

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 info CTEDSS, e-mail dph.ctedss@ct.gov.

Use of Other Forms and Methods to Report:

Epidemiology & Emerging Infections Program		860-509-7994	Immunization Program		860-509-7929
Hospitalized & Fatal Cases of Influenza	FAX	860-920-3131	Chickenpox (Varicella) Report Form	FAX	860-707-1905
Healthcare-Associated Infections		860-509-7995	Occupational Diseases		860-509-7740
Use the CDC's National Healthcare Safety Network (NHSN)		Physician's Report Form	FAX	860-730-8424	
HIV/AIDS		860-509-7900	Sexually Transmitted Diseases		860-509-7920
Adult HIV Confidential Report	FAX	860-509-8237	STD-23 Form	FAX	860-730-8380
Injury and Violence Surveillance Unit		860-509-7805	Tuberculosis		860-509-7722
E-cigarette or Vaping Product Use Associated			Tuberculosis Surveillance Report Form	FAX	860-730-8271
Lung Injury Case Report Form	FAX	860-706-1262			

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

Borrelia miyamotoi disease

Botulism

Brucellosis

California group arbovirus infection

Campylobacteriosis

Candida auris

Chancroid

Chickenpox

Chickenpox-related death Chikungunya

Chlamydia (C. trachomatis) (all sites)

Cholera

Congenital Syphilis

COVID-19 (SARS-CoV-2 Coronavirus)

COVID-19 Deaths

COVID-19 Hospitalizations Cryptosporidiosis

Cyclosporiasis

Dengue

Diphtheria

E-cigarette of vaping product use associated

lung injury (EVALI)

Eastern equine encephalitis virus infection

Ehrlichia chaffeensis infection

Escherichia coli O157:H7 infection

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)

HBsAq 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 (history or tuberculin skin test >5mm induration by Mantoux technique)

· 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

Mpox disease

Multisystem inflammatory syndrome in children

Mumps

Neonatal bacterial sepsis (7)

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

Severe Acute Respiratory Syndrome (SARS) 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

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.
- As described in the CDC case definition (https://ndc.services.cdc.gov/).
- 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.
- 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.
- 8. 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.

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

		Patient Name (Last, First, Wil)		
Date of Birth	Age	Parent/Guardia	an Name (If patient	is a minor)	
Address (Street, City, State, Zip	Code)			Number	□ Cell
Gender Male Female	□ Intersex	□ Unknown			□ Work
Race (check all that apply)	White Blace	ck/African American	□ Asian □ Nat	ive Hawaiian /Other Pacific	sIslander
☐ American Indian/A	laska Native	☐ Other, specify:		☐ Unkno	wn
Hispanic/Latino ☐ Yes	□ No	□ Unknown			
Primary Language □ English	n □ Spanish	☐ Other, specify: _			
Is Patient Pregnant? □ No	□ Unknown	☐ Yes Due date:			
Is Condition Work-Related?	□ No □ U	Jnknown □ Yes	List occupation:		
Is Patient a (check if cate	gory applies)		orker □ Day Ca	re Worker □ Student/Day	/ Care Attendee
	Food Handle	r □ LTC Facility Re	esident 🗆 Curren	t or Former Jail or Prison	Inmate
Name & address of workplace, s	school, day care	e or other facility:			
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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.

- 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.