

**Instructions:**

- This form is for general disease reporting and should be used unless a specialized reporting form is indicated. Diseases with specialized reporting forms are asterisked (\*) in the disease lists below and links to the forms are available in the lower center column.
- Fax completed PD-23 forms to (860) 629-6962 or Hospital IPs can enter directly into CTEDSS (when applicable).
- Copies must also be sent to the Director of Health of the city or town where the patient resides and kept in the patient's medical record.
- A fillable PD-23 and contact information for all Connecticut Health Directors are available on the DPH website.

State of Connecticut  
 Department of Public Health  
 410 Capitol Avenue, MS#11FDS  
 P.O. Box 340308  
 Hartford, CT 06134-0308  
 Phone: (860) 509-7994  
 Fax: (860) 629-6962

**2024 REPORTABLE DISEASES, EMERGENCY ILLNESSES, AND HEALTH CONDITIONS**

**Category 1 Diseases**

- Report by phone on the day of diagnosis or suspicion.  
 Business hours: (860) 509-7994  
 Evenings, weekends, holidays: (860) 509-8000
- Complete and submit a PD-23 within 12 hours.

- Acute HIV Infection\* 1, 2
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Measles
- Melioidosis
- Meningococcal disease
- Outbreaks
  - foodborne (involving ≥ 2 persons)
  - institutional
  - unusual disease or illness<sup>3</sup>
- Plague
- Poliomyelitis
- Q fever
- Rabies
- Ricin poisoning
- Severe Acute Respiratory Syndrome (SARS)
- Smallpox
- Staphylococcal enterotoxin B pulmonary poisoning
- Staphylococcus aureus* disease, reduced or resistant susceptibility to vancomycin<sup>1</sup>
- Syphilis, congenital\*
- Tuberculosis\*
- Tularemia
- Venezuelan equine encephalitis virus infection
- Viral hemorrhagic fever
- Yellow fever

**Footnotes**

- Report only to DPH.
- As described in the [CDC case definition](#).
- Individual cases of "significant unusual illness" are also reportable.
- Report COVID-19 cases only when a diagnostic test was performed on-site in a healthcare facility (provider's office, urgent care clinic, long-term care facility, etc.).
- Invasive disease: from sterile fluid (blood, CSF, pericardial, pleural, peritoneal, joint, or vitreous), bone, internal body sites, or other normally sterile site, including muscle.
- Report HAIs according to current CMS pay-for-reporting or pay-for-performance requirements. Detailed instructions on the types of HAIs, facility types and locations and methods of reporting are available on the [DPH website](#).
- On request from the DPH and if adequate serum is available, send serum from patients with HUS to the State Public Health Laboratory for antibody testing.
- Clinical sepsis and blood or CSF isolate obtained from an infant <3 days of age.
- Community-acquired: infection present on admission to hospital, and person has no previous hospitalizations or regular contact with the health-care setting.

**Category 2 Diseases**

- Complete and submit a PD-23 within 12 hours.
- A Hospital IP entering a case in CTEDSS (when applicable) satisfies the reporting requirement.

- Acquired Immunodeficiency Syndrome (AIDS)\* 1, 2
- Acute flaccid myelitis
- Anaplasmosis
- Babesiosis
- Borrelia miyamotoi* disease
- California group arbovirus infection
- Campylobacteriosis
- Candida auris*
- Chancroid
- Chickenpox (Varicella)\*
- Chickenpox-related death\*
- Chikungunya
- Chlamydia (*C. trachomatis*) (all sites)\*
- COVID-19 (SARS-CoV-2 infection)<sup>4</sup>
- COVID-19 death
- COVID-19 hospitalization
- Cronobacter*
- Cryptosporidiosis
- Cyclosporiasis
- Dengue
- E-cigarette or vaping product use associated lung injury (EVALI)\*
- Eastern equine encephalitis virus infection
- Ehrlichia chaffeensis* infection
- Escherichia coli* O157:H7 infection
- Escherichia coli*, invasive in infants <1 year of age<sup>5</sup>
- Gonorrhea\*
- Group A Streptococcal disease, invasive<sup>5</sup>
- Group B Streptococcal disease, invasive<sup>5</sup>
- Haemophilus influenzae* disease, invasive<sup>5</sup>
- Hansen's disease (Leprosy)
- Healthcare-associated infections<sup>6</sup>
- Hemolytic-uremic syndrome<sup>7</sup>
- Hepatitis A
- Hepatitis B
  - acute infection<sup>2</sup>
  - HBsAg positive pregnant women
- Hepatitis C
  - acute infection<sup>2</sup>
  - perinatal infection
  - positive rapid antibody test result
- HIV-1/HIV-2 infection\* 1, 2
- HPV: biopsy proven CIN 2, CIN 3, or AIS or their equivalent<sup>1</sup>
- Influenza-associated death
- Influenza-associated hospitalization
- Legionellosis
- Listeriosis
- Malaria
- Mercury poisoning
- Mpox
- Multisystem inflammatory syndrome in children (MIS-C)
- Mumps
- Neonatal bacterial sepsis<sup>8</sup>
- Occupational asthma\*
- Pertussis
- Pneumococcal disease, invasive<sup>5</sup>
- Powassan virus infection
- Respiratory Syncytial Virus (RSV) associated death
- RSV-associated hospitalization
- Rocky Mountain spotted fever
- Rubella (including congenital)
- Salmonellosis
- Shiga toxin-related diseases (gastroenteritis)
- Shigellosis
- Silicosis
- St. Louis encephalitis virus infection
- Staphylococcus aureus* methicillin-resistant disease, invasive, community acquired<sup>5, 9</sup>
- Staphylococcus epidermidis* disease, reduced or resistant susceptibility to vancomycin<sup>1</sup>
- Syphilis\*
- Tetanus
- Trichinosis
- Typhoid fever
- Vaccinia* disease
- Vibrio* infection (*V. parahaemolyticus*, *V. vulnificus*, others)
- West Nile virus infection
- Zika virus infection

**Specialized Reporting Forms**

Report Type	Fax to:
<a href="#">Chickenpox (Varicella) Report</a>	(860) 707-1905
<a href="#">HIV Case Report Form</a>	(860) 509-8237
<a href="#">Occupational Diseases Report</a>	(860) 730-8424
<a href="#">Sexually Transmitted Diseases</a>	(860) 730-8380
<a href="#">Tuberculosis Report Form</a>	(860) 730-8271
<a href="#">Vaping Lung Injury Case Report</a>	(860) 706-1262

**Contact DPH Infectious Disease Programs**

Program	Phone:
<a href="#">Epidemiology &amp; Emerging Infections</a>	(860) 509-7994
<a href="#">Healthcare Associated Infections</a>	(860) 509-7995
<a href="#">HIV/HCV Surveillance Program</a>	(860) 509-7900
<a href="#">Immunization Program</a>	(860) 509-7929
<a href="#">STD Control Program</a>	(860) 509-7920
<a href="#">Tuberculosis Control Program</a>	(860) 509-7722



PD-23 | Reportable Disease Case Report Form

Questions or weekday Category 1 Disease phone reporting: (860) 509-7994
Evening, weekend, and holiday phone reporting: (860) 509-8000

Department of Public Health
410 Capitol Avenue, MS#11FDS
P.O. Box 340308
Hartford, CT 06134-0308

DISEASE INFORMATION

Disease Name
Onset Date
Diagnosis Date

REPORT INFORMATION

Person Completing Report
Phone #
E-mail
Reporting Facility
City
State
Date of Report

PATIENT INFORMATION

Patient Name (Last) (First) (Middle)
Date of Birth
Age

Parent or Guardian Name (for patients < 18 years of age)

Current Address
City
State
Zip Code
Phone #
Mobile
Home
Work

Sex at Birth
Current Gender Identity
Is the patient currently pregnant?
Yes Due Date:
No
Unknown

Race (Check all that apply)
Ethnicity
Primary Language

Is condition work-related?
Select applicable risk setting(s):
Healthcare worker
Student
Currently incarcerated
Daycare worker
Food handler
Formerly incarcerated
Daycare attendee
LTC facility resident
Unhoused

Name and address of workplace, school, daycare, prison, or other risk setting

Has the patient recently traveled outside of the US?
Yes
No
Unknown
Country:
Dates of travel: to

LABORATORY INFORMATION

Laboratory Name:
Laboratory City:
Laboratory State:
Test(s) Ordered:
Specimen Collection Date:
Specimen Type:
Date Tested:
Result Date:
Ordering Healthcare Provider
Phone #
Facility Name
City
State

CLINICAL INFORMATION

Was the patient hospitalized?
Symptomatic?
Vaccinated for current illness?
Vital Status

VIRAL HEPATITIS

Adult
Perinatal
HAV
HBV
HCV

Symptoms

Jaundice
Onset Date:
Other:
Onset Date:
ALT Result:
Draw Date:
Bilirubin Result:
Draw Date:

HAV

IgM anti-HAV
Pos
Neg
Draw date:

HBV

HBsAg
Pos
Neg
Draw Date:
HBV chronic carrier
Yes
No
Unknown

HCV

Anti-HCV
Rapid
Serum
Pos
Neg
Draw Date:
HCV RNA
Detected
IU/mL
Not Det
Date of last negative HCV antibody test:

Risk information

Injection drug use
Other drug use
Sex with men
Multiple sex partners
Contact with infected person(s)
Household
Sexual
Hemodialysis
Blood transfusion
Other:

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD  
Commissioner



Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

### DPH Authority to Conduct Public Health Activities

Pursuant to Connecticut General Statutes (CGS) and Regulations of Connecticut State Agencies included below, the requested information is required to be provided to the Department of Public Health (DPH). Health care providers must complete this form for patients diagnosed with any reportable disease, emergency illness, or health condition.

#### Connecticut General Statutes

[CGS § 19a-2a](#) authorizes the Commissioner of Public Health to employ the most efficient and practical means for the prevention and suppression of disease.

[CGS § 19a-215](#) defines the Commissioner's lists of reportable diseases, emergency illnesses and health conditions and reportable laboratory findings. Reporting requirements and describes the reporting requirements for health care providers and clinical laboratories.

[CGS § 52-146o\(b\)\(1\)](#) authorizes the release of medical information to DPH without patient consent.

#### Regulations of Connecticut State Agencies

[Conn. Agencies Regs., § 19a-36-A2: List of reportable diseases and laboratory findings](#) includes the reporting category of each disease, procedures for the reporting, and minimum investigation and control measures for each disease. Listed diseases are declared reportable diseases as of the effective date of approval by the commissioner.

[Conn. Agencies Regs., § 19a-36-A3: Persons required to report reportable diseases and laboratory findings](#) identifies professionals responsible for disease reporting including:

- 1) health care providers
- 2) the administrator serving a public or private school or day care center attended by any person affected or apparently affected with such disease;
- 3) the person in charge of any camp;
- 4) the master or any other person in charge of any vessel lying within the jurisdiction of the state;
- 5) the master or any other person in charge of any aircraft landing within the jurisdiction of the state;
- 6) the owner or person in charge of any establishment producing, handling, or processing dairy products, other food, or non-alcoholic beverages for sale or distribution;
- 7) morticians and funeral directors.

[Conn. Agencies Regs., § 19a-36-A4: Content of report and reporting of reportable diseases and laboratory findings](#) describes what information each report should include:

- 1) name, address and phone number of the person reporting and of the physician attending;
- 2) name, address, date of birth, age, sex, race/ethnicity, and occupation of person affected; and
- 3) the diagnosed or suspected disease, and date of onset.

In addition, the federal [Health Insurance Portability and Accountability Act of 1996 \(HIPAA\)](#) provides the legal framework necessary to allow health care providers to release protected health information (PHI) and for DPH to collect PHI for public health activities.

#### Code of Federal Regulations (CFR)

##### [45 CFR § 164.501: Definitions.](#)

DPH is a "public health authority" Please note: "health oversight agency" includes entities "acting under a grant of authority from or contract with such public agency."

##### [45 CFR § 164.512: Uses and disclosures for which an authorization or opportunity to agree or object is not required.](#)

[\(a\)\(1\)](#) authorizes health care providers to disclose PHI when required by law which includes statutes or regulations that require the production of PHI.

[\(b\)\(1\)](#) authorizes health care providers to disclose PHI for public health activities.

[\(b\)\(1\)\(i\)](#) authorizes health care providers to disclose PHI to a public health authority authorized by law for the purpose of preventing or controlling disease, injury, or disability, including the reporting of disease, public health surveillance, public health investigations, and public health interventions.

##### [45 CFR § 164.514: Other requirements relating to uses and disclosures of protected health information.](#)

[\(d\)\(3\)\(iii\)](#) providers may rely upon public officials' position that PHI disclosures are the minimum amount necessary to achieve the purpose of the disclosure.

For questions about this form or disease reporting, please call (860) 509-7994.



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