Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings
Changes for 2013

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, contribute to the process. There are 1 addition, 3 removals, and 1 modification to the healthcare provider list, and 1 addition, 1 removal, and 1 modification to the laboratory list for 2013.

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

Hemolytic uremic syndrome
Residual serum from hemolytic uremic syndrome (HUS) patients is to be sent to the Katherine A. Kelley State Public Health Laboratory (DPH Laboratory) on request from the DPH and if adequate serum is available for additional Shiga toxin-producing Escherichia coli (STEC) antibody testing. STEC infections are the main cause of post-diarrheal HUS in the United States. The Centers for Disease Control and Prevention (CDC) does serologic testing for STEC antibodies on specimens submitted from HUS patients without culture confirmed STEC infections as part of routine surveillance to monitor STEC-associated HUS. A footnote is being added to the PD-23 form.

Reye Syndrome
Reporting of Reye syndrome has been removed. Although the syndrome was reportable for over two decades, the DPH has not received a single report of this syndrome in 25 years. At this time, Reye syndrome is not a condition that requires public health monitoring.

Creutzfeldt-Jakob disease
Reporting of Creutzfeldt-Jakob disease (CJD) has been removed. Confirmation of CJD requires laboratory confirmation. Since the outbreak of the variant CJD in the United Kingdom, there have been no human cases of vCJD acquired in the United States or the variant of bovine spongiform encephalopathy that results in vCJD in people. Free testing of patients for CJD is available at the federally funded National Prion Disease Pathology Surveillance Center, Case Western Reserve University.

Clostridium difficile, community-onset
Reporting of Clostridium difficile, community-onset, by providers has been removed. Over the past 6 years the incidence of community-onset C. difficile infection (CO CDI) has ranged from 3.5 to 5 cases per 100,000 population using this passive surveillance system. The more robust Emerging Infections Program ongoing active surveillance for CO CDI, will continue among New Haven County residents. C. difficile reporting will also be instituted by hospitals as required by the Centers for Medicare and Medicaid Services (CMS) to monitor hospital-onset CDI. These 2 systems will be used to monitor CDI trends going forward.

Healthcare Associated Infections
The list is modified and expanded to follow the CMS annual payment update pay-for-reporting or pay-for-performance requirements for 2013. Therefore, reporting in Connecticut, which uses the CDC’s National Healthcare Safety Network (NHSN) surveillance definitions, protocols, and software, is expanded to include Methicillin-resistant Staphylococcus aureus (MRSA) and C. difficile LabID events from acute care hospitals, Central Line-Associated Bloodstream Infections (CLABSIs) and Catheter-Associated Urinary Tract Infections (CAUTIs) from long term acute care hospitals (LTACHs) and inpatient rehabilitation facilities (IRFs), and NHSN dialysis events from outpatient hemodialysis centers.

(Continued on page 4)
REPORTABLE DISEASES, EMERGENCY ILLNESSES and HEALTH CONDITIONS - 2013

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 2013 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.

<table>
<thead>
<tr>
<th>Category 2 Diseases</th>
<th>REPORTABLE DISEASES, EMERGENCY ILLNESSES and HEALTH CONDITIONS - 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquired Immunodeficiency Syndrome (1,2)</td>
<td>Anthrax</td>
</tr>
<tr>
<td>Arboviral disease (California group, Dengue, EEE, SLE, WNV)</td>
<td>Babesiosis</td>
</tr>
<tr>
<td>Botulism</td>
<td>Brucellosis</td>
</tr>
<tr>
<td>Campylobacteriosis</td>
<td>Carbon monoxide poisoning (3)</td>
</tr>
<tr>
<td>Chancroid</td>
<td>Chickenpox</td>
</tr>
<tr>
<td>Chickenpox-related death</td>
<td>Chlamydia (C. trachomatis) (all sites)</td>
</tr>
<tr>
<td>Cholera</td>
<td>Cryptosporidiosis</td>
</tr>
<tr>
<td>Cyclosporiasis</td>
<td>Diphtheria</td>
</tr>
<tr>
<td>Ehrlichiosis/Anaplasmosis</td>
<td>Escherichia coli O157:H7 gastroenteritis</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>Group A Streptococcal disease, invasive (4)</td>
</tr>
<tr>
<td>Group B Streptococcal disease, invasive (4)</td>
<td>Haemophilus influenzae disease, invasive all serotypes (4)</td>
</tr>
<tr>
<td>Hansen’s disease (Leprosy)</td>
<td>Healthcare-associated Infections (5)*</td>
</tr>
<tr>
<td>Hemolytic-uremic syndrome (6)*</td>
<td>Hepatitis A</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>• acute infection (2)</td>
</tr>
<tr>
<td>• HBsAg positive pregnant women</td>
<td>Hepatitis C - acute infection (2)</td>
</tr>
<tr>
<td>HIV-1 infection in (1)</td>
<td>• persons with active tuberculosis disease</td>
</tr>
<tr>
<td>• persons with latent tuberculosis infection (history or tuberculin skin test &gt;5mm induration by Mantoux technique)</td>
<td>Occupational asthma</td>
</tr>
<tr>
<td>• persons of any age</td>
<td>Outbreaks:</td>
</tr>
<tr>
<td>• pregnant women</td>
<td>• Foodborne (involving ≥ 2 persons)</td>
</tr>
<tr>
<td>HPV: biopsy proven CIN 2, CIN 3 or AIS or their equivalent (1)</td>
<td>• Institutional</td>
</tr>
<tr>
<td>Influenza-associated death</td>
<td>• Unusual disease or illness (9)</td>
</tr>
<tr>
<td>Influenza-associated hospitalization (7)</td>
<td>Pertussis</td>
</tr>
<tr>
<td>Legionellosis</td>
<td>Plague</td>
</tr>
<tr>
<td>Listeriosis</td>
<td>Pneumococcal disease, invasive (5)</td>
</tr>
<tr>
<td>Lyme disease</td>
<td>Poliomyelitis</td>
</tr>
<tr>
<td>Malaria</td>
<td>Q fever</td>
</tr>
<tr>
<td>Measles</td>
<td>Rabies (human and animal)</td>
</tr>
<tr>
<td>Melioidosis</td>
<td>Rheumatic fever</td>
</tr>
<tr>
<td>Meningococcal disease</td>
<td>Ricin poisoning</td>
</tr>
<tr>
<td>Mercury poisoning</td>
<td>Rocky Mountain spotted fever</td>
</tr>
<tr>
<td>Mumps</td>
<td>Rotavirus</td>
</tr>
<tr>
<td>Neonatal herpes (&lt; 60 days of age)</td>
<td>Rubella (including congenital)</td>
</tr>
<tr>
<td>Neonatal bacterial sepsis (8)</td>
<td>Salmonellosis</td>
</tr>
<tr>
<td>Occupational asthma</td>
<td>SARS-CoV</td>
</tr>
<tr>
<td>Outbreaks:</td>
<td>Septicemia or meningitis with growth of gram positive rods within 32 hours of inoculation</td>
</tr>
<tr>
<td>• Foodborne (involving ≥ 2 persons)</td>
<td>Shiga toxin-related disease</td>
</tr>
<tr>
<td>• Institutional</td>
<td>Shigellosis</td>
</tr>
<tr>
<td>• Unusual disease or illness (9)</td>
<td>Staphylococcal enterotoxin B pulmonary poisoning</td>
</tr>
<tr>
<td>Pertussis</td>
<td>Staphylococcus aureus disease, reduced or resistant susceptibility to vancomycin (1)</td>
</tr>
<tr>
<td>Plague</td>
<td>Staphylococcus aureus methicillin-resistant disease, invasive, community acquired (5,10)</td>
</tr>
<tr>
<td>Pneumococcal disease, invasive (5)</td>
<td>Staphylococcus epidermidis disease, reduced or resistant susceptibility to vancomycin (1)</td>
</tr>
<tr>
<td>Poliomyelitis</td>
<td>Syphilis</td>
</tr>
<tr>
<td>Q fever</td>
<td>Tetanus</td>
</tr>
<tr>
<td>Rabies (human and animal)</td>
<td>Trichinosis</td>
</tr>
<tr>
<td>Rheumatic fever</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>Ricin poisoning</td>
<td>Tularemia</td>
</tr>
<tr>
<td>Rocky Mountain spotted fever</td>
<td>Typhoid fever</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>Vaccinia disease</td>
</tr>
<tr>
<td>Rubella (including congenital)</td>
<td>Venezuelan equine encephalitis</td>
</tr>
<tr>
<td>Salmonellosis</td>
<td>Vibrio infection (parahaemolyticus, cholerae)</td>
</tr>
<tr>
<td></td>
<td>Viral hemorrhagic fever</td>
</tr>
<tr>
<td></td>
<td>Yellow fever</td>
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<td></td>
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</tr>
</tbody>
</table>

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. The Reportable Conditions list is expanded to follow the CMS annual payment update pay-for-reporting or pay-for-performance reporting requirements for 2013. Therefore, reporting in Connecticut, which uses the CDC’s National Healthcare Safety Network (NHSN) surveillance definitions, protocols, and software, is expanded to include MRSA and C. difficile LabID event data from acute care hospitals, CLABSSIs and CAUTIs from LTACHs and IRFs, and NHSN dialysis event measures from outpatient hemodialysis centers."
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 (or in 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 (860-509-7620), 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 (860-509-7600). For public health emergencies, an epidemiologist can be reached evenings, weekends, and holidays through the DPH emergency number (860-509-8000).
The director of a clinical laboratory must report laboratory evidence suggestive of reportable diseases. The Laboratory Report of Significant Findings (OL-15C) can be obtained from the Connecticut Department of Public Health (DPH), 410 Capitol Ave., MS#11EP, 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 2013 are noted in bold and with an asterisk (*).

REPORTABLE LABORATORY FINDINGS 2013

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) DPCR ☐ Other __________
          ☐ miroti ☐ divergens ☐ duncanii ☐ Unspecified __________

Campylobacteriosis (species) ☐ Culture ☐ EIA ☐ Other: __________

Carboxyhemoglobin > 9%: % COHb ______________________________

Chancroid ______________________________

Chickenpox, acute ☐ Culture ☐ PCR ☐ DFA ☐ Other __________

Chlamydia (C. trachomatis) (test type) __________

Creutzfeldt-Jakob disease, age < 65 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) ______________________________

Gardiaisis ______________________________

Gonorrea (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(4) ______________________________

Hepatitis B ☐ HBsAg ☐ IgM anti-HBc ______________________________

Hepatitis C (anti-HCV) Ratio: __________ __________ __________
   ☐ Culture ☐ PCR ☐ IFA ☐ Ag detection ______________________________

HIV genotype (electronic file) (report only to the State) (6) ______________________________

HIV infection (report only to the State) (6) ______________________________

HSV (specimen) ______________________________

HTLV-1, -2, -3 virus infection (1,2) ______________________________

Yersinia pseudotuberculosis infection (1,2) ______________________________

Meningococcal disease, invasive (1,3) ______________________________

Mumps (10) ______________________________

Otitis media ______________________________

Parvovirus B19 infection (1,2) ______________________________

Pneumococcal disease, invasive (1,3) ______________________________

Polymyelitis ______________________________

Rocky Mountain spotted fever ______________________________

Rotavirus ______________________________

Rubeola (10) ______________________________

Salmonellosis (1,2) (serogroup/serotype) ______________________________

SARS-CoV infection (1) ______________________________

Shigellosis (1,2) (serogroup/species) ______________________________

Staphylococcus aureus infection with MIC to vancomycin ≥ 4 µg/mL (1) ______________________________

Staphylococcus epidermidis infection with MIC to vancomycin ≥ 32 µg/mL (1) ______________________________

Syphilis ☐ RPR (titer) _______ ☐ FTA ______________________________

Trichinosis ______________________________

Tuberculosis (1) ______________________________

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) ______________________________

Melioidosis (1,12) ______________________________

Plague (1,12) ______________________________

Rabies ______________________________

Rocky Mountain spotted fever ______________________________

Rotavirus ______________________________

Yersinia pestis (species) ______________________________

1. Send isolate, culture, or slide to the DPH Laboratory for confirmation. For Shiga-toxin, send positive broth. For positive HIV, send ≥ 0.5mL residual serum.*

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.
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Reportable Diseases and Laboratory Findings for 2013, Persons Required to Report.

Changes to the List of Reportable Laboratory Findings

**Bordetella**

Laboratory reporting of all culture positive *Bordetella* specimens (non-pertussis) has been added. It is now required that all *Bordetella* species isolates from nasopharyngeal specimens be sent to the DPH Laboratory. Connecticut has special CDC funding to monitor the effectiveness of pertussis-containing vaccines using case-control and enhanced surveillance methodology.

**Hepatitis A and B IgM**

It is no longer a requirement to send residual serum to the DPH Laboratory. Both hepatitis A and hepatitis B positive IgM results remain reportable to the DPH. The footnote on the reporting form has been modified.

**Gram Positive Rods (GPRs)**

Reporting of *Bacillus* species, non-hemolytic, non-motile, from blood or CSF, growth with 32 hours inoculation has been removed; however, anthrax remains on the list.

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 Department of Public Health (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.

Jewel Mullen, MD, MPH, MPA  
Commissioner of Public Health
Matthew L. Cartter, MD, MPH  
State Epidemiologist
Lynn Sosa, MD  
Deputy State Epidemiologist

<table>
<thead>
<tr>
<th>Laboratory</th>
<th>Contact Number</th>
</tr>
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<tbody>
<tr>
<td>HIV Surveillance</td>
<td>860-509-7900</td>
</tr>
<tr>
<td>Epidemiology and Emerging Infections</td>
<td>860-509-7994</td>
</tr>
<tr>
<td>Immunizations</td>
<td>860-509-7929</td>
</tr>
<tr>
<td>Tuberculosis Control</td>
<td>860-509-7722</td>
</tr>
<tr>
<td>Sexually Transmitted Diseases (STD)</td>
<td>860-509-7920</td>
</tr>
</tbody>
</table>

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