State of Connecticut

Reportable Disease Confidential Case Report Form PD-23

(rev. 07/08/2022)

Department of Public Health
410 Capitol Avenue, MS#11FDS
P.O. Box 340308
Hartford, CT 06134-0308

For information or weekday disease reporting call 860-509-7994. For reporting on evenings, weekends, and holidays call 860-509-8000.

Instructions for Submitting the PD-23

The Commissioner of the Department of Public Health (DPH) is required to declare an annual list of Reportable Diseases, Emergency Illnesses and Health Conditions, which has two parts: (A) reportable diseases; and (B) reportable emergency illnesses and conditions as 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. Fillable PDF forms are found at: https://portal.ct.gov/DPH/Communications/Forms/Form. A three-part form for reporting of the reportable diseases can be requested. Mail or fax the white copy to the Connecticut Department of Public Health, Epidemiology and Emerging Infections Program at the address above. Mail the canary copy to the Director of Health of the patient's town of residence. Retain the pink copy in the patient's medical record. Mail reports in envelopes marked "Confidential."

Use of Other Forms or Methods to Report

Epidemiology and Emerging Infections Program 860-509-7994
Confidential Case Report Form PD-23 — FAX 860-920-3131
Hospitalized and Fatal Cases of Influenza Case Report Form — FAX 860-920-3131

Healthcare-associated Infections 860-509-7995 Use the National Healthcare Safety Network (NHSN)

HIV/AIDS and Viral Hepatitis 860-509-7900
Adult HIV Confidential Case Report Form or Viral Hepatitis PD-23 — FAX 860-509-8237

Injury and Violence Surveillance Unit 860-509-8251 — FAX 860-706-1262
E-cigarette or vaping product use associated lung injury (EVALI) Case Report Form

Immunization Program 860-509-7929
Chickenpox (Varicella) Case Report Form — FAX 860-707-1905

Occupational Diseases 860-509-8251
Physician's Report Form — FAX 860-730-8424

Sexually Transmitted Diseases 860-509-7920
STD-23 Form — FAX 860-730-8380

Tuberculosis Control Program 860-509-7722
Tuberculosis Surveillance Report Form — FAX 860-730-8271

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 (or fax) within 12 hours of recognition or strong suspicion.

PART A: REPORTABLE DISEASES

Acquired Immunodeficiency Syndrome (1,2)
Acute flaccid myelitis
☎ 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, COVID-19 (SARS-CoV-2)
COVID-19 Hospitalizations
Cryptosporidiosis
Cyclosporiasis
Dengue
☎ Diphtheria
E-cigarette or vaping product use associated lung injury (EVALI)
Eastern equine encephalitis virus infection
Ehrlichia chaffeensis infection
Escherichia coli O157:H7 gastroenteritis
Gonorrhea
Group A Streptococcal disease, invasive (3)
Group B Streptococcal disease, invasive (3)
Haemophilus influenzae disease, invasive (3)
Hansen's 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 latent tuberculosis infection
- 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
☎ Monkeypox disease
Multisystem inflammatory syndrome in children
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
☎ Q fever
☎ Rabies
☎ Ricin poisoning
Rocky Mountain spotted fever
Rubella (including congenital)
Salmonellosis
☎ SARS-CoV-1
Shiga toxin-related disease (gastroenteritis)
Shigellosis
Silicosis
☎ Smallpox
St. Louis encephalitis virus infection
☎ Staphylococcal enterotoxin B pulmonary poisoning
☎ *Staphylococcus aureus* disease, reduced or resistant susceptibility to vancomycin (1)
Staphylococcus aureus methicillin-resistant disease, invasive, community acquired (3, 9)
Staphylococcus epidermidis disease, reduced or resistant susceptibility to vancomycin (1)
Syphilis
Tetanus
Trichinosis
☎ Tuberculosis
☎ Tularemia
Typhoid fever
Vaccinia disease
☎ Venezuelan equine encephalitis virus infection
Vibrio infection (*parahaemolyticus*, *vulnificus*, other)
☎ Viral hemorrhagic fever
West Nile virus infection
☎ Yellow fever
Zika virus infection

FOOTNOTES

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 site, or other normally sterile site including muscle.
4. 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
5. On request from the DPH and if adequate serum is available, send serum from patients with HUS to the DPH State Laboratory for antibody testing.
6. Reporting requirements are satisfied by submitting the Hospitalized and Fatal Cases of Influenza-Case Report Form in a manner specified by the DPH.
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.

State of Connecticut
Reportable Disease Confidential Case Report Form PD-23
(rev. 01/01/2022)

Department of Public Health
410 Capitol Avenue, MS#11FDS
P.O. Box 340308
Hartford, CT 06134-0308

Date Completed:

PLEASE PRINT

For information or weekday disease reporting, call 860-509-7994.
For reporting on evenings, weekends, and holidays, call 860-509-8000.

Disease & Patient Information

Disease Name | **Patient Name** (Last, First, MI) | **Age** | **Date of Birth** | **Parent or Guardian Name**

Address (Street, City, State, Zip Code) | **Phone** ☐ Cell ☐ Home ☐ Work

Gender
☐ Male
☐ Female
☐ Intersex
☐ Unknown

Race (check all that apply)
☐ White
☐ Asian
☐ Black/African American
☐ Unknown
☐ American Indian/Alaska Native
☐ Native Hawaiian/Other Pacific Islander
☐ Other specify: _____
☐ Refused to Answer

Hispanic/Latino
☐ Yes
☐ No
☐ Unknown
☐ Refused to Answer

Primary Language Spoken
☐ English
☐ Spanish
☐ Other: _____

Is Patient Pregnant
☐ Yes – Due date: _____
☐ No
☐ Unknown

Did Patient Die of Illness
☐ Yes
☐ No
☐ Unknown

Is Condition Work Related
☐ Yes – Occupation: _____
☐ No
☐ Unknown

Is patient a (please check)
☐ Health care worker
☐ Student/Day care attendee
☐ Day care worker
☐ Food handler
☐ LTC Facility resident

Did patient have recent international travel
☐ Yes ☐ No ☐ Unknown

Country visited: _____

Name and address of workplace, school, day care or other facility (including prisons or jails):

Dates visited from: _____ to: _____

Clinical & Laboratory Information

Onset Date | **Diagnosis Date**

Confirmatory information, include laboratory data, immunization status, dates, and specific comments:

If specimen obtained, collection date: _____

Provider/Reporter & Hospital Information

Healthcare Provider | **Phone** | **Facility Name** | **Address**

Person Completing Report | **Phone** | **Fax** | **Report Date** | **Address** (if different from above)

Hospital Name | **City** | **State** | **Date Admitted** | **Date Discharged** | **Patient ID#**

Viral Hepatitis

Perinatal:
HBV: ☐ Yes ☐ No
HCV: ☐ Yes ☐ No

Symptoms: ☐ Yes ☐ No Onset Date: _____
Jaundice: ☐ Yes ☐ No Onset Date: _____
ALT Result: _____ Test Date: _____
Bilirubin Result: _____ Test Date: _____
IgM anti-HAV: ☐ Pos ☐ Neg Test Date: _____
HBsAg: ☐ Pos ☐ Neg Test Date: _____
IgM anti-HBc: ☐ Pos ☐ Neg Test Date: _____
Anti-HCV: Method: ☐ Rapid ☐ Serology
☐ Pos ☐ Neg Test Date: _____
HCV confirmed by: ☐ RNA ☐ Value: _____ Test Date: _____
☐ HCV negative antibody test within the last 12 months
HBV Chronic/Carrier: ☐ Yes ☐ No ☐ Unknown

Risk Factors: ☐ IDU ☐ Non-injection street drugs
☐ Hemodialysis ☐ Multiple sex partners
☐ Contact w/ infected person (☐ household ☐ sexual)
☐ Blood Transfusion ☐ Incarcerated (☐ present ☐ past)
☐ MSM (men who have sex with men) ☐ Other: _____

Lyme disease surveillance case definition signs and symptoms

When testing for Lyme disease consider testing for other tick-borne diseases.

Physician diagnosed EM rash ≥ 5cm	☐ Yes	☐ No	☐ Unknown
Arthritis (objective joint swelling)	☐ Yes	☐ No	☐ Unknown
Bell's palsy or other cranial neuritis	☐ Yes	☐ No	☐ Unknown
Radiculoneuropathy	☐ Yes	☐ No	☐ Unknown
Lymphocytic meningitis	☐ Yes	☐ No	☐ Unknown
Encephalomyelitis	☐ Yes	☐ No	☐ Unknown
If yes, is antibody to *B. burgdorferi* higher in CSF than serum	☐ Yes	☐ No	☐ Unknown
2nd or 3rd degree atrioventricular block	☐ Yes	☐ No	☐ Unknown
Was patient diagnosed with Lyme disease in current year?	☐ Yes	☐ No	☐ Unknown

Lyme disease laboratory results

EIA/IFA
☐ Positive ☐ Negative ☐ Unknown

Culture
☐ Positive ☐ Negative ☐ Unknown

Western Blot: IgM
☐ Positive ☐ Negative ☐ Unknown

Western Blot: IgG
☐ Positive ☐ Negative ☐ Unknown

State of Connecticut
Health Insurance Portability and Accountability Act (HIPAA) Guidelines

Pursuant to Connecticut General Statutes (CGS) § 19a-2a and § 19a-215 and to the Regulations of Connecticut State Agencies Section 19a-36-A3 and Section 19a-36-A4, the requested information is required to be provided to the Department of Public Health (DPH)

Please note that CGS § 52-146o(b)(1) authorizes the release of these records to the Department without the patient's consent. Additionally, the federal Privacy Regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) also authorize you, as a provider, to release this information without an authorization, consent, release, opportunity to object by the patient, as information (i) required by law to be disclosed [HIPAA Privacy regulation, 45 CFR § 164.512(a)] and (ii) as part of the Department's public health activities (HIPAA Privacy regulation, 45 CFR § 165.512(b)(1)(i)]. The requested information is what is minimally necessary to achieve the purpose of the disclosure, and you may rely upon this representation in releasing the requested information, pursuant to 45 CFR § 164.514(d)(3)(iii)(A) of the HIPAA Privacy regulations.

PHC Section 19a-36-A4 - Content of report and reporting of reportable diseases and laboratory findings.

Each report should include: 1) name, address, and phone number of the person reporting and of the physician attending; 2) name, address, date of birth, age, sex, race/ethnicity, and occupation of person affected; and 3) the diagnosed or suspected disease, and date of onset.
Reports must be mailed in envelopes marked "CONFIDENTIAL" within 12 hours of recognition or strong suspicion to the:

1. Local Director of Health of the town AND in which the patient resides
   (Canary copy)

   (Retain Pink copy for patient's medical record.)

2. Connecticut Department of Public Health
   410 Capitol Avenue, MS#11FDS
   P.O. Box 340308
   Hartford, CT 06134-0308
   (White copy)

If using the fillable pdf to report, please make copies to send to the local health director and DPH. Reports can also be faxed to DPH using the numbers noted on the first page of this form. A separate report must be sent to the local director of health.

PHC Section 19a-36-A3 - Persons required to report reportable diseases and laboratory findings.

1. Every health care provider who treats or examines any person who has or is suspected to have a reportable disease shall report the case to the local director of health or other health authority within whose jurisdiction the patient resides and to the DPH.
2. If the case or suspected case of reportable disease 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 DPH. 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 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 diseases shall be made to the local director of health or other health authority within whose jurisdiction the patient lives and DPH 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;
   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