbreaks including outbreak definition, requesting outbreak names, and use of antibiotic prophylaxis.
- Under “special situations,” added information specific to investigating infant cases and cases with infant contacts.

Salmonellosis

- Updated the food employee Exclusion section to reflect the New Texas Food Establishment Rules (TFER) which went into effect on October 11, 2015 and now include non-typhoidal *Salmonella* with exclusion/restriction criteria.
- Added statement regarding only counting a case once per 365 days in the Reporting and Data Entry Requirements section.
- Expanded the NORS sub-section in the Reporting and Data Entry Requirements section to include the NORS outbreak definition and the types of outbreaks that should be reported in NORS.
- Expanded the Laboratory Procedures section to include additional information regarding the submission of raw stool and stool in transport medium for *Salmonella* spp. testing and to include the General Policy of testing food samples and environmental swabs for *Salmonella* spp.

Shiga toxin-producing *Escherichia coli*

- Updated the food employee Exclusion section to reflect the New Texas Food Establishment Rules (TFER) which went into effect on October 11, 2015.
- Added statement regarding only counting a case once per 365 days in the Reporting and Data Entry Requirements section.
- Expanded the NORS sub-section in the Reporting and Data Entry Requirements section to include the NORS outbreak definition and the types of outbreaks that should be reported in NORS.
- Expanded the Laboratory Section to include additional information regarding the submission of raw stool and stool in transport medium for STEC testing and to include the General Policy of testing food samples and environmental swabs for *E.coli* 0157:H7

Shigellosis

- Updated the food employee Exclusion section to reflect the New Texas Food Establishment Rules (TFER) which went into effect on October 11, 2015.
- Added statement regarding only counting a case once per 365 days in the Reporting and Data Entry Requirements section.
- Expanded the NORS sub-section in the Reporting and Data Entry Requirements section to include the NORS outbreak definition and the types of outbreaks that should be reported in NORS.
- Expanded the Laboratory Section to include additional information regarding the submission of raw stool and stool in transport medium for *Shigella* spp. testing and to include the General Policy of testing food samples and environmental swabs for *Shigella* spp.

GAS

- Definitions: minor change to Laboratory Confirmation to make this section equivalent to the other invasive Streptococcus sections in this document and with Epi Case Criteria Guide (ECCG) changes
- Surveillance and Case Investigation: emphasis added on collecting enough information for GAS cases to confirm that the case meets case definition

GBS

- Definitions: minor change to Laboratory Confirmation to bring this document in line with Epi Case Criteria Guide (ECCG) changes
- Surveillance and Case Investigation: emphasis added on collecting enough information for GAS cases to confirm that the case meets case definition

Streptococcus pneumoniae

- Definitions: minor change to Clinical Case Definition to bring this document in line with Epi Case Criteria Guide (ECCG) changes
- Surveillance and Case Investigation: minor change to Case Investigation Checklist including that submitting isolates on children <5 years old is a voluntary activity

Typhoid Fever

- Updated the food employee Exclusion section to reflect the New Texas Food Establishment Rules (TFER) which went into effect on October 11, 2015.
- Added statement regarding only counting a case once per 365 days in the Reporting and Data Entry Requirements section.
- Expanded the NORS sub-section in the Reporting and Data Entry Requirements section to include the NORS outbreak definition and the types of outbreaks that should be reported in NORS.
- Expanded the Laboratory Section to include additional information regarding the submission of raw stool and stool in transport medium for *Salmonella* Typhi testing and to include the General Policy of testing food samples and environmental swabs for *Salmonella* Typhi.

Varicella

- Updated case investigation section to highlight when investigations should be done (outbreaks, hospitalizations, deaths, missing vaccination history) and to highlight importance of provider/reporter and patient education.
- Deleted CDC information request for outbreak cases as the CDC no longer requests that information.
- Added link to CDC laboratory submission website.

***Vibrio* Infections including Cholera**

- Revised the Exclusion section to provide clarity.
- Added statement regarding only counting a case once per 365 days in the Reporting and Data Entry Requirements section.
- Expanded the NORS sub-section in the Reporting and Data Entry Requirements section to include the NORS outbreak definition and the types of outbreaks that should be reported in NORS.
- Expanded the Laboratory Section to include additional information regarding the submission of raw stool and stool in transport medium for *Vibrio* spp. testing and to include the General Policy of testing food samples and environmental swabs for *V. cholera*, *V. parahaemolyticus* and *V. vulnificus*.

Viral Hemorrhagic Fever (Non-Ebola)

- Added list of Viral Hemorrhagic Fever agents in Laboratory Confirmation
- Removed Probable from Case Classification
- Updated time period on last exposure bullet under Suspect case classification

Yersiniosis

- Revised the Exclusion section to provide clarity.
- Added statement regarding only counting a case once per 365 days in the Reporting and Data Entry Requirements section.
- Expanded the NORS sub-section in the Reporting and Data Entry Requirements section to include the NORS outbreak definition and the types of outbreaks that should be reported in NORS.
- Expanded the Laboratory Procedures section to include additional information regarding the submission of raw stool and stool in transport medium for *Yersinia* spp. testing and to include the General Policy of testing food samples and environmental swabs for *Yersinia enterocolitica*

Appendix A

- Added a table: Guide to Food Employee Exclusions and Restrictions
- Normally Sterile Sites page – NEW
- Sterile Site and Invasive Disease Determination flowchart: minor clarifications in examples of non-sterile respiratory sites; added reference to Normally Sterile Sites definition; “joint fluid (intact joint, no skin break/abscess)” added to sterile sites at top of flowchart; removed “type b” (for H. flu) at the bottom of the flowchart
- Invasive Streptococcal Infection: Case Status Classification flowchart: clarifications added for invasive disease (from a non-sterile site) and to consult the case definitions for GAS and GBS; alpha and beta hemolysis statement emphasized

Appendix B

- Minor changes in wording

Appendix C

- In the table, for meningococcal disease, added statement about EAIDB requesting sterile site specimens from cases in which there is no isolate available to send to DSHS
- Added ascariasis, fascioliasis, hookworm (ancylostomiasis), paragonimiasis, trichuriasis, and viral hemorrhagic fever (non-ebola) to the Preferred Specimen Summary Table

Appendix E

- Updated web links
- Added TexasFlu.org, CDC’s Group B Strep website, and links to ASHRAE standards (Legionella)

April 2017**Acute Flaccid Myelitis (AFM)**

- Investigation form updated to fit CDC's case definition
- Links were updated to the most recent patient summary forms from the CDC
- Specimen collection tables were updated to reflect changes to testing procedures at the CDC

Amebic Meningitis/Encephalitis

- Definitions: changed Clinical Case Definition and Laboratory Confirmation for both PAM and Other Amebic Meningitis/Encephalitis to make this document consistent with the Epi Case Criteria Guide (ECCG).
- Surveillance and Case Investigation: separated Control Measures by *Naegleria fowleri* and *Balamuthia mandrillaris* and *Acanthamoeba* spp.
- Reporting and Data Entry Requirements: added that probable cases need to be entered into NBS and a NBS notification submitted
- Laboratory Procedures: edited CDC DPDx laboratory contact information

Ascariasis

- Basic Epidemiology: revised the Transmission, Incubation Period, and Communicability sections to provide clarity.

Campylobacteriosis

- Updated statement regarding how often to count a case, only counting a case once per 30 days, in the Definitions and Reporting and Data Entry Requirements section.
- Updated table regarding the submission of raw stool or stool in transport medium in the Laboratory Procedures section.

Carbapenem- resistant *Enterobacteriaceae* (CRE)

- Added information and clarification about jurisdiction and who should investigate cases and included information about consulting with a DSHS regional HAI Epidemiologist for more help with an investigation.
- Added more specific information about control measures and isolation.
- Clarified instructions on how to handle an outbreak.

Congenital Rubella Syndrome (CRS)

- Edits made throughout the document to improve clarity

Cryptosporidiosis

- Updated statement regarding how often to count a case, only counting a case once per 365 days, in the Definitions and Reporting and Data Entry Requirements section.

Cyclosporiasis

- Updated statement regarding how often to count a case, only counting a case once per 365 days, in the Definitions and Reporting and Data Entry Requirements section.

Diphtheria

- Updates made to document to clarify case classification
- Updates made to process for obtaining diphtheria antitoxin

Ebola Virus Disease

- Edited Laboratory Confirmation.
- Updated and edited Local and Regional Reporting and Follow-up Responsibilities.
- Removed footnotes related to Ebola outbreak 2014 which no longer apply.

Gastroenteritis Outbreaks

- Updated table regarding the submission of raw stool or stool in transport medium in the Laboratory Procedures section.

Haemophilus influenzae

- The phase “clinically compatible” has been removed from the case definition to reflect the current change in case definition from the Council of State and Territorial Epidemiologists
- Edits made throughout the document to improve clarity

Hepatitis A

- The clinical case definition has been updated to require both the discrete onset of symptoms and either jaundice or elevated liver enzymes to reflect the current change in case definition from the Council of State and Territorial Epidemiologists
- Parenthetical note added about epi linkage, discussing sexual and household contacts

Hepatitis B, acute and perinatal

- **Hepatitis B, acute**
 - The laboratory criteria for diagnosis has been updated to require a hepatitis B surface antigen (HBsAg) positive test results and, if done, an IgM antibody to hepatitis B core antigen (anti-HBc IgM) positive laboratory result
 - The clinical case definition has been updated to require both the discrete onset of symptoms and either jaundice or elevated liver enzymes to reflect the current change in case definition from the Council of State and Territorial Epidemiologists
- **Hepatitis B, perinatal**
 - The laboratory criteria for diagnosis has been updated to include hepatitis B e antigen (HBeAg) and hepatitis B virus DNA (HBV DNA) to the laboratory confirmed definition
 - A probable case definition has been added to perinatal hepatitis B to reflect the current change in case definition from the Council of State and Territorial Epidemiologists
 - Notes were added to laboratory criteria for diagnosis as well as case definition

Hepatitis C

- Updated laboratory criteria.
- Updated case definition to reflect new case criteria including the addition of “probable” case classification.
- Updated Basic Epidemiology information to reflect latest information from CDC including probability of symptom manifestation and probability of progression to Chronic Hepatitis C infection.
- Added information for Acute HCV infected pregnant women to the “Managing Special Situations” section.

Hookworm (ancylostomiasis)

- Basic Epidemiology: revised the Transmission, Incubation Period, and Communicability sections to provide clarity.

Influenza A-Novel/Variant

- Definitions: modified the Case Under Investigation definition and footnote number 1 for the “Novel Influenza A Viruses **Associated with Severe Disease in Humans**” subsection
- Laboratory Procedures: changes made to Submission Form instructions to reflect updates to the DSHS Laboratory G-2V Specimen Submission Form and the DSHS Laboratory submission procedure

Influenza-Associated Pediatric Mortality

- Laboratory Procedures: changes made to Submission Form instructions to reflect updates to the DSHS Laboratory G-2V Specimen Submission Form and the DSHS Laboratory submission procedure

Legionellosis

- Basic Epidemiology: added additional species of *Legionella* to Infectious Agents. Added additional symptoms to Legionnaires’ disease under clinical Illness.
- Surveillance and Case Investigation
 - Case Investigation Checklist: corrected urine antigen to urinary antigen, changed multiple attempts to at least three attempts, added information about what to do in the event of a death.
 - Prevention and Control Measures: changed physician to medical provider, added information about the CDC Toolkit, minor grammatical changes.
 - School/Daycare Exclusion Criteria: no changes
- Managing Special Situations
 - Travel-associated cases: added additional information about the environmental assessment; added CDC toolkit link; updated web links; clarified that environmental sampling should be informed by environmental assessment and needs to be approved by health department
 - Healthcare-associated cases: added information about what to do if it involves outpatients; added additional information about the environmental assessment; added CDC toolkit link; updated web links; added clarification about the retrospective and prospective surveillance dates; added clarification about clinical *Legionella* isolates; clarified that environmental sampling should

- be informed by environmental assessment and needs to be approved by health department
- Cases associated with a gym, spa, or other “open” facility: added additional information about the environmental assessment; added CDC toolkit link; updated web links; clarified that environmental sampling should be informed by environmental assessment and needs to be approved by health department
- Cases associated with a community: no changes
- Reporting and Data Entry Requirements: no changes
- Clinical Laboratory Procedures: updated section number on Laboratory Submission Form; added information about name and approved secondary identifier
- Environmental Sampling and Testing: added that the sampling plan should be approved by the health department
- Additional Resources: added links to CDC’s toolkit Developing a Water Management Program to Reduce Legionella Growth and Spread in Buildings: A Practical Guide to Implementing Industry Standards and EPA’s - Technologies for Legionella Control in Premise Plumbing Systems: Systematic Review; updated web links

Listeriosis

- Updated statement regarding how often to count a case, only counting a case once per 365 days, in the Definitions and Reporting and Data Entry Requirements section.

Measles

- Edits made throughout the document to improve clarity

Meningococcal Infection, Invasive

- Edits made throughout the document to improve clarity

Multidrug-resistant *Acinetobacter* (MDR-A)

- Added information and clarification about jurisdiction and who should investigate cases and included information about consulting with a DSHS regional HAI Epidemiologist for more help with an investigation.
- Added more specific information about control measures and isolation.
- Clarified instructions on how to handle an outbreak.

Mumps

- Updated reporting time frame from “within 1 week” to “within 1 work day”
- Added clarifying language to the case classification

Novel Coronavirus

- Definitions: updated the footnotes.
- Contact Tracing: updated the close contact definition for MERS
- Laboratory Procedures: updated DSHS lab submission G-2V form picture; updated what type of information needs to match between the DSHS lab G-2V submission form and the specimen tube

Pertussis

- Updates made throughout document to improve clarity

Polio (paralytic and non-paralytic infection)

- Updated definitions section to differentiate between paralytic and non-paralytic polio cases
- Updated reporting requirements for paralytic and non-paralytic polio

Rubella

- Edits made throughout the document to improve clarity

Salmonellosis (non-typhoidal)

- Updated case definition to match the Epi Case Criteria Guide for 2017
 - CIDT methods now included in Probable case definition
- Added statement in Laboratory Procedures section regarding new *Salmonella* isolate submission requirement.
- Updated table regarding the submission of raw stool or stool in transport medium in the Laboratory Procedures section.

Shiga toxin-producing *E. coli*

- Updated statement regarding how often to count a case, only counting a case once per 365 days, in the Definitions and Reporting and Data Entry Requirements section.
- Updated table regarding the submission of raw stool or stool in transport medium in the Laboratory Procedures section.

Shigellosis

- Updated case definition to match the Epi Case Criteria Guide for 2017
 - CIDT methods now included in Probable case definition
- Updated statement regarding how often to count a case, only counting a case once per 90 days in the Definitions and Reporting and Data Entry Requirements section.
- Updated table regarding the submission of raw stool or stool in transport medium in the Laboratory Procedures section

GAS

- Definitions: minor change to the confirmed Case Classification, added an additional note about case counting to match the change made in the Epi Case Criteria Guide (ECCG)

GBS

- Definitions: minor change to the confirmed Case Classification, added additional notes about case counting to match the change made in the Epi Case Criteria Guide (ECCG)

Streptococcus pneumoniae

- The case classification for confirmed cases has been updated to remove the requirement for being clinically compatible to reflect the current change in case definition from the Council of State and Territorial Epidemiologists
- A case classification for probable cases has been added to reflect the current addition in case definition from the Council of State and Territorial Epidemiologists
- A note regarding the timeframe for counting new cases has been added

Trichuriasis

- Basic Epidemiology: revised the Transmission, Incubation Period, and Communicability sections to provide clarity.

Typhoid Fever

- Updated statement regarding how often to count a case, only counting a case once per 365 days in the Definitions and Reporting and Data Entry Requirements section.
- Updated table regarding the submission of raw stool or stool in transport medium in the Laboratory Procedures section.

Varicella

- Edits made to clarify investigation aspects of confirmed and probable cases
- Updates made to provide instruction in handling varicella cases who have crossed the border into the United States within the last two weeks
- Number of days added for providing varicella vaccine as post-exposure prophylaxis

***Vibrio* infections including cholera**

- Updated case definition to match the Epi Case Criteria Guide for 2017
 - CIDT methods now included in Probable case definition
- Updated statement regarding how often to count a case, only counting a case once per 30 days, in the Definitions and Reporting and Data Entry Requirements section.
- Updated table regarding the submission of raw stool or stool in transport medium in the Laboratory Procedures section.

Viral Hemorrhagic Fever (Non-Ebola)

- Updated case classification information to align with Epi Case Criteria Guide
- Added reference to Ebola guidelines for suspect case investigation.

VISA/VRSA

- Minor grammatical corrections.
- Clarified instructions for who conducts an investigation.

Yersiniosis

- Updated statement regarding how often to count a case, only counting a case once per 365 days, in the Definitions and Reporting and Data Entry Requirements section.
- Updated table regarding the submission of raw stool or stool in transport medium in the Laboratory Procedures section.

Appendix B

- Updated the Background and Regional and Local Health Department expectations sections

Appendix C

- Updated the Basic Health Department Recommendations section
- In the Preferred Specimen Submission Table:
 - Added details for acute flaccid myelitis (AFM)
 - Added the word encephalitis to “meningitis, amebic”
 - Updated isolate submission requirement, effective April 2017, for salmonellosis, diphtheria and *Streptococcus pneumoniae*.

Appendix D

- Added updates made in 2017

Appendix E

- Updated Resources and links