

Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings for 2022

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.

For 2022, there are no changes to the healthcare provider, emergency illnesses or health conditions, or laboratory reporting lists.

However, we have made some minor corrections and clarifications and would like to introduce the use of secure electronic fax (efax) for reporting.

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

Healthcare provider reporting of diseases is required under Sections 19a-36-A3 and 19a-36-A4 (see back of form) of the Public Health Code and Sections 19a-2a and 19a-215 of the Connecticut General Statutes, using the designated forms.

Although we will still accept mailed forms, to reduce the amount of paper being handled and reduce delays in mailing of reports, we are encouraging providers to fax these reports instead of mailing.

Fast Track Initiative

Since 2017, the State Public Health Laboratory (SPHL) has conducted testing for carbapenem-resistant Enterobacteriaceae (CRE), carbapenem resistant *Acinetobacter baumannii* (CRAB), and a subset of carbapenem resistant *Pseudomonas aeruginosa* (CRPA) isolates submitted by clinical laboratories. Under the new SPHL Fast Track

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Initiative for difficult-to-treat infections, all CRAB isolates, and reportable CRE isolates found to harbor a non-KPC carbapenemase (NDM, Oxa48, IMP or VIM) (or those CRE isolates that have strong clinical indicators that this is likely) will be eligible for on-demand testing services, including facilitation courier services and testing performed 7 days per week. Isolates received before noon will receive carbapenemase testing on the day of receipt, followed by antimicrobial susceptibility testing the following day. All isolates not eligible for Fast Track will be processed via the Standard Pathway with testing performed twice per week.

Questions regarding laboratory testing can be directed to Diane Noel by email diane.noel@ct.gov or phone 860-920-6550 (or 860-716-2705 on weekends and holidays). Questions regarding antimicrobial resistance surveillance can be directed to Meghan Maloney by email meghan.maloney@ct.gov or phone 860-840-1867.

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CONTACT INFORMATION

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REPORTABLE DISEASES, EMERGENCY ILLNESSES and HEALTH CONDITIONS - 2022

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.”

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 (or fax) within 12 hours.

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

Acquired Immunodeficiency Syndrome (1,2)	Hepatitis B:	☎ Q fever
Acute flaccid myelitis	▪ acute infection (2)	☎ Rabies
☎ Acute HIV infection	▪ HBsAg positive pregnant women	☎ Ricin poisoning
☎ Anthrax	Hepatitis C:	Rocky Mountain spotted fever
Babesiosis	▪ acute infection (2)	Rubella (including congenital)
<i>Borrelia miyamotoi</i> disease	▪ perinatal infection	Salmonellosis
☎ Botulism	▪ positive rapid antibody test result	☎ SARS-CoV
☎ Brucellosis	HIV-1 / HIV-2 infection in: (1)	Shiga toxin-related disease (gastroenteritis)
California group arbovirus infection	▪ persons with active tuberculosis disease	Shigellosis
Campylobacteriosis	▪ persons with a latent tuberculous	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 poisoning
Chickenpox-related death	or their equivalent (1)	☎ <i>Staphylococcus aureus</i> disease, reduced or resistant susceptibility to vancomycin (1)
Chikungunya	Influenza-associated death (6)	<i>Staphylococcus aureus</i> methicillin-resistant disease, invasive, community acquired (3,9)
Chlamydia (<i>C. trachomatis</i>) (all sites)	Influenza-associated hospitalization (6)	<i>Staphylococcus epidermidis</i> disease, reduced or resistant susceptibility to vancomycin (1)
☎ Cholera	Legionellosis	Syphilis
Coronavirus disease 2019 (COVID-19)	Listeriosis	Tetanus
COVID-19 Hospitalizations	Lyme disease	Trichinosis
Cryptosporidiosis	Malaria	☎ Tuberculosis
Cyclosporiasis	☎ Measles	☎ Tularemia
Dengue	☎ Melioidosis	Typhoid fever
☎ Diphtheria	☎ Meningococcal disease	Vaccinia disease
E-cigarette or vaping product use associated lung injury (EVALI)	Mercury poisoning	☎ Venezuelan equine encephalitis virus infection
Eastern equine encephalitis virus infection	Multisystem inflammatory syndrome in children (MIS-C)	<i>Vibrio</i> infection (<i>parahaemolyticus</i> , <i>vulnificus</i> , other)
<i>Ehrlichia chaffeensis</i> infection	Mumps	☎ Viral hemorrhagic fever
<i>Escherichia coli</i> O157:H7 gastroenteritis	Neonatal bacterial sepsis (7)	West Nile virus infection
Gonorrhea	Neonatal herpes (≤ 60 days of age)	☎ Yellow fever
Group A Streptococcal disease, invasive (3)	Occupational asthma	Zika virus infection
Group B Streptococcal disease, invasive (3)	☎ Outbreaks:	
<i>Haemophilus influenzae</i> disease, invasive (3)	▪ Foodborne (involving ≥ 2 persons)	
Hansen’s disease (Leprosy)	▪ Institutional	
Healthcare-associated Infections (4)	▪ Unusual disease or illness (8)	
Hemolytic-uremic syndrome (5)	Pertussis	
Hepatitis A	☎ Plague	
	Pneumococcal disease, invasive (3)	
	☎ Poliomyelitis	
	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/HAI/Healthcare-Associated-Infections-Reporting-Requirements>
- 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 form 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 - 2022

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.

Anaplasma phagocytophilum by PCR only

Babesia: IFA IgM (titer) _____ IgG (titer) _____

Blood smear PCR Other _____
 microti *divergens* *duncani* Unspecified

Bordetella pertussis (titer) _____ PCR
 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 Enterobacterales (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 \geq 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)

Burkholderia mallei (1)

Clostridium botulinum

Francisella tularensis

Staphylococcus aureus - enterotoxin B

Venezuelan equine encephalitis virus

Viral agents of hemorrhagic fevers

Brucella spp (1)

Burkholderia pseudomallei (1)

Coxiella burnetii

Ricin

Variola virus (1)

Yersinia pestis (1)

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. For *Legionella* send only isolates.

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

3. Specify species/serogroup/serotype.

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 muscle.

For CRE and CRAB, also include urine or sputum; for CRAB also include wounds.

5. Upon request from the DPH, report all *C. difficile* positive stool samples.

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

7. Negative HBsAg and all anti-HBs results only reportable for children \leq 2 years old.

8. Report positive Antibody, and all RNA and Genotype results. Negative RNA results only reportable by electronic reporting.

9. 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.

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

11. 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.

12. Report all IgM positive titers, only report IgG titers considered significant by testing laboratory.

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

14. Call the DPH, weekdays 860-509-7994; evenings, weekends, and holidays 860-509-8000.

15. Report positive and negative results. Electronic reporting preferred.

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 (860-920-3131), 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.

Connecticut Department of Public Health		
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Immunizations 860-509-7929	Sexually Transmitted Diseases 860-509-7920	Tuberculosis 860-509-7722
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