

REPORTABLE DISEASES, EMERGENCY ILLNESSES and HEALTH CONDITIONS - 2015

The Commissioner of the Department of Public Health (DPH) is required to declare an annual list of Reportable Diseases, Emergency Illnesses and Health Conditions. The Reportable Disease Confidential Case Report form (PD-23) or other disease specific form should be used to report the disease, illness, or condition. Reports (mailed, faxed, or telephoned into the DPH) should include the full name and address of the person reporting and attending physician, name of disease, illness or condition, and full name, address, date of birth, race/ethnicity, gender and occupation of the person affected. Forms can be found on the DPH [website](#). See page 4 for a list of persons required to report Reportable Diseases, Emergency Illnesses and Health Conditions. Mailed reports must be sent in envelopes marked "CONFIDENTIAL." Changes for 2015 are noted in **bold** and with an asterisk (*).

Category 1 Diseases: Report immediately by telephone on the day of recognition or strong suspicion of disease for those diseases marked with a telephone (☎). Also mail a report within 12 hours.

Category 2 Diseases: Diseases not marked with a telephone are Category 2 diseases. Report by mail within 12 hours of recognition or strong suspicion of disease.

Acquired Immunodeficiency Syndrome (1,2)	HIV-1 / HIV-2 infection in (1)	Rotavirus
☎ Anthrax	▪ persons with active tuberculosis disease	☎ Rubella (including congenital)
Babesiosis	▪ persons with a latent tuberculous	Salmonellosis
☎ Botulism	infection (history or tuberculin skin test	☎ SARS-CoV
☎ Brucellosis	≥5mm induration by Mantoux technique)	Shiga toxin-related disease (gastroenteritis)
California group arbovirus infection	▪ persons of any age	Shigellosis
Campylobacteriosis	▪ pregnant women	Silicosis
Carbon monoxide poisoning (3)	HPV: biopsy proven CIN 2, CIN 3 or AIS	☎ Smallpox
Chancroid	or their equivalent (1)	St. Louis encephalitis virus infection
Chickenpox	Influenza-associated death	☎ Staphylococcal enterotoxin B pulmonary
Chickenpox-related death	Influenza-associated hospitalization (7)	poisoning
Chikungunya *	Lead toxicity (blood level ≥ 15 µg/dL)	☎ <i>Staphylococcus aureus</i> disease, reduced or
Chlamydia (<i>C. trachomatis</i>) (all sites)	Legionellosis	resistant susceptibility to vancomycin (1)
☎ Cholera	Listeriosis	<i>Staphylococcus aureus</i> methicillin-
Cryptosporidiosis	Lyme disease	resistant disease, invasive, community
Cyclosporiasis	Malaria	acquired (4,10)
Dengue	☎ Measles	<i>Staphylococcus epidermidis</i> disease,
☎ Diphtheria	☎ Melioidosis	reduced or resistant susceptibility
Eastern equine encephalitis virus infection	☎ Meningococcal disease	to vancomycin (1)
<i>Ehrlichia chaffeensis</i> infection	Mercury poisoning	Syphilis
<i>Escherichia coli</i> O157:H7 gastroenteritis	Mumps	Tetanus
Gonorrhea	Neonatal bacterial sepsis (8)	Trichinosis
Group A Streptococcal disease, invasive (4)	Neonatal herpes (≤ 60 days of age)	☎ Tuberculosis
Group B Streptococcal disease, invasive (4)	Occupational asthma	☎ Tularemia
<i>Haemophilus influenzae</i> disease, invasive	☎ Outbreaks:	Typhoid fever
all serotypes (4)	▪ Foodborne (involving ≥ 2 persons)	Vaccinia disease
Hansen's disease (Leprosy)	▪ Institutional	☎ Venezuelan equine encephalitis
Healthcare-associated Infections (5)	▪ Unusual disease or illness (9)	<i>Vibrio</i> infection (<i>parahaemolyticus</i> , <i>vulnificus</i> , other)
Hemolytic-uremic syndrome (6)	☎ Pertussis	☎ Viral hemorrhagic fever
Hepatitis A	☎ Plague	West Nile virus infection
Hepatitis B	Pneumococcal disease, invasive (4)	☎ Yellow fever
▪ acute infection (2)	☎ Poliomyelitis	
▪ HBsAg positive pregnant women	☎ Q fever	
Hepatitis C	☎ Rabies	
▪ acute infection (2)	☎ Ricin poisoning	
▪ positive rapid antibody test result	Rocky Mountain spotted fever	

FOOTNOTES:

1. Report only to State.
2. CDC case definition.
3. Includes persons being treated in hyperbaric chambers for suspect CO poisoning.
4. Invasive disease: confirmed by isolation from sterile fluid (blood, CSF, pericardial, pleural, peritoneal, joint, or vitreous) bone, internal body sites, or other normally sterile site including muscle.
5. 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: www.ct.gov/dph/HAI.
6. On request from the DPH and if adequate serum is available, send serum from patients with HUS to the DPH Laboratory for antibody testing.
7. Reporting requirements are satisfied by submitting the Hospitalized and Fatal Cases of Influenza—Case Report Form to the DPH in a manner specified by the DPH.
8. Clinical sepsis and blood or CSF isolate obtained from an infant ≤ 72 hours of age.
9. Individual cases of "significant unusual illness" are also reportable.
10. 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 for download from the DPH website (www.ct.gov/dph/forms). It can also be ordered in triplicate by writing the Department of Public Health, 410 Capitol Ave., MS#11EPI, P.O. Box 340308, Hartford, CT 06134-0308 or by calling the Epidemiology and Emerging Infections Program (860-509-7994). Specialized reporting forms from the following programs are available on the DPH [website](#) or by calling the following telephone numbers: [HIV/AIDS Surveillance](#) (860-509-7900), [Sexually Transmitted Disease Program](#) (860-509-7920), [Tuberculosis Control Program](#) (860-509-7722), [Occupational Health Surveillance Program](#) (860-509-7740), [Hospitalized and Fatal Cases of Influenza](#) through the Epidemiology and Emerging Infections Program (860-509-7994).

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, an epidemiologist can be reached evenings, weekends, and holidays through the DPH emergency number (860-509-8000).**