Office of
Integrated Surveillance and Informatics Services (ISIS)

Standard Operating Procedures

GUIDE TO EVENT CLASSIFICATION AND LABORATORY INTERPRETATION

Q:\RESOURCES\ISIS SURVEILLANCE\Case Classification Manual

SURVEILLANCE GUIDE TO EVENT CLASSIFICATION
AND LABORATORY INTERPRETATION

Updated 07/30/2013
Common Terms:

- **confirmed event**: clinical and/or laboratory evidence fulfills all criteria required for a true case
- **probable event**: available clinical and/or laboratory evidence meets most, but not all, of the criteria required for a confirmed case
- **suspect event**: available clinical and/or laboratory evidence meets some, but not all, of the criteria required for a definitive classification of the case
- **revoked event**: available clinical and/or laboratory evidence is sufficient to indicate the case is not actually a true case

**antibody**: an immune system protein created by the body in response to an invading microorganism

**antigen screen**: a test designed to detect a specific piece of a particular organism

**assay**: a test performed to determine the presence of a substance and/or the amount of that substance

**biopsy**: the removal of a sample of tissue for examination under a microscope (sometimes in an attempt to demonstrate a particular microorganism) - examination of a biopsy sample often involves the use of stains

**clinical specimen**: refers to a human specimen (as opposed to a specimen not specified as clinical, which could be an animal or inanimate specimen)

**clinically compatible case**: a clinical syndrome generally compatible with the disease, as described in the clinical description

**culture**: a test intended to isolate (or grow) a particular microorganism in order to identify it

**event time period**: the length of time during which a person should NOT be reentered into the database for the same disease/infection (event time periods take into account a variety of disease-specific information, including acquired immunity and course of disease)

**Example**: The event time period for all enteric events is 1 year. If you receive a lab regarding John Smith’s Giardiasis on 2/11/02 and another lab on 11/15/02 – DO NOT ENTER AS A NEW EVENT! Update Smith’s existing Giardiasis record with any new information from the most recent report.

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**epidemiologically linked event:** a event in which both
a) the patient has had contact with one or more persons who either have/had the disease or have been exposed to a point source of infection
b) transmission of the agent is plausible

note: Per CDC, a event may be considered epidemiologically linked to a laboratory-confirmed event if at least one event in the chain of transmission is laboratory confirmed

**fluorescence:** a substance used to make an organism visible

**microorganism:** any bacterium, parasite, virus, yeast or fungi

**ova and parasite:** a type of slide smear test intended to make visible the eggs (ova) of a particular parasite or the parasite itself

**PCR:** a type of test used to amplify selected sections of the DNA of a microorganism

**serology:** a test using blood or blood components (such as serum or plasmid) to determine the presence of antibodies (such as IgG or IgM) to a particular microorganism

**serotype:** a further subdivision of a species e.g. *Shigella flexneri* 24

**slide test:** a test in which a specimen is placed on a slide in order to make it visible under a microscope

**smear test:** a slide test, usually involving stains, designed to make a microorganism visible under a microscope

**species:** smallest category of classification for living organisms- usually the second of the two Latin names cited for an organism e.g. *Shigella flexneri*

**sterile site:** an area of the body normally free of microorganisms from which laboratory specimens may be taken, such as blood, pleural fluid, pericardial fluid, joint fluid, peritoneal fluid, CSF (cerebral spinal fluid); organisms identified in sputum or throat cultures are not considered to be from a sterile site; organisms identified from wounds or other sources should be reviewed with an Epidemiologist prior to entry of the event

**toxin:** a chemical, which can be harmful or deadly, excreted by some microorganisms

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Common Acronyms/Abbreviations

- Ig: Immunoglobulin
- IgM: Immunoglobulin M
- IgG: Immunoglobulin G
- CRF: Case Report Forms
- CSF: Cerebral Spinal Fluid
- Epi: Epidemiologist

Common Lab Tests

- DFA: direct fluorescent antibody
- EIA: enzyme immunoassay
- ELISA: enzyme-linked immunosorbent assay
- EITB: electrophoretic immunotransblot
- IFA: immunofluorescent assay
- MIF: micro immunofluorescence
- O & P: ova and parasite
- PCR: polymerase chain reaction
- PFGE: pulsed-field gel electrophoresis
- RIBA: recombinant immunoblot assay
- RT-PCR: reverse transcriptase polymerase chain reaction
- SIA: strip immunoblot assay
- WB: western blot

** throughout this text, bolded event names indicate a nationally notifiable disease as of 2003.
** throughout this text, grayed events indicate that the event definition is in draft form and/or pending final review
IMMEDIATE DISEASE PROTOCOL:
1. Laboratory report is entered into MAVEN immediately.
2. Fax to Local Board of Health.
3. Select and date “LBOH notified” in Administrative QP.

AIDS/HIV REPORTS
- Aids/HIV lab reports (including CD4 counts) should be placed in an interoffice envelope to AIDS surveillance.

SEXUALLY TRANSMITTED DISEASE (STD)
- STD lab reports should be placed in an interoffice envelope to STD surveillance.