

## Overview of Infectious Disease Surveillance in Arizona

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## What is surveillance?

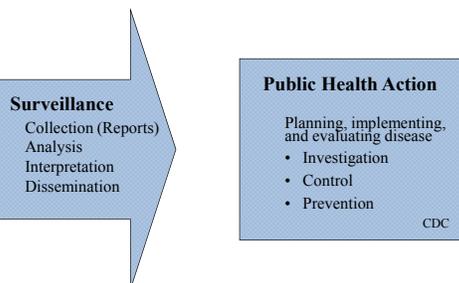
Systematic collection, analysis, interpretation and dissemination of health data on an ongoing basis



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## Surveillance



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## Surveillance Uses

- Recognize outbreaks
- Establish trends and baselines
- Estimate size or severity of an outbreak or case increase
- Determine location of case increase or outbreak
- Target interventions
- Recognize emerging infections
- Determine disease epidemiology
- Evaluate programs, interventions & control measures
- Generate hypotheses, stimulate research
- Facilitate planning and resource allocation



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## Types of surveillance

- Passive: reporting act initiated by reporter
- Active: reporting initiated by data gatherer
- Sentinel (can be passive or active): reporting by selected individuals/facilities who represent a larger, more comprehensive area/group



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## Benefits & Limitations

- Passive
  - Relatively easy
  - But may be missing a lot of data
- Active
  - Data likely to be more comprehensive
  - Much more resource intensive
- Sentinel
  - Can focus limited resources on a select group in order to obtain more comprehensive data
  - How representative are the sentinel sites?



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## Communicable Disease Reporting

- All states have "reportable" conditions
  - CDC & state epidemiologists together define list of diseases to be reportable in all states
- Each state is in charge of its own communicable disease reporting
  - Establishes legal authority for reporting and data collection
  - Decides mechanism, time frame, and agency to receive reports
  - Decides which diseases or conditions (in addition to national suggestions from CDC)


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## Factors influencing which diseases are reportable

**Ability to make an impact on the public's health in either the long or short term**

- Magnitude of particular disease
  - How many cases do we see?
- Severity
  - Are the consequences bad?
- Preventability
  - Can public health do anything to stop more cases, through vaccination or disease control/containment?
- Communicability
  - Can the disease spread to more people if we don't intervene?


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## State Statutes & Rules

Arizona Revised Statute (Title 36, Chapter 6)

- Establishes broad public health authority

<http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp?Title=36>

Arizona Administrative Code (Title 9, Chapter 6)

- Provides greater definition

[http://www.azsos.gov/public\\_services/Title\\_09/9-06.htm](http://www.azsos.gov/public_services/Title_09/9-06.htm)


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## Communicable Disease Rules (Arizona Administrative Code)

- Definitions of terms used
- Who must report (providers, labs, etc.)
- What is reportable
  - Diseases, conditions, or laboratory results
  - Specific reportable information about the patient and condition
- Time frame for reporting
- Case/contact control measures
- Local health agency responsibilities


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### Arizona Administrative Code\* Requires Providers To: Report Communicable Diseases to the Local Health Department

<input type="checkbox"/> Acute hepatitis, viral	<input type="checkbox"/> Botulism	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Enteric fever	<input type="checkbox"/> Meningitis	<input type="checkbox"/> Pertussis	<input type="checkbox"/> Rabies (domestic animals)	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Typhoid fever	<input type="checkbox"/> Yellow fever
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<input type="checkbox"/> Zoonotic leptospirosis	<input type="checkbox"/> Zoonotic campylobacteriosis	<input type="checkbox"/> Zoonotic giardiasis	<input type="checkbox"/> Zoonotic cryptosporidiosis	<input type="checkbox"/> Zoonotic salmonellosis	<input type="checkbox"/> Zoonotic shigellosis	<input type="checkbox"/> Zoonotic typhus	<input type="checkbox"/> Zoonotic vibriosis	<input type="checkbox"/> Zoonotic yersiniosis	<input type="checkbox"/> Zoonotic leptospirosis	<input type="checkbox"/> Zoonotic campylobacteriosis
<input type="checkbox"/> Zoonotic campylobacteriosis	<input type="checkbox"/> Zoonotic giardiasis	<input type="checkbox"/> Zoonotic cryptosporidiosis	<input type="checkbox"/> Zoonotic salmonellosis	<input type="checkbox"/> Zoonotic shigellosis	<input type="checkbox"/> Zoonotic typhus	<input type="checkbox"/> Zoonotic vibriosis	<input type="checkbox"/> Zoonotic yersiniosis	<input type="checkbox"/> Zoonotic leptospirosis	<input type="checkbox"/> Zoonotic campylobacteriosis	<input type="checkbox"/> Zoonotic giardiasis
<input type="checkbox"/> Zoonotic giardiasis	<input type="checkbox"/> Zoonotic cryptosporidiosis	<input type="checkbox"/> Zoonotic salmonellosis	<input type="checkbox"/> Zoonotic shigellosis	<input type="checkbox"/> Zoonotic typhus	<input type="checkbox"/> Zoonotic vibriosis	<input type="checkbox"/> Zoonotic yersiniosis	<input type="checkbox"/> Zoonotic leptospirosis	<input type="checkbox"/> Zoonotic campylobacteriosis	<input type="checkbox"/> Zoonotic giardiasis	<input type="checkbox"/> Zoonotic cryptosporidiosis
<input type="checkbox"/> Zoonotic salmonellosis	<input type="checkbox"/> Zoonotic shigellosis	<input type="checkbox"/> Zoonotic typhus	<input type="checkbox"/> Zoonotic vibriosis	<input type="checkbox"/> Zoonotic yersiniosis	<input type="checkbox"/> Zoonotic leptospirosis	<input type="checkbox"/> Zoonotic campylobacteriosis	<input type="checkbox"/> Zoonotic giardiasis	<input type="checkbox"/> Zoonotic cryptosporidiosis	<input type="checkbox"/> Zoonotic salmonellosis	<input type="checkbox"/> Zoonotic shigellosis
<input type="checkbox"/> Zoonotic shigellosis	<input type="checkbox"/> Zoonotic typhus	<input type="checkbox"/> Zoonotic vibriosis	<input type="checkbox"/> Zoonotic yersiniosis	<input type="checkbox"/> Zoonotic leptospirosis	<input type="checkbox"/> Zoonotic campylobacteriosis	<input type="checkbox"/> Zoonotic giardiasis	<input type="checkbox"/> Zoonotic cryptosporidiosis	<input type="checkbox"/> Zoonotic salmonellosis	<input type="checkbox"/> Zoonotic shigellosis	<input type="checkbox"/> Zoonotic typhus
<input type="checkbox"/> Zoonotic typhus	<input type="checkbox"/> Zoonotic vibriosis	<input type="checkbox"/> Zoonotic yersiniosis	<input type="checkbox"/> Zoonotic leptospirosis	<input type="checkbox"/> Zoonotic campylobacteriosis	<input type="checkbox"/> Zoonotic giardiasis	<input type="checkbox"/> Zoonotic cryptosporidiosis	<input type="checkbox"/> Zoonotic salmonellosis	<input type="checkbox"/> Zoonotic shigellosis	<input type="checkbox"/> Zoonotic typhus	<input type="checkbox"/> Zoonotic vibriosis
<input type="checkbox"/> Zoonotic vibriosis	<input type="checkbox"/> Zoonotic yersiniosis	<input type="checkbox"/> Zoonotic leptospirosis	<input type="checkbox"/> Zoonotic campylobacteriosis	<input type="checkbox"/> Zoonotic giardiasis	<input type="checkbox"/> Zoonotic cryptosporidiosis	<input type="checkbox"/> Zoonotic salmonellosis				

Arizona Administrative Code\* Requires an Administrator of a School, Child Care Establishment, or Shelter To

### REPORT COMMUNICABLE DISEASES

to the Local Health Department

- Campylobacteriosis
- Conjunctivitis, acute
- Cryptosporidiosis
- Diarrhea, nontoxic, or vomiting
- Enterohaemorrhagic *Escherichia coli*
- Haemophilus influenzae* invasive disease
- Hepatitis A
- Measles
- Meningococcal invasive disease
- Mumps
- Pertussis (whooping cough)
- Rubella (German measles)
- Salmonellosis
- Scabies
- Shigellosis
- Streptococcal Group A infection
- Syphilis (chicken pox)

17 conditions

Submit a report within 24 hours after detecting a case or suspect case.  
 Submit a report within 24 hours after detecting an outbreak.  
 Submit a report within five working days after detecting a case or suspect case.

Arizona Department of Health Services  
 http://www.azdhs.gov/jvhs/oids/reporting/schools.htm  
 \*A.A.C. R9-6-203

### ARIZONA LABORATORY REPORTING REQUIREMENTS

Arizona Department of Health Services  
 Infectious Disease Epidemiology  
 210 North 1<sup>st</sup> Avenue, Suite 140  
 Phoenix, AZ 85007  
 602-364-3678 or 602-364-3199 (fax)

Arizona State Laboratory  
 210 North 1<sup>st</sup> Avenue  
 Phoenix, AZ 85007

1. Adenovirus	<input type="checkbox"/> <i>Haemophilus influenzae</i> , other, isolated from a normally sterile site	<input type="checkbox"/> <i>Fluorescens</i> app.
1.1 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp.	<input type="checkbox"/> Respiratory syncytial virus
1.2 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> A virus (non-HEV light serotypes)	<input type="checkbox"/> Rubella virus and non-rubella light serotypes
1.3 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> B virus (non-HEV B core light serotypes, <i>Shigella</i> B isolates or envelope antigen serotypes, or detection of tail	<input type="checkbox"/> <i>Salmonella</i> spp.
2.1 <i>Bordetella pertussis</i> and <i>B. parvula</i>	<input type="checkbox"/> <i>Shigella</i> C virus (nucleic acid)	<input type="checkbox"/> SARS-associated coronavirus
2.2 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> D virus	<input type="checkbox"/> <i>Shigella</i> spp.
2.3 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> E virus (non-HEV light serotypes)	<input type="checkbox"/> Streptococcal Group A, isolated from a normally sterile site
2.4 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> F virus (non-HEV light serotypes)	<input type="checkbox"/> Streptococcal Group B, isolated from a normally sterile site or an infant younger than 90 days of age
2.5 <i>Bordetella pertussis</i>	<input type="checkbox"/> HIV (by culture, antigen, antibodies to the virus, or detection of viral nucleic acid)	<input type="checkbox"/> Streptococcal pneumoniae and all drug sensitivity patterns, isolated from a normally sterile site
2.6 <i>Bordetella pertussis</i>	<input type="checkbox"/> HIV-1 (by test result for an isolate (by culture, antigen, antibodies to the virus, or detection of viral nucleic acid)	<input type="checkbox"/> <i>Trichomonas vaginalis</i> (trichomonads)
2.7 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Trichomonas tenax</i> (Trichomonads)
2.8 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox or <i>Vaccinia</i> immunization)
2.9 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox or <i>Vaccinia</i> immunization) (epidemiology)
2.10 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox)
2.11 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.12 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.13 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.14 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.15 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.16 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.17 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.18 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.19 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.20 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.21 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.22 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.23 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.24 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.25 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.26 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.27 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.28 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.29 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.30 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.31 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.32 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.33 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.34 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.35 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.36 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.37 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.38 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.39 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.40 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.41 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.42 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.43 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.44 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.45 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.46 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.47 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.48 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.49 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)
2.50 <i>Bordetella pertussis</i>	<input type="checkbox"/> <i>Shigella</i> spp. (isolates or DFA)	<input type="checkbox"/> <i>Vaccinia</i> (smallpox) (epidemiology)

54 organisms/conditions

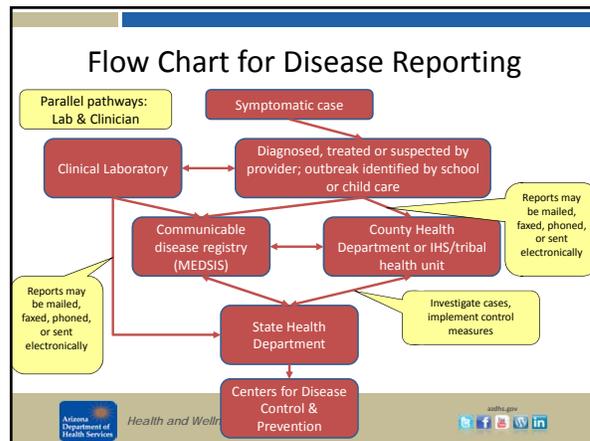
Submit a report immediately after receiving one specimen for detection of the agent. Report receipt of subsequent specimens within 24 hours after obtaining a positive test result.  
 Submit a report within one working day after obtaining a positive test result.  
 Submit a report within five working days after obtaining a positive test result as a test result specified on this page.  
 Submit an isolate for shipment to the Arizona State Laboratory at least once each week, as applicable.  
 For each positive test result, submit a specimen to the Arizona State Laboratory within 24 hours after obtaining the positive test result.  
 When reporting a positive result for any of the specified tests, report the results of all other tests performed for the subject as part of the disease panel.  
 Submit a report only when an initial positive result is obtained for an individual.  
 Submit an isolate of the organism only when an initial positive result is obtained for an individual, when a change in serogroup is observed, or when a positive result is obtained 2-3 months after the initial positive result is obtained for an individual.

Arizona Department of Health Services  
 http://www.azdhs.gov/jvhs/oids/reporting/labs.htm  
 A.A.C. R9-6-204

## Laboratory Isolates

- Isolates for 20 organisms on the laboratory list must be submitted to the Arizona State Public Health Laboratory
  - Confirmatory testing
  - Specialized testing to identify subtype, serogroup, etc., that may not be available at clinical laboratory or relevant for patient care

Arizona Department of Health Services  
 Health and Wellness for all Arizonans  
 azdhs.gov



## Case Definitions

- Criteria used to determine whether an individual is **counted** as having a specific disease
- Simple, practical, objective
- For epidemiological purposes, not clinical
  - Appropriate treatment should be provided as medically indicated, regardless of whether a patient meets the case definition
- Control measures should be initiated as appropriate, regardless of case classification

<http://azdhs.gov/phs/oids/pdf/casedefinitions.pdf>

Arizona Department of Health Services  
 Health and Wellness for all Arizonans  
 azdhs.gov

## Case Definitions (some more complex than others)

**SALMONELLOSIS**

REPORT WITHIN 24 HOURS IF AN OUTBREAK IS DETECTED OR PERSON HAS A HIGH-RISK OCCUPATION

SUBMIT REPORT WITHIN 5 DAYS FOR ALL OTHER CASES

To report a case, complete a [Communicable Disease Investigations Form](#) and report the case to your [local health department](#).

**CASE DEFINITION**

**Clinical Description**  
An illness of variable severity commonly manifested by diarrhea, abdominal pain, nausea, and sometimes vomiting. Asymptomatic infections may occur and the organism may cause extraintestinal infections.

**Laboratory Criteria for Diagnosis**

**Confirmatory Testing**  
Isolation of *Salmonella* from a clinical specimen

**Supportive Testing**  
Detection of *Salmonella* from a clinical specimen using a non-culture based method

**Case Classification**

**Confirmed**  
A case that meets the confirmatory laboratory criteria.

**Probable**  
A clinically compatible illness that is epidemiologically linked to a confirmed case, i.e., a contact of a confirmed case or member of a risk group as defined by public health authorities during an outbreak.

**Suspect**

## HEPATITIS B, ACUTE

SUBMIT A REPORT WITHIN 5 WORKING DAYS

To report a case, complete a [Communicable Disease Investigations Form](#) and report the case to your [local health department](#).

**CASE DEFINITION**

**Clinical Description**  
An acute illness with a discrete onset of any sign or symptom\* consistent with acute viral hepatitis (e.g. fever, headache, malaise, anorexia, nausea, vomiting, diarrhea, and abdominal pain), and either  
a) jaundice, or  
b) elevated serum alanine aminotransferase (ALT) levels >100 IU/L.

\*A documented negative hepatitis B surface antigen (HBsAg) laboratory test result within 6 months prior to a positive test (either HBsAg, hepatitis B "e" antigen (HBeAg), or hepatitis B virus nucleic acid testing (HBV NAT) including genotype) result does not require an acute clinical presentation to meet the surveillance case definition.

**Laboratory Criteria for Diagnosis**

- Hepatitis B surface antigen (HBsAg) positive, AND
- Immunoglobulin M (IgM) antibody to hepatitis B core antigen (HBcIgM) positive (if done)

**Case Classification**

**Confirmed**  
A case that meets the clinical case definition, is laboratory confirmed (HBsAg positive and, if done, HBcIgM positive), and is not known to have chronic hepatitis B.

**Probable**  
A case that meets the clinical case definition, is HBcIgM positive and either HBsAg negative or unknown

**Suspect**  
A case that is IgM positive (HBsAg can be positive, negative, or unknown) but for which clinical illness information is unavailable. If an investigation indicates the absence of clinical illness, the case should be ruled out rather than classified as suspect.

## Case Investigations

- Use "long form" to collect additional information from interviews or records
- Risk factors, exposures, contacts, vaccination or travel history, etc.
- MOST forms can be entered in MEDSIS

<http://azdhs.gov/phs/oids/investigations/forms.htm>

## Data Management & Analysis

- ADHS: weekly year-to-date data by county & state-wide aberration detection  
– <http://azdhs.gov/phs/oids/data/index.htm>
- Additional statistics run monthly
- Routine communications to county HDs:
  - Many discussions, as needed, for investigating cases
  - Cases with data issues (small corrections needed)
  - Cases from several months ago that need to be sent to ADHS in order to be counted at CDC
  - Cases with missing long forms (investigations)

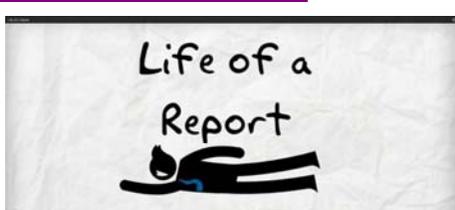
## Resources on ADHS Website

<http://www.azdhs.gov/phs/oids/>

- Case definitions
- Investigation manual & fact sheets
- Investigation forms
- Rules
- Tables of reportable diseases
- Statistics tables
- Disease information

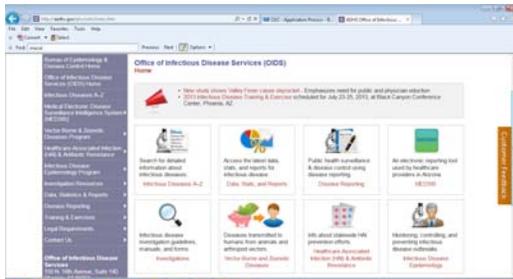
## Life of a Report

- [https://www.youtube.com/watch?v=1az8IHRmZoo&feature=player\\_embedded](https://www.youtube.com/watch?v=1az8IHRmZoo&feature=player_embedded)



Arizona Department of Health Services  
Electronic Disease Surveillance Program

# Questions?



Joli Weiss: [joli.weiss@azdhs.gov](mailto:joli.weiss@azdhs.gov); 602-364-3675



Health and Wellness for all Arizonans

