

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 virus 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

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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

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REPORTABLE DISEASES, EMERGENCY ILLNESSES and HEALTH CONDITIONS - 2021

PART A: REPORTABLE DISEASES

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.

Acquired Immunodeficiency Syndrome (1,2)	Hepatitis C:	☎ Q fever
Acute flaccid myelitis	▪ acute infection (2)	☎ Rabies
☎ Acute HIV infection	▪ perinatal infection	☎ Ricin poisoning
☎ Anthrax	▪ positive rapid antibody test result	Rocky Mountain spotted fever
Babesiosis	HIV-1 / HIV-2 infection in: (1)	Rubella (including congenital)
<i>Borrelia miyamotoi</i> disease	▪ persons with active tuberculosis disease	Salmonellosis
☎ Botulism	▪ persons with a latent tuberculous	☎ SARS-CoV
☎ Brucellosis	infection (history or tuberculin skin test	Shiga toxin-related disease (gastroenteritis)
California group arbovirus infection	≥5mm induration by Mantoux	Shigellosis
Campylobacteriosis	technique)	Silicosis
<i>Candida auris</i>	▪ persons of any age	☎ Smallpox
Chancroid	▪ pregnant women	St. Louis encephalitis virus infection
Chickenpox	HPV: biopsy proven CIN 2, CIN 3 or AIS	☎ Staphylococcal enterotoxin B pulmonary
Chickenpox-related death	or their equivalent (1)	poisoning
Chikungunya	Influenza-associated death (6)	☎ <i>Staphylococcus aureus</i> disease, reduced or
Chlamydia (<i>C. trachomatis</i>) (all sites)	Influenza-associated hospitalization (6)	resistant susceptibility to vancomycin (1)
☎ Cholera	Legionellosis	<i>Staphylococcus aureus</i> methicillin-
Coronavirus disease 2019 (COVID-19)	Listeriosis	resistant disease, invasive, community
COVID-19 Hospitalizations	Lyme disease	acquired (3,9)
Cryptosporidiosis	Malaria	<i>Staphylococcus epidermidis</i> disease,
Cyclosporiasis	☎ Measles	reduced or resistant susceptibility
Dengue	☎ Melioidosis	to vancomycin (1)
☎ Diphtheria	☎ Meningococcal disease	Syphilis
E-cigarette or vaping product use	Mercury poisoning	Tetanus
associated lung injury (EVALI)	Multisystem inflammatory syndrome in	Trichinosis
Eastern equine encephalitis virus infection	children (MIS-C)	☎ Tuberculosis
<i>Ehrlichia chaffeensis</i> infection	Mumps	☎ Tularemia
<i>Escherichia coli</i> O157:H7 gastroenteritis	Neonatal bacterial sepsis (7)	Typhoid fever
Gonorrhea	Neonatal herpes (≤ 60 days of age)	Vaccinia disease
Group A Streptococcal disease, invasive (3)	Occupational asthma	☎ Venezuelan equine encephalitis virus
Group B Streptococcal disease, invasive (3)	☎ Outbreaks:	infection
<i>Haemophilus influenzae</i> disease, invasive (3)	▪ Foodborne (involving ≥ 2 persons)	<i>Vibrio</i> infection (<i>parahaemolyticus</i> ,
Hansen's disease (Leprosy)	▪ Institutional	<i>vulnificus</i> , other)
Healthcare-associated Infections (4)	▪ Unusual disease or illness (8)	☎ Viral hemorrhagic fever
Hemolytic-uremic syndrome (5)	Pertussis	West Nile virus infection
Hepatitis A	☎ Plague	☎ Yellow fever
Hepatitis B:	Pneumococcal disease, invasive (3)	Zika virus infection
▪ acute infection (2)	☎ Poliomyelitis	
▪ HBsAg positive pregnant women	Powassan virus infection	

FOOTNOTES: (NOTE: a footnote was removed, and they have been renumbered)

- Report only to State.
- As described in the CDC case definition.
- Invasive disease: from sterile fluid (blood, CSF, pericardial, pleural, peritoneal, joint, or vitreous) bone, internal body sites, or other normally sterile site including muscle.
- Report HAIs according to current CMS pay-for-reporting or pay-for-performance requirements. Detailed instructions on the types of HAIs, facility types and locations, and methods of reporting are available on the DPH website: <https://portal.ct.gov/DPH/Infectious-Diseases/HAI/Healthcare-Associated-Infections-and-Antimicrobial-Resistance>.
- On request from the DPH and if adequate serum is available, send serum from patients with HUS to the DPH Laboratory for antibody testing.
- Submit the Hospitalized and Fatal Cases of Influenza as specified. For influenza Hospitalizations, Electronic Medical Record access is required.**
- Clinical sepsis and blood or CSF isolate obtained from an infant ≤ 72 hours of age.
- Individual cases of "significant unusual illness" are also reportable.
- 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: Epidemiology 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 (860-509-7722). 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
Babesia: IFA IgM (titer) _____ IgG (titer) _____
 Blood smear PCR Other _____
 microti *divergens* *duncani* Unspecified
Bordetella pertussis (titer) _____
 Culture (1) Non-pertussis *Bordetella* (1) (specify) _____
 DFA PCR
Borrelia burgdorferi (2)
Borrelia miyamotoi
California group virus (3) spp _____
Campylobacter (3) spp _____ Culture PCR EIA
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)
Genus _____ spp _____
Carboxyhemoglobin \geq 5% (2) _____ % COHb
Chikungunya virus
Chlamydia trachomatis (test type) _____
Clostridium difficile (5)
Corynebacterium diphtheria (1)
Cryptosporidium spp (3) _____ PCR DFA EIA
 Microscopy Other: _____
Cyclospora spp (3) _____ PCR Microscopy Other: _____
Dengue virus
Eastern equine encephalitis virus
Ehrlichia chaffeensis PCR IgG titers \geq 1:128 only Culture
Enterotoxigenic *Escherichia coli* (ETEC) Culture PCR
Escherichia coli O157 (1) Culture PCR
Giardia spp (3) _____
Group A *Streptococcus*, invasive (1,4) Culture Other _____
Group B *Streptococcus*, invasive (1,4) Culture Other _____
Haemophilus ducreyi
Haemophilus influenzae, invasive (1,4) Culture Other _____
Hepatitis A virus (HAV): IgM anti-HAV (7) NAAT Positive (6)
ALT _____ Total Bilirubin _____ Not Done
Hepatitis B HBsAg Positive Negative (7)
 IgM anti-HBc HBeAg (2) HBV DNA (2)
anti-HBs (7) Positive (titer) _____ Negative
Hepatitis C virus (HCV) (8) Antibody _____
 PCR/NAAT/RNA _____ Genotype specify _____
Herpes simplex virus (infants \leq 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 HIV 2 Positive Neg/Ind
 HIV NAAT (or qualitative RNA) Detectable Not Detectable
 HIV Viral Load (all results) (9) _____ copies/mL
 HIV genotype (9)
 CD4 count: _____ cells/uL; _____% (9)
HPV (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 _____
Lead poisoning (blood lead \geq 10 μ g/dL < 48 hrs; 0-9 μ g/dL monthly) (11)
 Finger stick level _____ μ g/dL Venous level _____ μ g/dL
Legionella spp (1)
 Culture DFA Ag positive
 Four-fold serologic change (titers) _____
Listeria monocytogenes (1) Culture PCR
Mercury poisoning
 Urine \geq 35 μ g/g creatinine _____ μ g/g
 Blood \geq 15 μ g/L _____ μ g/L
Mumps virus (12) (titer) _____ PCR
Mycobacterium leprae
Mycobacterium tuberculosis Related Testing (1)
AFB Smear Positive Negative
If positive Rare Few Numerous
NAAT Positive Negative Indeterminate
Culture *Mycobacterium tuberculosis*
 Non-TB mycobacterium. (specify *M.* _____)
Neisseria 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 \geq 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
 Positive Negative
Shiga toxin (1) Stx1 Stx2 Type Unknown
 PCR EIA
Shigella (1,3) (serogroup/spp) _____ Culture PCR
Staphylococcus aureus, invasive (4) Culture Other _____
 methicillin-resistant methicillin-sensitive
Staphylococcus aureus, vancomycin MIC \leq 4 μ g/mL (1)
MIC to vancomycin _____ μ g/mL
Staphylococcus epidermidis, vancomycin MIC \geq 32 μ g/mL (1)
MIC to vancomycin _____ μ g/mL
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) *Burkholderia pseudomallei* (1)
Clostridium botulinum *Coxiella burnetii*
Francisella tularensis Ricin
Staphylococcus aureus - enterotoxin B Variola virus (1)
Venezuelan equine encephalitis virus
Viral agents of hemorrhagic fevers *Yersinia pestis* (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 *pestis*) 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.
- Only laboratories with electronic file reporting are required to report positive results.
- Specify species/serogroup/serotype.
- 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 muscle. For CRE and CRAB, also include urine or sputum; for CRAB also include wounds.
- Upon request from the DPH, report all *C. difficile* positive stool samples.
- Report peak ALT and Total Bilirubin results if conducted within one week of HAV positive test, if available. Otherwise, check "Not Done".
- Negative HBsAg and all anti-HBs results only reportable for children \leq 2 years old.
- Report positive Antibody, and all RNA and Genotype results. Negative RNA results only reportable by electronic reporting.
- Report all HIV antibody, antigen, viral load, and qualitative NAAT results. HIV genotype (DNA sequence) and all CD4 results are only reportable by electronic file.
- Upon request from the DPH, send fixed tissue from the diagnostic specimen for HPV typing.
- Report results \geq 10 μ g/dL within 48 hours to the Local Health Department and DPH; submit ALL lead results at least monthly to DPH only.
- Report all IgM positive titers, only report IgG titers considered significant by laboratory performing the test.
- Report all bacterial isolates from blood or CSF from infants \leq 72 hours of age.
- 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. Reports must include name, address, contact phone number, date of birth, race, ethnicity, gender, and occupation of patient.

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 authorized 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>) 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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860-509-7900

Immunizations
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Sexually Transmitted Diseases
860-509-7920

Tuberculosis Control
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The Connecticut Epidemiologist Newsletter - (Telecommunications Relay Service 7-1-1)

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