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

In accordance with Conn. Gen. Stat. §19a-2a and Conn. Agencies Regs. §19a-36-A2, the Commissioner of the Department of Public Health (DPH) shall issue a list of reportable diseases, emergency illnesses and health conditions and a list of reportable laboratory findings on an annual basis. For 2022, there are no changes to the lists, aside from some minor technical edits and clarifications.

Disease reporting is required under Conn. Agencies Regs. §19a-36-A3 and Conn. Agencies Regs. §19a-36-A4 (see back of form) and Conn. Gen. Stat. §19a-2a and §19a-215 Statutes, using the designated forms. To reduce the use of paper forms and improve the timeliness of disease reporting, we encourage providers to use secure electronic fax (efax) for reporting 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 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, meghan.maloney@ct.gov or phone 860-840-1867.
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.

### PART A: REPORTABLE DISEASES

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

**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](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 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.

1. **Anaplasma phagocytophilum** by PCR only
   - Babesia: IF/IFA IgM (titer) IgG (titer)
   - Blood smear PCR
   - Microbiol: divergens duncani Unspecified

2. **Bordetella pertussis**
   - Culture (1) Non-pertussis Bordetella (1) (specify)
   - DFA PCR

3. **Borrelia burgdorferi** (2)
   - Borrelia miyamotoi

4. **California group virus** (3) spp

5. **Campylobacter** (3) spp
   - Culture PCR EIA

6. **Candida auris** (report samples from all sites) (1)

7. **Candida spp.** [blood isolates only]: (1,3)
   - Carbapenem-resistant Acinetobacter baumannii (CRAB) (1,4)
   - Carbapenem-resistant Enterobacteriales (CRE) (1,3,4)
   - Genus spp

8. **Chlamydia trachomatis** (test type)

9. **Clostridium difficile**

10. **Corynebacterium diphtheria**

11. **Cryptosporidium** (3) spp
   - Microscopy Other:

12. **Cyclospora** (3) spp
   - PCR DFA EIA

13. **Dengue virus**

14. **Eastern equine encephalitis virus**

15. **Ehrlichia chaffeensis**

16. **Enterotoxigenic Escherichia coli** (ETEC)

17. **Escherichia coli** O157:H7 (1) Culture PCR

18. **Giardia spp** (3)

19. **Group A Streptococcus**, invasive (1,4)

20. **Group B Streptococcus**, invasive (1,4)

21. **Haemophilus ducreyi**

22. **Haemophilus influenzae**, invasive (1,4)

23. **Hepatitis A virus** (HAV)
   - IgM anti-HAV (7) NAAT Positive (6)
   - ALT (titer) Total Bilirubin Not Done
   - Hepatitis B HBsAg Positive Negative (7)
   - IgM anti-HBc HBsAg (2)
   - HBV DNA (2)
   - anti-HBs (7) Positive (titer) Negative

24. **Hepatitis C virus** (HCV) (8)
   - PCR/NAAT/NA

25. **Hepatitis E virus** (HEV) (9)
   - CBC < 10 µg/dL (48 hrs; 0-9 µg/dL monthly) (11)
   - Venous level < 1 µg/L (12)

26. **Legionella spp** (1)
   - Culture DFA Ag positive
   - Four-fold serologic change (titers)

27. **Listeria monocytogenes** (1)
   - Culture PCR

28. **Mercury poisoning**
   - Urine ≥ 35 µg/g creatinine µg/g
   - Blood ≥ 15 µg/L µg/L

29. **Mumps virus** (12) (titer) PCR

30. **Mycobacterium leprae**

31. **Mycobacterium tuberculosis** Related Testing (1)
   - AFB Smear Positive Negative
   - If positive NAAT Positive Negative Indeterminate
   - Culture *Mycobacterium tuberculosis*

32. **Neisseria gonorrhoeae** (test type)

33. **Neisseria meningitidis**, invasive (1,4)
   - Culture Other

34. **Neonatal bacterial sepsis** (3,13) spp
   - Plasmodium (1,3) spp
   - Plasmodium (1,3) spp
   - Poliovirus
   - Powassan virus
   - Rabies virus
   - Rickettsia rickettsia
   - Shiga toxin (1) Stx1 Stx2 Type Unknown
   - Shigella (1,3) spp
   - Staphylococcus aureus
   - Streptococcus pneumoniae

35. **Trichinella**

36. **Tuberculosis** at first clinical suspicion (14)

37. **Yersinia pestis** (1)

38. **Zika virus**

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 ≤3 year of age. For Salmonella, Shigella, Vibrio, and Yersina (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.


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 HIV positive test, if available. Otherwise, check "Not Done".

7. Negative HBsAg and all anti-HBs results only reportable for children ≤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 ≥ 10 µg/dL within 48 hours to the Local Health Department and DPH; submit ALL lead results at least monthly.

12. Upon request from the DPH, send isolate to DPH only.

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

14. Report all bacterial isolates from blood or CSF from infants ≤2 years old.

15. Call the DPH, weekdays 860-509-5994; evenings, weekends, and holidays 860-509-8000.

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

<table>
<thead>
<tr>
<th>Manisha Juthani, MD</th>
<th>Matthew L. Cartter, MD, MPH</th>
<th>Lynn Sosa, MD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commissioner of Public Health</td>
<td>State Epidemiologist</td>
<td>Deputy State Epidemiologist</td>
</tr>
</tbody>
</table>

Infectious Diseases Programs

<table>
<thead>
<tr>
<th>Epidemiology and Emerging Infections 860-509-7994</th>
<th>Healthcare Associated Infections &amp; Antimicrobial Resistance 860-509-7995</th>
<th>HIV &amp; Viral Hepatitis 860-509-7900</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunizations 860-509-7929</td>
<td>Sexually Transmitted Diseases 860-509-7920</td>
<td>Tuberculosis 860-509-7722</td>
</tr>
</tbody>
</table>

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