



Department of Health

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December 31, 2015

TO: Local Health Departments, Regional Offices
FROM: Division of Epidemiology

INFORMATIONAL MESSAGE:

CHANGES TO COMMUNICABLE DISEASE CASE DEFINITIONS, EFFECTIVE 2016

- CDC, upon recommendations by the Council of State and Territorial Epidemiologists (CSTE), makes periodic changes to case definitions of nationally notifiable diseases and conditions. In 2016, only the case definitions for hepatitis C have been modified.
- Additionally, there are conditions that are not nationally notifiable, but are reportable in NYS or that are nationally notifiable but where NYS uses different case definitions or case classifications. In 2016, the only changes involve streptococcal disease-invasive group B strep (GBS) and perinatal hepatitis B.
- These changes have been summarized and highlighted in the attached table. Please note that the table includes only those diseases that fall under the jurisdiction of the Division of Epidemiology.
- Links to all CDC/CSTE case definitions can be found on the National Notifiable Diseases Surveillance System (NNDSS) website at <http://www.cdc.gov/NNDSS/script/casedefDefault.aspx>. A summary list of case definitions, case classifications available (i.e., confirmed, probable, and suspected), and any NYS-specific case definitions are available on CDESS under Help | Miscellaneous | Surveillance Case Definitions (<https://commerce.health.state.ny.us/hpn/ctrldocs/cdess/CdessHelp/CdessHelpMenu.htm>).

Changes to CDC/CSTE Case Definitions of Communicable Diseases, Effective Beginning 2016

(Excludes diseases not under the jurisdiction of the Division of Epidemiology)

Disease	Effective	Change to Case Definition	Link to New Case Definition	Link to Previous Case Definition
Hepatitis C, Acute	2016	<ul style="list-style-type: none"> – Revises clinical criteria by lowering the alanine aminotransferase (ALT) threshold to >200 IU/L – Revises laboratory criteria by <ul style="list-style-type: none"> – Removing the signal-to-cutoff ratio when determining whether an antibody (anti-HCV) test is positive – Removing the hepatitis C virus recombinant immunoblot assay (HCV RIBA) – Removing the requirement for the absence of IgM antibody against hepatitis A virus (IgM anti-HAV) and hepatitis B core antigen (IgM anti-HBc), if done – Adding the hepatitis C viral antigen (HCV antigen) test – Extends the test conversion (seroconversion) period to 12 months for the Confirmed case classification – Adds a Probable case classification for clinically compatible cases with only a positive antibody (anti-HCV) result 	2016	2012
Hepatitis C, Chronic	2016	<ul style="list-style-type: none"> – Changes name from “Hepatitis C, Past or Present” to “Hepatitis C, Chronic” – Revises laboratory criteria by <ul style="list-style-type: none"> – Removing the signal-to-cutoff ratio when determining whether an antibody (anti-HCV) test is positive – Removing the hepatitis C virus recombinant immunoblot assay (HCV RIBA) – Adding the hepatitis C viral antigen (HCV antigen) test – Removes the consideration of ALT results from the Probable case classification 	2016	2012

Changes to NYS Communicable Disease

Surveillance Case Definitions, Effective Beginning 2016

(Excludes diseases not under the jurisdiction of the Division of Epidemiology)

Disease	Effective	Change to NYS Criteria
Streptococcal Disease, invasive group B strep (GBS)	2016	<ul style="list-style-type: none">– Provides examples of normally sterile sites– Adds isolation of GBS from the placenta and/or amniotic fluid with fetal demise to the confirmed case definition.
Perinatal hepatitis B	2016	<ul style="list-style-type: none">– Clarifies that the second dose of vaccine can be given at 1-2 months of age.– Clarifies that post-vaccination serological testing should be performed at 9-12 months of age or 1-2 months after the final dose of the vaccine series, if the series is delayed.