



# State of Connecticut

## 2023 Reportable Disease Confidential Case Report Form PD-23

Revised, 10/01/2023

### CT Department of Public Health (DPH)

410 Capitol Avenue, MS#11FDS

P.O. Box 340308

Hartford, CT 06134-0308

**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.

The PD-23 is the general disease reporting form and should be used if other specialized forms are not available. PD-23 forms may either be faxed to 860-920-3131 or submitted by hospital IPs directly into CTEDSS (where applicable). Copies must also be sent to the Director of Health of the city or town where the patient lives and kept in the patient's medical record. A fillable PDF of the PD-23 and contact information for the Directors of Health of all cities and towns in CT are available on the DPH website. For questions about entering PD-23s directly into CTEDSS, e-mail dph.ctedss@ct.gov.

### Use of Other Forms and Methods to Report:

<b>Healthcare-Associated Infections</b>	860-509-7995	<b>Immunization Program</b>	860-509-7929
Use the CDC's National Healthcare Safety Network (NHSN)		Chickenpox (Varicella) Report Form	FAX 860-707-1905
<b>HIV/AIDS</b>	860-509-7900	<b>Occupational Diseases</b>	860-509-7740
Adult HIV Confidential Report	FAX 860-509-8237	Physician's Report Form	FAX 860-730-8424
<b>Injury and Violence Surveillance Unit</b>	860-509-7805	<b>Sexually Transmitted Diseases</b>	860-509-7920
E-cigarette or Vaping Product Use Associated		STD-23 Form	FAX 860-730-8380
Lung Injury Case Report Form	FAX 860-706-1262	<b>Tuberculosis</b>	860-509-7722
		Tuberculosis Surveillance Report Form	FAX 860-730-8271

**Category 1 Diseases:** For diseases marked with a , report to DPH at 860-509-7994 on the day of recognition or strong suspicion. On evenings, weekends, and holidays call (860) 509-8000. A PD-23 must be submitted within 12 hours.

**Category 2 Diseases:** All other diseases do not require a phone call but must be reported electronically or by fax within 12 hours. A Hospital IP entering a case in CTEDSS (where applicable) satisfies the reporting requirement.

### PART A: REPORTABLE DISEASES

Acquired Immunodeficiency Syndrome (1,2)	
Acute flaccid myelitis	
HIV infection (Acute)	
Anthrax	
Babesiosis	
<i>Borrelia miyamotoi</i> disease	
Botulism	
Brucellosis	
California group arbovirus infection	
Campylobacteriosis	
<i>Candida auris</i>	
Chancroid	
Chickenpox	
Chickenpox-related death	
Chikungunya	
Chlamydia ( <i>C. trachomatis</i> ) (all sites)	
Cholera	
Congenital Syphilis	
COVID-19 (SARS-CoV-2 Coronavirus)	
COVID-19 Death	
COVID-19 Hospitalization	
Cryptosporidiosis	
Cyclosporiasis	
Dengue	
Diphtheria	
E-cigarette or vaping product use associated lung injury (EVALI)	
Eastern equine encephalitis virus infection	
<i>Ehrlichia chaffeensis</i> infection	
<i>Escherichia coli</i> O157:H7 infection	
Gonorrhea	
Group A Streptococcal disease, invasive (3)	
Group B Streptococcal disease, invasive (3)	
<i>Haemophilus influenzae</i> disease, invasive (3)	
Hansen's disease (Leprosy)	
Healthcare-associated infections (4)	
Hemolytic-uremic syndrome (5)	

Hepatitis A	Pneumococcal disease, invasive (3)
Hepatitis B	Poliomyelitis
• acute infection (2)	Powassan virus infection
• HBsAg positive pregnant women	Q fever
Hepatitis C	Rabies
• acute infection (2)	<b>Respiratory Syncytial Virus (RSV) Death RSV Hospitalization</b>
• perinatal infection	Ricin poisoning
• positive rapid antibody test result	Rocky Mountain spotted fever
HIV-1/HIV-2 infection in: (1)	Rubella (including congenital)
• persons with active tuberculosis disease	Salmonellosis
• persons with latent tuberculosis infection (history or tuberculin skin test >5mm induration by Mantoux technique)	Severe Acute Respiratory Syndrome (SARS)
• persons of any age	Shiga toxin-related disease (gastroenteritis)
• pregnant women	Shigelliosis
HPV: biopsy proven CIN 2, CIN 3, or AIS or their equivalent (1)	Silicosis
Influenza-associated death	Smallpox
Influenza-associated hospitalization	St. Louis encephalitis virus infection
Legionellosis	Staphylococcal enterotoxin B pulmonary poisoning
Listeriosis	<i>Staphylococcus aureus</i> disease, reduced or resistant susceptibility to vancomycin (1)
Lyme disease	<i>Staphylococcus aureus</i> methicillin-resistant disease, invasive, community acquired (3, 8)
Malaria	<i>Staphylococcus epidermidis</i> disease, reduced or resistant susceptibility to vancomycin (1)
Measles	Syphilis
Melioidosis	Tetanus
Meningococcal disease	Trichinosis
Mercury poisoning	Tuberculosis
Mpox disease	Tularemia
Multisystem inflammatory syndrome in children	Typhoid fever
Mumps	Vaccinia disease
Neonatal bacterial sepsis (6)	Venezuelan equine encephalitis virus infection
Occupational asthma	<i>Vibrio</i> infection ( <i>parahaemolyticus</i> , <i>vulnificus</i> , other)
Outbreaks:	Viral hemorrhagic fever
• foodborne (involving ≥ 2 persons)	West Nile virus infection
• institutional	Yellow fever
• unusual disease or illness (7)	Zika virus infection
Pertussis	
Plague	

On weekdays, for information or Category 1 disease reporting call 860-509-7994. For reporting on evenings, weekends and holidays call 860-509-8000.

### FOOTNOTES:

1. Report only to DPH.
2. As described in the CDC case definition (<https://ndc.services.cdc.gov/>).
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.
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.
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. Clinical sepsis and blood or CSF isolate obtained from an infant ≤ 72 hours of age.
7. Individual cases of "significant unusual illness" are also reportable.
8. Community-acquired: infection present on admission to hospital, and person has no previous hospitalizations or regular contact with the health-care setting.

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**Disease Name****Patient Name** (Last, First, MI)**Date of Birth****Age****Parent/Guardian Name** (If patient is a minor)**Address** (Street, City, State, Zip Code)**Phone Number**

Cell  
 Home  
 Work

**Gender**  Male  Female  Intersex  Unknown**Race** (check all that apply)  White  Black/African American  Asian  Native Hawaiian /Other Pacific Islander     American Indian/Alaska Native  Other, specify: \_\_\_\_\_  Unknown**Hispanic/Latino**  Yes  No  Unknown**Primary Language**  English  Spanish  Other, specify: \_\_\_\_\_**Is Patient Pregnant?**  No  Unknown  Yes Due date: \_\_\_\_\_**Is Condition Work-Related?**  No  Unknown  Yes List occupation: \_\_\_\_\_**Is Patient a...** (check if category applies)  Health Care Worker  Day Care Worker  Student/Day Care Attendee     Food Handler  LTC Facility Resident  Current or Former Jail or Prison Inmate

Name &amp; address of workplace, school, day care or other facility:

**Has patient traveled internationally recently?**     No  Unknown  Yes Country visited \_\_\_\_\_

Dates from: \_\_\_\_\_ to: \_\_\_\_\_

**Clinical & Laboratory Information****Confirmatory information**, include laboratory data, immunization status, dates, and specific comments:**Onset Date****Diagnosis Date****If specimen obtained, collection date:****Provider/Reporter & Hospital Information****Ordering Healthcare Provider****Phone****Facility Name****Address****Person Completing Report****Phone****Report Date****Address** (if different from above)**Hospital/Facility Name****City****State****Date Admitted****Date Discharged****Viral Hepatitis**Perinatal:HBV:  Yes  No HCV:  Yes  NoSymptoms:  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: \_\_\_\_\_Anti-HCV:  Rapid  Serology Pos  Neg Test Date: \_\_\_\_\_HCV confirmed by:  RNA  Value: \_\_\_\_\_ Test Date: \_\_\_\_\_ HCV negative antibody test within the last 12 monthsHBV Chronic/Carrier:  Yes  No  UnknownRisk Factors:  IDU  Non-injection street drugs Hemodialysis  Multiple sex partners Contact w/ infected person ( household  sexual) Blood Transfusion  Incarcerated  current  past MSM (men who have sex with men)  Other: \_\_\_\_\_



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## 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 submitted to DPH electronically through CTEDSS or faxed within 12 hours of recognition or strong suspicion and also faxed to the Local Director of Health of the town in which the patient lives. A copy of all reporting forms should also be kept in the patient's medical record.

### 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.