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Infectious Diseases of Public Health Concern Reporting

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Introduction and Purpose

The Infectious Diseases of Public Health Concern (IDPHC) reporting module in the National Healthcare Safety Network (NHSN) is intended to provide information to the Centers for Disease Control and Prevention (CDC) on admissions and hospitalizations of patients with diseases and conditions of public health concern in acute care hospitals (ACHs). This information provides CDC with situational awareness of which facilities and/or geographic regions may need additional infection prevention and control support and which patient populations are affected by the reported diseases and conditions. The completion of this form will help CDC better understand the impact of these infectious diseases on patients and hospitals across the country and the resources required for response. Participation in the IDPHC reporting is **voluntary**.

The following diseases and conditions are available for reporting to NHSN using the IDPHC form:

- Crimean-Congo Hemorrhagic Fever (CCHF)
- Dengue
- Ebola
- Lassa
- Measles
- Mpox
- Nipah
- Toxigenic *Vibrio cholerae*

Settings and Patient Locations

This module is intended for use by ACHs enrolled in the NHSN Patient Safety Component to report admissions and hospitalization counts of patients with confirmed and unconfirmed infectious diseases of public health concern in both adult and pediatric inpatients. Facilities should report patients in all inpatient locations, including those in observation. Facilities should report at the individual hospital level, even if hospitals share a CMS Certification Number (CCN).

Summary of Data Elements

The IDPHC module collects 13 data elements:

Category	Number of data elements	Data element IDs
Facility information and datetime fields	2	1a – 1b
Disease or condition	1	2
Confirmed disease status	5	3a –3e
Adult patients	2	3b – 3c
Pediatric patients	2	3d –3e
Unconfirmed disease status	5	4a –4e
Adult patients	2	4b – 4c
Pediatric patients	2	4d – 4e

Complete lists of the data elements and definitions can be found in the data collection form and Table of Instructions available here: https://www.cdc.gov/nhsn/psc/Infectious-Diseases.html

Reporting Instructions

Facilities that choose to participate in reporting will select the date from the calendar view for which they want to report, and then select a disease or condition from the dropdown list in the webform.

Once a disease or condition is selected for reporting, manually enter data for required and conditionally required fields, as applicable. For fields where there are no data to report, input "0" – otherwise, the form will not be able to be submitted. If there are no diseases to report, there is no need to submit a form. Additional details and instructions on how to report data for IDPHC can be found in the "Training" section of the IDPHC webpage.

Note: Reporting of the IDPHC form does not replace regulatory reporting requirements.

Required fields

Fields required for successful submission of data are dependent upon the disease or condition that is selected for reporting.

Conditions for which **only** confirmed disease status fields (# 3a – 3e) should be reported if selected:

- Toxigenic *Vibrio cholerae*

Conditions where **all** fields (confirmed and unconfirmed fields, #3a – 4e) should be reported if selected:

- CCHF
- Dengue
- Ebola
- Lassa
- Measles
- Mpox
- Nipah

Guidance for reporting specific data elements

This section identifies and provides additional clarification of key terms and abbreviations used within the IDPHC form, such as eligible patients and the types of cases that should be reported

New Admissions and Prevalent Hospitalizations

The information below applies to the following data fields that collect information on prevalent hospitalizations:

Data field description	Data field ID
Total number all hospitalized patients with confirmed disease	3a
All hospitalized adult patients with confirmed disease	3c
All hospitalized pediatric patients with confirmed disease	3e
Total number all hospitalized patients with unconfirmed disease	4a
All hospitalized adult patients with unconfirmed disease	4c
All hospitalized pediatric patients with unconfirmed disease	4e

- The hospitalization fields capture counts of patients currently hospitalized in an inpatient bed with confirmed or unconfirmed disease status for a given reporting date. Counts of currently hospitalized patients include any patients newly admitted to the hospital and patients currently or already hospitalized.
    - This is a measure of prevalence, or current patients occupying a hospital bed.
    - Patients should be counted in these fields for the entirety of their hospitalization, even if they are still hospitalized following resolution of illness or negative laboratory testing, and on their day of discharge (regardless of when the hospitalization census is taken).
    - These counts also include patients with a re-infection or co-infection.

The information below applies to the following data fields that collect information on new hospital admissions:

Data field description	Data field ID
Number of new admissions of adult patients with confirmed disease	3b
Number of new admissions of pediatric patients with confirmed disease	3d
Number of new admissions of adult patients with unconfirmed disease	4b
Number of new admissions of pediatric patients with unconfirmed disease	4d

- The new admissions fields capture counts of patients newly admitted to an inpatient bed with confirmed or unconfirmed diseases status for a given reporting date.
    - This is a measure of incidence, or new patients coming into the hospital.

  - Patients should be counted in these fields only once, for the date that corresponds to their hospital admission. If disease confirmation is not available at the time of admission but becomes confirmed at a later date, the previous count for admissions do not need to be updated.
- The number of new hospital admissions and the total number of patients hospitalized generally are not the same value but can be. The number of newly admitted patients represents a subset of the total patients hospitalized for any given reporting date.
- See examples in Appendix A of how to report admissions and hospitalization counts in the IDPHC form correctly.

Confirmed and Unconfirmed Disease Status

- **Confirmed disease:** A case of a selected infectious disease of public health concern that meets that specific disease's definition of a 'confirmed' case classification (see case definitions on the pages that follow).
- **Unconfirmed disease:** A case of a selected infectious disease of public health concern that meets that specific disease's definition of an 'unconfirmed' case classification, which may also include determinations of 'suspect' or 'probable' (see case definitions on the pages that follow).
- See examples in Appendix A of how report patients who meet unconfirmed and confirmed disease statuses during the course of their hospitalization.

Adult and Pediatric Patients

- **Adult inpatient:** Patients ≥18 years of age located in an inpatient unit, including observation.
- **Pediatric inpatient:** Patients <18 years of age located in an inpatient unit, including observation.
- Adult and pediatric patient counts are not location-specific. All patients admitted to or hospitalized in an inpatient bed (which also include ICU, NICU, PICU, and observation beds), regardless of location or adult / pediatric-specific designation of the bed, should be counted based on the age of the patient occupying the bed.

Case Definitions

Crimean-Congo Hemorrhagic Fever (CCHF), Ebola, Lassa

Pathogen(s)	Confirmed	Unconfirmed
Crimean-Congo Hemorrhagic Fever (CCHF) **Ebola** **Lassa [1]**	**Confirmed** [CCHF, Ebola, Lassa] disease must meet all of the following criteria: **Meets laboratory criteria*** any one of the following:** • Detection of Viral Hemorrhagic Fever (VHF)-specific^ nucleic acid in blood or other body fluids, blood products, or tissues using a diagnostic molecular test (for example, NAAT, genome sequencing); OR • Detection of VHF-specific^ IgM by ELISA; OR • Detection of a four-fold rise in VHF-specific^ IgG titer from an acute sample to a convalescent sample; OR • VHF^ viral isolation in cell culture for blood, blood products (for example, serum), or tissue ***Note: The categorical labels used here to stratify laboratory evidence are intended to support the standardization of case classifications for public health surveillance. The categorical labels should not be used to	**Unconfirmed** (specifically, suspect) [CCHF, Ebola, Lassa] does **not** meet the laboratory criteria but **does** meet the following clinical AND epidemiologic linkage criteria OR meets vital records evidence: **Clinical criteria includes:** • Acute onset of one or more of the following clinical findings*: ○ Subjective OR measured fever ≥38°C/100.4°F ○ Headache ○ Muscle and/or joint pain ○ Weakness and fatigue o Cough/difficulty breathing ○ Pharyngitis ○ Loss of appetite ○ Chest pain ○ Skin rash ○ Red eyes ○ Abdominal pain ○ Vomiting ○ Diarrhea ○ Intractable hiccups ○ Encephalitis or other neurological manifestations ○ Unexplained bleeding or bruising not related to injury or menstruation ○ Acute hearing loss** * This list of signs and symptoms are not exhaustive and may be nonspecific; no sign or symptom is pathognomonic for VHFs. ** Relevant for Lassa fever **Epidemiologic linkage criteria^^ includes:** • Within the incubation period of the VHF any of the following:

Pathogen(s)	Confirmed	Unconfirmed
	interpret the utility or validity of any laboratory test methodology. ^VHF refers to viral hemorrhagic fever caused by filoviruses (Orthoebolaviruses and Orthomarburgviruses), Old World arenaviruses (Lassa and Lujo viruses), New World arenaviruses (Guanarito, Machupo, Junin, Sabia, and Chapare viruses), or viruses in the Bunyaviridae family (Rift Valley fever virus, Crimean-Congo hemorrhagic fever virus)	○ Contact with a person who had known or suspected^^^ VHF or any object contaminated by their body fluids without use of or confidence in proper adherence to, or experiences a breach in, recommended infection prevention and control (IPC) precautions, including personal protective equipment (PPE) use, OR ○ Handles specimens that contain or might contain replication competent VHF viruses without use of or confidence in proper adherence to, or experiences a breach in, recommended IPC precautions, including PPE use, OR ○ Handles bats, rodents, or primates that are or may be infected with a VHF without use of or confidence in proper adherence to, or experiences a breach in, recommended IPC precautions, including PPE use, OR ○ Exposure to body fluids (i.e., urine, saliva, sweat, vomit, breast milk, amniotic fluid, semen, aqueous humor, or cerebral spinal fluid) from a person who clinically recovered from a VHF without use of or confidence in proper adherence to, or experiences a breach in, recommended IPC precautions, including PPE use, OR ○ Residence in or travel to a VHF endemic area or area with active transmission† [see Appendix 1 in CSTE position statement] AND an experience with any of the following scenarios for potentially unrecognized VHF exposures: ▪ Contact with someone who was sick or died; ▪ Visiting or work in a healthcare facility; ▪ Breach in PPE and/or IPC precautions; ▪ Visiting a traditional healer; ▪ Attend or participate in funerals or burials; ▪ Contact with animals; ▪ Consumption of or handling raw meat; ▪ Tick or mosquito bite; ▪ Spent time in a mine or cave; ▪ Any other scenario for previously unrecognized VHF exposure as determined in consultation with subject matter experts at CDC. ^^Epidemiologic linkage criteria may require public health/CDC consultation to address any uncertainties and determine VHF risk. Please contact the CDC Emergency Operations Center (EOC) by phone at (770) 488-7100. ^^^Exposure may have occurred outside the U.S. †As defined by public health authorities.

Pathogen(s)	Confirmed	Unconfirmed

Dengue virus – case definition adapted from CSTE [2]	**Confirmed** dengue must meet one of the following confirmatory laboratory criteria:
	
	Confirmatory Laboratory Criteria:
	• Detection of nucleic acid amplification test (NAAT) (e.g., RT-PCR) from serum, whole blood, cerebrospinal fluid (CSF), or other bodily fluid or tissue
	• Detection of non-structural protein 1 (NS1) antigen from serum or plasma
	• IgM or IgG seroconversion, indicated by a change from negative to positive IgM or IgG antibody results in paired acute and convalescent serum
		Unconfirmed dengue (specifically, probable, suspect) meets either the following laboratory criteria (probable) or meets the following clinical AND epidemiologic linkage criteria (suspect), in the absence of another diagnosis.
		
		Laboratory Criteria:
		• Detection of IgM anti-DENV from serum or CSF
		
		Clinical criteria includes the following:
		• Fever (as reported by patient or healthcare provider) AND at least one of the following:
		  ○ Nausea or vomiting
		  ○ Rash
		  ○ Aches and pains (headache, eye pain, muscle ache or joint pain)
		  ○ Leukopenia (WBC < 5000/mm^3)
		  ○ Positive tourniquet test
		• Any warning sign for severe dengue:
		  ○ Abdominal pain or tenderness
		  ○ Persistent vomiting
		  ○ Extravascular fluid accumulation (e.g. pleural or pericardial effusion, ascites)
		  ○ Mucosal bleeding at any site
		  ○ Liver enlargement >2 centimeters
		  ○ Increasing hematocrit concurrent with rapid decrease in platelet count
		  ○ Altered mental status
		
		Epidemiologic linkage criteria includes at least one of the following:
		• Travel to a dengue endemic country or being in a location with an ongoing outbreak in the two weeks before symptom onset, OR
		• Association in time and place (e.g. household member, family member, classmate, or neighbor) with a confirmed or probable dengue case.

Measles

Pathogen(s)	Confirmed	Unconfirmed

Measles [3]	**Confirmed** measles must meet the following criteria:
	• An acute febrile rash illness† (as described under 'Clinical Description' below) with:
	  ○ Isolation of measles virus‡ from a clinical specimen; or
	  ○ Detection of measles-virus specific nucleic acid‡ from a clinical specimen using polymerase chain reaction; or IgG seroconversion‡ or a significant rise in measles immunoglobulin G antibody‡ using any evaluated and validated method; or
	  ○ A positive serologic test for measles immunoglobulin M antibody‡§; or
	  ○ Direct epidemiologic linkage to a case confirmed by one of the methods above.
	
	Clinical description
	• An acute illness characterized by:
	  ○ Generalized, maculopapular rash lasting >3 days; AND
	  ○ Temperature >101*F or 38.3*C; AND
	  ○ Cough, coryza, or conjunctivitis.
		Unconfirmed (specifically, probable) measles must meet the following criteria:
		• In the absence of a more likely diagnosis, an illness that meets the clinical description (as described under 'Clinical Description' below) with:
		  ○ No epidemiologic linkage to a laboratory-confirmed measles case; AND
		  ○ Noncontributory or no measle laboratory testing.
		
		Clinical description
		• An acute illness characterized by:
		  ○ Generalized, maculopapular rash lasting >3 days; AND
		  ○ Temperature >101*F or 38.3*C; AND
		  ○ Cough, coryza, or conjunctivitis.

Pathogen(s)	Confirmed	Unconfirmed
	† Temperature does not need to reach >101*F/38.3*C and rash does not need to last >3 days. ‡ Not explained by MMR vaccination during the previous 6-45 days. § Not otherwise ruled out by other confirmatory testing or more specific measles testing in a public health laboratory.	

Mpox

Pathogen(s)	Confirmed	Unconfirmed

Mpox [4]	**Confirmed** Mpox must meet the following confirmatory laboratory criteria:
	
	Confirmatory laboratory criteria:
	• Detection of monkeypox virus (MPXV) nucleic acid by molecular testing in a clinical specimen; OR
	• Detection of MPXV by genomic sequencing in a clinical specimen.
		Unconfirmed Mpox (specifically, probable, suspect) meets the following clinical criteria AND epidemiologic criteria[o] AND no evidence of a negative test for either non-variola orthopoxvirus or MPXV virus (suspect) or meets the following presumptive laboratory criteria (probable).
		
		[o]The presence of clinically compatible rash lesions should be combined with either a higher or lower epidemiologic linkage for case classification. A person presenting with lymphadenopathy or fever without any clinically compatible rash lesions must meet a higher risk epidemiologic risk criterion for case classification.
		
		Clinical description
		• A person presenting with new onset of:
		  ○ Clinically compatible rash lesions*; OR
		  ○ Lymphadenopathy or fever**
		
		*The presence of clinically compatible rash lesions should be combined with either a higher or lower epidemiologic linkage criterion for case classification.
		**A person presenting with lymphadenopathy or fever without any clinically compatible rash lesions must meet a higher epidemiologic risk criterion for case classification.
		
		Presumptive laboratory evidence:
		• Detection of orthopoxvirus nucleic acid by molecular testing in a clinical specimen AND no laboratory evidence of infection with another non-variola orthopoxvirus; OR
		• Detection of presence of orthopoxvirus by immunohistochemistry in tissue; OR
		• Detection of orthopoxvirus by genomic sequencing in a clinical specimen; OR
		• Detection of anti-orthopoxvirus Immunoglobulin M (IgM) antibody using a validated assay on a serum sample drawn 4-56 days after rash onset, with no recent history (last 60 days) of vaccination***.

Pathogen(s)	Confirmed	Unconfirmed
		***Recent administration of ACAM2000 and JYNNEOS vaccines need to be considered when interpreting an antibody titer. RABORAL V-RG, an oral rabies vaccine product for wildlife, is a recombinant vaccinia virus, and could lead to an antibody response in an individual exposed to the liquid vaccine; this is expected to be an extremely rare occurrence. **Epidemiologic linkage:** • Epidemiologic risk factors within 21 days of illness onset: o Higher risk epidemiologic linkages ▪ Contact, without the use of appropriate personal protective equipment (PPE)^, with a person or animal with a known orthopoxvirus or MPXV infection; OR ▪ Contact, without the use of appropriate PPE^ or Biosafety Level (BSL) protocols^, with laboratory specimens or other items that could serve as fomites that have been in contact with a person or animal with a known orthopoxvirus or MPXV infection; OR ▪ Member of an exposed cohort as defined by public health authorities experiencing an outbreak (e.g., participated in activities associated with risk of transmission in a setting where multiple cases occurred). o Lower risk epidemiologic linkages ▪ Member of a cohort as defined by public health authorities experiencing mpox activity; OR ▪ Contact with a dead or live wild or exotic pet animal of an African species, or used or consumed a product derived from such an animal (e.g., game meat, powders, etc.); OR ▪ Residence in or travel to a country where mpox is endemic. ^The language “without the use of appropriate PPE or Biosafety Level (BSL) protocols” includes breaches in the recommended PPE and deviations from appropriate BSL protocols.

Nipah Virus

Pathogen(s)	Confirmed	Unconfirmed
Nipah Virus [5]	**Confirmed** Nipah virus must be a suspected case-patient who has laboratory confirmation of Nipah virus infection by: • Nipah virus RNA identified by PCR from respiratory secretions, urine, or cerebrospinal fluid; OR • Isolation of Nipah virus from respiratory secretions, urine, or cerebrospinal fluid.	**Unconfirmed** (specifically, suspect, probable) Nipah virus meets the following criteria for either a suspect case or probable case: **Suspect case** • Person from a community affected by a Nipah outbreak who has: ○ Fever with new onset altered mental status or seizure; AND/OR ○ Fever with headache; AND/OR ○ Fever with cough or shortness of breath. **Probable case** • Suspect case-patients who resided in the same village/community where confirmed case-patients were living during the outbreak period and who died before diagnostic specimens could be collected; OR • Suspect case-patients who came in direct contact with confirmed case-patients in a healthcare setting during the outbreak period and who died before complete diagnostic specimens could be collected.

Toxogenic *Vibrio cholerae*

Pathogen(s)	Confirmed	Unconfirmed
Toxigenic *Vibrio cholerae* [6]	**Confirmed** Toxigenic *Vibrio cholerae* is defined as a clinically compatible illness that is laboratory confirmed. **Laboratory criteria:** • Isolation of toxigenic (i.e. cholera toxin-producing) Vibrio cholerae O1 or O139 from stool or vomitus; OR • Serologic evidence of recent infection. **Clinical description:** • An illness characterized by diarrhea and/or vomiting; severity is variable.	*Please note that only **confirmed** cases of Toxigenic* Vibrio cholerae *should be reported for the purposes of this form.*

Appendix 1: Example Reporting Scenarios:

Scenario 1: Unconfirmed patient determined to be confirmed during stay.

Patient, aged 65, is admitted to hospital on Sunday with unconfirmed Dengue virus determined by laboratory criteria for probable case. Patient is determined to have confirmed Dengue virus on third day of hospitalization based on confirmed laboratory criteria. No other patients admitted or hospitalized with other pathogens available in IDPHC module.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Patient is admitted with unconfirmed Dengue virus.	Patient is hospitalized.	Patient is hospitalized. Confirmed Dengue virus determined.	Patient is hospitalized.	Patient discharged at 12:15pm.		
IDPHC Form Selected: 'Dengue Virus' **Patient included in:** 4a. Total number all hospitalized patients with unconfirmed disease 4b. Number of new admissions of adult patients with unconfirmed disease 4c. All hospitalized adult patients with unconfirmed disease	**IDPHC Form Selected:** 'Dengue Virus' **Patient included in:** 4a. Total number all hospitalized patients with unconfirmed disease 4c. All hospitalized adult patients with unconfirmed disease	**IDPHC Form Selected:** 'Dengue Virus' **Patient included in:** 3a. Total number all hospitalized patients with confirmed disease 3c. All hospitalized adult patients with confirmed disease	**IDPHC Form Selected:** 'Dengue Virus' **Patient included in:** 3a. Total number all hospitalized patients with confirmed disease 3c. All hospitalized adult patients with confirmed disease	**IDPHC Form Selected:** 'Dengue Virus' **Patient included in:** 3a. Total number all hospitalized patients with confirmed disease 3c. All hospitalized adult patients with confirmed disease		

<u>Scenario 2</u>: Multiple patients admitted throughout the week with different pathogens.

Patient A, aged 55, is admitted to hospital on Sunday with laboratory-confirmed Nipah Virus. Patient B, aged 9, is admitted on Tuesday with unconfirmed Measles. No other patients admitted or hospitalized with other pathogens available in IDPHC module.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Patient A is admitted with confirmed Nipah Virus.	Patient A is hospitalized.	Patient A is hospitalized. Patient B is admitted with unconfirmed Measles.	Patient A is hospitalized. Patient B is hospitalized	Patient A discharged at 10:00am. Patient B is hospitalized	Patient B is hospitalized	Patient B is discharged at 5:00PM.
IDPHC Form Selected: 'Nipah Virus' **Patient A included in:** 3a. Total number all hospitalized patients with confirmed disease 3b. Number of new admissions of adult patients with confirmed disease 3c. All hospitalized adult patients with confirmed disease	**IDPHC Form Selected:** 'Nipah Virus' **Patient included in:** 3a. Total number all hospitalized patients with confirmed disease 3c. All hospitalized adult patients with confirmed disease	**IDPHC Form Selected:** 'Nipah Virus' **Patient included in:** 3a. Total number all hospitalized patients with confirmed disease 3c. All hospitalized adult patients with confirmed disease **IDPHC Form Selected:** 'Measles' **Patient included in:** 4a. Total number all hospitalized patients with unconfirmed disease 4d. Number of new admissions of pediatric patients with unconfirmed disease 4e. All hospitalized pediatric patients with unconfirmed disease	**IDPHC Form Selected:** 'Nipah Virus' **Patient included in:** 3a. Total number all hospitalized patients with confirmed disease 3c. All hospitalized adult patients with confirmed disease **IDPHC Form Selected:** 'Measles' **Patient included in:** 4a. Total number all hospitalized patients with unconfirmed disease 4e. All hospitalized pediatric patients with unconfirmed disease	**IDPHC Form Selected:** 'Nipah Virus' **Patient included in:** 3a. Total number all hospitalized patients with confirmed disease 3c. All hospitalized adult patients with confirmed disease **IDPHC Form Selected:** 'Measles' **Patient included in:** 4a. Total number all hospitalized patients with unconfirmed disease 4e. All hospitalized pediatric patients with unconfirmed disease	**IDPHC Form Selected:** 'Measles' **Patient included in:** 4a. Total number all hospitalized patients with unconfirmed disease 4e. All hospitalized pediatric patients with unconfirmed disease	**IDPHC Form Selected:** 'Measles' **Patient included in:** 4a. Total number all hospitalized patients with unconfirmed disease 4e. All hospitalized pediatric patients with unconfirmed disease

References

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