Connecticut Epidemiologist



Reportable Diseases and Laboratory Findings - 2024

As required by Connecticut General Statutes § 19a-2a and Conn. Agencies Regs. § 19a-36-A2, the Reportable Disease Case Report Form (PD-23) and the Reportable Laboratory Findings Form (OL-15C) are revised annually by the Department of Public Health (DPH). There are four additions, one removal, and two modifications to the lists effective January 1, 2024.

Forms for reporting disease and laboratory findings can be found on the <u>DPH "Forms"</u> webpage.

Changes to the Lists of Reportable Diseases, Emergency Illnesses and Health Conditions, and Laboratory Findings

Escherichia coli – invasive disease in infants

Invasive *Escherichia coli* (iEC) is a significant cause of morbidity and mortality in infants with antibiotic resistant *E. coli* emerging as a serious public health threat. The addition of iEC reporting in infants (<1 year of age) will allow the DPH to characterize the epidemiology and prevalence of infant iEC in Connecticut. Identification of *E. coli* in a sterile body site from an infant <1 year of age has been added as a Category 2 disease and as a reportable laboratory finding. Laboratories should submit infant (<1 year of age) iEC isolates to the State Public Health Laboratory for subsequent typing and susceptibility testing. An expansion of adult isolates from select laboratories is planned for July 2024 with further instructions forthcoming.

Anaplasmosis

Anaplasmosis is a tick-borne disease caused by the bacterium Anaplasma phagocytophilum and is the third most reported tick-borne disease in CT. The addition of clinical reporting and laboratory finding of anaplasmosis will allow the DPH to better describe the epidemiology of anaplasmosis, determine temporal and geographic distribution, and facilitate its prevention and control. The addition of anaplasmosis as a Category 2 disease and as a reportable laboratory finding to include IgG \geq 1:128 will facilitate appropriate case classification.

Lyme Disease

Lyme disease is a tick-borne disease caused by the bacterium *Borrelia burgdorferi* and is the most common tick-borne disease in CT. Another bacterium, *Borrelia mayonii*, is also known to cause Lyme disease although rare. The removal of Lyme disease as a Category 2 disease and the addition of *Borrelia mayonii* as a reportable laboratory finding will allow the DPH to continue to monitor the burden and trends for Lyme disease in a population already known to be at high risk of infection and align with surveillance efforts among other high incidence jurisdictions.

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Changes at a Glance...

Effective January 1, 2024			
Disease	Provider	Laboratory	
Anaplasmosis	Added	Modified	
B. mayonii	N/A	Added	
COVID-19	Modified	No change	
Cronobacter species	Added	Added	
Invasive <i>E. coli</i> (Infant)	Added	Added	
Lyme Disease	Removed	No change	

Contact Connecticut Epidemiologist

<u>Connecticut Department of Public Health</u>

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Changes to the Lists of Reportable Diseases, Emergency Illnesses and Health Conditions, and Laboratory Findings (continued)

Cronobacter

Cronobacter spp. can cause systemic infections in neonates with a reported case fatality rate of approximately 40%. Cronobacter are ubiquitous in the environment and can survive in many different environments; this includes having been detected in reconstituted powdered infant formula (PIF), which is not a sterile product and has been recognized as a primary vehicle for Cronobacter transmission and implicated in outbreaks. Most recently, Cronobacter contamination of PIF lead to an FDA investigation and a major PIF manufacturer recall. Cronobacter spp. are being added to both lists to facilitate detection of outbreaks related to sources that could lead to the implication of a contaminated food product.

COVID-19

The current Council of State and Territorial Epidemiologists (CSTE) case definition for COVID-19 requires a positive test result to meet criteria for a confirmed or probable case. DPH has done extensive work with hospital and clinical laboratories to implement electronic reporting of positive SARS-CoV-2 laboratory results. The purpose of this change is to reduce burden on healthcare providers and staff by focusing continued reporting on cases that would not be captured by laboratory surveillance for SARS-CoV-2. This change limits provider reporting of COVID-19 to only those cases where a diagnostic test (e.g., rapid test) was performed on-site in a healthcare facility including provider's office, urgent care clinic, or long-term care facility.

Health Care Provider Reportable Diseases, Emergency Illnesses and Health Conditions: Category 1

Physicians and other health care providers are required to report using the Reportable Disease Case Report form (PD-23) or other disease specific form.

Diseases with specialized reporting forms are asterisked (*) in the disease list below. Links to reporting forms are available in the lower left column. All forms can be found on the DPH "Forms" webpage.

Reporting Category 1 Diseases 1. Report to DPH by phone on the day of diagnosis or suspicion. 2. Complete and submit a PD-23 within 12 hours. Business hours: (860) 509-7994 3. Report to the local Director of Health for the town where Evenings, weekends, holidays: (860) 509-8000 the patient resides. Acute HIV Infection* ^{1, 2} Outbreaks Smallpox ■ foodborne (involving ≥ 2 persons) Staphylococcal enterotoxin B pulmonary Anthrax poisoning institutional Botulism • Staphylococcus aureus disease, reduced unusual disease or illness ³ Brucellosis or resistant susceptibility to vancomycin ¹ Plague Syphilis, congenital* Cholera • • Poliomyelitis Tuberculosis* Diphtheria Q fever Tularemia Measles Rabies • Venezuelan equine encephalitis virus Ricin poisoning Melioidosis infection • Severe Acute Respiratory • Viral hemorrhagic fever Meningococcal disease Syndrome (SARS)

Yellow fever

Footnotes

Category 1 Diseases

- 1. Report only to DPH.
- 2. As described in the CDC case definition.
- 3. Individual cases of "significant unusual illness" are also reportable.

Specialized Reporting Forms

Report Type	Fax to:
HIV Case Report Form	(860) 509-8237
Sexually Transmitted Diseases	(860) 730-8380
Tuberculosis Report Form	(860) 730-8271

Health Care Provider Reportable Diseases, Emergency **Illnesses and Health Conditions: Category 2**

Group B Streptococcal disease,

Haemophilus influenzae disease,

Healthcare-associated infections 6

Hansen's disease (Leprosy)

Hemolytic-uremic syndrome 7

HBsAg positive pregnant

Reporting Category 2 Diseases

- 1. Complete and submit a PD-23 within 12 hours.
- 2. A Hospital IP entering a case in CTEDSS (when applicable) satisfies the reporting requirement.

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invasive 5

invasive 5

Hepatitis A

Hepatitis B

women

Hepatitis C

acute infection ²

acute infection ²

perinatal infection

Influenza-associated

HIV-1/HIV-2 infection* 1, 2

Influenza-associated death

HPV: biopsy proven CIN 2, CIN

3, or AIS or their equivalent 1

- Acquired Immunodeficiency • Syndrome (AIDS)* 1, 2
- Acute flaccid myelitis
- Anaplasmosis
- **Babesiosis** •
- Borrelia miyamotoi disease
- California group arbovirus infection •
- Campylobacteriosis
- Candida auris
- Chancroid
- Chickenpox (Varicella)*
- Chickenpox-related death*
- Chikungunya
- Chlamydia (C. trachomatis) (all sites)*
- COVID-19 (SARS-CoV-2 infection) 4
- COVID-19 death
- COVID-19 hospitalization
- Cronobacter
- Cryptosporidiosis
- Cyclosporiasis
- Dengue
- E-cigarette or vaping product use associated lung injury (EVALI)*
- Eastern equine encephalitis virus infection
- Ehrlichia chaffeensis infection
- Escherichia coli O157:H7 infection 4
- Escherichia coli, invasive in infants <1 year of age 5
- Gonorrhea*
- Group A Streptococcal disease, invasive 5
- Footnotes

Category 2 Diseases

- 1. Report only to DPH.
- 2. As described in the CDC case definition.
- 3. Individual cases of "significant unusual illness" are also reportable.
- 4. Report COVID-19 cases only when a diagnostic test was performed on-site in a healthcare facility (provider's office, urgent care clinic, long-term care facility, etc.).
- 5. Invasive disease: from sterile fluid (blood, CSF, pericardial, pleural, peritoneal, joint, or vitreous), bone, internal body sites, or other normally sterile site, including muscle.
- 6. 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.
- 7. On request from the DPH and if adequate serum is available, send serum from patients with HUS to the State Public Health Laboratory for antibody testing.
- 8. Clinical sepsis and blood or CSF isolate obtained from an infant < 3 days of age.
- 9. Community-acquired: infection present on admission to hospital, and person has no previous hospitalizations or regular contact with the health-care setting.

3. Diseases with specialized reporting forms are asterisked (*) in the list below.

Note: Reporting changes for 2024 are in **bold font**.

- Pertussis
- Pneumococcal disease, invasive 5
- Powassan virus infection
- Respiratory Syncytial Virus (RSV) associated death
- RSV-associated hospitalization
- Rocky Mountain spotted fever
- Rubella (including congenital) •
- Salmonellosis •
- Shiga toxin-related diseases (gasteroenteritis)
- Shigellosis
- Silicosis
- St. Louis encephalitis virus infection
- Staphylococcus aureus methicillinresistant disease, invasive, community acquired 5,9
- Staphylococcus epidermis disease, reduced or resistant susceptibility to vancomycin¹
- Syphilis*
- Tetanus
- Trichinosis
- Typhoid fever
- Vaccinia disease
- Vibrio infection (V. parahaemolyticus, V. vulnificus, others)
- West Nile virus infection
- Zika virus infection

Specialized Reporting Forms

Report Type	Fax to:
Chickenpox (Varicella) Report	(860) 707-1905
HIV Case Report Form	(860) 509-8237
Occupational Diseases Report	(860) 730-8424
Sexually Transmitted Diseases	(860) 730-8380
Vaping Lung Injury Case Report	(860) 706-1262

Contact DPH Infectious Disease Programs

Program	Phone:
Epidemiology & Emerging Infections	(860) 509-7994
Healthcare Associated Infections	(860) 509-7995
HIV/HCV Surveillance Program	(860) 509-7900
Immunization Program	(860) 509-7929
STD Control Program	(860) 509-7920
Tuberculosis Control Program	(860) 509-7722

Legionellosis Listeriosis

positive rapid antibody test result

. Mercury poisoning

hospitalization

Mpox

Malaria

- Multisystem inflammatory syndrome in children (MIS-C)
- Mumps
- Neonatal bacterial sepsis 8
- Occupational asthma*

The director of a clinical laboratory must report laboratory evidence suggestive of reportable diseases. The Reportable Laboratory Findings Form (OL-15C) can be found on the DPH "Forms" webpage

=o	rm (OL-15C) can be found on the <u>DPH "Forms" webpage</u> .
0	Anaplasma phagocytophilumPCRIgG ≥1:128 onlyBabesiaIFA IgM (titer)IgG (titer)
	Blood smear PCR Other:
	microti divergens duncani Unspeciated
	Bordetella pertussis (titer)
	Culture (1) DFA PCR
	Non-pertussis Bordetella (1) spp
	Borrelia burgdorferi (2)
	Borrelia mayonii
	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
	Carbapenem-resistant Pseudomonas aeruginosa (CRPA) (1, 4)
	Carboxyhemoglobin > 5% (2) % COHb
	Chikungunya virus
	Chlamydia trachomatis (test type) PCR TMA
	Clostridium difficile (6) Corynebacterium diphtheria (1)
	Cronobacter (3) spp
	Cryptosporidium (3) spp PCR DFA
	EIA Microscopy Other:
	Cyclospora (3) spp PCR Microscopy Other:
	Dengue virus
	Eastern equine encephalitis virus
	Ehrlichia chaffeensis PCR $IgG \ge 1:128$ only Culture
	Enterotoxigenic Escherichia coli (ETEC) PCR Culture
	Escherichia coli O157 (1) PCR Culture
	Escherichia coli, invasive (infants <1 year of age) (4, 5)
	Giardia (3) spp
	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: IgM anti-HAV (7) NAAT Positive (7) ALT Total Bilirubin Not Done
	Hepatitis B:
	HBsAg (8) Pos Neg IgM anti-HBc Pos Neg
	HBeAg (2) Pos Neg HBV DNA (2)
	anti-HBs (8) Pos (titer) Neg
	Hepatitis C (9):
	Anti-HCV Pos Neg
	PCR TMA Other Genotype
	Herpes simplex virus (infants < 60 days of age)
	Culture PCR IFA Ag detection
	HIV Related Testing (Report only to the State) (10)
	Detectable screen (IA)
	Antibody Confirmation (WB/IFA/Type-diff)
	HIV-1: Pos Neg/Ind HIV-2: Pos Neg/Ind
	HIV NAAT (or qualitative RNA) Det Not Det
	HIV Viral Load (all results) copies/mL
	HIV Genotype CD4 count: cells/uL; %
	HPV (Report only to the State) (11) Biopsy proven CIN 2 CIN 3 AIS
	or their equivalent, (specify)
	Influenza virus (report only to the State)
	Rapid antigen (2) RT-PCR Type A Type B
	Type Unknown Subtype:
	Lead poisoning (blood lead \geq 3.5 µg/dL within 48 hrs; <3.5 µg/dL monthly)(12)
	Fingerstick µg/dL Venous µg/dL
-	

0.	Legionella (1) spp	
	Culture DFA Ag positive	
	Four-fold serologic change (titers)	
	Listeria monocytogenes (1) Culture PCR	
	Mercury poisoning	
		$lood \ge 15 \mu g/L \mu g/$
	Monkeypox virus PCR IgM anti-MPXV	
	Orthopoxvirus PCR IHC Non-variola orthopoxvirus PCR	Sequencing
	Non-variola orthopoxvirus PCR Mumps virus (13) (titer)	PCR
	Mycobacterium leprae	FCK
	Mycobacterium tuberculosis Related Testing (1)	
	AFB Smear Positive Negative	
	If positive Rare Few	Numerous
	NAAT Positive Negative	Indeterminate
	Culture Mycobacterium tuberculosis	5
	Non-TB Mycobacterium (sp	p)
	Neisseria gonorrhoeae (test type)	
	Neisseria meningitidis, invasive (1,4) Culture	Other:
	Neonatal bacterial sepsis (3,14) Genus	spp
	Plasmodium (1,3) spp	
	Poliovirus Powassan virus	
	Rabies virus	
	Rickettsia rickettsii PCR $IgG \ge 1:128$ onl	v Culture
	Respiratory syncytial virus	
	Rubella virus (13) (titer)	
	Rubeola virus (Measles) (13) (titer)	PCR
	St. Louis encephalitis virus	
	Salmonella (1,3) (serogroup & type)	
	Culture PCR	
	SARS-CoV (1) IgM/IgG PCR Othe	er
	SARS-CoV-2 NAAT Antigen	T
	Shiga toxin (1) Stx1 Stx2 PCR EIA	Type Unknown
		Culture PCR
		Other
	methicillin-resistant methicillin-sensitiv	e
	Staphylococcus aureus, vancomycin MIC \ge 4 μ g/m	nL (1)
	MIC to vancomycin µg/m	
	Staphylococcus epidermidis, vancomycin $MIC \ge 32$	
	MIC to vancomycin µg/m	1L
	Streptococcus pneumoniae	
	Culture (1,4) Urine antigen Other (4) Treponema pallidum	
		A
	VDRL (titer) TPPA	
	Trichinella	
	Varicella-zoster virus	
	Culture PCR DFA Oth	ner
		Culture PCR
	West Nile virus	
	Yellow fever virus	
		Culture PCR
	Zika virus	
	BIOTERRORISM AGENTS (15)	
	Bacillus anthracis (1) Ricin	0000110 011F0110
		coccus aureus-enterotoxin virus (1)
	Burkholderia mallei (1) Variola v Burkholderia pseudomallei (1) Viral age	
		ents of hemorrhagic fevers elan equine encephalitis vir
	Coxiella burnetii Yersinia	
	Francisella tularensis	

Footnotes

- 1. Send isolate/specimen to the State Public Health Laboratory. Send laboratory report (electronic or paper) on first identification of an organism. For CRE, CRAB, and CRPA, include antimicrobial test results with report. 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. 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, CRAB and CRPA also include urine or sputum; for CRAB and CRPA, also include wounds. Send isolate/specimen to DPH Laboratory for infants <1 year of age or upon request from DPH.

- 6. Report all C. difficile positive stool samples by electronic
- reporting or upon request from DPH. 7. Report peak ALT and Total Bilirubin results if conducted
- within one week of HAV positive test, if available. Otherwise, check "Not Done."
- 8. Negative HBsAg and all anti-HBs results only reportable in children ≤ 2 years old. 9. Report positive Antibody, and all RNA and Genotype results.
- 10. Report all positive HIV antibody, antigen, viral load, and qualitative NAAT results. HIV genotype (DNA sequence) and all CD4 results are only reportable by electronic file reporting.
- 11. Upon request from the DPH, send fixed tissue from the diagnostic specimen for HPV typing.
- 12. Report results >3.5 µg/dL within 48 hours to the Local Health Department and DPH; submit ALL lead results at least monthly to DPH only.
- Report all IgM positive titers; only report IgG titers considered significant by the lab that performed the test.
- 14. Report all bacterial isolates from blood or CSF from infants <3 days of age. 15. Call DPH: Weekdays (860) 509-7994
- Evenings, weekends, holidays (860) 509-8000

Persons Required to Report Reportable Diseases, Emergency Illnesses and Health Conditions

- 1. Health care providers who treat or examine 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 the 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 Significant 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

- 1. 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.
- 2. The Laboratory Report of Significant Findings form OL-15C can be used by staff of clinical laboratories to report evidence suggestive of reportable diseases.
- 3. Reporting forms can be found at: (https:// portal.ct.gov/DPH/Communications/Forms/Forms).
- 4. Please follow these guidelines when submitting paper 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.
 - Fax completed PD-23 forms to DPH via fax number (860) 629-6962.
 - Fax completed OL-15C forms to DPH via fax number (860) 920-3131.

Connecticut Department of Public Health



used of connecticut Health	Manisha Juthani, MD		Lynn Sosa, MD
DPH	Commissioner		State Epidemiologist
Connecticut Department of Public Health		l	

Infectious Diseases Section Programs

Epidemiology & Emerging Infections	(860) 509-7994	HIV Healthcare and Support Services	(860) 509-7801
Healthcare Associated Infections	(860) 509-7995	Immunization Program	(860) 509-7929
HIV/HCV Prevention Program	(860) 509-7797	STD Control Program	(860) 509-7920
HIV/HCV Surveillance Program	(860) 509-7900	Tuberculosis Control Program	(860) 509-7722

Connecticut Epidemiologist Newsletter

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