

# CALIFORNIA CD BRIEF

This weekly report of surveillance and laboratory activities from the Division of Communicable Disease Control of the California Department of Public Health contains information on investigations in progress and/or diagnoses that may not yet be confirmed. **CD Brief** is intended primarily for the use of local health departments and infectious disease professionals, should be considered privileged, and should **NOT be distributed** further.

Report of Meeting as of 12/13/2017 (Week 50)

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- **UPDATES TO THE SHIGA TOXIN-PRODUCING ESCHERICHIA COLI (STEC) REPORTING PROCESS**

## *Updates to the Shiga Toxin-Producing Escherichia coli (STEC) Reporting Process in California*

CDPH Infectious Diseases Branch (IDB) wishes to alert local health jurisdictions to several changes in the reporting of cases of Shiga toxin-producing *Escherichia coli* (STEC) infections which are scheduled to take effect January 1, 2018. The chief changes to the surveillance case definition, reporting categories, and the California Department of Public Health (CDPH) STEC Case Report Form are summarized below.

- The Council of State and Territorial Epidemiologists (CSTE) has updated the [surveillance case definition](https://wwwn.cdc.gov/nndss/conditions/shiga-toxin-producing-escherichia-coli/case-definition/2018/) for STEC for 2018. The revised case definition is available online (<https://wwwn.cdc.gov/nndss/conditions/shiga-toxin-producing-escherichia-coli/case-definition/2018/>).
  - Detection of Shiga toxin, Shiga toxin genes, *E. coli* O157, STEC, or Enterohemorrhagic *E. coli* (EHEC) by culture-independent diagnostic testing (CIDT) without culture-confirmation in a clinically compatible person will now be classified as a **probable** STEC case.
  - Probable cases identified by CIDT will now be included in the annual case counts for STEC for California. Previously, CIDT-positive specimens that were not culture-confirmed were classified as suspect cases and were not included in the annual case count.
- The categories for which STEC can be reported to CDPH will be reduced from seven categories to three. The new reporting categories will be:
  - **Shiga toxin-producing *E. coli* (STEC) with HUS**
    - This category encompasses cases that previously would have been reported as *E. coli* O157 with HUS, STEC (non-O157) with HUS, and Shiga toxin-positive feces (without culture confirmation) with HUS.
  - **Shiga toxin-producing *E. coli* (STEC) without HUS**

- This category encompasses cases that previously would have been reported as *E. coli* O157 without HUS, STEC (non-O157) without HUS, and Shiga toxin-positive feces (without culture confirmation) without HUS.
  - **Hemolytic uremic syndrome (HUS) without evidence of STEC**
    - This category encompasses cases that previously would have been reported as HUS without evidence of *E. coli* O157, other STEC, or Shiga toxin-positive feces.
    - Note that the case definition for HUS remains unchanged; the reporting category name has been updated to reflect the 2018 changes.
- The CDPH STEC and HUS Case Report Form (CDPH 8555) has been modified extensively to reflect recommendations by CSTE and the U.S. Centers for Disease Control and Prevention (CDC). The revised STEC and HUS Case Report Form will be available in CalREDIE and on the [CDPH Communicable Disease Control Forms page](#) as of January 2, 2018 (<https://www.cdph.ca.gov/Programs/PSB/Pages/CommunicableDiseaseControl.aspx>).  
The most substantial changes are in the Laboratory and Epidemiology Information sections.
- California local health jurisdictions should use this new Case Report Form for investigating STEC cases with an Episode Date on or after January 1, 2018. For CalREDIE-participating jurisdictions, Episode Date is calculated in CalREDIE as the earliest of the following dates: Date of Onset, Lab Specimen Collection Date, Date of Diagnosis, Date of Death, or Date Received; this definition is reiterated on the Case Investigation Tab under “Dates”.

Detailed explanations of all the changes to STEC reporting in January 2018, along with additional training materials, will be posted to the [CACDC webpage](#) in the coming weeks, under “Resources and Documents” (<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/CACDC.aspx>).

Please share and review these documents with your communicable disease staff who are responsible for STEC surveillance. We appreciate your efforts to investigate and report on communicable diseases in California.

Questions regarding these changes to STEC case reporting may be addressed to Katherine Lamba ([Katherine.Lamba@cdph.ca.gov](mailto:Katherine.Lamba@cdph.ca.gov)) or Akiko Kimura ([Akiko.Kimura@cdph.ca.gov](mailto:Akiko.Kimura@cdph.ca.gov)), or by telephone through the Infectious Diseases Branch at (510) 620-3434.

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