Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings Changes for 2021

As required by Conn. Gen. Stat. §19a-2a and Conn. Agencies Regs. §19a-36-A2, the Commissioner of the Department of Public Health (DPH) is required to declare an annual list of Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings. The list of Reportable Diseases, Emergency Illnesses and Health Conditions has two parts: (A) reportable diseases; and (B) reportable emergency illnesses and health conditions. An advisory committee, consisting of public health officials, clinicians, and laboratorians, contribute to the annual process. There are 3 additions and 1 modification to the healthcare provider list, and 1 addition to the laboratory list. No changes have been made to emergency illnesses or health conditions.

Reportable disease and laboratory reporting forms are on the DPH “Forms” webpage at: https://portal.ct.gov/DPH/Communications/Forms/Forms.

Changes to the List of Reportable Laboratory Findings

SARS-CoV-2: SARS-CoV-2 virus is officially added. As of December 29, 2020, DPH has received over 4.25 million reports of molecular and antigen tests for SARS-CoV-2. Laboratories (as defined under the HHS guidance of June 4, 2020) performing testing for SARS-CoV-2 are required to report both positive and negative test results in an electronic format within 24 hours of performing the test. This includes any location performing on-site testing such as healthcare providers performing point of care testing for SARS-CoV-2. For questions about laboratory reporting, please contact DPH.InformaticsLab@ct.gov.

Changes to the List of Reportable Diseases, Emergency Illnesses and Health Conditions

Coronavirus Disease 2019 (COVID-19): Coronavirus disease 2019 (COVID-19) is officially added. Connecticut is now experiencing a second wave of COVID-19 with over 180,000 cases reported to DPH as of December 29, 2020. Healthcare providers that diagnose COVID-19 (based on a positive molecular or antigen lab result or symptoms) must report the case and all required information using the online reporting portal https://dphsubmissions.ct.gov/Covid/InitiateCovidReport. Reports should be made within 24 hrs of identification of a positive case of COVID-19.

COVID-19 Hospitalizations: COVID-19 hospitalizations is officially added. Hospitalizations are a key measure of severity of illness caused by COVID-19. Accurate data are critical for understanding the impact on healthcare systems and populations most affected. Hospitalized patients who have confirmatory laboratory evidence of SARS-CoV-2 (e.g., positive molecular test result), should be entered into the CT Electronic Diseases Surveillance System (CTEDSS) by Connecticut acute care hospital staff as soon as possible after identification. These include patients who had a confirmatory laboratory test within the 14 days before admission. Acute care hospitals are also required to provide the DPH with remote access to electronic medical records of COVID-19 hospitalized patients with either confirmatory, presumptive or supportive laboratory evidence of COVID-19. This access is necessary for public health actions including appropriate tracking and classification of COVID-19 cases.

Multisystem inflammatory syndrome in children (MIS-C): Multisystem inflammatory syndrome in children (MIS-C) is added. Healthcare providers...
Physicians, and other professionals are required to report using the Reportable Disease Confidential Case Report form (PD-23), other disease specific form or authorized method (see page 4 for additional information). Forms can be found on the DPH "Forms" webpage or by calling 860-509-7994. Mailed reports must be sent in envelopes marked “CONFIDENTIAL.” Changes for 2021 are in bold font.

**Category 1 Diseases:** Report immediately by telephone (860-509-7994) on the day of recognition or strong suspicion of disease for those diseases marked with a telephone (☎). On evenings, weekends, and holidays call 860-509-8000. These diseases must also be reported by mail within 12 hours.

**Category 2 Diseases:** All other diseases not marked with a telephone must be reported by mail within 12 hours of recognition or strong suspicion of disease.

**PART A: REPORTABLE DISEASES**

- **Acquired Immune Deficiency Syndrome (1,2)**
- **Acute HIV infection**
- **Anthrax**
- **Babesiosis**
- **Borrelia miyamotoi disease**
- **Botulism**
- **Brucellosis**
- **California group arbovirus infection**
- **Campylobacteriosis**
- **Candida auris**
- **Chancroid**
- **Chickenpox**
- **Chickenpox-related death**
- **Chikungunya**
- **Chlamydia (C. trachomatis) (all sites)**
- **Cholera**
- **Coronavirus disease 2019 (COVID-19)**
- **COVID-19 Hospitalizations**
- **Cryptosporidiosis**
- **Cyclosporiasis**
- **Dengue**
- **Diphtheria**
- **E-cigarette or vaping product use associated lung injury (EVALI)**
- **Eastern equine encephalitis virus infection**
- **Ehrlichia chaffensis infection**
- **Escherichia coli O157:H7 gastroenteritis**
- **Gonorrhea**
- **Group A Streptococcal disease, invasive (3)**
- **Group B Streptococcal disease, invasive (3)**
- **Haemophilus influenzae disease, invasive (3)**
- **Hansens disease (Leprosy)**
- **Healthcare-associated Infections (4)**
- **Hemolytic-uremic syndrome (5)**
- **Hepatitis A**
- **Hepatitis B**
  - acute infection (2)
  - HBsAg positive pregnant women
- **Hepatitis C:**
  - acute infection (2)
  - perinatal infection
  - positive rapid antibody test result
  - HIV-1 / HIV-2 infection in: (1)
  - persons with active tuberculosis disease
  - persons with a latent tuberculous infection (history or tuberculin skin test
  > 5mm induration by Mantoux technique)
  - persons of any age
  - pregnant women
- **HPV:** biopsy proven CIN 2, CIN 3 or AIS or their equivalent (1)
- **Influenza-associated death (6)**
- **Influenza-associated hospitalization (6)**
- **Legionellosis**
- **Listeriosis**
- **Lyme disease**
- **Malaria**
- **Measles**
- **Melioidosis**
- **Meningococcal disease**
- **Mercury poisoning**
- **Multisystem inflammatory syndrome in children (MIS-C)**
- **Mumps**
- **Neonatal bacterial sepsis (7)**
- **Neonatal herpes (≤ 60 days of age)**
- **Occupational asthma**
- **Outbreaks:**
  - Foodborne (involving ≥ 2 persons)
  - Institutional
  - Unusual disease or illness (8)
- **Pertussis**
- **Plague**
- **Pneumococcal disease, invasive (3)**
- **Poliomyelitis**
- **Powassan virus infection**

**FOOTNOTES:** (NOTE: a footnote was removed, and they have been renumbered)
1. Report only to State.
2. As described in the CDC case definition.
3. Invasive disease: from sterile fluid (blood, CSF, pericardial, pleural, peritoneal, joint, or vitreous) bone, internal body sites, or other normally sterile site including muscle.
5. On request from the DPH and if adequate serum is available, send serum from patients with HUS to the DPH Laboratory for antibody testing.
6. Submit the Hospitalized and Fatal Cases of Influenza form as specified. For influenza Hospitalizations, Electronic Medical Record access is required.
7. Clinical sepsis and blood or CSF isolate obtained from an infant ≤ 72 hours of age.
8. Individual cases of “significant unusual illness” are also reportable.
9. Community-acquired: infection present on admission to hospital, and person has no previous hospitalizations or regular contact with the health-care setting.

How to report: The PD-23 is the general disease reporting form and should be used if other specialized forms are not available. The PD-23 can be found on the DPH “Forms” webpage (https://portal.ct.gov/DPH/Communications/Forms/Forms). It can also be ordered by writing the Department of Public Health, 410 Capitol Ave., MS#11FDS, P.O. Box 340308, Hartford, CT 06134-0308 or by calling the Epidemiology and Emerging Infections Program (860-509-7994). Specialized reporting forms are available on the DPH “Forms” webpage or by calling the following programs: Epidemicology and Emerging Infections Program (860-509-7994) - Hospitalized and Fatal Cases of Influenza, Healthcare Associated Infections (860-509-7995) - National Healthcare Safety Network, HIV/AIDS Surveillance (860-509-7900) - Adult HIV Confidential Case Report form, Immunizations Program (860-509-7929) - Chickenpox Case Report (Varicella form, Occupational Health Surveillance Program (860-509-7740) - Physician’s Report of Occupational Disease, Sexually Transmitted Disease Program (860-509-7920), and Tuberculosis Control Program (860-509-7722). National notifiable disease case definitions are found on the CDC website.

**Telephone reports** of Category 1 disease should be made to the local Director of Health for the town in which the patient resides, and to the Epidemiology and Emerging Infections Program (860-509-7994). Tuberculosis cases should be directly reported to the Tuberculosis Control Program (860509-7722). For the name, address, or telephone number of the local Director of Health for a specific town contact the Office of Local Health Administration (860-509-7660).

For public health emergencies on evenings, weekends, and holidays call 860-509-8000.
REPORTABLE LABORATORY FINDINGS - 2021

The director of a clinical laboratory must report laboratory evidence suggestive of reportable diseases (see page 4 for additional information). The Laboratory Report of Significant Findings form (OL-15C) can be found on the DPH "Forms" webpage or by calling 860-509-7994. Changes for 2021 are in bold font.

**Anaplasma phagocytophilum** by PCR only

- Blood smear: **PCR**
- *Blood smear* IGm (titer): **IgG** (titer)
- *Blood smear* micro: **PCR**
- *Blood smear* Bordetella pertussis: **PCR**
- *Blood smear* non-pertussis Bordetella (1): **specify**
- *Blood smear* DFA: **PCR**
- *Blood smear* Borrelia burgdorferi: **PCR**
- *Blood smear* Borrelia miyamotoi
- **California group virus (3) spp**
- **Campylobacter (3) spp**
- **Candida auris** [report samples from all sites](1)
- **Candida spp.** [blood isolates only]: **(1,3)**
- **Carbapenem-resistant Acinetobacter baumannii** (CRAB) **(1,4)**
- **Carbapenem-resistant Enterobacteriaceae** (CRE) **(1,3,4)**
- **Escherichia coli**: **(1)**
- **Group B Streptococcus**: **(1)**
- **Group A Streptococcus**, invasive: **(1,4)**
- **Group B Streptococcus**, invasive: **(1,4)**
- **Haemophilus ducreyi**: **Other**
- **Haemophilus influenzae**, invasive: **(1,4)**
- **Haemophilus ducreyi**: **Other**
- **Hepatitis A virus** (HAV): **IgM anti-HAV** (7): **NAAT Positive** (6)
- **ALT** Total Bilirubin: **Not Done**
- **Hepatitis B** HBsAg: **Positive**
- **HBsAg** to vancomycin: **MIC** **µg/mL**
- **Hepatitis C virus** (HCV): **(8)**
- **Hepatitis C virus** (HCV): **Antibody**
- **PCR/NAAT/RNA**
- **Genotype specify**
- **Herpes simplex virus** (infants ≤ 60 days of age): **Culture**
- **PCR**
- **IFA**
- **Ag detection**
- **HIV** Related Testing (report only to the State) (9)
- **Detectable** Screen (IA)
- **Antibody Confirmation (WB/IFA/Type-diff) (9)**
- **HIV 1** Positive Neg/Ind: **IgG** (serogroup)/Type (9)
- **HIV 2** Positive Neg/Ind: **IgG** (serogroup)/Type (9)
- **HIV** Viral Load (all results) (9): **copies/mL**
- **HIV genotype** (9)
- **CD4 count** (report only to the State) (10)
- **Biopsy proven**
- **CIN 2**
- **CIN 3**
- **AIS (or their equivalent, specify)**
- **Influenza virus**: **(report only to State)**
- **Rapid antigen (2)**
- **RT-PCR (type A)**
- **Type B**
- **Type Unknown**
- **Subtype**
- **Legionella spp** (1)
- **Culture**
- **DFA**
- **Ag positive**
- **Four-fold serologic change** (titer)

**Listeria monocytogenes** (1)

- **Culture**
- **PCR**
- **Mercury poisoning**
- **Urine ≥ 25 µg/g creatinine**: **µg/g**
- **Blood ≥ 5 µg/L**: **µg/L**
- **Mumps virus** (12): **(titer)**
- **PCR**
- **Mycobacterium leprae**
- **Mycobacterium tuberculosis**

**Mycobacterium tuberculosis** Related Testing (1)

- **AFB Smear**
- **Positive**
- **Negative**
- **If positive**
- **NAAT**
- **Positive**
- **Negative**
- **Indeterminate**
- **Culture**
- **Mycobacterium tuberculosis**
- **Non-TB mycobacterium. (specify M. )**

**Necisseria gonorrhoeae** (test type)

- **Neisseria meningitidis**, invasive (1,4)
- **Culture**
- **Other**
- **Neonatal bacterial sepsis** (3,13) spp
- **Plasmodium (1,3) spp**
- **Poliovirus**
- **Powassan virus**
- **Rabies virus**
- **Rickettsia rickettsia** **PCR**
- **IgG titers **≥1:128 only**
- **Culture**
- **Respiratory syncytial virus** (2)
- **Rubella virus** (12): **(titer)**
- **Rubeola virus** (Measles) (12): **(titer)**
- **PCR**
- **St. Louis encephalitis virus**
- **Salmonella** (1,3) [serogroup & type]
- **Culture**
- **PCR**
- **SARS-CoV** (1)
- **IgM/IgG**
- **PCR** (specimen)
- **Other**
- **SARS-CoV2**
- **PCR**
- **Antigen**
- **Negative**
- **Shiga toxin** (1)
- **Stx1**
- **Stx2**
- **Type Unknown**
- **PCR**
- **EIA**
- **Shigella** (1,3) [serogroup/spp]
- **Culture**
- **PCR**
- **Staphylococcus aureus**, invasive (4)
- **Culture**
- **Other**
- **Staphylococcus aureus** sensitive
- **methicillin-resistant**
- **methicillin-sensitive**
- **Staphylococcus aureus**, vancomycin **MIC ≥ 4 µg/mL** (1)
- **Staphylococcus epidermidis**, vancomycin **MIC ≥ 32 µg/mL** (1)
- **S. aureus**
- **Streptococcus pneumoniae**
- **Culture** (1,4)
- **Urine antigen**
- **Other** (4)
- **Treponema pallidum**
- **RPR** (titer)
- **FTA**
- **EIA**
- **VDRL (titer)**
- **TPPA**
- **Trichinella**
- **Varicella-zoster virus**, acute
- **Culture**
- **PCR**
- **DFA**
- **Other**
- **Vibrio (1,3) spp**
- **Culture**
- **PCR**
- **West Nile virus**
- **Yellow fever virus**
- **Yersinia, not pestis** (1,3) spp
- **Culture**
- **PCR**
- **Zika virus**

**BIOTERRORISM** at first clinical suspicion (14)

- **Bacillus anthracis** (1)
- **Brucella spp** (1)
- **Burkholderia mallei** (1)
- **Coxiella burnetii**
- **Francisella tularensis**
- **Staphylococcus aureus** - enterotoxin B
- **Venezuelan equine encephalitis virus**
- **Viral agents of hemorrhagic fevers**
- **Yersinia pestis** (1)

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1. Send isolate/specimen to DPH Laboratory. Send laboratory report (electronic or paper) on first identification of an organism. For CRE/CRAB, send laboratory report if carbapenem resistance is suggested by laboratory antimicrobial testing. For GBs, send isolate for cases <1 year of age. For Salmonella, Shigella, Vibrio, and Yersinia (not pests) tested by non-culture methods, send isolate if available; send stool specimen if no isolate available. For Shiga toxin-related disease, send positive broth or stool specimen.

2. Only laboratories with electronic file reporting are required to report positive results.


4. Sterile site: sterile fluids (blood, CSF, pericardial, pleural, peritoneal, joint, or vitreous), bone, internal body site (lymph node, brain, heart, liver, spleen, kidney, pancreas, or ovary), or other normally sterile site including mucosa. For CRE and CRAB, also include urine or stool, for CRAB also include wounds.

5. Upon request from the DPH, send fixed tissue from the diagnostic specimen for HPV typing.

6. Report peak ALT and Total Bilirubin results if conducted within one week of HAV positive test, if available. Otherwise, check, "Not Done".

7. Only laboratories that perform HAV RNA testing can report positive RNA results.

8. Report peak ALT and Total Bilirubin results if conducted within one week of HAV positive test, if available. Otherwise, check, "Not Done".

9. Negative HBsAg and all anti-HBs results only reportable for children ≤ 2 years old.

10. Upon request from the DPH, send fixed tissue from the diagnostic specimen for HPV typing.

11. Report results > 10 µg/dL within 48 hours to the Local Health Department and DPH, submit ALL lead results at least monthly to DPH only.

12. Report all IgM positive titers, only report IgG titers considered significant by laboratory performing the test.

13. Report all bacterial isolates from blood or CSF from infants ≤ 72 hours of age.

14. Call the DPH, weekdays 860-509-7994; evenings, weekends, and holidays 860-509-8000.
should report each case that meets the CDC case definition to DPH by completing the CDC MIS-C Case Report form (https://www.cdc.gov/mis-c/ pdfs/hcp/mis-c-form-fillable.pdf) AND calling 860-509-7994 to report.

**Influenza Hospitalizations Electronic Medical Record (EMR) Access**

Influenza hospitalizations reporting is modified. Electronic medical record (EMR) access is required for influenza hospitalizations. Connecticut’s Emerging Infections Program is conducting near real-time surveillance for COVID-19 associated hospitalizations, gathering data via remote EMR access. Rapid access to EMR for influenza patients will allow us to provide data needed to inform the public health response to both influenza and SARS-CoV-2 at the state and national level. Yale Emerging Infections Program staff will work with hospitals to gain access to the appropriate EMR system.

**Persons Required to Report Reportable Diseases, Emergency Illnesses and Health Conditions**

1. Every health care provider who treats or examines any person who has or is suspected to have a reportable disease, emergency illness or health condition shall report the case to the local director of health or other health authority within whose jurisdiction the patient resides and to the Department of Public Health.

2. If the case or suspected case of reportable disease, emergency illness or health condition is in a health care facility, the person in charge of such facility shall ensure that reports are made to the local director of health and Department of Public Health. The person in charge shall designate appropriate infection control or record keeping personnel for this purpose.

3. If the case or suspected case of reportable disease, emergency illness or health condition is not in a health care facility, and if a health care provider is not in attendance or is not known to have made a report within the appropriate time, such report of reportable disease, emergency illness or health condition shall be made to the local director of health or other health authority within whose jurisdiction the patient lives and the Department of Public Health by:
   a. the administrator serving a public or private school or day care center attended by any person affected or apparently affected with such disease, emergency illness or health condition;
   b. the person in charge of any camp;
   c. the master or any other person in charge of any vessel lying within the jurisdiction of the state;
   d. the master or any other person in charge of any aircraft landing within the jurisdiction of the state;
   e. the owner or person in charge of any establishment producing, handling, or processing dairy products, other food or non-alcoholic beverages for sale or distribution;
   f. morticians and funeral directors

**Persons Required to Report Reportable Laboratory Findings**

The director of a laboratory that receives a primary specimen or sample, which yields a reportable laboratory finding, shall be responsible for reporting such findings within 48 hours to the local director of health of the town in which the affected person normally resides. In the absence of such information, the reports should go to the town from which the specimen originated and to the Department of Public Health.

**IMPORTANT NOTICE**

The Reportable Disease Confidential Case Report Form PD-23 can be used to report conditions on the current list, unless there is a specialized form or other modified method. The Laboratory Report of Significant Findings Form OL-15C can be used by staff of clinical laboratories to report evidence suggestive of reportable diseases or other approved format by DPH. Reporting forms can be found at: [https://portal.ct.gov/DPH/Communications/Forms/Forms](https://portal.ct.gov/DPH/Communications/Forms/Forms) or by calling 860-509-7994. Please follow these guidelines when submitting written reports:

- Forms must include name, address, and phone number of person reporting and healthcare provider, infectious agent, test method, date of onset of illness, and name, address, date of birth, race, ethnicity, gender, and occupation of patient.
- Send the white copy of completed form to DPH via fax (860-509-7910), or mail to: Connecticut Department of Public Health, 410 Capitol Ave., MS#11FDS, P.O. Box 340308, Hartford, CT 06134-0308. Mark envelope with “CONFIDENTIAL”.
- Unless otherwise noted, send the yellow copy of the completed report to the Director of Health of the patient’s town of residence.
- Keep the pink copy in the patient’s medical record.

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Epidemiology and Emerging Infections 860-509-7994  
Healthcare Associated Infections & Antimicrobial Resistance 860-509-7995  
HIV & Viral Hepatitis 860-509-7900

Immunizations 860-509-7929  
Sexually Transmitted Diseases 860-509-7920  
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