



## 2016 State Reportable Conditions Assessment (SRCA) User Instructions

### SRCA INTRODUCTION & BACKGROUND

The State Reportable Conditions Assessment (SRCA) is an annual, web-based assessment of reportable conditions. Ongoing since 2007, this joint effort by the Council of State and Territorial Epidemiologists (CSTE) and Centers for Disease Control and Prevention (CDC) collects publicly available information on what conditions are reportable in states, territories, and other large jurisdictions and who is required to report them. The SRCA is intended to be a publicly available, national repository of jurisdiction specific information that can be used by public health, researchers, and healthcare providers. CSTE is charged with providing a comprehensive and accurate list of reportable conditions by state and territory, and with your participation, CSTE will achieve a 100% response rate.

### WHAT SHOULD BE REPORTED IN SRCA?

The SRCA covers reporting requirements, as defined by regulation or legislation, for conditions defined as reportable by clinicians (i.e., healthcare providers), laboratories, hospitals, and other reporters in your jurisdiction. SRCA responses should reflect these reporting regulations or rules as closely and accurately as possible. Any conditions that must be reported to the state public health agency should be considered reportable in the SRCA. If a condition is reportable to another department within your state (e.g., Department of Agriculture) but the state health agency receives this information as the result of a data-sharing agreement, then the condition should also be considered reportable. Conditions that are not named on your jurisdiction's lists but fall under general, catch-all reporting language, such as "all outbreaks," "disease of public health importance," etc., are considered implicitly reportable in the SRCA and should be included in your responses. More information on implicitly reportable conditions may be found further in the instructions.

In addition, the information entered into the SRCA should be accurate and reflective of your jurisdiction's reporting rules **prior to July 1, 2016** in order to reflect reporting requirements effective for the majority of the year.

### HOW SRCA DATA IS USED

Data from the 2016 SRCA pertaining to nationally notifiable infectious diseases will be used in generating tables for the [Morbidity and Mortality Weekly Report \(MMWR\) Annual Summaries](#). In addition, CSTE will build a query results database on the CSTE website in which 2016 SRCA data will be displayed after the assessment is completed and results have been validated.

### SRCA DATA COLLECTION TOOL

CSTE has an online data collection tool for 2016. Jurisdiction responses from the 2015 SRCA have been pre-populated into the 2016 SRCA in order to decrease the respondent burden. More details on the tool's functionality are included further in this document.

## TIPS TO COMPLETING THE SRCA

**Divide and conquer:** The SRCA is divided by section based on condition types. You may find it helpful to delegate or assign certain sections. You may share the single jurisdiction login with colleagues to colleagues specializing in these areas (See Appendix 1 for full list of conditions in each section):

1. Birth Defects and Congenital Anomalies
2. Blood Borne Diseases
3. Enteric Diseases
4. Healthcare Associated Events
5. Infectious Disease Not Otherwise Specified
6. Injuries
7. Neurologic and Toxin-Mediated Conditions
8. Respiratory Conditions (Infectious)
9. Selected Non-Infectious Diseases
10. Sexually Transmitted Diseases
11. Systemic Conditions
12. Toxic Effects of Non-Medicinal Substances
13. Vaccine-Preventable Conditions
14. Zoonotic and Vectorborne Diseases

**Have references handy:** It may be helpful to have your jurisdiction's reportable conditions laws, regulations, lists, and other documents readily available.

## GETTING STARTED ON THE SRCA

### Logging in:

1. Access the SRCA: <http://srca.cste.org>
2. Click "Log In" in the top right corner of the webpage.
3. Enter your username and password as you received via email. Click "Log in."
  - a. Checking the "Remember me" box should keep you logged in if you navigate away from the SRCA.
  - b. If you forget your password, please email [SRCA@cste.org](mailto:SRCA@cste.org).
4. Click "Begin or resume the SRCA."

**Navigation Toolbar:** Once you log in, you will see a toolbar with the following functions:

STATE SRCA   Instructions   Section Status   Add new condition   Help   Hello, STATE!   Log off

### State SRCA

- a. Access overall SRCA with all conditions listed as default view.
- b. Select a condition section to view or edit.
- c. Select Nationally Notifiable Conditions Only view.
- d. Search for a condition.
- e. Download summary of SRCA responses.

### Instructions

#### Section Status

- a. Update section completion status (reviewed and complete) and include contact information for QA follow-up purposes.

#### Add new condition

- a. Form to be completed for any new condition or condition subset. Note: Clicking will open form in same browser tab.

### Help

- a. Access contact information for SRCA help.
- b. Access frequently asked questions, which will be added as CSTE receives those questions.

### Log off

## COMPLETING THE SRCA

### Review pre-populated responses:

Since the 2016 SRCA was pre-populated with last known jurisdiction responses from 2015, all conditions, unless Implicitly Reportable, should have responses. Respondents should review their assigned sections for any updates or inaccuracies. Note: State Epidemiologists will indicate which section(s) each respondent should complete. To track the review/completion process, utilize the “Section Status” page located in the navigation toolbar.

### Enter or Edit data for conditions by section:

1. Choose a single condition section to edit by accessing the “Choose a Condition Section” dropdown list at the top of the table.

The screenshot shows the SRCA web application interface. At the top, there is a navigation bar with links: STATE SRCA, Instructions, Section Status, Add new condition, Help, and a user greeting: Hello, STATE! Log off. Below the navigation bar, there are two dropdown menus: "Choose a Condition Section" (set to "All") and "View only Nationally Notifiable Conditions" (set to "No"). A "Save changes" button is visible on the left. The main content is a table with columns: Condition Name, NNC, Healthcare Providers, Hospitals, and Laboratory. A dropdown menu is open over the table, listing various condition categories such as "Birth Defects and Congenital Anomalies", "Bloodborne Diseases", "Enteric Diseases", "Healthcare-Associated Events", "Infectious Disease Not Otherwise Specified", "Injuries", "Neurologic and Toxin-Mediated Conditions", "Respiratory Conditions (Infectious)", "Selected Non-Infectious Diseases", "Sexually Transmitted Diseases", "Systemic Conditions", "Toxic Effects of Non-medical Substances", "Vaccine-Preventable Conditions", and "Zoonotic and Vectorborne Diseases". A blue arrow points to the dropdown menu. The table rows include conditions like "Abdominal Wall Defec", "Gastroschisis", "Omphalocele", "Alcohol-related Birth", "Fetal Alcohol Spectrum Disorders (FASD)", "Fetal Alcohol Syndrome (FAS)", "Autism Spectrum Disorders", and "Autism".

Condition Name	NNC	Healthcare Providers	Hospitals	Laboratory
Abdominal Wall Defec	<input type="checkbox"/>	30 Day(s)	Not Reportable	Not Reportable
Gastroschisis	<input type="checkbox"/>	30 Day(s)	Not Reportable	Not Reportable
Omphalocele	<input type="checkbox"/>	30 Day(s)	Not Reportable	Not Reportable
Alcohol-related Birth	<input type="checkbox"/>	30 Day(s)	Not Reportable	Not Reportable
Fetal Alcohol Spectrum Disorders (FASD)	<input type="checkbox"/>	30 Day(s)	Not Reportable	Not Reportable
Fetal Alcohol Syndrome (FAS)	<input type="checkbox"/>	30 Day(s)	Not Reportable	Not Reportable
Autism Spectrum Disorders	<input type="checkbox"/>	Not Reportable	Not Reportable	Not Reportable
Autism	<input type="checkbox"/>	30 Day(s)	Not Reportable	Not Reportable

2. Review all pre-populated data, including reporter type(s) and reporting requirement responses.

**Note:** Reporter types were customized for each jurisdiction in 2015 and verified by the State Epidemiologist. If your jurisdiction has a single column with multiple reporter types (e.g., Healthcare Providers – Laboratory), then reporting requirements chosen apply to all reporter types in that column. If you require changes to the reporter types, please contact [SRCA@cste.org](mailto:SRCA@cste.org).

Save changes		Refresh		
Condition Name	NNC	Healthcare Providers	Hospitals	Laboratory
<input type="text"/>				
<b>Healthcare-associated Adverse Event</b>	<input type="checkbox"/>	Not Reportable	5 Business Day(s)	Not Reportable
Catheter-associated Urinary Tract Infection (UTI)	<input type="checkbox"/>	Not Reportable	Not Reportable	Not Reportable
Central-line associated Bloodstream Infection	<input type="checkbox"/>	Not Reportable	30 Day(s)	Not Reportable
Healthcare-associated Infection	<input type="checkbox"/>	Not Reportable	30 Day(s)	Not Reportable
Hospital-acquired Infection	<input type="checkbox"/>			
Ventilator-associated Pneumonia	<input type="checkbox"/>	Not Reportable	Not Reportable	Not Reportable
Nosocomial Infection	<input type="checkbox"/>			
Surgical Site Infection	<input type="checkbox"/>	Not Reportable	30 Day(s)	Not Reportable
<b>Vancomycin-resistant Enterococci (VRE) Infection</b>	<input type="checkbox"/>	Not Reportable	Not Reportable	Not Reportable

- To edit a reporting requirement, click on the relevant cell to access a dropdown list of jurisdiction-specific reporting timeframes. Choose reporting timeframe.

**Note:** Jurisdiction-specific reporting timeframes were also customized for each jurisdiction and updated in 2015. If you require any changes to your reporting timeframe options, please contact [SRCA@cste.org](mailto:SRCA@cste.org).

Save changes		Refresh		
Condition Name	NNC	Healthcare Providers	Hospitals	Laboratory
<input type="text"/>				
<b>Healthcare-associated Adverse Event</b>	<input type="checkbox"/>	Not Reportable	5 Business Day(s)	Not Reportable
Catheter-associated Urinary Tract Infection (UTI)	<input type="checkbox"/>	Not Reportable	Not Reportable	Not Reportable
Central-line associated Bloodstream Infection	<input type="checkbox"/>	Not Reportable	30 Day(s)	Not Reportable
Healthcare-associated Infection	<input type="checkbox"/>	Not Reportable	30 Day(s)	Not Repor
Hospital-acquired Infection	<input type="checkbox"/>			
Ventilator-associated Pneumonia	<input type="checkbox"/>	Not Reportable	Not Reportable	
Nosocomial Infection	<input type="checkbox"/>			
Surgical Site Infection	<input type="checkbox"/>	Not Reportable	30 Day(s)	
<b>Vancomycin-resistant Enterococci (VRE) Infection</b>	<input type="checkbox"/>	Not Reportable	Not Reportable	

Not Reportable

Immediately

Annually

24 Hours

3 Day(s)

5 Business Day(s)

10 Day(s)

Implicitly Reportable: Emerging or exotic disease

Implicitly Reportable: Event, bioterrorist

Implicitly Reportable: Event, terrorist

Implicitly Reportable: Exposure, biological

Implicitly Reportable: Exposure, chemical

Implicitly Reportable: Exposure, environmental

- Once a change has been made to a reporting requirement, the tool will flag the cell until the changed data is saved.


Healthcare-associated Infection	Not Reportable
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- Review all reporting requirements within the section, complete any incomplete requirements, and edit existing requirements as necessary.

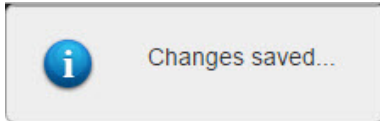
**Note:** The State Epidemiologist will be unable to submit the SRCA unless every reporting requirement is completed.

### Saving SRCA responses:

The SRCA data collection tool automatically saves every 60 seconds. The tool will then automatically refresh and any flags in changed cells will disappear. If you finish editing a section and do not want to wait for the tool to automatically save, you may manually save using the “Save changes” button in the top left of the table.


Save changes		Refresh		
Condition Name	NNC	Healthcare Providers	Hospitals	Laboratory
<input type="text"/>  Condition Search				

The box below will appear at the top of your screen to confirm changes have been saved, regardless of the method used.



### Searching for conditions:

You may search for individual conditions within a section by using the search box at the top of the table. To search within all sections, you must expand the table to all conditions by choosing “All” in the “Choose a Condition Section” dropdown menu.

Save changes		Refresh		
Condition Name	NNC	Healthcare Providers	Hospitals	Laboratory
<input type="text"/>  Condition Search				

### Implicitly reportable conditions:

All jurisdiction timeframe options include “Implicitly Reportable - *category*”. Conditions that are not specifically listed as reportable but would be considered reportable under general language in the jurisdiction’s laws, such as calling for reporting of “any condition of public health importance” or other similar terms are considered “implicitly reportable” in the SRCA. Respondents will be required to select all appropriate implicit reporting categories (e.g. “event, bioterrorist,” “outbreaks of clusters of public concern,” or “occurrence of any unusual disease of public health importance”) for the 2016 SRCA. Implicit reporting categories were determined by State Epidemiologists in 2011. If you require changes to the implicit reporting categories, please contact [SRCA@cste.org](mailto:SRCA@cste.org).

### Section Status:

The “Section Status” page in the navigation toolbar will help State Epidemiologists and users keep track of the completion status of the SRCA. Once you review and complete a section of the SRCA, go to “Section Status,” mark which section you completed, and choose the pencil in the edit row column to include your name and email address for QA follow-up purposes.

Refresh			
SRCA Section	Is completed?	Completed by: (email address)	Edit Row?
Birth Defects and Congenital Anomalies	<input type="checkbox"/>		
Bloodborne Diseases	<input type="checkbox"/>		
Enteric Diseases	<input type="checkbox"/>		
Healthcare-Associated Events	<input type="checkbox"/>		
Infectious Disease Not Otherwise Specified	<input type="checkbox"/>		
Injuries	<input type="checkbox"/>		

## ADD NEW CONDITION/CONDITION SUBSET

To add a new condition to your SRCA, or to add a new subset to a condition already in your SRCA, navigate to the “Add new condition” page in the navigation toolbar. Clicking “Add new condition” will open the “New Subset Form Information” form in your same browser tab. In order to standardize the nomenclature of additional conditions or subsets, CSTE standardized the condition modifier choices. The full list of modifiers may be found in Appendix 2.

The form will require you to enter your contact information in case CSTE staff have questions about your condition form submission.

You will also need to select the condition for which you are creating a subset. For example, if blood lead level by itself (“Lead Level”) is not reportable in your jurisdiction, but elevated blood lead level in children younger than 5 years of age (“Lead Level, Blood, <5 years,  $\geq 10 \mu\text{g/dL}$ ”) is reportable, you may submit the new subset form requesting that “Lead Level, Blood, <5 years,  $\geq 10 \mu\text{g/dL}$ ” be added to your SRCA.

## SUBMITTING COMPLETED SRCA

State Epidemiologists are required to review his/her jurisdiction’s completed SRCA prior to submission. Once every section of the SRCA is reviewed and completed, you may submit via the Submit button at the bottom of the page. If there are any reporting requirements left blank, the State Epi will be unable to submit.



The screenshot shows a horizontal bar with a 'Save changes' button on the left. Below it is a larger button with a green plus sign icon and the text 'Submit FULL SRCA as Final to CSTE?'. The buttons are light blue with dark text.

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### Exporting SRCA Responses:

To export a summary of your jurisdiction’s completed responses to the SRCA, please click the green Excel button at the top right of the table. This will initiate the download of the spreadsheet into an excel. Please note, the excel button will export the conditions currently displayed on your jurisdictions SRCA.

Additional tip: To filter the spreadsheet based on the asterisks indicating the NNC’s, filter with the identifier of ‘~\*’.

## FOR HELP

Please do not hesitate to contact CSTE at [SRCA@cste.org](mailto:SRCA@cste.org) with any questions, clarifications, concerns or edits to your SRCA.

**APPENDIX 1: Alphabetical List of Conditions by Condition Category Grouping**  
 (\*Nationally Notifiable Conditions [NNC])

**Birth Defects and Congenital Anomalies**

Abdominal Wall Defects	Fetal Alcohol Spectrum Disorders (FASD)	Other Specified Developmental Deformity
Alcohol-related Birth Defects	Fetal Alcohol Syndrome (FAS)	Other Specified Genetic Disorder
Anencephaly	Galactosemia	Other Specified metabolic Disorder
Autism	Gastroschisis	Phenylketonuria
Autism Spectrum Disorders	Hypospadias	Primary Congenital Hypothyroidism
Biotinidase Deficiency	Inborn Errors of Metabolism	Spina Bifida
Cardiac Defect	Infant Hearing Loss	Sudden Infant Death Syndrome (SIDS)
Cleft Lip	Limb Reduction	
Cleft Lip/Palate	Maple Syrup Urine Disease	
Cleft Palate	Neural Tube Defect	
Congenital Hyperthyroidism	Omphalocele	
Down's Syndrome (Trisomy 21)		
Epispadia		

**Bloodborne Diseases**

Acquired Immunodeficiency Syndrome (AIDS)/HIV Stage III	*Hepatitis B, Perinatal	Hepatitis Viral Infection
Hepatitis B	Hepatitis C	Hepatitis Viral Infection, Non-A Non-B
*Hepatitis B, Acute	*Hepatitis C, Acute	*HIV Infection
*Hepatitis B, Chronic	*Hepatitis C, Past or Present	
	Hepatitis D	

**Enteric Diseases**

Amebiasis	Enterovirus Infections	Salmonella spp. Infections
Campylobacteriosis	<i>Escherichia coli</i> Infection	*Salmonellosis
*Cholera	* <i>Escherichia coli</i> Infection, <i>Escherichia coli</i> (shiga-toxin producing)	*Shigellosis
Clostridium difficile Infection	Foodborne Disease	Staphylococcal Disease
Clostridium perfringens Infection	*Foodborne Disease, Outbreak	Staphylococcal Enterotoxin B Intoxication
Clostridium perfringens Toxin Poisoning	*Giardiasis	*Trichinellosis
Cryptococcosis	*Hepatitis A	*Typhoid Fever
*Cryptosporidiosis	*Hepatitis A, Acute	Vibriosis
*Cyclosporiasis	Hepatitis E	*Vibriosis, <i>Vibrio cholerae</i> non-O1/O139
Enterobacteriaceae Infection	*Listeriosis	Waterborne Disease
Enterobacteriaceae Infection, Carbapenem, Resistant	Norovirus Infections	*Waterborne Disease, outbreak
	Rotavirus Infections	Yersiniosis

**Healthcare-Associated Events**

Catheter-associated Urinary Tract Infection (UTI)	Healthcare-associated Adverse Event	Surgical Site Infection
Central-line associated Bloodstream Infection	Healthcare-associated Infection	Vancomycin-resistant Enterococci (VRE) Infection
	Hospital-acquired Infection	Ventilator-associated Pneumonia
	Nosocomial Infection	

**Infectious Disease Not Otherwise Specified**

Acanthamoeba Disease (excluding keratitis)	Acanthamoeba Keratitis	Conjunctivitis
	Balamuthia mandrillaris Disease	

Primary Amebic  
Meningoencephalitis

Trachoma

### Injuries

Animal Bites  
Burns  
Contaminated Sharps Injury  
Disaster Casualty  
Drownings and Submersions  
Drug (Controlled Substance)  
Overdose  
Farm-related

Gunshot Wounds  
Hazardous Substances  
Emergency Event  
Head Injury  
Hyperthermia  
Hypothermia  
Intimate Partner Violence  
Motor Vehicle Injury

Noise-induced Hearing Loss  
Smoke Inhalation  
Spinal Cord Injury  
Suicide  
Traumatic Fatalities  
Traumatic Injuries  
Violent Injuries

### Neurologic and Toxin-Mediated Conditions

Acute Flaccid Paralysis  
Botulism  
\*Botulism, food  
\*Botulism, infant  
\*Botulism, wound  
\*Botulism, other  
Ciguatera

Creutzfeldt-Jakob Disease  
Domoic Acid Poisoning  
Encephalitis  
Fish and Shellfish Poisoning  
Guillain-Barre Syndrome  
Meningitis  
Mushroom Poisoning

Neurotoxic Shellfish Poisoning  
Paralytic Shellfish Poisoning  
Ricin Poisoning  
Scombroid  
Variant Creutzfeldt-Jakob  
Disease

### Respiratory Conditions (Infectious)

Acute Upper Respiratory Illness  
\*Coccidioidomycosis  
Histoplasmosis  
Influenza-like Illness  
\*Legionellosis  
Pneumonia

\*Psittacosis  
Respiratory Syncytial Virus  
(RSV) Infection  
\*Severe Acute Respiratory  
Syndrome-associated  
Coronavirus Disease

Staphylococcal Enterotoxin B  
Pulmonary Poisoning  
\*Tuberculosis

### Selected Non-Infectious Diseases

Asbestosis  
Asthma  
Berylliosis  
Byssinosis  
\*Cancer  
Cerebral Palsy

Chronic Fatigue Syndrome  
Coal Workers' Pneumoconiosis  
Diabetes  
Hypersensitivity Pneumonitis  
Mesothelioma  
Parkinson's Disease

Pneumoconiosis  
Pneumonitis  
Scabies  
\*Silicosis

### Sexually Transmitted Diseases

\*Chancroid  
\**Chlamydia trachomatis*  
Infection  
Chlamydial Infection  
Genital Warts  
\*Gonorrhea  
Granuloma Inguinale  
Herpes Genitalis  
Herpes Simplex

Lymphogranuloma Venereum  
Mucopurulent Cervicitis (MPC)  
\*Neurosyphilis  
Nongonococcal Urethritis  
(NGU)  
Ophthalmia Neonatorum  
Pelvic Inflammatory Disease  
(PID)  
Syphilis

\*Syphilis, Primary  
\*Syphilis, Secondary  
\*Syphilis, Latent  
\*Syphilis, Early Latent  
\*Syphilis, Unknown Duration  
\*Syphilis, [Late] Non-  
Neurological  
\*Syphilis, Congenital  
\*Syphilitic Stillbirth

### Systemic Conditions



\*Hansen's Disease  
Hemolytic Uremic Syndrome  
\*Hemolytic Uremic Syndrome,  
Post-diarrheal  
Hepatitis G  
Kawasaki Disease  
Rash Outbreak  
Reye's Syndrome  
Rheumatic Fever

Septicemia  
*Staphylococcus aureus* Infection  
\**Staphylococcus aureus*  
Infection, Vancomycin-  
intermediate  
\**Staphylococcus aureus*  
Infection, Vancomycin-  
resistant  
Streptococcal Disease

\*Streptococcal Toxic Shock  
Syndrome (STSS)  
*Streptococcus pneumoniae*  
Infection  
\**Streptococcus pneumoniae*  
Infection, invasive  
Toxic Shock Syndrome  
\*Toxic Shock Syndrome other  
than Streptococcal

Arsenic Poisoning  
Cadmium Poisoning  
Chemical Pneumonitis  
Farmers' Lung  
Lead Level  
\*Lead Level, Blood, <16 years,  
≥10 µg/dL

### Toxic Effects of Non-medicinal Substances

\*Lead Level, Blood, ≥16 years,  
≥10 µg/dL  
Lead Poisoning  
Mercury Poisoning  
Toxic Effects of Agricultural  
Chemicals  
Toxic Effects of Carbon  
Monoxide

Toxic Effects of Chemicals  
Toxic Effects of Heavy Metals  
Toxic Effects of Pesticides  
\* Toxic Effects of Pesticides,  
acute

\*Congenital Rubella Syndrome  
\*Diphtheria  
*Haemophilus influenzae*  
Infection  
\**Haemophilus influenzae*  
Infection, invasive  
Immunization-related Adverse  
reaction  
Influenza  
\*Influenza, Pediatric, Mortality

### Vaccine-Preventable Conditions

\*Influenza, influenza A virus,  
novel cases  
\*Measles  
Meningococcal Disease  
\*Mumps  
\*Non-Paralytic Poliovirus  
Infection  
\*Paralytic Poliomyelitis  
\*Pertussis  
\*Rubella

\*Smallpox  
Smallpox Vaccination Adverse  
Event  
\*Tetanus  
Vaccinia Adverse Event  
Vaccinia Disease  
\*Varicella  
\*Varicella, mortality

Anaplasmosis  
\*Anaplasmosis, *Anaplasma*  
*phagocytophilum*  
\*Anaplasmosis, undetermined  
Angiostrongyliasis  
\*Anthrax  
Arboviral Disease  
Arenavirus Infection  
\*Babesiosis  
Bartonellosis  
Blastomycosis  
\*Brucellosis  
California Serogroup Virus  
Disease  
\*California Serogroup Virus  
Disease, Neuroinvasive

### Zoonotic and Vectorborne Diseases

\*California Serogroup Virus  
Disease, Non-Neuroinvasive  
Chagas Disease  
Chikungunya  
Cysticercosis  
Colorado Tick Fever  
\*Crimean-Congo Hemorrhagic  
Fever Virus Infection  
\*Dengue Fever  
\*Dengue Hemorrhagic Fever  
\*Dengue Shock Syndrome  
Eastern Equine Encephalitis  
Virus Disease  
\*Eastern Equine Encephalitis  
Virus Disease, Neuroinvasive

\*Eastern Equine Encephalitis  
Virus Disease, Non-  
Neuroinvasive  
\*Ebola Virus Infection  
Ehrlichiosis  
\*Ehrlichiosis, *Ehrlichia*  
*chaffeensis*  
\*Ehrlichiosis, *Ehrlichia ewingii*  
\*Ehrlichiosis, undetermined  
Filariasis  
Glanders  
\*Hantavirus Pulmonary  
Syndrome  
Japanese Encephalitis Virus  
Disease  
LaCrosse Virus Infection  
\*Lassa Virus Infection

Leishmaniasis  
Leptospirosis  
Louse-Borne Relapsing Fever  
\*Lujo Virus Infection  
\*Lyme Disease  
\*Malaria  
\*Marburg Virus Infection  
Meloidosis  
Monkeypox  
\*New World Arenavirus  
Infection  
Nipah Virus Infection  
Orthopox  
\*Plague  
Powassan Virus Disease  
\*Powassan Virus Disease,  
Neuroinvasive  
\*Powassan Virus Disease, Non-  
Neuroinvasive

Q Fever  
\*Q Fever, acute  
\*Q Fever, chronic  
Rabies  
\*Rabies, animal  
\*Rabies, human  
Rickettsial Disease  
Rift Valley Fever  
Rocky Mountain Spotted Fever  
\*Spotted Fever Rickettsiosis  
St. Louis Virus Disease  
\*St. Louis Virus Disease,  
Neuroinvasive  
\*St. Louis Virus Disease, Non-  
Neuroinvasive  
Taeniasis  
Tick-borne Relapsing Fever  
Toxoplasmosis  
\*Tularemia

Typhus Fever  
Venezuelan Equine Encephalitis  
Virus Disease  
Vesicular Stomatitis  
Viral Hemorrhagic Fever  
West Nile Virus Disease  
\*West Nile Virus Disease,  
Neuroinvasive  
\*West Nile Virus Disease, Non-  
Neuroinvasive  
Western Equine Encephalitis  
Virus Disease  
\*Western Equine Encephalitis  
Virus Disease, Neuroinvasive  
\*Western Equine Encephalitis  
Virus Disease, Non-  
Neuroinvasive  
\*Yellow Fever

## 2016 State Reportable Conditions Assessment (SRCA) User Instructions

### APPENDIX 2: Available Modifiers for Creating Subset Conditions (Optional)

<u>Age (Choose AGE GROUP or AGE RANGE)</u>		
AGE GROUP:	Toddler	Adult
Congenital	Child	Elderly/Geriatric
Perinatal	Pre-adolescent	
Newborn/Neonatal	Adolescent	AGE RANGE: <i>Enter minimum</i>
Infant	Pediatric	<i>and/or maximum age</i>
<b><u>Etiologic Agent</u></b>		
14-3-3 Protein	Burkholderia pseudomallei	Cryptococcus non.
Acanthamoeba spp.	Cadmium	V.neoformans
Acid-Fast Bacillus	California Serogroup Virus	Cryptococcus spp.
Adenovirus	Campylobacter coli	Cryptosporidium parvum
Ajellomyces capsulatum	Campylobacter enteritis	Cryptosporidium spp.
Ajellomyces dermatitidis	Campylobacter fetus	Cyclospora cayetanensis
Alphavirus	Campylobacter jejuni	Cyclospora spp.
Anaplasma phagocytophilum	Campylobacter spp.	Dengue Virus
Anaplasma spp.	Carbon Monoxide	Eastern Equine Encephalitis
Arenavirus	Chemical	Virus
Arsenic	Chikungunya Virus	Ebola Virus
Asbestos	Chlamydia psittaci	Echovirus
Babesia divergens	Chlamydia trachomatis	Ehrlichia chaffeensis
Babesia duncani	Chlamydiaceae	Ehrlichia ewingii
Babesia microti	Clostridium botulinum	Ehrlichia spp.
Babesia spp.	Clostridium botulinum Toxin	Entamoeba histolytica
Bacillus anthracis	Clostridium difficile	Enterobacter sakazakii
Balamuthia mandrillaris	Clostridium perfringens	Enterobacteriaceae
Bartonella spp.	Clostridium perfringens Toxin	Enterobacter spp.
Beryllium	Clostridium tetani	Enterobacter cloacae
Bordetella holmesii	Coal	Enterobacter aerogenes
Bordetella parapertussis	Coccidioides immitis	Enterococcus spp.
Bordetella pertussis	Coccidioides posadasii	Enterovirus
Borrelia afzelii	Coccidioides spp.	Escherichia coli
Borrelia burgdorferi	Colorado Tick Fever Virus	Escherichia coli
Borrelia duttoni	Corynebacterium diphtheriae	(Enteroaggregative)
Borrelia garinii	Cotton Dust	Escherichia coli
Borrelia hermsii	Coxiella burnetii	(Enterohemorrhagic)
Borrelia parkeri	Crimean-Congo Hemorrhagic	Escherichia coli (Enteroinvasive)
Borrelia recurrentis	Fever Virus	Escherichia coli
Borrelia spp.	Cryptococcus gattii	(Enteropathogenic)
Brucella abortus	Cryptococcus neoformans	Escherichia coli
Brucella canis	Species Complex	(Enterotoxigenic)
Brucella melitensis	Cryptococcus neoformans var.	Escherichia coli (Shiga-Toxin
Brucella spp.	grubii	Producing)
Brucella suis	Cryptococcus neoformans var.	Escherichia coli (Sorbitol-
Bunyaviridae	neoformans	Negative)
Burkholderia mallei		Escherichia coli O157:H7

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Filovirus	Mercury	Salmonella spp.
Flavivirus	Monkeypox Virus	Salmonella spp. (Non-typhi)
Francisella tularensis	Mumps Virus	Salmonella typhi
Giardia intestinalis	Mycobacterium africanum	Sarcoptes scabiei
Giardia spp.	Mycobacterium avium Complex	Saxitoxin
Haemophilus ducreyi	Mycobacterium bovis	Severe Acute Respiratory
Haemophilus influenzae	Mycobacterium bovis BCG	Syndrome-related Coronavirus
Haemophilus influenzae Non- Type b	Mycobacterium canettii	Shigella boydii
Haemophilus influenzae Type b	Mycobacterium caprae	Shigella dysenteriae
Hantavirus	Mycobacterium leprae	Shigella flexneri
Heavy Metal	Mycobacterium microti	Shigella sonnei
Hepatitis A Virus	Mycobacterium pinnipedii	Shigella spp.
Hepatitis B Virus	Mycobacterium spp.	Silica
Hepatitis C Virus	Mycobacterium spp. (Non- leprae and Non-TB)	Snowshoe Hare Virus
Hepatitis D Virus	Mycobacterium spp. (Non- leprae)	St. Louis Virus
Hepatitis E Virus	Mycobacterium spp. (Non-TB)	Staphylococcal Enterotoxin B
Hepatitis G Virus	Mycobacterium tuberculosis	Staphylococcus aureus
Human Herpes Virus 1	Mycobacterium tuberculosis Complex	Staphylococcus aureus (Coagulase-Positive)
Human Herpes Virus 2	Naegleria fowleri	Staphylococcus aureus Toxin
Human Immunodeficiency Virus 1	Neisseria gonorrhoeae	Staphylococcus spp.
Human Immunodeficiency Virus 2	Neisseria meningitidis	Streptococcus agalactiae (Group B)
Human Papillomavirus	Nipah Virus	Streptococcus haemolyticus
Human T-Cell Leukemia Virus 2	Norovirus	Streptococcus pneumoniae
Human T-Lymphotropic Virus Type 1	Orthopoxvirus	Streptococcus pyogenes (Group A)
Influenza A Virus	Pesticide	Streptococcus spp.
Influenza Virus	Plasmodium falciparum	T-2 Mycotoxin
Jamestown Canyon Virus	Plasmodium malariae	Taenia solium
Japanese Encephalitis Virus Group	Plasmodium ovale	Taenia spp.
Keystone Virus	Plasmodium spp.	Toxoplasma gondii
Klebsiella spp. Klebsiella granulomatis	Plasmodium vivax	Toxoplasma spp.
Klebsiella oxytoca	Pneumocystis jiroveci	Treponema pallidum
Klebsiella pneumoniae	Poliovirus	Trichinella spiralis
LaCrosse Virus	Powassan Virus	Trichinella spp.
Lassa Virus	Rabies Virus	Trivittatus
Lead	Respiratory syncytial Virus	Trypanosoma cruzi
Legionella pneumophila	Ricin Toxin	Undetermined
Legionella spp.	Rickettsia akari (rikettsialpox)	Unspecified
Leptospira interrogans	Rickettsia felis	Vaccinia Virus
Leptospira spp.	Rickettsia prowazekii	Varicella Zoster Virus
Leishmania spp.	Rickettsia rickettsii	Variola Virus
Listeria Monocytogenes	Rickettsia spp.	Venezuelan Equine Encephalitis Virus
Listeria spp.	Rickettsia typhi	Vesicular Stomatitis Virus
Marburg Virus	Rift Valley Fever Virus	Vibrio alginolyticus
	Rotavirus	Vibrio cholerae
	Rubella Virus	Vibrio cholerae Non-O1
	Rubeola Virus	

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Vibrio cholerae Non-O1/-O139	Vibrio parahaemolyticus	Yersinia Enterocolitica
Vibrio cholerae O1	Vibrio spp.	Yersinia pestis
Vibrio cholerae O139	Vibrio spp. (Non-cholera)	Yersinia pseudotuberculosis
Vibrio damsela	Vibrio vulnificus	Yersinia spp.
Vibrio fluvialis	West Nile Virus	Yersinia spp. (Non-pestis)
Vibrio furnissii	Western Equine Encephalitis	
Vibrio hollisae	Virus	
Vibrio imicus	Yellow Fever Virus	

### Etiologic Type

Bacterial	Particulate	Toxin
Fungal	Prion	Viral
Parasitic	Protozoal	

### Special Circumstances

Bioterrorist event	Initial diagnosis	Novel cases
Cluster	Institutional setting	Outbreak
Community-acquired	Intentional release	Perinatal exposure
Community-associated	Intentional transmission	Post-diarrheal
Healthcare facility onset	International	Post-infectious
Healthcare associated	Morbidity	Post-streptococcal
Hospitalization	Mortality	Pregnant woman
Imported case	Naturally-occurring	

### Treatment

Change in treatment outcome	Responding to treatment	Treatment prescribed
Post-exposure prophylaxis	Treatment administered	

### Occupational

All work related cases	In a food handler	Other occupation
In a child care worker	In a healthcare worker	

### Disease Status

Active	Colonization	Latent (unknown duration)
Acute	Critical	Primary
Carriers	Early latent	Secondary
Cases	Late latent	Tertiary
Chronic	Latent	

### Infected Species

Alternative livestock	Dogs	Sheep
Animal	Goats	Swine
Aquaculture	Horses	Wildlife – avian
Cats	Human	Wildlife – mammal
Cattle	Poultry	Wildlife – reptile/amphibian

### Antibiotic (Choose one value each from ANTIBIOTIC and ANTIBIOTIC SENSITIVITY)

ANTIBIOTIC:	Doripenem	Ertapenem
Carbapenem	Drug	Glycopeptide

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Imipenem	Oxacillin	ANTIBIOTIC SENSITIVITY:
Meropenem	Penicillin	Intermediate
Methicillin	Vancomycin	Resistant

### Lab Finding (\*Will not appear as part of condition name)

CD4 count	IMP	VIM
Carbapenemase	KPC	Viral load*
ESBL	NDM	
Hemoglobin A1c*	OXA-48	

### Threshold (Enter minimum and/or maximum value with unit)

Cell Count %	IU/L	µg/g
Cells/µL	µg/dl	

### Lab Outcome

Indeterminate lab test	Positive lab test
Negative lab test	Positive culture
Ordered lab test	Quantitative lab test result

### Source/Site

Blood	Invasive	Perirectal
Clinical	Neuroinvasive	Rectal
CNS	Neurological	Sterile site
CSF	Non-neurological	Stool
Food	Ophthalmic	Urine
Genital	Oral	Wound

### Case Details (Will not appear as part of condition name)

CASE CLASSIFICATION:	REPORTING METHOD:	DATE EFFECTIVE: <i>Enter date</i>
Confirmed	Aggregate Count	
Probable	Individual Case Report	
Suspect		