

# Connecticut Health Database Compendium



*A Profile of Selected Databases Maintained by  
The Connecticut Department of Public Health*

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March 2012

The *Connecticut Health Database Compendium* is a compilation of selected databases maintained by the Connecticut Department of Public Health. The first edition - *Health Data Report* - was published in 1993, and the original template used for this document was based on the Rhode Island Department of Health's *Health Data Inventory*. This compendium provides a current profile of key databases maintained by staff of the Connecticut Department of Public Health. Use of these databases by entities other than the Connecticut Department of Public Health is solely at the discretion of the Department.

This compendium was prepared by Marijane Mitchell, M.S. and Margaret M. Hynes, Ph.D., M.P.H., with the assistance of Connecticut Department of Public Health colleagues responsible for the 53 databases described here. We extend special thanks to Ava Nepaul, who assisted in the development of the questionnaire for this compendium, to Carol Bower, Celeste Jorge and Vivian Henry for consultation on document formatting and design, and to Jan V. Kulpanowski, who designed the cover of this document.

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<b>Health Practitioner Licensure (eLicense)</b>	
CONTACT: Jennifer Filippone, B.S. PHONE: (860) 509-7590, E-MAIL: <a href="mailto:jennifer.filippone@ct.gov">jennifer.filippone@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Connecticut (CT) General Statutes, Chapter 369 requires practitioner licensure by the CT Department of Public Health (DPH). Workforce data will be used for evaluating workforce shortage issues.
<b>What</b>	
<i>Definition of a case or record in the database</i>	Information on each licensed individual includes credentials, compliance and contact information. A data dictionary is available through the vendor.
<i>Population covered by the database</i>	73 professional categories of licensed health care, health care-related and environmental health practitioners are included. In 2011 DPH licensed 198,016 individuals.
<b>When</b>	
<i>When and how data are collected</i>	The majority of practitioner licenses expire annually and renewal dates are the last day of every month. DPH began renewing physician, dentist and nurse licenses online in July, 2009. Paper renewals are being processed for a number of practitioner categories until transitioned to the online function.
<i>When data are available for analysis and reporting</i>	Immediately.
<i>Most recent period for these data</i>	Data are reported and updated on a daily basis (electronic database began in 7/09 with the physician category and continues, with some practitioner categories not yet included).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	In the process of implementation. Five race and two Hispanic categories are currently or will be requested. More than one race category may be selected. Race/Ethnicity and Sex/Gender are self-reported.
<i>Geographic units recorded</i>	The complete mailing address on file for each practitioner may be a home or business address. Physician practice location is collected. Geocoded data are not available.
<i>Available on DPH website?</i>	Yes.
<b>Where</b>	
<i>Recently published documents</i>	Aggregate statistics are available on the DPH web, as well as a query function to confirm an individual's licensure. Physician Profile information on physicians including education, board certification, malpractice claims, disciplinary actions, and publications is available on the license verification pages.
<i>Key search words</i>	licensed health providers, licensing data
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/plis">www.ct.gov/dph/plis</a>

<b>Acute Care Hospital Inpatient Discharge Database (HIDD)</b>	
CONTACT: Olga Armah, M.Phil. PHONE: (860) 418-7070, E-MAIL: <a href="mailto:olga.armah@ct.gov">olga.armah@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Section 19a-634 of the Connecticut General Statutes. Used to generate an annual report that assesses availability and utilization of certain health care facilities and identifies geographic areas and subpopulations that may be underserved or have reduced access to specific types of health care services. Used to develop a statewide health care facilities and services plan.
<b>What</b>	
<i>Definition of a case or record in the database</i>	A discharge from an acute care hospital. There is a data dictionary.
<i>Population covered by the database</i>	All CT residents or non-residents who have received inpatient acute hospital care.
<b>When</b>	
<i>When and how data are collected</i>	Six months of inpatient discharge data are submitted to an Office of Health Care Access (OHCA)-approved vendor in January and July of each year. The vendor then adds diagnostic codes and works with the hospitals to get clarifications/corrections as needed before merging the data into an annual file for OHCA. OHCA staff then perform additional quality assurance and analyses of the data.
<i>When data are available for analysis and reporting</i>	Usually one month after submission.
<i>Most recent period for these data</i>	10/1/2010-9/30/2011 (electronic database covers 1991-present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Six race and two Hispanic ethnicity categories are collected. More than one race category may not be selected. Race and Ethnicity may be either self or observer reported. Sex/Gender are self-reported.
<i>Geographic units recorded</i>	The residence zip code, town, and county of the patient are collected. Geocoded data are not available.
<i>Available on DPH website?</i>	Yes. <a href="http://www.ct.gov/ohca">www.ct.gov/ohca</a>
<b>Where</b>	
<i>Recently published documents</i>	Chart Book: Availability and Utilization of Health Care Services at Acute Care Hospitals and Federally Qualified Health Centers Fiscal Year 2010. October 2011. Health Care Services in Connecticut: Availability, Utilization and Access. June 2010
<i>Key search words</i>	Hospital, acute care, discharges, inpatient
<i>DPH website location</i>	<a href="http://www.ct.gov/ohca">www.ct.gov/ohca</a> or <a href="http://www.ct.gov/dph/">www.ct.gov/dph/</a>

<b>OHCA Hospital Reporting System (OHCAHRS)</b>	
CONTACT: Ronald Ciesones, B.S. PHONE: (860) 418-7030, E-MAIL: <a href="mailto:ronald.ciesones@ct.gov">ronald.ciesones@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Public Health Code Section 19a-643-206 is used to generate an annual report on hospital financial information and utilization especially of high technology services.
<b>What</b>	
<i>Definition of a case or record in the database</i>	An acute care hospital. There is a data dictionary.
<i>Population covered by the database</i>	Thirty acute care hospitals in Connecticut.
<b>When</b>	
<i>When and how data are collected</i>	Data are submitted online to the Office of Health Care Access (OHCA) in February and March of each year.
<i>When data are available for analysis and reporting</i>	Data inputs are entered into HRS in February and March each year and are usually finalized and ready for use by July 1.
<i>Most recent period for these data</i>	Fiscal Year (FY) 2010 (electronic database covers FY 2007 - present). The predecessor of this database, HBS, contains many of the same data elements from FY 1998 through FY 2006.
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Not applicable.
<i>Geographic units recorded</i>	Geocoded data are not available.
<i>Available on DPH website?</i>	Yes.
<b>Where</b>	
<i>Recently published documents</i>	<i>2010 Report on the Financial Status of Connecticut's Short Term Acute Care Hospitals</i>
<i>Key search words</i>	Hospital finances, revenues, expenses, statistics
<i>DPH website location</i>	<a href="http://www.ct.gov/ohca">www.ct.gov/ohca</a>

<b>EMS Patient Care Report Database</b>	
CONTACT: Bill Teel, Ph.D. PHONE: (860) 509-8116, E-MAIL: <a href="mailto:bill.teel@ct.gov">bill.teel@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Public Health Code 19a-179 mandates the Office of Emergency Medical Services (OEMS) to monitor and improve ambulance services provided to residents of Connecticut (CT). This database collects related EMS information to facilitate this oversight.
<b>What</b>	
<i>Definition of a case or record in the database</i>	An individual who has received ambulance services in CT. There is a database dictionary.
<i>Population covered by the database</i>	All CT residents who have received emergency medical services initiated by a 911 call within the state of CT.
<b>When</b>	
<i>When and how data are collected</i>	Ambulance service data are supplied to the CT Department of Public Health (DPH) weekly by each ambulance company. After a year these data are linked with hospital emergency department and inpatient data on patient outcomes for evaluation and tracking.
<i>When data are available for analysis and reporting</i>	Generally one year after the service period ends.
<i>Most recent period for these data</i>	2010 (electronic database covers 2009 - present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Six race and two Hispanic ethnicity categories are choices for the respondent. More than one race category may not be selected. Race/Ethnicity and Sex/Gender are observer-reported by EMT staff.
<i>Geographic units recorded</i>	Patient mailing address is collected. Geocoded data may be available depending on the EMS service.
<i>Available on DPH website?</i>	Yes.
<b>Where</b>	
<i>Recently published documents</i>	Yes. <i>Quarterly Provider Activity Report for the 2010 Calendar Year</i> . Several previous years' reports are also available on this website.
<i>Key search words</i>	EMS, ambulance, emergency transport medical care
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/cwp/view.asp?a=3127&amp;q=387370&amp;dphNav_GID=1827&amp;dphNav">www.ct.gov/dph/cwp/view.asp?a=3127&amp;q=387370&amp;dphNav_GID=1827&amp;dphNav</a>



<b>Trauma Database</b>	
CONTACT: Bill Teel, Ph.D. PHONE: (860) 509-8116, E-MAIL: <a href="mailto:bill.teel@ct.gov">bill.teel@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Public Health Code 19a-177 mandates that the Office of Emergency Medical Services (OEMS) is responsible for the development, implementation, and evaluation of the state's trauma system. This trauma registry provides information to analyze and evaluate the quality of care of trauma patients.
<b>What</b>	
<i>Definition of a case or record in the database</i>	"Trauma patients" includes all admitted trauma patients, trauma patients who died (excluding those dead at the scene), all trauma patients who are transferred, and all traumatic brain injury patients in Connecticut (CT). There is a database dictionary.
<i>Population covered by the database</i>	All persons who received emergency medical care that activated a trauma code in CT.
<b>When</b>	
<i>When and how data are collected</i>	Data regarding the ambulance services and inpatient care provided to trauma patients are supplied to the CT Department of Public Health (DPH) annually by hospitals
<i>When data are available for analysis and reporting</i>	Generally one year after the service period ends (e.g. 2011 data will be available in July 2012).
<i>Most recent period for these data</i>	2010 (electronic database covers 2005 - present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Six race and two Hispanic ethnicity categories are choices for the respondent. More than one race category may not be selected. Race/Ethnicity and Sex/Gender are observer-reported by hospital staff.
<i>Geographic units recorded</i>	Patient mailing address is collected. Geocoded data are not available.
<i>Available on DPH website?</i>	No. Program information is available at the website below.
<b>Where</b>	
<i>Recently published documents</i>	No. Internal yearly reports are generated. Data are also provided to the DPH CODES program for its analysis and reporting.
<i>Key search words</i>	trauma care, EMS
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/cwp/view.asp?a=3127&amp;q=387370&amp;dphNav_GID=1827&amp;dphNav">www.ct.gov/dph/cwp/view.asp?a=3127&amp;q=387370&amp;dphNav_GID=1827&amp;dphNav</a>

<b>SEER*DMS</b>	
<b>Surveillance Epidemiology and End Results Data Management System</b>	
CONTACT: Cathryn Phillips, C.T.R. PHONE: (860) 509-7163, E-MAIL: <a href="mailto:cathryn.phillips@ct.gov">cathryn.phillips@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Connecticut (CT) General Statutes Section 19a-72, Public Health Code Section 19a-73. The National Cancer Institute provides funding to SEER sites which were selected for their ability to manage a cancer reporting system and to provide a representative subset of the United States population for research and health planning purposes.
<b>What</b>	
<i>Definition of a case or record in the database</i>	One reportable condition (tumor). There is a data dictionary.
<i>Population covered by the database</i>	CT residents diagnosed with cancer or certain other reportable conditions. The identities of all patients reported are protected by state confidentiality laws.
<b>When</b>	
<i>When and how data are collected</i>	Monthly, quarterly, and annually. All hospitals, clinical laboratories, and health care providers in CT are required by law to report cancer cases to the registry.
<i>When data are available for analysis and reporting</i>	Usually two years after the close of the calendar year of report.
<i>Most recent period for these data</i>	2009.
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Over 50 race and nationality (including Hispanic, Latino, Puerto Rican and Chicano) categories are choices for the respondent. More than one race category may be selected. Race/Ethnicity and Sex/Gender are self-reported; but when unavailable, clinical registration staff submit observer reports.
<i>Geographic units recorded</i>	The patient's mailing address is collected. Geocoded data are available on a census tract level.
<i>Available on DPH website?</i>	Yes. Annual statewide summary reports with counts, rates, length of stay, and charges for selected diagnoses by sex, race and ethnicity, and age group are available.
<b>Where</b>	
<i>Recently published documents</i>	Yes. The most recent reports with 2007 data as well as historical reports may be found on the DPH website.
<i>Key search words</i>	cancer incidence, cancer survival statistics, tumors, SEER, cancer plan, Connecticut Tumor Registry
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/TumorRegistry">www.ct.gov/dph/TumorRegistry</a>

<b>Behavioral Risk Factor Surveillance System (BRFSS)</b>	
CONTACT: Diane Aye, M.P.H., Ph.D. PHONE: (860) 509-7756, E-MAIL: <a href="mailto:diane.aye@ct.gov">diane.aye@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	All fifty states are funded by the Centers for Disease Control and Prevention (CDC) to conduct surveys of adults on risk factor and health behavior data related to mortality and morbidity.
<b>What</b>	
<i>Definition of a case or record in the database</i>	A randomly selected adult (aged 18 or older) within a randomly selected household with a landline telephone, or a randomly selected cellular telephone owned by an adult with no landline or who uses their cellular telephone for 90% of their calls. Only non-institutionalized adults are included (no nursing homes, prisons, college dorms, etc.). There is a data dictionary.
<i>Population covered by the database</i>	Annual sample representative of non-institutionalized adults in Connecticut (CT) who live in households with landline telephones or have a cellular telephone.
<b>When</b>	
<i>When and how data are collected</i>	Data are collected on an ongoing basis by telephone interviews (random digit dial landline and cell phones) conducted by a contractor selected by competitive bid.
<i>When data are available for analysis and reporting</i>	Usually six months after collection.
<i>Most recent period for these data</i>	2010 (electronic data sets for individual years, 1990-present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Five race and two Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected. Both Race/Ethnicity and Sex/Gender are self-reported.
<i>Geographic units recorded</i>	State and county. Data are usually presented at state level due to small sample size when reported at a smaller unit. Geocoded data are not available.
<i>Available on DPH website?</i>	Yes – reports using data are available on the web site. BRFSS data sets are available from the BRFSS coordinator or CDC web site.
<b>Where</b>	
<i>Recently published documents?</i>	Yes. Several reports and fact sheets using BRFSS data were published in 2008-2010 on the following subjects: asthma, cancer, oral health, heart disease and stroke, and diabetes.
<i>Key search words</i>	health behaviors, risk factors, BRFSS, adult health
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/brfss">www.ct.gov/dph/brfss</a>

<b>Birth Registry</b>	
CONTACT: David Antolini, B.S. (questions re: data collection methods) PHONE: (860) 509-7952, E-MAIL: <a href="mailto:david.antolini@ct.gov">david.antolini@ct.gov</a> CONTACT: Federico Amadeo M.P.A. (questions re: statistics) PHONE: (860) 509-7148, E-MAIL: <a href="mailto:federico.amadeo@ct.gov">federico.amadeo@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Section 7-48 of the Connecticut (CT) General Statutes requires the filing of birth certificates for CT live births with town registrars of vital statistics. Section 7-42 directs towns to submit birth certificates to the Commissioner of Public Health. The National Center for Health Statistics (NCHS) funds regular reporting of CT Vital Records data.
<b>What</b>	
<i>Definition of a case or record in the database</i>	Live birth occurring in the state of CT or a birth to a CT resident occurring outside CT. There is a data dictionary.
<i>Population covered by the database</i>	CT newborns & mothers with fathers' information, as provided.
<b>When</b>	
<i>When and how data are collected</i>	Continuously, through birth hospital's electronic transmission within 10 days of the CT birth. If a home birth, the town is required to submit the birth certificate information to the Department of Public Health (DPH).
<i>When data are available for analysis and reporting</i>	Usually by the end of the following year.
<i>Most recent period for these data</i>	2009 (electronic database covers 1959-present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Ten race and five Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected. Race/Ethnicity are reported by the mother. Sex/Gender are reported by a health professional.
<i>Geographic units recorded</i>	Complete mailing address is collected for the mother and birth hospital/location. Geocoded data are available from 1999 to present.
<i>Available on DPH website?</i>	Yes. Annual summary reports for the state, town, and health districts are available. Access to individual records is restricted.
<b>Where</b>	
<i>Recently published documents?</i>	Yes. The most recent annual summary may be found in the <i>2009 Registration Report</i> .
<i>Key search words</i>	birth statistics, prenatal care, birth weight, mother's demographics, birth registry
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/VitalStatisticsData">www.ct.gov/dph/VitalStatisticsData</a>

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<b>Death Registry</b>	
CONTACT: David Antolini, B.S. (questions re: data collection methods) PHONE: (860) 509-7952, E-MAIL: <a href="mailto:david.antolini@ct.gov">david.antolini@ct.gov</a> CONTACT: Federico Amadeo, M.P.A. (questions re: statistics) PHONE: (860) 509-7148, E-MAIL: <a href="mailto:federico.amadeo@ct.gov">federico.amadeo@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Section 7-62b of the Connecticut (CT) General Statutes requires that a death certificate for each death in CT be filed with the town registrar of vital statistics. Section 7-42 directs towns to submit death certificates to the Commissioner of Public Health. The National Center for Health Statistics (NCHS) funds regular reporting of CT Vital Records data.
<b>What</b>	
<i>Definition of a case or record in the database</i>	Death occurring in the State of CT or the death of a CT resident occurring outside CT. There is a data dictionary.
<i>Population covered by the database</i>	All people who die in CT or were residents of CT at the time of death.
<b>When</b>	
<i>When and how data are collected</i>	The physician or medical examiner certifying the death completes the cause of death information on the death certificate. The funeral director having charge of the body completes the remaining data items on the death certificate (VS-4). Within five days after death the funeral director submits the completed death certificate to the registrar of the town where the death occurred. The registrar then forwards a copy of the death certificate to the Department of Public Health (DPH).
<i>When data are available for analysis and reporting</i>	Usually by the end of the following year.
<i>Most recent period for these data</i>	2009 (electronic database covers 1949-present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	As of 2005, fifteen race and two Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected. Race/Ethnicity and Sex/Gender are observer reported by next of kin or a health professional.
<i>Geographic units recorded</i>	Complete mailing address is collected for the deceased and funeral home. Birth town and state are also collected. Geocoded data are available from 1999 to present.
<i>Available on DPH website?</i>	Yes. Annual summary reports for the state, town and health districts are available.
<b>Where</b>	
<i>Recently published documents?</i>	Yes. The most recent annual summary may be found in the <i>2009 Registration Report</i> .
<i>Key search words</i>	death statistics, cause of death, mortality, death registry
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/DeathData">www.ct.gov/dph/DeathData</a> also: <a href="http://www.ct.gov/dph/VitalStatisticsData">www.ct.gov/dph/VitalStatisticsData</a>

<b>Fetal Death Registry</b>	
CONTACT: David Antolini, B.S. (questions re: data collection methods) PHONE: (860) 509-7952, E-MAIL: <a href="mailto:david.antolini@ct.gov">david.antolini@ct.gov</a> CONTACT: Federico Amadeo, M.P.A. (questions re: statistics) PHONE: (860) 509-7148, E-MAIL: <a href="mailto:federico.amadeo@ct.gov">federico.amadeo@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Section 7-60 of the Connecticut (CT) General Statutes requires that each fetal death in CT be registered and a fetal death certificate be filed with the registrar of vital statistics. Section 7-42 directs towns to submit fetal death certificates to the Commissioner of Public Health. The National Center for Health Statistics (NCHS) funds regular reporting of CT Vital Records data.
<b>What</b>	
<i>Definition of a case or record in the database</i>	A fetus born after a period of gestation of not less than 20 weeks in which there is no attempt at respiration, no action of the heart, and no movement of the voluntary muscles. There is a data dictionary.
<i>Population covered by the database</i>	Stillborns over 20 weeks' gestation and parents.
<b>When</b>	
<i>When and how data are collected</i>	Within 10 days of the fetal death, a certificate of fetal death (VS-5) is produced by the hospital or the facility where the fetal death occurred. The facility sends the medical portion of the certificate of fetal death directly to the Department of Public Health (DPH). The legal portion of the certificate of fetal death is initially sent to the town for registration, and then forwarded to the DPH.
<i>When data are available for analysis and reporting</i>	Usually by the end of the following year.
<i>Most recent period for these data</i>	2009 (electronic database covers 1962-present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Ten race and five Hispanic ethnicity categories (for parents) are choices for the respondent. More than one race category may be selected. Race/Ethnicity are reported by the mother. Sex/Gender are reported by a health professional.
<i>Geographic units recorded</i>	Complete mailing address is collected for the parents. Birth town and state of the parents are also collected. Geocoded data are available from 1999 to present.
<i>Available on DPH website?</i>	Yes. Annual summary reports for the state, town, and health districts are available.
<b>Where</b>	
<i>Recently published documents?</i>	Yes. The most recent annual summary may be found in the <i>2009 Registration Report</i> .
<i>Key search words</i>	fetal death statistics, stillbirth, fetal death registry
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/VitalStatisticsData">www.ct.gov/dph/VitalStatisticsData</a>

<b>Marriage Registry</b>	
CONTACT: David Antolini, B.S. (questions re: data collection methods) PHONE: (860) 509-7952, E-MAIL: <a href="mailto:david.antolini@ct.gov">david.antolini@ct.gov</a> CONTACT: Federico Amadeo, M.P.A. (questions re: statistics) PHONE: (860) 509-7148, E-MAIL: <a href="mailto:federico.amadeo@ct.gov">federico.amadeo@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Section 7-42 of the Connecticut (CT) General Statutes directs town registrars of vital statistics to submit marriage certificates to the Commissioner of Public Health. The National Center for Health Statistics (NCHS) funds regular reporting of CT Vital Records data.
<b>What</b>	
<i>Definition of a case or record in the database</i>	A couple who were issued a marriage license by the CT Registrar of Vital Records and were joined in marriage according to CT General Statutes. There is a data dictionary.
<i>Population covered by the database</i>	Couples married in CT.
<b>When</b>	
<i>When and how data are collected</i>	Before or during the first week of the month following a marriage, the officiator of the marriage must submit the marriage certificate (VS-3) to the town registrar where the marriage occurred. The registrar then forwards a copy of the marriage certificate to the Department of Public Health usually within three months of the marriage.
<i>When data are available for analysis and reporting</i>	Usually by September of the following year.
<i>Most recent period for these data</i>	2010 (electronic database covers 1949-present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	For 2005 and earlier, unspecified field for race and/or Hispanic ethnicity. Up to 25 characters long. More than one race category may be entered. As of 2006, no race and ethnicity information is collected. Sex/Gender are self-reported.
<i>Geographic units recorded</i>	Town, state, and county of residence are recorded for the two individuals. Geocoded data are not available.
<i>Available on DPH website?</i>	Yes.
<b>Where</b>	
<i>Recently published documents?</i>	Yes. The most recent annual summary may be found in the 2009 Registration Report.
<i>Key search words</i>	marriage statistics, marriage registry
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/VitalStatisticsData">www.ct.gov/dph/VitalStatisticsData</a>

<b>Youth Risk Behavioral Surveillance          (Component of the Connecticut School Health Survey)</b>	
CONTACT: Diane Aye, M.P.H., Ph.D. PHONE: (860) 509-7756, E-MAIL: <a href="mailto:diane.aye@ct.gov">diane.aye@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Selected states are funded by the Centers for Disease Control and Prevention (CDC) to conduct surveys of teens on risk factor and health behavior data related to mortality and morbidity.
<b>What</b>	
<i>Definition of a case or record in the database</i>	A student in a randomly selected class (grades 9-12) within a randomly selected Connecticut (CT) public high school. Approximately 60 schools are surveyed in odd-numbered years. There is a data dictionary.
<i>Population covered by the database</i>	Annual sample of approximately 2,000 students is representative of all CT public high school students if a sufficient response rate (60%) is achieved.
<b>When</b>	
<i>When and how data are collected</i>	Data are collected in odd years (2005, 2007, 2009, 2011) from students using a written questionnaire during class time.
<i>When data are available for analysis and reporting</i>	Usually six months after collection.
<i>Most recent period for these data</i>	2009 (electronic data sets cover the years 1997, 2005, 2007, 2009 and 2011 with anticipated release by June, 2012).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Five race and two Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected. Both Race/Ethnicity and Sex/Gender are self-reported.
<i>Geographic units recorded</i>	Data are presented at state level due to small sample size and sample design. Geocoded data are not available.
<i>Available on DPH website?</i>	Yes. Summary tables, graphs and reports for the state are available.
<b>Where</b>	
<i>Recently published documents?</i>	Yes. Fact Sheet for 1997-2009 and the <i>2009 Connecticut School Health Survey Report</i> .
<i>Key search words</i>	health behaviors, risk factors, YRBS, teen morbidity, Connecticut School Health Survey
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/cshs">www.ct.gov/dph/cshs</a>



<b>CARE Ware</b>	
CONTACT: Michael Ostapoff, Ph.D. PHONE: (860) 509-8093, E-MAIL: <a href="mailto:michael.ostapoff@ct.gov">michael.ostapoff@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	States are federally funded by the Health Research and Services Administration (HRSA) Ryan White program to serve HIV-positive clients and report their activities to assist confirmed cases.
<b>What</b>	
<i>Definition of a case or record in the database</i>	A person receiving an eligible service under this grant program. There is a data dictionary.
<i>Population covered by the database</i>	Connecticut (CT) low-income persons who are HIV positive.
<b>When</b>	
<i>When and how data are collected</i>	Information on clients and activities from agencies providing Ryan White services was entered by those agencies. Currently and into the foreseeable future, equivalent data (to the former AIDA database) are being entered by those agencies into a web-based database (CARE Ware) housed at the Hartford Health Department.
<i>When data are available for analysis and reporting</i>	Immediately.
<i>Most recent period for these data</i>	2011 (electronic database covers 2007- ongoing).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Seven race categories(including Other and Unknown) and one Hispanic ethnicity category are choices for the respondent. More than one race category may be selected. Both Race/Ethnicity and Sex/Gender are self-reported.
<i>Geographic units recorded</i>	The client's city, county, state, and zip code are collected. Geocoded data are not available.
<i>Available on DPH website?</i>	No.
<b>Where</b>	
<i>Recently published documents?</i>	No.
<i>Key search words</i>	Ryan White, HIV, AIDS
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/AIDS">www.ct.gov/dph/AIDS</a>

<b>eHARS (HIV/AIDS Surveillance)</b>	
CONTACT: Aaron Roome, Ph.D., M.P.H. Phone: (860) 509-7908, E-Mail: <a href="mailto:aaron.roome@ct.gov">aaron.roome@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	HIV/AIDS surveillance. This effort is supported by federal Centers for Disease Control and Prevention (CDC) funding.
<b>What</b>	
<i>Definition of a case or record in the database</i>	A Connecticut (CT) resident diagnosed with HIV or AIDS. There is no data dictionary.
<i>Population covered by the database</i>	CT residents.
<b>When</b>	
<i>When and how data are collected</i>	Data are entered in the database continuously all year during business hours.
<i>When data are available for analysis and reporting</i>	Immediately.
<i>Most recent period for these data</i>	Current (electronic database covers 1982-present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Six race categories and one Hispanic ethnicity category are choices for the respondent. More than one race category may be selected. Both Race/Ethnicity and Sex/Gender may be either self-reported or observer-reported as a variety of sources are possible.
<i>Geographic units recorded</i>	The client's mailing address is collected. Geocoded data are not available.
<i>Available on DPH website?</i>	Yes.
<b>Where</b>	
<i>Recently published documents?</i>	Yes. Summary statistics and reports can be found on the CT Department of Public Health (DPH) website.
<i>Key search words</i>	HIV, AIDS, infectious disease surveillance
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/hivsurveillance">www.ct.gov/dph/hivsurveillance</a>

<b>EvaluationWeb (XPEMS)</b>	
CONTACT: Ramon Rodriguez-Santana, M.B.A., M.P.H PHONE: (860) 509-7849, E-MAIL: <a href="mailto:ramon.rodriquez-santana@ct.gov">ramon.rodriquez-santana@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Monitoring and evaluation of AIDS prevention activities funded by the Centers for Disease Control and Prevention (CDC).
<b>What</b>	
<i>Definition of a case or record in the database</i>	Results of HIV-related testing, whether routine or targeted. There is a data dictionary.
<i>Population covered by the database</i>	All persons in Connecticut (CT) who have received CDC-funded HIV testing.
<b>When</b>	
<i>When and how data are collected</i>	DPH-funded HIV contracted agencies complete HIV test forms for those who have been tested on a daily basis which then get entered into the XPEMS database on-line for the majority of cases. A small portion of the data is entered at DPH from paper forms submitted.
<i>When data are available for analysis and reporting</i>	Variable reporting schedule.
<i>Most recent period for these data</i>	2010.
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Seven race and four Hispanic ethnicity categories are choices for the respondent. More than one race category may be entered. Both Race/Ethnicity and Sex/Gender are self-reported by the clients.
<i>Geographic units recorded</i>	Zip code of the test site and the client are collected corresponding with each test result for individuals served by this program. Geocoded data are not available.
<i>Available on DPH website?</i>	No.
<b>Where</b>	
<i>Recently published documents?</i>	No. Summary reports are planned for the future.
<i>Key search words</i>	HIV prevention, counseling and testing
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/AIDS">www.ct.gov/dph/AIDS</a>

<b>Hepatitis B Registry</b>	
CONTACT: Suzanne Speers, M.P.H. or Kristin Gerard, B.S. PHONE: (860) 509-7900, E-MAIL: <a href="mailto:suzanne.speers@ct.gov">suzanne.speers@ct.gov</a> or <a href="mailto:kristin.gerard@ct.gov">kristin.gerard@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Surveillance for this communicable disease assesses the burden of hepatitis B in the state, finds trends, and directs prevention efforts. This effort is supported by federal Centers for Disease Control and Prevention (CDC) funding.
<b>What</b>	
<i>Definition of a case or record in the database</i>	A Connecticut (CT) resident with a positive hepatitis B lab finding from the following list: HBsAg, HBeAg, IgM anti-HBc, or HBV DNA. There is a data dictionary.
<i>Population covered by the database</i>	CT residents.
<b>When</b>	
<i>When and how data are collected</i>	Clinical laboratories and physicians submit a report on the required CT Department of Public Health (DPH) form to DPH of positive cases on a daily basis. DPH staff enter this information weekly and conduct any follow up indicated.
<i>When data are available for analysis and reporting</i>	Completed data are usually available in March of each year.
<i>Most recent period for these data</i>	Calendar year 2008 (electronic database covers 1992-present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Seven race and three Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected. Both Race/Ethnicity and Sex/Gender may be either self-reported or observer-reported, depending on the facility type that's reporting.
<i>Geographic units recorded</i>	The patient's complete mailing address is collected. Geocoded data are available.
<i>Available on DPH website?</i>	Yes. Annual Summaries are posted.
<b>Where</b>	
<i>Recently published documents?</i>	CT Surveillance Statistics containing the most recent annual 2008 summary with geographic, demographic and hepatitis type information are posted in tables and graphs on the DPH website.
<i>Key search words</i>	HBV, hepatitis, liver disease, HBsAg
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/hepatitis">www.ct.gov/dph/hepatitis</a>

<b>Hepatitis C Registry</b>	
CONTACT: Suzanne Speers, M.P.H. or Nicolanna Prince, M.S. PHONE: (860) 509-7900, E-MAIL: <a href="mailto:suzanne.speers@ct.gov">suzanne.speers@ct.gov</a> or <a href="mailto:nicolanna.prince@ct.gov">nicolanna.prince@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Surveillance for this communicable disease assesses the burden of hepatitis C in the state, finds trends and directs prevention efforts. This effort is supported by federal Centers for Disease Control and Prevention (CDC) funding.
<b>What</b>	
<i>Definition of a case or record in the database</i>	A Connecticut (CT) resident with a positive serological test for hepatitis C antibody or positive PCR or RIBA. There is a data dictionary.
<i>Population covered by the database</i>	CT residents.
<b>When</b>	
<i>When and how data are collected</i>	Clinical laboratories and physicians submit a report on the required CT Department of Public Health (DPH) form to DPH of positive cases on a daily basis. DPH staff enters this information and conduct any follow up indicated.
<i>When data are available for analysis and reporting</i>	Completed data are usually available in March of each year for the previous calendar year.
<i>Most recent period for these data</i>	Calendar year 2008 (electronic database covers 1994-present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Eight race and three Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected. Both Race/Ethnicity and Sex/Gender may be either self-reported or observer-reported, depending on the facility type that's reporting.
<i>Geographic units recorded</i>	The patient's complete mailing address is collected. Geocoding is available.
<i>Available on DPH website?</i>	Yes. Annual Summaries are posted.
<b>Where</b>	
<i>Recently published documents?</i>	<i>Hepatitis C Fact Sheet.</i> CT Surveillance Statistics containing the most recent annual 2008 summary with geographic, demographic, and hepatitis type information are on the DPH website.
<i>Key search words</i>	HCV, viral hepatitis, liver disease, hepatitis C
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/hepatitis">www.ct.gov/dph/hepatitis</a>

<b>Program Evaluation and Monitoring System (PEMS)</b>	
CONTACT: Ramon Rodriguez-Santana, M.B.A., M.P.H. PHONE: (860) 509-7849, E-MAIL: <a href="mailto:ramon.rodriquez-santana@ct.gov">ramon.rodriquez-santana@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Monitoring and evaluation of AIDS prevention activities funded by the Centers for Disease Control and Prevention (CDC).
<b>What</b>	
<i>Definition of a case or record in the database</i>	A person who has participated in a CDC-funded evidence-based intervention. There is a data dictionary.
<i>Population covered by the database</i>	All persons in Connecticut (CT) who have participated in a CDC-funded evidence-based intervention.
<b>When</b>	
<i>When and how data are collected</i>	Contracted agencies input client and evidence-based interventions' activity information associated with a client regularly into this PEMS web-database.
<i>When data are available for analysis and reporting</i>	Variable reporting schedule.
<i>Most recent period for these data</i>	2010.
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Seven race and four Hispanic ethnicity categories are choices for the respondent. More than one race category may be entered. Both Race/Ethnicity and Sex/Gender are self-reported by the clients.
<i>Geographic units recorded</i>	County, state and zip code are collected for individuals served by this program. Geocoded data are not available.
<i>Available on DPH website?</i>	No.
<b>Where</b>	
<i>Recently published documents?</i>	No. Summary reports are planned for the future.
<i>Key search words</i>	HIV prevention, counseling and testing
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/AIDS">www.ct.gov/dph/AIDS</a>

<b>Syringe Exchange Program</b>	
CONTACT: Marianne Buchelli, M.P.H., M.B.A. & Ramon Rodriguez-Santana, M.B.A., M.P.H. PHONE: (860) 509-8053, E-MAIL: <a href="mailto:marianne.buchelli@ct.gov">marianne.buchelli@ct.gov</a> PHONE: (860) 509-7849, E-MAIL: <a href="mailto:ramon.rodriguez-santana@ct.gov">ramon.rodriguez-santana@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Section 19a-124 Connecticut (CT) General Statutes directs the Department of Public Health (DPH) to establish needle and syringe exchange programs through local health departments and agencies. DPH must compile all information received on the programs and report to the appropriate joint standing committees of the General Assembly.
<b>What</b>	
<i>Definition of a case or record in the database</i>	Encounter- when an individual (injection drug user) exchanges a used/"dirty" syringe for a "clean" one. There is no data dictionary.
<i>Population covered by the database</i>	Intravenous drug users from the following CT cities and surrounding towns where the syringe exchange programs are located: Bridgeport, Danbury, Hartford, New Haven, and Stamford.
<b>When</b>	
<i>When and how data are collected</i>	Continuously, data for each encounter is recorded on a data collection form, summarized and reported to DPH on a quarterly basis.
<i>When data are available for analysis and reporting</i>	November 1 <sup>st</sup> of each year.
<i>Most recent period for these data</i>	Fiscal Year 2010 (electronic database covers 2004-present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Six race and ethnicity categories are choices for the respondent. More than one race and ethnicity category may not be selected. Self-reporting of both Race/Ethnicity and Sex/Gender is preferred, but sometimes based on observer reports.
<i>Geographic units recorded</i>	Town where the program operates is recorded. Geocoded data are not available.
<i>Available on DPH website?</i>	No.
<b>Where</b>	
<i>Recently published documents?</i>	No.
<i>Key search words</i>	syringe exchange, IDU transmission prevention, "dirty" needles
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/AIDS">www.ct.gov/dph/AIDS</a>

<b>Children and Youth with Special Health Care Needs (CYSHCN)</b>	
CONTACT: Johanna Davis, B.S. PHONE: (860) 509-8064, E-MAIL: <a href="mailto:johanna.davis@ct.gov">johanna.davis@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	To increase accessibility to care and services by Connecticut (CT) children and youth with special health care needs as mandated by Section 19a-53 and 19a-54 of the CT General Statutes.
<b>What</b>	
<i>Definition of a case or record in the database</i>	A CT resident child aged 0-21 with special health care needs who receives Care Coordination services. There is a data dictionary.
<i>Population covered by the database</i>	CT children with special health care needs who are served by one of the CYSHCN contracted medical homes.
<b>When</b>	
<i>When and how data are collected</i>	Five regional Title V CYSHCN contractors collect information on clients in their region and report specified data to the CT Department of Public Health (DPH) quarterly.
<i>When data are available for analysis and reporting</i>	One month following the end of each quarter.
<i>Most recent period for these data</i>	Calendar year 2010 (electronic database covers April 2004-present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Eleven combined race and ethnicity categories are choices for the respondent. More than one race category may not be selected. Both Race/Ethnicity and Sex/Gender are self-reported.
<i>Geographic units recorded</i>	The patient's complete mailing address is collected. Geocoded data are not available.
<i>Available on DPH website?</i>	No.
<b>Where</b>	
<i>Recently published documents?</i>	No. Information from this database is reported in the annual federal Title V Block Grant application on the Maternal & Child Health program's web site.
<i>Key search words</i>	children with special health care needs, medical home, care coordination
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/medicalhome">www.ct.gov/dph/medicalhome</a>



<b>Connecticut Immunization Registry and Tracking System (CIRTS) also known as Integrated Client Encounter System (ICES)</b>	
CONTACT: Nancy Sharova, M.P.H. PHONE: (860) 509-7912, E-MAIL: <a href="mailto:nancy.sharova@ct.gov">nancy.sharova@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Sections 19a-7h-1 to 19a-7h-5 of the Connecticut (CT) General Statutes ensures that CT children are protected against vaccine-preventable diseases by their second birthday.
<b>What</b>	
<i>Definition of a case or record in the database</i>	A child aged 0-2 born in CT since 1/1/98. A CT resident child up to age 6 may be included in the database. There is a data dictionary.
<i>Population covered by the database</i>	CT resident pre-school-aged children.
<b>When</b>	
<i>When and how data are collected</i>	Enrollment data for children are received monthly from several sources. CT Department of Public Health (DPH) Vital Records Office provides birth record information and updates to this file with death and adoption changes. CT birthing hospitals collect CIRTS enrollment forms and send them monthly to DPH. Vaccine history is requested from providers on a monthly basis.
<i>When data are available for analysis and reporting</i>	Annually (mid year).
<i>Most recent period for these data</i>	2008 birth cohort (electronic database covers 1998-present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Six race categories and no Hispanic ethnicity categories are choices for the respondent. More than one race category may not be entered. Race/Ethnicity and Sex/Gender are self-reported from the birth certificate.
<i>Geographic units recorded</i>	Complete mailing address is collected for the child. Geocoded data are not available.
<i>Available on DPH website?</i>	No.
<b>Where</b>	
<i>Recently published documents?</i>	No. Summary reports are sent to the providers regarding compliance and to the Centers for Disease Control and Prevention (CDC) on vaccination completion status.
<i>Key search words</i>	pediatric immunization, vaccination status, registry
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/immunizations">www.ct.gov/dph/immunizations</a>

<b>Early Hearing Detection &amp; Intervention Program (EHDI) Birth Defects Registry</b>	
CONTACT: Amy Mirizzi, M.P.H., C.P.H. or Karin Davis, B.S. PHONE: (860) 509-8175, E-MAIL: <a href="mailto:amy.mirizzi@ct.gov">amy.mirizzi@ct.gov</a> or PHONE: (860) 509-7499, E-MAIL: <a href="mailto:karin.davis@ct.gov">karin.davis@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Section 19a-59 of the Connecticut General Statutes (CGS) mandates universal hearing screening at birth. The Department of Public Health (DPH) oversees the statewide hospital-based testing of newborns for hearing impairments. Newborns with birth defects must be reported to the Registry under CGS Sections 19a-53, 19a-54 and 19a-56a.
<b>What</b>	
<i>Definition of a case or record in the database</i>	Any child born at a Connecticut (CT) birthing hospital. There is a data dictionary.
<i>Population covered by the database</i>	All newborns born at a CT birth facility.
<b>When</b>	
<i>When and how data are collected</i>	Thirty-one CT birthing facilities electronically submit data in standardized format to DPH within the first four days of the newborn's life. Subsequent information is transmitted via FAX to DPH and data entered by an epidemiologist or health program staff.
<i>When data are available for analysis and reporting</i>	Real-time data are available.
<i>Most recent period for these data</i>	Current (electronic database covers 7/1/2000-present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Currently six race and four Hispanic ethnicity categories are choices for the respondent. More than one race category may not be selected. Sex/Gender are reported by hospital staff. Race/Ethnicity reporting source is unknown.
<i>Geographic units recorded</i>	Complete mailing address is collected for cases. Geocoded data are not currently available.
<i>Available on DPH website?</i>	Yes. Summary statistics are on the DPH web site.
<b>Where</b>	
<i>Recently published documents?</i>	<i>CT EHDI 2007 Statistics. Birth Defects in Connecticut, 2001-04: A Surveillance Report on Birth Defects</i>
<i>Key search words</i>	newborn hearing, birth defects, birth defects registry
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/ehdi">www.ct.gov/dph/ehdi</a> also: <a href="http://www.ct.gov/dph/birthdefectsregistry">www.ct.gov/dph/birthdefectsregistry</a>

<b>PCO Primary Care Provider Database</b>	
CONTACT: Marc Camardo, M.P.H. PHONE: (860) 509-7182, E-MAIL: <a href="mailto:marc.camardo@ct.gov">marc.camardo@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Connecticut (CT) General Statutes, Chapter 369 requires practitioner licensure by the CT Department of Public Health (DPH). Workforce data are used by the Primary Care Office (PCO) for evaluating physician shortage issues impacting access to primary care and submitting applications requesting federal Health Professional Shortage Area (HPSA) designations.
<b>What</b>	
<i>Definition of a case or record in the database</i>	Name of each licensed physician with a primary care specialty in Connecticut including practice location and description. A data dictionary is not available.
<i>Population covered by the database</i>	All licensed primary care physicians in Connecticut. Over 5,000 records are accumulated annually.
<b>When</b>	
<i>When and how data are collected</i>	PCO staff use DPH licensure information as well as Survey Monkey and telephone calls to collect provider practice information needed for the federal HPSA application. Data collection is on-going in an MS ACCESS database.
<i>When data are available for analysis and reporting</i>	Data from this new database are expected to become available in September, 2012.
<i>Most recent period for these data</i>	Data from this new database are expected to become available in September, 2012.
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Race/Ethnicity and Sex/Gender are not collected.
<i>Geographic units recorded</i>	Physician practice location is collected and geocoded. Geocoded data are available.
<i>Available on DPH website?</i>	Yes.
<b>Where</b>	
<i>Recently published documents</i>	Further information on HPSA designations resulting from this data is available on the DPH web and the federal web site: <a href="http://hpsafind.hrsa.gov/">http://hpsafind.hrsa.gov/</a>
<i>Key search words</i>	Primary care physicians, PCO PCP Database
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/cwp/view.asp?a=3138&amp;q=388118">www.ct.gov/dph/cwp/view.asp?a=3138&amp;q=388118</a>

<b>Population Assessment</b>	
CONTACT: Mick Bolduc, B.A. PHONE: (860) 509-7940, E-MAIL: <a href="mailto:michael.bolduc@ct.gov">michael.bolduc@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	To monitor immunization compliance of vaccine preventable diseases required by the Centers for Disease Control and Prevention (CDC) and mandated under Sections 10-204a-1 and 19a-79-5(a)(2)(c) of the Connecticut (CT) General Statutes.
<b>What</b>	
<i>Definition of a case or record in the database</i>	A CT educational or daycare facility reporting immunization status of children. There is a data dictionary.
<i>Population covered by the database</i>	All licensed college, school and daycare facilities in CT.
<b>When</b>	
<i>When and how data are collected</i>	Data are compiled on worksheets and then Day Care Survey, School Survey and College Survey summary data are reported back by each facility.
<i>When data are available for analysis and reporting</i>	Data are finalized by April 1st of the following year.
<i>Most recent period for these data</i>	Students enrolled in licensed daycares, schools, and colleges as of October 2010.
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Not applicable.
<i>Geographic units recorded</i>	Complete mailing address is collected for the facility. Geocoded data are not available.
<i>Available on DPH website?</i>	No. Data are published on the CDC website: <a href="http://www.cdc.gov/vaccines/stats-surv/schoolsurv/">www.cdc.gov/vaccines/stats-surv/schoolsurv/</a>
<b>Where</b>	
<i>Recently published documents?</i>	State data are available on the CDC website: <a href="http://www.cdc.gov/vaccines/stats-surv/schoolsurv/">www.cdc.gov/vaccines/stats-surv/schoolsurv/</a>
<i>Key search words</i>	immunizations
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/immunizations">www.ct.gov/dph/immunizations</a>

<b>Pregnancy Risk Assessment Tracking System (PRATS)</b>	
CONTACT: Jennifer Morin, M.P.H. PHONE: (860) 509-7497, E-MAIL: <a href="mailto:jennifer.morin@ct.gov">jennifer.morin@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	To collect data about maternal health, experiences and behaviors during the preconception period, pregnancy and postpartum to enable research on associations with birth outcomes and comparisons to national Pregnancy Risk Assessment Monitoring System (PRAMS) data. This effort is supported by federal Maternal & Child Health Bureau funding.
<b>What</b>	
<i>Definition of a case or record in the database</i>	An individual woman selected in the sample of women who have recently delivered an infant in Connecticut (CT). There is a data dictionary.
<i>Population covered by the database</i>	CT resident women who have recently delivered an infant in CT.
<b>When</b>	
<i>When and how data are collected</i>	Rounds 1 and 2 of PRATS were point-in-time surveys conducted in early 2002 and late 2003-4, respectively. Round 3 of PRATS was conducted over a 12-month surveillance period beginning in late Summer 2010. Stratified random sampling is used to produce the survey samples from the birth registry. A contractor administers PRATS via both mail and telephone surveys.
<i>When data are available for analysis and reporting</i>	Data from rounds 1 and 2 are currently available. Data from round 3 are estimated to be available for analysis in Spring/Summer 2012.
<i>Most recent period for these data</i>	Round 2 ending January 2004 (electronic non-continuous database covers 2002-present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Race/Ethnicity are provided from the birth certificate. Ten race and five Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected. Both Race/Ethnicity and Sex/Gender are self-reported as entered on the birth certificate.
<i>Geographic units recorded</i>	Complete mailing address is collected for births. Geocoded data will be available for round three.
<i>Available on DPH website?</i>	Yes. A report on round two data was posted on the CT Department of Public Health (DPH) web site in 2006.
<b>Where</b>	
<i>Recently published documents?</i>	<i>Results of the Connecticut Pregnancy Risk Assessment Tracking System (PRATS) Survey, Round 2</i>
<i>Key search words</i>	PRATS
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/lib/dph/family_health/prats_round_2_report.pdf">www.ct.gov/dph/lib/dph/family_health/prats_round_2_report.pdf</a>

<b>School Based Health Centers (SBHC)</b>	
CONTACT: Marcie Cavacas, M.S. PHONE: (860) 509-8074, E-MAIL: <a href="mailto:marcia.cavacas@ct.gov">marcia.cavacas@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Monitoring and management of the School Based Health Center Program (SBHC). This effort is primarily supported by state funding.
<b>What</b>	
<i>Definition of a case or record in the database</i>	There are two types of records in this database: one contains demographic information on children enrolled in the school based health center, the second record is utilization-oriented with information on each visit to the SBHC. There is no database dictionary.
<i>Population covered by the database</i>	Students in grades pre-K through 12 enrolled in 80 DPH-funded school based health centers in school year 2010-2011
<b>When</b>	
<i>When and how data are collected</i>	Data are collected with a site-specific form. A unique person and visit identifier are assigned in the database. The historical data are not continuous; that is, each year a new separate database is started.
<i>When data are available for analysis and reporting</i>	Usually one year after collection.
<i>Most recent period for these data</i>	7/1/2010 - 6/30/2011 (electronic database covers 2006-present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Six race and two Hispanic ethnicity categories are choices for the respondent. More than one race category may not be selected (Hartford sites have different categories). Both Race/Ethnicity and Sex/Gender are self-reported.
<i>Geographic units recorded</i>	Students' town and state are collected. Geocoded data are not available.
<i>Available on DPH website?</i>	Yes, summary tables, graphs and reports for the state are available.
<b>Where</b>	
<i>Recently published documents?</i>	Yes. <i>Connecticut School Based Health Centers, 2006-2007 Annual Report.</i>
<i>Key search words</i>	school health, school based health centers, SBHC
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/SBHC">www.ct.gov/dph/SBHC</a>

<b>BRFSS Asthma Call Back</b>	
CONTACT: Justin Peng M.P.H. PHONE: (860) 509-7751, E-MAIL: <a href="mailto:justin.peng@ct.gov">justin.peng@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Analyze data on asthma prevalence among adults and children in Connecticut (CT) who reported having asthma in a previous survey. This effort is supported by federal Centers for Disease Control and Prevention (CDC) funding.
<b>What</b>	
<i>Definition of a case or record in the database</i>	CT adults and children ever diagnosed with asthma. There is a data dictionary.
<i>Population covered by the database</i>	CT adults and children with asthma.
<b>When</b>	
<i>When and how data are collected</i>	Each year BRFSS survey participants who answered that they ever had asthma are called back for a second interview on their risk factors for asthma in the call back survey.
<i>When data are available for analysis and reporting</i>	Immediately.
<i>Most recent period for these data</i>	Calendar year 2009 (electronic database covers 2006-present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Six race categories and one Hispanic ethnicity category are choices for the respondent. More than one race category may not be selected. Both Race/Ethnicity and Sex/Gender are self-reported.
<i>Geographic units recorded</i>	The respondent's town, state and zip code are collected. Geocoded data are not available.
<i>Available on DPH website?</i>	Yes.
<b>Where</b>	
<i>Recently published documents?</i>	Yes. <i>Asthma in Connecticut 2008 - A Surveillance Report</i> . Nguyen,K., Peng,J. and Boulay,E., "Effect of Smoking on the Association Between Environmental Triggers and Asthma Severity Among Adults in New England," <i>Journal of Asthma &amp; Allergy Educators</i> published online 20 August 2010.
<i>Key search words</i>	asthma, surveillance
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/asthma">www.ct.gov/dph/asthma</a> also: <a href="http://www.ct.gov/dph/brfss">www.ct.gov/dph/brfss</a>

<b>Connecticut QuitLine</b>	
CONTACT: Katie Shuttleworth, B.A. and Ann Kloter, M.P.H. PHONE: (860) 509-8251 E-MAIL: <a href="mailto:kathryn.shuttleworth@ct.gov">kathryn.shuttleworth@ct.gov</a> or <a href="mailto:ann.kloter@ct.gov">ann.kloter@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Connecticut (CT) Quitline is a telephone counseling and resource service to assist with tobacco cessation. This federal Centers for Disease Control and Prevention (CDC) grant and other funders require data collection (and reports) on QuitLine program users.
<b>What</b>	
<i>Definition of a case or record in the database</i>	A caller to the QuitLine who registers for services. There is a data dictionary.
<i>Population covered by the database</i>	Anyone calling the QuitLine.
<b>When</b>	
<i>When and how data are collected</i>	When a caller registers with the QuitLine for services, data are collected.
<i>When data are ready for analysis and reporting</i>	Continuously.
<i>Most recent period for these data</i>	November 2011 (electronic database covers 7/1/08-present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Six race categories and one Hispanic ethnicity category are choices for the respondent. More than one race category may not be selected. Both Race/Ethnicity and Sex/Gender are self-reported.
<i>Geographic units recorded</i>	Complete mailing address is collected for patients. Geocoded data are not currently available.
<i>Available on DPH website?</i>	No. Data are restricted for use by CT Department of Public Health (DPH) tobacco program staff only.
<b>Where</b>	
<i>Recently published documents?</i>	No.
<i>Key search words</i>	tobacco, quit smoking
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/tobacco">www.ct.gov/dph/tobacco</a>



<b>Crash Outcome Data Evaluation System (CODES)</b>	
CONTACT: Justin Peng, M.P.H. PHONE: (860) 509-7774, E-MAIL: <a href="mailto:justin.peng@ct.gov">justin.peng@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	CODES links motor vehicle crash records obtained from the Department of Transportation to health outcome data, such as the hospitalizations and emergency department visit records obtained from the Connecticut Hospital Association. This effort is supported by federal funding from the National Highway Traffic Safety Administration (NHTSA).
<b>What</b>	
<i>Definition of a case or record in the database</i>	Persons involved in a motor vehicle crash in Connecticut (CT). There is a data dictionary.
<i>Population covered by the database</i>	CT residents.
<b>When</b>	
<i>When and how data are collected</i>	Form PR-1, the CT Uniform Police Accident Report, contains data about the motor vehicle crash. Hospitals' varied reporting forms are used by the CT Hospital Association to provide data on hospital visits and hospitalizations. No regular schedule is currently in place for these datasets to be provided to the CT Department of Public Health (DPH).
<i>When data are available for analysis and reporting</i>	Typically two years after the end of the calendar year when the event occurred.
<i>Most recent period for these data</i>	2008 (electronic database covers 2000-present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Race/Ethnicity information is not available. Sex/Gender are observer-reported by police officers.
<i>Geographic units recorded</i>	Accident location is collected for the crash. State and town data are summarized in reports. Geocoded data are not available.
<i>Available on DPH website?</i>	No.
<b>Where</b>	
<i>Recently published documents?</i>	Yes. NHTSA CODES white sheets contain data from this database.
<i>Key search words</i>	motor vehicle crash, accidental injury, ED visits from car crashes, MVA hospitalizations, CODES
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/injury">www.ct.gov/dph/injury</a>

<b>Injury Surveillance System (Mortality, Hospitalization and ED Data)</b>	
CONTACT: Justin Peng, M.P.H. PHONE: (860) 509-7774, E-MAIL: <a href="mailto:justin.peng@ct.gov">justin.peng@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Sections 19a-4i of the Connecticut (CT) General Statutes charges the Department of Public Health (DPH) Injury Prevention Program with serving as data coordinator and source of injury statistics for state agencies, among other duties.
<b>What</b>	
<i>Definition of a case or record in the database</i>	A CT residents visit to a CT hospital's emergency department, CT hospitalization, or death from specified ICD-9-CM or ICD-10 codes related to injury causes. There is a data dictionary.
<i>Population covered by the database</i>	CT residents who entered emergency departments, were hospitalized, or who died due to specified injury causes.
<b>When</b>	
<i>When and how data are collected</i>	For the specified injury codes, death data are provided annually by the DPH Vital Records Office. Hospital data for the specified injury codes are also provided on an annual basis by either the Office of Health Care Access (OHCA) or the Connecticut Hospital Association.
<i>When data are available for analysis and reporting</i>	July of each year.
<i>Most recent period for these data</i>	2009 calendar year (electronic database covers 2000-present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Five race and two Hispanic ethnicity categories are choices for the respondent. More than one race category may not be selected. Both Race/Ethnicity may be either self or observer-reported for hospitalization and ED data, while Sex/Gender are self-reported. All death data are observer-reported.
<i>Geographic units recorded</i>	Complete mailing address is collected. Geocoded data are available.
<i>Available on DPH website?</i>	Yes. Publications but not data are available on the website.
<b>Where</b>	
<i>Recently published documents?</i>	Yes. (1) <i>Injury in Connecticut: Deaths &amp; Hospitalizations; A Data Book, Connecticut Residents 2000 – 2004.</i> (2) <i>Injury-related Emergency Department Visits in Connecticut, Connecticut Residents 2000 – 2004.</i> (3) <i>Connecticut Injury Prevention and Control Plan 2008.</i>
<i>Key search words</i>	injury, surveillance, injury morbidity, injury mortality
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/injury">www.ct.gov/dph/injury</a>

<b>Medical Information Tracking (Med-IT)</b>	
CONTACT: Susan Yurasevecz, M.S. PHONE: (860) 509-7944, E-MAIL: <a href="mailto:susan.yurasevecz@ct.gov">susan.yurasevecz@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Directive of Funding Source(s) for the Connecticut Breast and Cervical Cancer Early Detection Program (CBCCEDP), WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation) and the Connecticut Colorectal Cancer Control Program (CCRCP).
<b>What</b>	
<i>Definition of a case or record in the database</i>	A record identifies one individual client receiving program services and may contain information on multiple screening cycles and diagnostic services performed over time. Minimum data elements required for collection are defined by the Centers for Disease Control and Prevention (CDC) via program data definition tables.
<i>Population covered by the database</i>	Connecticut (CT) residents who are age and gender appropriate and who are considered to be at or under the 200% federal poverty level. CBCCEDP: Women ages 19-64; WISEWOMAN: Women ages 40-64; CCRCP: Men and women ages 50-64.
<b>When</b>	
<i>When and how data are collected</i>	Data are entered in real time at the point of services using program interface screens in Med-IT, a web based online medical information tracking system.
<i>When data are available for analysis and reporting</i>	Continuously.
<i>Most recent period for these data</i>	Currently, that is almost immediately.
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Five race and two Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected. Respondents also have the option to write in some other race and ethnicity. Both Race/Ethnicity and Sex/Gender are self-reported.
<i>Geographic units recorded</i>	Complete mailing addresses including zip codes are collected for each client, the client's alternate contact, and each point of service. Records are not geocoded.
<i>Available on DPH website?</i>	Med-IT is not available to the public, but program information is available at the websites listed below.
<b>Where</b>	
<i>Recently published documents?</i>	No.
<i>Key search words</i>	cancer, screening, early detection, cervical, breast, colorectal, cardiovascular, heart disease, CBCCEDP, CCRCP, & WISEWOMAN
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/Breast&amp;Cervical">www.ct.gov/dph/Breast&amp;Cervical</a> <a href="http://www.ct.gov/dph/colorectal">www.ct.gov/dph/colorectal</a> <a href="http://www.ct.gov/dph/WISEWOMAN">www.ct.gov/dph/WISEWOMAN</a>

<b>School Based Asthma Surveillance System</b>	
CONTACT: Justin Peng, M.P.H. PHONE: (860) 509-7774, E-MAIL: <a href="mailto:justin.peng@ct.gov">justin.peng@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Surveillance of asthma prevalence and severity among school-aged children in Connecticut. This effort is supported by federal Centers for Disease Control and Prevention (CDC) funding. In 2000, Connecticut (CT) legislation mandated all schools to report children diagnosed with asthma from the Health Assessment Record (HAR).
<b>What</b>	
<i>Definition of a case or record in the database</i>	A CT student with asthma enrolled in a grade requiring a School Health Assessment Record. There is no data dictionary.
<i>Population covered by the database</i>	CT school-aged children. All CT children entering elementary school, 6th or 7th grade, and 9th or 10th grade.
<b>When</b>	
<i>When and how data are collected</i>	The school nurse collects the information throughout the school year and reports to the CT Department of Public Health (DPH) at the beginning of the following school year.
<i>When data are available for analysis and reporting</i>	Completed data are available in June of the following school year.
<i>Most recent period for these data</i>	School year 2009-2010 (electronic database covers 2004-present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Seven race and three Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected. Both Race/Ethnicity and Sex/Gender are observer-reported by school nurses.
<i>Geographic units recorded</i>	The school location is collected. Geocoded data are not available.
<i>Available on DPH website?</i>	Yes.
<b>Where</b>	
<i>Recently published documents?</i>	Yes. The <i>Connecticut School-based Asthma Surveillance Report 2010</i> and data collection forms.
<i>Key search words</i>	asthma, school children, HAR
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/asthma">www.ct.gov/dph/asthma</a> also: <a href="http://www.ct.gov/dph/brfss">www.ct.gov/dph/brfss</a>

<b>SWIS: Statewide WIC (Women Infants &amp; Children) Information System</b>	
CONTACT: Tom Young or Kirk Whalley PHONE: (860) 509-7690 E-MAIL: <a href="mailto:tom.young@ct.gov">tom.young@ct.gov</a> or <a href="mailto:kirk.whalley@ct.gov">kirk.whalley@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	The WIC program provides supplemental foods and nutrition counseling to high-risk Connecticut (CT) mothers and children in accordance with federal regulations. Data are collected on enrollee registration, demographics, program participation, and compliance. This program is funded by the United States Department of Agriculture (USDA).
<b>What</b>	
<i>Definition of a case or record in the database</i>	An eligible low-income individual meeting age and medical criteria. Low income is defined as income less than 185% Federal Poverty Level. Children must be less than age five and qualifying women are pregnant, breastfeeding or postpartum, and considered “nutritionally at risk.” There is a data dictionary.
<i>Population covered by the database</i>	CT low-income resident women and children under age five meeting medical eligibility criteria.
<b>When</b>	
<i>When and how data are collected</i>	Local participating WIC agencies screen applicants and complete enrollment data. Initial certification data are uploaded to the CT Department of Public Health (DPH) daily from the local agencies. Subsequent nutrition counseling sessions and recertification are also entered in the database.
<i>When data are available for analysis and reporting</i>	Continuously. Standardized reports are generated daily, monthly, and quarterly.
<i>Most recent period for these data</i>	2011 (electronic database covers 2005-present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Five race and two Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected. Self-reporting is preferred for both Race/Ethnicity and Sex/Gender, but observer report may be used if the client refuses to answer.
<i>Geographic units recorded</i>	Complete physical and mailing addresses are collected for clients. Geocoded data are available.
<i>Available on DPH website?</i>	No.
<b>Where</b>	
<i>Recently published documents?</i>	Yes. CT WIC data were incorporated into the CDC’s “Pediatric & Nutrition Surveillance System” reports found on the federal website <a href="http://www.cdc.gov/pednss/">http://www.cdc.gov/pednss/</a>
<i>Key search words</i>	WIC, pediatric nutrition, perinatal nutrition, breastfeeding
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/wic">www.ct.gov/dph/wic</a>

<b>Youth Tobacco Survey (YTS) (Component of the Connecticut School Health Survey)</b>	
CONTACT: Dawn Sorosiak, M.B.A. PHONE: (860) 509-8251, E-MAIL: <a href="mailto:dawn.sorosiak@ct.gov">dawn.sorosiak@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	YTS is part of the national Centers for Disease Control and Prevention (CDC) survey of middle and high school students' tobacco use, secondhand smoke exposure, and tobacco-related risk factors and health behaviors. This effort is supported by federal CDC funding.
<b>What</b>	
<i>Definition of a case or record in the database</i>	A student who takes the tobacco survey. There is a data dictionary.
<i>Population covered by the database</i>	Connecticut (CT) public middle and high school students (grades 6-12). 2000 and 2002 surveys included private schools.
<b>When</b>	
<i>When and how data are collected</i>	YTS data collected as a separate survey in 2000 and 2002. Starting in 2005, data collected biannually (during odd years 2005, 2007, 2009, etc.) as part of the Connecticut School Health Survey (Tobacco Component) from students using a written questionnaire during class time.
<i>When data are available for analysis and reporting</i>	Usually six months after collection.
<i>Most recent period for these data</i>	2011 (electronic data sets cover 2002-present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Six race categories and one Hispanic ethnicity category are choices for the respondent. More than one race category may be selected. Both Race/Ethnicity and Sex/Gender are self-reported.
<i>Geographic units recorded</i>	Data are presented at state level only. Geocoded data are not available.
<i>Available on DPH website?</i>	Yes. Summary tables, graphs, and reports for the state are available for 2000, 2002, 2005, 2007, 2009, and 2011.
<b>Where</b>	
<i>Recently published documents?</i>	Yes. <i>Youth Tobacco Survey Reports</i> (2000, 2002); <i>Connecticut School Health Survey Reports</i> (2005, 2007, 2009)
<i>Key search words</i>	Youth tobacco use, youth health-risk behaviors, youth risk factors, YRBS, YTS, Connecticut School Health Survey, CSHS
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/cshs">www.ct.gov/dph/cshs</a> also: <a href="http://www.ct.gov/dph/tobacco">www.ct.gov/dph/tobacco</a>

<b>Active Bacterial Core Surveillance (ABCS)</b>	
CONTACT: Susan Petit, M.P.H. PHONE: (860) 509-7909, E-MAIL: <a href="mailto:susan.petit@ct.gov">susan.petit@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Surveillance for reportable bacterial diseases as part of the Emerging Infections Program to track vaccine impact and disease trends.
<b>What</b>	
<i>Definition of a case or record in the database</i>	A Connecticut (CT) resident with a positive bacterial culture for one of the organisms under surveillance (Group A or B <i>Streptococcus</i> , <i>Haemophilus influenzae</i> , <i>Neisseria meningitidis</i> , methicillin resistant <i>Staphylococcus aureus</i> , and <i>Streptococcus pneumoniae</i> ). There is a data dictionary.
<i>Population covered by the database</i>	CT residents.
<b>When</b>	
<i>When and how data are collected</i>	Clinical laboratories submit a report to the CT Department of Public Health (DPH) of all positive cultures. DPH staff follow up and review these medical records to collect risk factor and clinical data.
<i>When data are available for analysis and reporting</i>	Completed data are usually available in June of the following year.
<i>Most recent period for these data</i>	Calendar year 2010 (electronic database covers 1996-present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Five race categories and two Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected. Both Race/Ethnicity and Sex/Gender are self-reported.
<i>Geographic units recorded</i>	The patient's complete mailing address is collected. Geocoded data are not available.
<i>Available on DPH website?</i>	Yes. Annual state and county summary reports by organism are available.
<b>Where</b>	
<i>Recently published documents?</i>	Yes. The most recent annual summary and publications list are available on the Centers for Disease Control and Prevention website: <a href="http://www.cdc.gov/abcs/reports-findings/pubs.html">www.cdc.gov/abcs/reports-findings/pubs.html</a>
<i>Key search words</i>	MRSA, ABCs, emerging infections
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/ABCs">www.ct.gov/dph/ABCs</a>

<b>All Refugee and Immigrant Database (ARID)</b>	
CONTACT: Alison Stratton, Ph.D. PHONE: (860) 509-7722, E-MAIL: <a href="mailto:alison.stratton@ct.gov">alison.stratton@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Sections 19a-36-A3-4 of the Public Health Code and Sections 19a-2a and 19a-215 of the Connecticut (CT) General Statutes specify state reportable diseases. Also, data on refugee health is monitored by the U.S. Dept. of Health & Human Services, Centers for Disease Control and Prevention (CDC), and Administration for Children and Families, Office of Refugee Resettlement; and the State Refugee Coordinator at the CT Dept. of Social Services on a regular basis.
<b>What</b>	
<i>Definition of a case or record in the database</i>	All officially-admitted immigrants who have an overseas tuberculosis classification. There is no data dictionary.
<i>Population covered by the database</i>	All refugees who officially enter Connecticut's jurisdiction.
<b>When</b>	
<i>When and how data are collected</i>	Data come from several sources including the CDC'S Electronic Disease Notification system (EDN) on a daily basis, or periodically both providers send in TB follow-up data forms, and refugee resettlement agencies complete and send the RHA forms. Forms are either mailed or faxed to DPH and then data are entered into the database.
<i>When data are available for analysis and reporting</i>	Ongoing.
<i>Most recent period for these data</i>	2011 (Database started in May, 2010.)
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Sex/Gender are observer- reported in documentation generated overseas. Race/Ethnicity may be included as observer-reported data by refugee resettlement agency staff or health care providers.
<i>Geographic units recorded</i>	Complete mailing address is collected for the case. Geocoded data are not available at this time.
<i>Available on DPH website?</i>	Not for refugees alone, but included as part of state summary statistics.
<b>Where</b>	
<i>Recently published documents?</i>	No.
<i>Key search words</i>	Tuberculosis, TB classification, refugee, sponsor, country of birth
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/TB">www.ct.gov/dph/TB</a>



<b>Community-onset <i>Clostridium difficile</i> Surveillance Database</b>	
CONTACT: Jessica Brockmeyer, M.P.H, and Paul Gacek, M.P.H. PHONE: (860) 509-7994, E-MAIL: <a href="mailto:jessica.brockmeyer@ct.gov">jessica.brockmeyer@ct.gov</a> or <a href="mailto:paul.gacek@ct.gov">paul.gacek@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Epidemiological data are used to track trends in Community-onset <i>Clostridium difficile</i> in Connecticut.
<b>What</b>	
<i>Definition of a case or record in the database</i>	A patient with a positive laboratory test for <i>Clostridium difficile</i> who has not been hospitalized or resided in a long-term care facility in the three months prior to the current date of specimen collection. There is no data dictionary.
<i>Population covered by the database</i>	Connecticut residents.
<b>When</b>	
<i>When and how data are collected</i>	Hospitals send daily aggregate data to the Connecticut Department of Public Health electronically using the MAVEN software system. Data are entered into eleven major and two minor syndromic categories. A DPH epidemiologist evaluates this information and may request further data, as needed.
<i>When data are ready for analysis and reporting</i>	Generally one year after reporting.
<i>Most recent period for these data</i>	2010.
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Five race categories and two Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected. Race/Ethnicity are self-reported. Sex/Gender are observer-reported by clinical providers on lab reports.
<i>Geographic units recorded</i>	Geocoded data are not available.
<i>Available on DPH website?</i>	No.
<b>Where</b>	
<i>Recently published documents?</i>	A professional meeting presentation at recent CT Infectious Disease meeting.
<i>Key search words</i>	<i>Clostridium difficile</i> , Community-onset infectious disease
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/Epidemiology">www.ct.gov/dph/Epidemiology</a>

<b>Connecticut Electronic Disease Surveillance System (CT EDSS)</b>	
CONTACT: Randall Nelson, D.V.M., M.P.H. PHONE: (860) 509-7994, E-MAIL: <a href="mailto:randall.nelson@ct.gov">randall.nelson@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Sections 19a-36-A3-4 of the Public Health Code and Sections 19a-2a and 19a-215 of the Connecticut (CT) General Statutes specify state reportable disease. This database facilitates the collection of information relevant to occurrences of these diseases.
<b>What</b>	
<i>Definition of a case or record in the database</i>	Cases meet the clinical, epidemiological or laboratory criteria of the surveillance case definition.
<i>Population covered by the database</i>	CT residents identified with a confirmed, probable or suspect case of a reportable disease.
<b>When</b>	
<i>When and how data are collected</i>	Healthcare providers and laboratories are required to notify the Department of Public Health (DPH) of patients with reportable diseases or laboratory test results that are reportable findings.
<i>When data are available for analysis and reporting</i>	Data is available continuously; however, they may be preliminary or incomplete depending on the disease.
<i>Most recent period for these data</i>	2012 depending on the disease.
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender data items</i>	Six race and three Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected. Both Race/Ethnicity and Sex/Gender may be reported by healthcare providers or obtained through direct interviews with patients.
<i>Geographic units recorded</i>	Complete mailing address is collected for all cases.
<i>Available on DPH website?</i>	Yes; as annual summaries or special reports.
<b>Where</b>	
<i>Recently published documents?</i>	Available on the DPH website. Connecticut data are also reported in federal publications such as the <i>Morbidity and Mortality Weekly Reports (MMWR)</i> .
<i>Key search words</i>	Reportable Diseases, Laboratory Reportable Significant Findings, morbidity.
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/cwp/view.asp?a=3136&amp;q=388390&amp;dphNav_GID=1601&amp;dphPNavCtr=146973 #47477">http://www.ct.gov/dph/cwp/view.asp?a=3136&amp;q=388390&amp;dphNav_GID=1601&amp;dphPNavCtr=146973 #47477</a>

<b>Gram Positive Rod Surveillance</b>	
CONTACT: Jessica Brockmeyer, M.P.H. PHONE: (860) 509-7994, E-MAIL: <a href="mailto:jessica.brockmeyer@ct.gov">jessica.brockmeyer@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Surveillance for potential indicators of bioterrorism and invasive <i>Clostridium</i> infections of public health importance. This effort is supported by federal Centers for Disease Control and Prevention (CDC) funding.
<b>What</b>	
<i>Definition of a case or record in the database</i>	Gram-positive rod isolates identified from blood or cerebrospinal fluid within 32 hours of culture inoculation. There is a data dictionary.
<i>Population covered by the database</i>	Connecticut (CT) residents.
<b>When</b>	
<i>When and how data are collected</i>	Laboratories call the CT Department of Public Health (DPH) immediately (within 24 hours) of identifying a gram-positive, non-motile, non-hemolytic rod isolate in a specimen. DPH Epidemiology staff follow-up with clinicians to get additional information on cases. Data are evaluated for further action/not and entered in this database for tracking.
<i>When data are available for analysis and reporting</i>	Continuously.
<i>Most recent period for these data</i>	December 2010 (electronic database covers March 1, 2003-present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Five race and three Hispanic ethnicity categories are choices for the respondent. More than one race category may not be selected. Both Race/Ethnicity and Sex/Gender are self-reported.
<i>Geographic units recorded</i>	Complete mailing address is collected for patients. Geocoded data are not available.
<i>Available on DPH website?</i>	No.
<b>Where</b>	
<i>Recently published documents?</i>	Yes. Staff authored an article "Evaluation of Gram-positive rod surveillance for early anthrax detection" published in <i>Epidemiology &amp; Infection</i> . 2009 Nov; 137(11): 1623-30.
<i>Key search words</i>	anthrax, bioterrorism, clostridium, bacillus and sepsis
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/Epidemiology">www.ct.gov/dph/Epidemiology</a>

<b>Hospital Admissions Syndromic Surveillance System (HASS)</b>	
CONTACT: Jaime Krasnitski, M.P.H. PHONE: (860) 509-7994, E-MAIL: <a href="mailto:jaime.krasnitski@ct.gov">jaime.krasnitski@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Part of pandemic influenza surveillance system. Epidemiological data are used to identify emerging infections and unusual adverse events that may be related to bioterrorism. This effort is supported by federal Centers for Disease Control and Prevention (CDC) funding.
<b>What</b>	
<i>Definition of a case or record in the database</i>	A non-scheduled and non-maternity hospital admission with one of eleven major and two minor syndromic/diagnostic categories. There is a data dictionary.
<i>Population covered by the database</i>	Persons admitted to any of the 32 CT hospitals for non-scheduled and non-maternity admissions.
<b>When</b>	
<i>When and how data are collected</i>	Hospitals send daily aggregate data to the Connecticut Department of Public Health electronically using the MAVEN software system. Data are entered into eleven major and two minor syndromic categories. A DPH epidemiologist evaluates this information and may request further data, as needed.
<i>When data are ready for analysis and reporting</i>	Generally weekly or daily if needed for public health interventions.
<i>Most recent period for these data</i>	Current (electronic database covers 2003-present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Data collected are aggregate and therefore do not contain Race/Ethnicity or Sex/Gender as data elements.
<i>Geographic units recorded</i>	Because data are aggregated, no geographic data are available beyond the location of the hospital.
<i>Available on DPH website?</i>	Yes. A weekly influenza activity report is posted during influenza season.
<b>Where</b>	
<i>Recently published documents?</i>	Weekly flu reports as well as scientific articles, posters and professional meeting presentations.
<i>Key search words</i>	syndromic surveillance, bioterrorism, emerging infections, hospital admissions
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/Epidemiology">www.ct.gov/dph/Epidemiology</a>

<b>Hospital Emergency Department Syndromic Surveillance (HEDSS)</b>	
CONTACT: Kristen Soto, M.P.H. PHONE: (860) 509-7995, E-MAIL: <a href="mailto:kristen.soto@ct.gov">kristen.soto@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Surveillance and prompt investigation of syndromic diagnoses to provide near real-time estimates of disease activity, situational awareness, and monitoring of public health emergencies. This effort is supported by federal Centers for Disease Control and Prevention (CDC) funding.
<b>What</b>	
<i>Definition of a case or record in the database</i>	Visit to an emergency department in Connecticut (CT). There is a data dictionary.
<i>Population covered by the database</i>	Persons seeking care in 20 CT hospitals' emergency departments and 1 urgent care center.
<b>When</b>	
<i>When and how data are collected</i>	Participating hospitals send de-identified chief complaint data to the CT Department of Public Health (DPH) electronically using the MAVEN software on a daily basis. DPH staff code the information into eight syndrome categories for evaluation and tracking.
<i>When data are available for analysis and reporting</i>	Continuously.
<i>Most recent period for these data</i>	Current (electronic database covers 9/2004 -present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	No race and ethnicity information is collected. It is not known whether Sex/Gender in the emergency department's abstract derives from observer or self-reported information.
<i>Geographic units recorded</i>	Patient zip code is collected. Geocoded data are not currently available.
<i>Available on DPH website?</i>	Yes. A weekly influenza activity report is posted.
<b>Where</b>	
<i>Recently published documents?</i>	Yes. The weekly web reports are ongoing. Staff has also shared these data in presentations at scientific professional meetings.
<i>Key search words</i>	syndromic surveillance, bioterrorism, chief emergency department complaint
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/Epidemiology">www.ct.gov/dph/Epidemiology</a>

<b>National Healthcare Safety Network (NHSN)</b>	
CONTACT: Richard Rodriguez, M.P.H. PHONE: (860) 509-7150, E-MAIL: <a href="mailto:richard.rodriquez@ct.gov">richard.rodriquez@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	To track the trends of healthcare associated infections (HAI) in Connecticut's 30 acute care hospitals via the National Healthcare Safety Network (NHSN). The current mandate requires that hospitals report their incidence of central line associated bloodstream infections from adult, pediatric, and neonatal intensive care units; catheter associated urinary tract infections from all adult and pediatric ICUs; and surgical site infections related to abdominal hysterectomies and colon surgeries.
<b>What</b>	
<i>Definition of a case or record in the database</i>	Any inpatient that meets the CDC NHSN definition of one of the infections referenced above.
<i>Population covered by the database</i>	Hospitalized patients in one of CT's 30 acute care hospitals.
<b>When</b>	
<i>When and how data are collected</i>	Data are collected and entered into NHSN by hospital infection prevention (IP) staff. Hospital IP staff conduct HAI surveillance following CDC NHSN protocol.
<i>When data are available for analysis and reporting</i>	Data are available for analysis on a monthly basis. Results are posted by hospital name on the CT DPH website and are updated every 6 months.
<i>Most recent period for these data</i>	The most current time period posted is July 2010 – June 2011
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Race and Hispanic ethnicity are optionally reportable. Race is broken down into five categories: White, Black, Asian, American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander; Ethnicity is broken into Hispanic and Non-Hispanic Both Race/Ethnicity and Sex/Gender are extracted from hospital medical records which contain information that may be observer or self-reported.
<i>Geographic units recorded</i>	No
<i>Available on DPH website?</i>	Yes
<b>Where</b>	
<i>Recently published documents?</i>	Yes. <i>2011 Connecticut Healthcare Associated Infections (HAIs) Hospital-specific Report.</i>
<i>Key search words</i>	Healthcare Associated Infections, CLABSIs, CAUTIs, SSIs, NHSN
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/cwp/view.asp?a=3136&amp;q=417318">http://www.ct.gov/dph/cwp/view.asp?a=3136&amp;q=417318</a>

<b>Sexually Transmitted Disease Management Information System</b>	
CONTACT: Lynn Mitchell, M.P.H. PHONE: (860) 509-7920, E-MAIL: <a href="mailto:lynn.mitchell@ct.gov">lynn.mitchell@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Section 19a-36-A2 of the Public Health Code. Surveillance facilitates treatment and prevention of sexually transmitted diseases (STD) including syphilis, gonorrhea, chlamydia, chancroid and neonatal herpes.
<b>What</b>	
<i>Definition of a case or record in the database</i>	A new individual incident of an STD, according to programmatic definition, in a CT resident. There is no data dictionary.
<i>Population covered by the database</i>	CT residents.
<b>When</b>	
<i>When and how data are collected</i>	Laboratories and physicians report daily to the CT Department of Public Health (DPH) confirmed STD cases using a DPH reporting form.
<i>When data are available for analysis and reporting</i>	Currently, that is, almost immediately.
<i>Most recent period for these data</i>	2011 (electronic database covers 1970-present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Five race and two Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected. Reporting for Race/Ethnicity and Sex/Gender may be either by an observer or the individual depending on who is completing the intake form.
<i>Geographic units recorded</i>	Complete mailing address is collected for cases. Geocoded data are not available.
<i>Available on DPH website?</i>	Yes, annual summary reports for the state, counties, and towns are available.
<b>Where</b>	
<i>Recently published documents?</i>	Yes. See the web site. Also, program reports are sent to Centers for Disease Control and Prevention (CDC) weekly, and are available in the federal CDC Morbidity and Mortality Weekly Report (MMWR).
<i>Key search words</i>	STD's, syphilis, gonorrhea, chlamydia
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/std">www.ct.gov/dph/std</a>

<b>Tuberculosis- Maven Database</b>	
CONTACT: Lynn Mitchell, M.P.H. PHONE: (860) 509-7920, E-MAIL: <a href="mailto:lynn.mitchell@ct.gov">lynn.mitchell@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Sections 19a-36-A3-4 of the Public Health Code and Sections 19a-2a and 19a-215 of the Connecticut (CT) General Statutes specify state reportable diseases. Also, data on tuberculosis cases are transmitted to the Centers for Disease Control and Prevention (CDC) on a regular basis.
<b>What</b>	
<i>Definition of a case or record in the database</i>	A patient with a positive AFB smear, abnormal X-ray and taking two or more drugs for suspect disease. There is a data dictionary.
<i>Population covered by the database</i>	CT residents.
<b>When</b>	
<i>When and how data are collected</i>	A physician, laboratory or other healthcare provider reports cases to the CT Department of Public Health (DPH) as cases are detected using DPH forms. Forms are either mailed or faxed to DPH and then data-entered into the database.
<i>When data are available for analysis and reporting</i>	Immediately after data conversion is run. The former TIMS database was updated by MAVEN software in 2011.
<i>Most recent period for these data</i>	2011 (electronic database covers 1994-present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Five race and two Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected. Reporting for Race/Ethnicity and Sex/Gender may be either by an observer or the individual depending on who is completing the intake form.
<i>Geographic units recorded</i>	Complete mailing address is collected for the case. State and town data are summarized in reports. Geocoded data are not available.
<i>Available on DPH website?</i>	Yes. Annual summary statistics for the state and towns are available.
<b>Where</b>	
<i>Recently published documents?</i>	Yes. See the DPH web site. CT data are also reported in federal CDC publications such as the <i>Morbidity and Mortality Weekly Reports</i> (MMWR).
<i>Key search words</i>	reportable diseases, morbidity, tuberculosis
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/cwp/view.asp?a=3136&amp;q=388568">www.ct.gov/dph/cwp/view.asp?a=3136&amp;q=388568</a> also: <a href="http://www.ct.gov/dph/TB">www.ct.gov/dph/TB</a>



<b>Tuberculosis Registry and Information Management System (TRIMS)</b>	
CONTACT: Lynn Mitchell, M.P.H. PHONE: (860) 509-7920, E-MAIL: <a href="mailto:lynn.mitchell@ct.gov">lynn.mitchell@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Sections 19a-36-A3-4 of the Public Health Code and Sections 19a-2a and 19a-215 of the Connecticut (CT) General Statutes specify state reportable diseases. Also, data on tuberculosis (TB) latent infection cases or contacts to cases are transmitted to the Centers for Disease Control and Prevention (CDC) on a regular basis.
<b>What</b>	
<i>Definition of a case or record in the database</i>	A patient with a positive PPD or IGRA skin test and normal X ray. There is a data dictionary.
<i>Population covered by the database</i>	CT residents identified with latent TB infection or contacts to a case of tuberculosis.
<b>When</b>	
<i>When and how data are collected</i>	Laboratories and physicians report tuberculosis cases to the CT Department of Public Health (DPH) on an ongoing basis using a DPH reporting form. Forms are either mailed or faxed to DPH and then data are entered into the database.
<i>When data are available for analysis and reporting</i>	Currently, that is, almost immediately.
<i>Most recent period for these data</i>	2011 (electronic database covers 1994-present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Five race and two Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected. Reporting for Race/Ethnicity and Sex/Gender may be either by an observer or the individual depending on who is completing the intake form.
<i>Geographic units recorded</i>	Complete mailing address is collected for the case. State and town data are summarized in reports. Geocoded data are not available.
<i>Available on DPH website?</i>	Yes. Annual summary statistics for the state and towns are available.
<b>Where</b>	
<i>Recently published documents?</i>	Yes. See the CT DPH web site.
<i>Key search words</i>	tuberculosis latent infection registry
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/cwp/view.asp?a=3136&amp;q=388568">www.ct.gov/dph/cwp/view.asp?a=3136&amp;q=388568</a> also: <a href="http://www.ct.gov/dph/TB">www.ct.gov/dph/TB</a>

<b>Newborn Tracking System (NBTS)</b>	
CONTACT: Fay Larson, R.N.,M.S. PHONE: (860) 509-8081, E-MAIL: <a href="mailto:fay.larson@ct.gov">fay.larson@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Public Health Code 19a-55 mandates that all newborns born in Connecticut (CT) be screened for certain diseases and inborn errors of metabolism prescribed by the CT Department of Public Health (DPH). The aim of this program is to screen all babies born in CT prior to hospital discharge or within the first 4 days of life to identify infants at increased risk for selected metabolic or genetic diseases.
<b>What</b>	
<i>Definition of a case or record in the database</i>	Any newborn with a significant newborn screening result is entered into the database and followed until resolution. There is no database dictionary.
<i>Population covered by the database</i>	All CT newborns.
<b>When</b>	
<i>When and how data are collected</i>	Data regarding baby and mother are supplied to DPH by the birthing facility at the time of the blood sample submission via a web-based system (Maven). The DPH Laboratory scans the barcode sticker on the specimen upon receipt of the blood sample which then generates data transfer into the Laboratory Information Management System (LIMS).The DPH Laboratory then sends these data with any significant newborn screening results to the Newborn Screening Tracking Unit for entry into Maven. The Tracking Unit staff maintains the data and adds additional information for evaluation and tracking.
<i>When data are available for analysis and reporting</i>	Continuously.
<i>Most recent period for these data</i>	The LIMS tracking system was initiated on 12/12/11 followed by the Maven database on 1/18/12.
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Six race categories and four Hispanic ethnicity options are choices for the respondent. More than one race category may be selected. Both Race/Ethnicity and Sex/Gender are observer-reported by the birthing facility staff and entered into Maven.
<i>Geographic units recorded</i>	Patient mailing address is collected. Geocoded data are not currently available.
<i>Available on DPH website?</i>	Yes. Statistics and program information is posted on the website.
<b>Where</b>	
<i>Recently published documents?</i>	Yes. CT DPH, <i>Newborn Screening Program Statistics 1964-2010</i> .
<i>Key search words</i>	newborn blood screening, genetic and metabolic laboratory findings
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/cwp/view.asp?a=3122&amp;q=387742&amp;dphNav_GID=1601">www.ct.gov/dph/cwp/view.asp?a=3122&amp;q=387742&amp;dphNav_GID=1601</a>

<b>Safe Drinking Water Information System (SDWIS)</b>	
CONTACT: Christopher D. Roy, B.S. PHONE: (860) 509-7320, E-MAIL: <a href="mailto:christopher.roy@ct.gov">christopher.roy@ct.gov</a>	
<b>Why</b>	
<i>Purpose or mandate for data collection</i>	To help Connecticut (CT) implement 40 CFR 141 & 142 – the National Primary and Secondary Drinking Water Regulations with authority from CT General Statute 19a-2a. The database tracks public water system inventory, water quality and compliance history.
<b>What</b>	
<i>Definition of a case or record in the database</i>	Information on each public drinking water system including contacts, water quality, violations, enforcement actions, location, facilities, etc. There is a data dictionary.
<i>Population covered by the database</i>	2,581 public drinking water systems serving approximately 2.7 million CT residents.
<b>When</b>	
<i>When and how data are collected</i>	Water quality data are reported electronically and updated on a daily basis. Information based on periodic field visits, telephone conversations, and written correspondence is also collected.
<i>When data are available for analysis and reporting</i>	Immediately.
<i>Most recent period for these data</i>	Data are reported and updated on a daily basis. Electronic database covers 2002 - present for water quality, and 1979 - present for violations.
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Not applicable.
<i>Geographic units recorded</i>	Latitude and longitudinal information for a well, storage tank, or treatment plant.
<i>Available on DPH website?</i>	Limited information is available.
<b>Where</b>	
<i>Recently published documents?</i>	<i>Annual Compliance Report to EPA.</i>
<i>Key search words</i>	drinking water, safe water supplies
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/publicdrinkingwater">www.ct.gov/dph/publicdrinkingwater</a>

<b>Adult Blood Lead Epidemiology and Surveillance (ABLES) [Maven- CTSITE Adult Model]</b>	
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<b>Why</b>	
<i>Purpose or mandate for data collection</i>	To collect reports of elevated blood lead levels among Connecticut (CT) adults. This database is an extension of the Childhood Lead Poisoning and Prevention Program Surveillance System data. Treatment and hazard abatement information is included. This effort is supported by federal Centers for Disease Control and Prevention (CDC) funding and mandated by CT General Statute Section 19a-110.
<b>What</b>	
<i>Definition of a case or record in the database</i>	A CT resident aged 19 or older with an elevated blood lead level of greater than or equal to 10 micrograms/dl reported. There is no data dictionary.
<i>Population covered by the database</i>	CT adult residents.
<b>When</b>	
<i>When and how data are collected</i>	Reports are received on an ongoing basis from health professionals, laboratories or local health departments either in paper form or electronically.
<i>When data are available for analysis and reporting</i>	Ongoing.
<i>Most recent period for these data</i>	Current (electronic database covers 1995-present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Six race and three Hispanic ethnicity categories are choices for the respondent. More than one race category may not be selected. Both Race/Ethnicity and Sex/Gender are self-reported.
<i>Geographic units recorded</i>	The complete mailing address of the patient is collected, as well as the name of the workplace, if applicable. Geocoded data are not available.
<i>Available on DPH website?</i>	Yes.
<b>Where</b>	
<i>Recently published documents?</i>	A summary report of data, <i>Putting Data To Work In Connecticut-A Five Year Review of Occupational Health Indicators 2000-2004</i> is available.
<i>Key search words</i>	lead poisoning, reportable disease
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/lib/dph/environmental_health/eoha/pdf/indicatorswebreport.pdf">www.ct.gov/dph/lib/dph/environmental_health/eoha/pdf/indicatorswebreport.pdf</a> also: <a href="http://www.ct.gov/dph/occupationalhealth">www.ct.gov/dph/occupationalhealth</a>

<b>Carbon Monoxide Poisoning Surveillance (COPS)</b>	
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<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Connecticut (CT) General Statutes 19a-36 requires the collection of reports of elevated carboxyhemoglobin levels (carbon dioxide poisoning).
<b>What</b>	
<i>Definition of a case or record in the database</i>	Report of a CT resident with a carboxyhemoglobin level greater than or equal to 9%. There is no data dictionary.
<i>Population covered by the database</i>	CT residents.
<b>When</b>	
<i>When and how data are collected</i>	Reports are received on an ongoing basis from health professionals and laboratories using CT Department of Public Health (DPH) forms.
<i>When data are available for analysis and reporting</i>	Ongoing.
<i>Most recent period for these data</i>	Current (electronic database covers 2000-present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Seven race and three Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected. Both Race/Ethnicity and Sex/Gender are observer-reported by the physician or lab.
<i>Geographic units recorded</i>	The complete mailing address of the patient is collected, as well as the workplace address, if applicable. Geocoded data are available.
<i>Available on DPH website?</i>	Yes.
<b>Where</b>	
<i>Recently published documents?</i>	A summary report of data is available.
<i>Key search words</i>	CO poisoning, carbon dioxide, reportable disease
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/cwp/view.asp?a=3140&amp;q=421226&amp;dphNav_GID=1826">www.ct.gov/dph/cwp/view.asp?a=3140&amp;q=421226&amp;dphNav_GID=1826</a> also: <a href="http://www.ct.gov/dph/environmentalhealth">www.ct.gov/dph/environmentalhealth</a>

<b>Childhood Lead Poisoning Prevention Program Surveillance System (CLPPP) [Maven- CTSITE Child Lead Model]</b>	
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<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Connecticut (CT) General Statutes Section 19a-111i requires the collection of this information and annual reports to the CT General Assembly. The database is used to monitor childhood lead screening and lead case management including the child and the lead-contaminated environment. This effort is supported by federal Centers for Disease Control and Prevention (CDC) funding and Connecticut General Fund.
<b>What</b>	
<i>Definition of a case or record in the database</i>	An elevated blood lead level test of a CT resident age 15 or younger. There is no data dictionary.
<i>Population covered by the database</i>	CT residents under age 16.
<b>When</b>	
<i>When and how data are collected</i>	CT Department of Public Health (DPH) reporting forms OL-15c are received on an ongoing basis from health professionals, laboratories, and local health departments.
<i>When data are available for analysis and reporting</i>	Ongoing.
<i>Most recent period for these data</i>	Current (electronic database covers 1994-present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Five race and two Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected. Both Race/Ethnicity and Sex/Gender are self-reported for the most part. Any missing data may be supplemented with Vital Records information.
<i>Geographic units recorded</i>	The complete mailing address of the patient is collected. Geocoded data are not available.
<i>Available on DPH website?</i>	Yes.
<b>Where</b>	
<i>Recently published documents?</i>	An annual comprehensive report on children - <i>Childhood Lead Poisoning in Connecticut</i> - as well as lead inspection and abatement materials are available.
<i>Key search words</i>	childhood lead poisoning, reportable disease, lead inspection
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/cwp/view.asp?a=3140&amp;q=387576">http://www.ct.gov/dph/cwp/view.asp?a=3140&amp;q=387576</a> also: <a href="http://www.ct.gov/dph/lead">http://www.ct.gov/dph/lead</a>

<b>Foodborne Illness Complaint System</b>	
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<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Used to track single cases of foodborne illness in Connecticut (CT). Follow up by regulatory authority is also recorded. This effort is supported by federal Centers for Disease Control and Prevention (CDC) funding.
<b>What</b>	
<i>Definition of a case or record in the database</i>	Any single case of possible foodborne illness from eating at a CT food service establishment (as defined in the state's Public Health Code Section 19-13-B42(A)(7)). There is no data dictionary.
<i>Population covered by the database</i>	All CT residents or non-residents who ate at a CT foodservice establishment.
<b>When</b>	
<i>When and how data are collected</i>	Affected individuals usually contact the local health department or the CT Department of Public Health (DPH). Information is then recorded on the foodborne alert complaint form which then gets entered into the database as part of an epidemiological investigation, where warranted.
<i>When data are available for analysis and reporting</i>	Immediately.
<i>Most recent period for these data</i>	Current (electronic database covers 1/1/2005-present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Six categories including five race and one Hispanic ethnicity category are choices for the respondent. More than one race/ethnicity category may be selected. Both Race/Ethnicity and Sex/Gender are self-reported.
<i>Geographic units recorded</i>	The complete mailing address of the patient and the food service establishment are collected. Geocoded data are not available.
<i>Available on DPH website?</i>	No.
<b>Where</b>	
<i>Recently published documents?</i>	No.
<i>Key search words</i>	foodborne illness, salmonella, outbreak
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/foodprotection">www.ct.gov/dph/foodprotection</a>

<b>Mercury Poisoning Surveillance</b>	
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<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Connecticut (CT) General Statutes 19a-36 and 31-40A require laboratories and physicians to report elevated mercury levels of patients.
<b>What</b>	
<i>Definition of a case or record in the database</i>	Report of a CT resident or CT worker with a blood level greater than or equal to 1.5 ug/dL or a urine level greater than or equal to 35 ug/g creatinine. There is no data dictionary.
<i>Population covered by the database</i>	CT residents or non-residents working in CT.
<b>When</b>	
<i>When and how data are collected</i>	Reports are received on an ongoing basis from health professionals and laboratories using CT Department of Public Health (DPH) forms.
<i>When data are available for analysis and reporting</i>	Ongoing.
<i>Most recent period for these data</i>	Current. Latest complete year is 2011. (electronic database covers 1998-2009)
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Seven race and three Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected. Sex/Gender are self-reported. It's unknown whether Race/Ethnicity information is self-reported or observer-reported.
<i>Geographic units recorded</i>	The complete mailing address of the patient is collected. Geocoded data are available.
<i>Available on DPH website?</i>	Not yet, planned for 2012.
<b>Where</b>	
<i>Recently published documents?</i>	An annual summary report of data is available in the <i>CT Indicator Report</i> .
<i>Key search words</i>	mercury poisoning, mercury in environmental sources, reportable disease
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/occupationalhealth">www.ct.gov/dph/occupationalhealth</a> also: <a href="http://www.ct.gov/dph/mercury">www.ct.gov/dph/mercury</a>



<b>Occupational Injury and Illness Surveillance</b>	
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<b>Why</b>	
<i>Purpose or mandate for data collection</i>	Connecticut (CT) General Statutes 31-40A requires that workplace injuries and illnesses be reported to the Department of Public Health (DPH). This database is used to collect reports of any CT workplace illness or injury. This effort is supported by federal Centers for Disease Control and Prevention (CDC) funding.
<b>What</b>	
<i>Definition of a case or record in the database</i>	Report of any CT workplace illness or injury. There is no data dictionary.
<i>Population covered by the database</i>	CT residents or non-residents working in CT.
<b>When</b>	
<i>When and how data are collected</i>	Reports are received on an ongoing basis from health professionals using CT Department of Public Health (DPH) forms.
<i>When data are available for analysis and reporting</i>	Ongoing.
<i>Most recent period for these data</i>	2008 (electronic database covers 1991-present).
<b>How</b>	
<i>Race, Hispanic ethnicity and Sex/Gender as data items</i>	Six race and three Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected. Both Race/Ethnicity and Sex/Gender are self-reported.
<i>Geographic units recorded</i>	The complete mailing address of the patient is collected, as well as the workplace address, if applicable. Geocoded data are not available.
<i>Available on DPH website?</i>	Yes.
<b>Where</b>	
<i>Recently published documents?</i>	A summary report of data, <i>Putting Data To Work In Connecticut-A Five Year Review of Occupational Health Indicators 2000-2004</i> is available.
<i>Key search words</i>	work-related illness, occupational injury, injury, workplace
<i>DPH website location</i>	<a href="http://www.ct.gov/dph/lib/dph/environmental_health/eoha/pdf/indicatorswebreport.pdf">www.ct.gov/dph/lib/dph/environmental_health/eoha/pdf/indicatorswebreport.pdf</a> also: <a href="http://www.ct.gov/dph/occupationalhealth">www.ct.gov/dph/occupationalhealth</a>

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