Connecticut Epidemiologist

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Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings Changes for 2012

As required by Connecticut General Statutes Section 19a-2a and Section 19a-36-A2 of the Public Health Code, the lists of Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings are revised annually by the Department of Public Health (DPH). An advisory committee, consisting of public health officials, clinicians, and laboratorians, contributes to the process. There are 2 additions and 3 modifications to the lists effective January 1, 2012. There are also 5 technical revisions to the Laboratory Significant Findings Report Form (OL-15C), which can be found on page 4.

Changes to the List of Reportable Diseases, Emergency Illnesses and Health Conditions

Melioidosis

Melioidosis, which became a nationally notifiable disease in 2012, is added to the list of reportable diseases, emergency illnesses and health conditions as a Category 1 disease. In Connecticut, melioidosis has been laboratory reportable since 2008. *Burkholderia pseudomallei*, the pathogen that causes melioidosis, is included on the list of category B bioterrorism agents and toxins due to its suitability as a biological weapon. It is a disease predominantly of tropical climates and is endemic in Southeast Asia, northern Australia, and China. In the U.S., confirmed cases have occurred among travelers to and immigrants from areas of endemicity. The new national surveillance case definition can be found at: http://www.cste.org/ps2011/11-ID-16rev.pdf.

Healthcare-associated infections (HAIs)

Reporting of HAIs has been modified. HAIs that are currently reported to the Centers for Medicare and Medicaid Services Inpatient Prospective Payment System (IPPS) have been added to the list of reportable diseases, emergency illnesses and health conditions. These include central-line associated blood stream infections, which were made reportable in 2009. Surveillance data will be used to monitor and assess the burden of disease caused by HAIs and guide prevention efforts. All Connecticut hospitals will use the National Healthcare Safety Network for the surveillance of the IPPS-specified HAIs in 2012. DPH will validate and prepare data for publication.

In this issue...

Changes to the List of Reportable Laboratory Findings

Pertussis

Laboratory reporting of *Bordetella pertussis* has been modified. It is now required to send all *B. pertussis* isolated to the DPH State Laboratory for confirmation. Isolates will be sent to the CDC for molecular characterization of circulating strains and antibiotic susceptibility testing.

Hepatitis A

Laboratory reporting of hepatitis A has been modified. Acute Hepatitis A (IgM anti-HAV) has been a laboratory reportable finding in Connecticut since 1994. Approximately 75% of all positive results reported are among persons not meeting the surveillance case definition for confirmed acute Hepatitis A, and are considered false-positives. Results of liver function tests (ALT, AST) are considered in determining case classification. Therefore, as part of routine follow-up of all positive results, the reporting clinical laboratory is contacted to collect ALT and AST values.

To reduce the reporting burden on laboratories, the following has been added to the list of Reportable Laboratory Findings: ALT and AST values, “Not Done”, and a footnote that states: “Report the peak liver function tests (ALT, AST) conducted within one week of the patient’s HAV IgM positive test, if available. Check “Not Done” when appropriate.

(Continued on page 4)

REPORTABLE DISEASES, EMERGENCY ILLNESSES and HEALTH CONDITIONS - 2012

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, attending physician, disease, illness or condition, and full name, address, date of birth, race/ethnicity, sex 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 2012 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)
☎ Anthrax
Arboviral disease (California group, Dengue, EEE, SLE, WNV)
Babesiosis
☎ Botulism
☎ Brucellosis
Campylobacteriosis
Carbon monoxide poisoning (3)
Chancroid
Chickenpox
Chickenpox-related death
Chlamydia (*C. trachomatis*) (all sites)
☎ Cholera
Clostridium difficile, community-onset (4)
Creutzfeldt-Jakob disease (age < 55 years)
Cryptosporidiosis
Cyclosporiasis
☎ Diphtheria
Ehrlichiosis/Anaplasmosis
Escherichia coli O157:H7 gastroenteritis
Gonorrhea
Group A Streptococcal disease, invasive (5)
Group B Streptococcal disease, invasive (5)
Haemophilus influenzae disease, invasive all serotypes (5)
Hansen's disease (Leprosy)
Healthcare-associated Infections (6)*
Hemolytic-uremic syndrome
Hepatitis A
Hepatitis B
- acute infection (2)
- HBsAg positive pregnant women

Hepatitis C - acute infection (2)
HIV-1 infection in (1)
- persons with active tuberculosis disease
- persons with a latent tuberculous 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
Influenza-associated hospitalization (7)
Lead toxicity (blood level ≥ 15 µg/dL)
Legionellosis
Listeriosis
Lyme disease
Malaria
☎ Measles
☎ **Melioidosis***
☎ Meningococcal disease
Mercury poisoning
Mumps
Neonatal herpes (≤ 60 days of age)
Neonatal bacterial sepsis (8)
Occupational asthma
☎ Outbreaks:
- Foodborne (involving ≥ 2 persons)
- Institutional
- Unusual disease or illness (9)

☎ Pertussis
☎ Plague
Pneumococcal disease, invasive (5)
☎ Poliomyelitis
☎ Q fever
☎ Rabies (human and animal)
Reye syndrome
Rheumatic fever
☎ Ricin poisoning
Rocky Mountain spotted fever
Rotavirus
☎ Rubella (including congenital)
Salmonellosis
☎ SARS-CoV
☎ Septicemia or meningitis with growth of gram positive rods within 32 hours of inoculation
Shiga toxin-related disease (gastroenteritis)
Shigellosis
Silicosis
☎ Smallpox
☎ Staphylococcal enterotoxin B pulmonary poisoning
☎ *Staphylococcus aureus* disease, reduced or resistant susceptibility to vancomycin (1)
Staphylococcus aureus methicillin-resistant disease, invasive, community acquired (5,10)
Staphylococcus epidermidis disease, reduced or resistant susceptibility to vancomycin (1)
Syphilis
Tetanus
Trichinosis
☎ Tuberculosis
☎ Tularemia
Typhoid fever
Vaccinia disease
☎ Venezuelan equine encephalitis
Vibrio infection (*parahaemolyticus, vulnificus*, other)
☎ Viral hemorrhagic fever
☎ Yellow fever

FOOTNOTES:

1. Report only to State.
2. CDC case definition.
3. Includes persons being treated in hyperbaric chambers for suspect CO poisoning.
4. Community-onset: illness in a person living in the community at the time of illness onset and no known hospitalizations in preceding 3 months; if hospitalized, a positive test taken within 48 hours of admission.
5. 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.**
6. **Report healthcare-associated infections listed by the Centers for Medicare and Medicaid Services (CMS) Inpatient Prospective Payment System (IPPS) from CMS required facility types and locations. In 2012, all hospitals licensed by DPH as a general or children's hospital are required to report Central Line Associated Blood Stream Infections from all adult and pediatric ICUs, and all level II/III or III neonatal ICUs; Catheter Associated Urinary Tract Infections from all adult and pediatric ICUs; and abdominal hysterectomy and colon surgery procedure associated Surgical Site Infections. Reporting shall be made through the National Healthcare Safety Network, using NHSN's surveillance definitions, protocols and instructions, forms, and software.**
7. Reporting requirements are satisfied by submitting the Hospitalized and Fatal Cases of Influenza—Case Report Form to the DPH (or in Hartford, Middlesex, and New Haven counties to Yale Emerging Infections Program at 203-764-4357); 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. Specialized reporting forms from the following programs are available: on the 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), or Epidemiology and Emerging Infections Program for the PD-23 or Hospitalized and Fatal Cases of Influenza—Case Report Form (860-509-7994). The PD-23 can be found on the DPH website or by writing the Department of Public Health, 410 Capitol Ave., MS#11EPI, P.O. Box 340308, Hartford, CT 06134-0308 (860-509-7994); or by calling the individual program.

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).**

REPORTABLE LABORATORY FINDINGS 2012

The director of a clinical laboratory must report laboratory evidence suggestive of reportable diseases. The Laboratory Report of Significant Findings form (OL-15C) can be obtained from the Connecticut Department of Public Health (DPH), 410 Capitol Ave., MS#11EPI, P.O. Box 340308, Hartford, CT 06134-0308; telephone: 860-509-7994 or on the DPH website. The OL-15Cs are not substitutes for physician reports; they are supplements to physician reports, which allow verification of diagnosis. A listing of possible bioterrorism diseases is highlighted at the end of this list. Changes for 2012 are noted in **bold** and with an asterisk (*).

AIDS (report only to the State)
❑ CD4+ counts < 200 cells/µL _____< 14% _____
Arboviral infection
❑ California group virus (species) _____
❑ Dengue
❑ Eastern equine encephalitis virus
❑ St. Louis encephalitis virus
❑ West Nile virus infection
Babesiosis: ❑ IFA IgM (titer) _____ IgG (titer)_____
❑ Blood smear (1) ❑ PCR ❑ Other _____
❑ ***microti*** ❑ ***divergens*** ❑ ***duncani*** ❑ **Unspeciated***
Campylobacteriosis (species) _____
❑ **Culture** ❑ **EIA** ❑ **Other: _____*****
Carboxyhemoglobin ≥ 9%: _____% COHb
Chancroid
Chickenpox, acute ❑ Culture ❑ PCR
❑ DFA ❑ Other _____
Chlamydia (*C. trachomatis)* (test type) _____
Creutzfeldt-Jakob disease, age < 55 years (biopsy)
Cryptosporidiosis (method of ID): _____
Cyclosporiasis (method of ID): _____
Diphtheria (1)
Ehrlichiosis/Anaplasmosis (2) ❑ *A. phagocytophilum* ❑ *E. chaffeensis*
❑ Unspecified ❑ IFA IgM titer _____ IgG titer _____
❑ Blood smear ❑ PCR ❑ Other _____
Enterococcal infection, vancomycin-resistant (2,3)_____
Escherichia coli O157 infection (1)
Giardiasis
Gonorrhea (test type) _____
Group A streptococcal disease, invasive (3)
Group B streptococcal disease, invasive (3)
Haemophilus influenzae disease, invasive, all serotypes (1,3)
Hansen's disease (Leprosy)
Hepatitis A IgM anti-HAV **ALT**_____ **AST** _____ ❑ **Not Done**(1,**4***)
Hepatitis B ❑ HBsAg ❑ IgM anti-HBc (1)
Hepatitis C (anti-HCV) Ratio: _____ ❑ RIBA ❑ PCR (5)
Herpes simplex virus (infants ≤ 60 days of age) (specify type) _____
❑ Culture ❑ PCR ❑ IFA ❑ Ag detection
HIV genotype (electronic file) (report only to the State) (6)
HIV Infection (report only to the State) (6)
❑ Western Blot (1) ❑ HIV Viral Load:___copies/mL ❑ Not Detectable
HPV (report only to the State) (7)
Biopsy proven ❑ CIN 2 ❑ CIN 3 ❑ AIS
or their equivalent (specify) _____
Influenza: ❑ A ❑ B ❑ Unk. ❑ Subtype _____
❑ RT-PCR ❑ Culture ❑ Rapid test
Lead Poisoning (blood lead ≥10 µg/dL) (8)
❑ Finger Stick: _____ µg/dL ❑ Venous: _____ µg/dL
Legionellosis
❑ Culture ❑ DFA ❑ Ag positive
❑ Four-fold serologic change (titers) _____
Listeriosis (1)
Lyme disease (9)
Malaria/blood parasites (1,2) _____
Measles (Rubeola) (10) (titer) _____
Meningococcal disease, invasive (1,3)
Mercury poisoning
❑ Urine ≥ 35 µg/g creatinine: _____ µg/g
❑ Blood ≥ 15 µg/L: _____ µg/L
Mumps (10) (titer): _____
Neonatal bacterial sepsis (11) spp: _____
Pertussis (titer) _____
❑ DFA ❑ Culture **(1*)** ❑ PCR
Pneumococcal disease, invasive (1,3)
Poliomyelitis
Rabies
Rocky Mountain spotted fever
Rotavirus
Rubella (10) (titer): _____
Salmonellosis (1,2) (serogroup/serotype): _____
SARS-CoV infection (1) ❑ IgM/IgG
❑ PCR: _____ (specimen) ❑ Other: _____
Shiga toxin-related disease (1)
Shigellosis (1,2) (serogroup/species): _____
Staphylococcus aureus infection with MIC to vancomycin ≥ 4 µg/mL (1)
MIC to vancomycin: _____ µg/mL
Staphylococcus aureus disease, invasive (3)
methicillin-resistant Date pt. Admitted: _____/_____/_____
Staphylococcus epidermidis infection with MIC to vancomycin ≥ 32 µg/mL (1)
MIC to vancomycin: _____ µg/mL
Syphilis ❑ RPR (titer): _____ ❑ **FTA ***
❑ VDRL (titer): _____ ❑ **TPPA ***
Trichinosis
Tuberculosis (1)
AFB Smear: ❑ Positive ❑ Negative
If positive: ❑ Rare ❑ Few ❑ Numerous
NAAT: ❑ Positive ❑ Negative ❑ Indeterminate
Culture: ❑ *Mycobacterium tuberculosis*
❑ Non-tuberculosis mycobact. (specify: *M.* _____)
Vibrio infection (1) (species): _____
Yellow fever
Yersiniosis (species): _____

Diseases that are possible indicators of bioterrorism

Anthrax (1,12)
Botulism (12)
Brucellosis (1,12)
Glanders (1,12)
Bacillus species, non-hemolytic, non-motile, from blood or CSF, growth within 32 hours of inoculation (1,12)
Melioidosis (1,12)
Plague (1,12)
Q fever (12)
Ricin poisoning (12)
Smallpox (1,12)
Staphylococcal enterotoxin B pulmonary poisoning (12)
Tularemia (12)
Venezuelan equine encephalitis (12)
Viral hemorrhagic fever (12)

1. Send isolate, culture, or slide to the State Laboratory for confirmation. For Shiga-toxin, send positive broth. For positive HIV and IgM anti-HAV, send ≥ 0.5mL residual serum. For positive IgM anti-HBc, send ≥ 0.5mL residual serum within 6 months.
2. Specify species/serogroup.
3. Sterile site isolates: defined as 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.**
4. **Report the peak liver function tests (ALT, AST) conducted within one week of patient's HAV IgM positive test, if available. Check "Not Done" when appropriate.**
5. Report all positive anti-HCV with signal to cutoff ratio, all positive RIBA, but only confirmatory PCR tests.
6. Laboratories conducting HIV genotype tests should report the HIV DNA sequence file electronically. Report all positive HIV antibody and antigen tests, and all viral load tests (including those with no virus detectable).
7. On request from the DPH and if adequate tissue is available, send fixed tissue from the specimen used to diagnose CIN2, 3 or cervical AIS or their equivalent for HPV typing according to instructions from the DPH.
8. Report lead results ≥10µg/dL within 48 hours to the Local Health Director and the DPH; submit ALL lead results at least monthly to the DPH.
9. Only laboratories with automated electronic reporting to the DPH are required to report positive results.
10. Report all IgM positive titers, but only IgG titers that are considered significant by the laboratory performing the test.
11. Report all bacterial isolates from blood or CSF obtained from an infant ≤72 hours of age.
12. Report by telephone to the DPH, weekdays 860-509-7994; evenings, weekends, and holidays 860-509-8000.

Technical Revisions to the Laboratory Significant Findings Report Form (OL-15C)

Syphilis reporting— MHA was removed and replaced with TPPA as acceptable test results for reporting. Titer spaces have been removed from FTA and TPPA tests.

Varicella reporting—IgM serology has been removed. These reports are almost always titer checks for school and are not helpful in identifying acute cases.

***Babesia* reporting**— Checkboxes were added for IFA, total immunoglobulin (Ig) or IgG antibody titer, and species identification as: *microti*, *divergens* or *duncani*.

Campylobacter reporting—Checkboxes were added for method of testing and include: culture, EIA, and Other.

Footnote 3—Has been clarified and adds "muscle" to the "sterile site isolates" for all applicable reportable laboratory findings.

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

1. Every health care provider who treats or examines 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 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 Reportable 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.

IMPORTANT NOTICE

Reporting forms are available electronically on the DPH website. Persons required to report reportable diseases must use the Reportable Disease Confidential Case Report Form PD-23 to report any diseases found on the current list of reportable diseases, emergency illnesses and health conditions unless there is a specialized reporting form available. The director of a clinical laboratory must report laboratory evidence suggestive of reportable diseases using the Laboratory Report of Significant Findings Form OL-15C or other method specified by the DPH. Reporting forms can be obtained by writing or calling the Connecticut Department of Public Health, 410 Capitol Ave., MS#11EPI, P.O. Box 340308, Hartford, CT 06134-0308; telephone: (860-509-7994), or from the DPH website. Please follow these guidelines when submitting reports:

- Complete all required information (at minimum: full name and address of the person reporting and/or attending physician, disease/test result being reported, onset of illness date, and full name, address, date of birth, race/ethnicity, sex and occupation of the person affected if known).
- Make 2 copies of the report:
  - ► Send one copy to the DPH via fax (860-509-7910), or mail to the State of Connecticut, Department of Public Health, 410 Capitol Ave., MS#11EPI, P.O. Box 340308, Hartford, CT 06134-0308. Any mailed documents should have "CONFIDENTIAL" marked on the envelope.
  - ► Send a copy of the report to the local health department of the town in which the patient resides.
  - ► Keep a copy for the patient's medical record.

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