Connecticut Department of Public Health

Connecticut Epidemiologist

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Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings Changes for 2015

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 2 additions, and 1 modification to the healthcare provider list, and 1 addition, 1 removal, and 6 modifications to the laboratory list. National case definitions can be found on the Centers for Disease Control and Prevention's (CDC), National Notifiable Diseases Surveillance System, Case Definitions webpage.

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

Chikungunya virus

Chikungunya virus is added to both lists. In late 2013, it was first identified in the Americas and in one year spread to 36 countries or territories including the United States. State surveillance will contribute to national surveillance for infections acquired in the continental U.S. and among travelers to foreign endemic areas. While the main vectors are not established in Connecticut, they are present in the southern U.S.

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

Healthcare associated infections

Reporting of Central Line Associated Blood Stream Infections (CLABSI) and Catheter Associated Urinary Tract Infections (CAUTI) has been modified. Reporting of CLABSI and CAUTI in acute care hospitals has been expanded to all inpatient units in the hospital. Therefore, in addition to all adult, pediatric and neonatal ICUs, CLABSI and CAUTI are now also reportable from all adult and pediatric medical, surgical, and medical/surgical wards. Reporting continues to be through the National Healthcare Safety Network (NHSN).

Reporting of Methicillin-resistant *Staphylococcus* aureus (MRSA) and *Clostridium difficile* for long term acute care facilities has been added. MRSA bacteremia and *Clostridium difficile* Infection (CDI) laboratory-identified (Lab ID) Events are now reportable from all inpatient locations in long term acute care hospitals through NHSN.

Changes to the List of Reportable Laboratory Findings

Positive pneumococcal urine antigen tests

Laboratory reporting of pneumococcal disease has been modified. Reporting will now include positive pneumococcal urine antigens tests in addition to sterile body site cultures. This surveillance change is being made to monitor the impact of routine use of the PCV-13 vaccine in adults >64 years of age on the incidence of non-bacteremic pneumococcal pneumonia.

Group A Streptococcus

Laboratory reporting of group A *Streptococcus* (GAS) has been modified. Submission of sterile site GAS isolates to the DPH State Laboratory is now required; this will allow subsequent characterization at the CDC. This is vital to providing local estimates of antimicrobial resistance, monitoring trends in antibiotic resistance over time, correlating *emm* types with severity of disease, guiding vaccine development, and future genomic studies.

Ehrlichia chaffeensis

Laboratory reporting of *Ehrlichia chaffeensis* has been modified. Only positive PCR results are required to be reported to the DPH.

Babesiosis

Laboratory reporting of babesiosis has been modified. Positive blood smear slides are no longer required to be sent to the DPH State Laboratory.

Meningococcal disease

Laboratory reporting of meningococcal disease has been modified. Reporting will now include detection of *Neisseria meningitidis* from sterile body site specimens

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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)
☎ Anthrax
Babesiosis
☎ Botulism
☎ Brucellosis
California group arbovirus infection
Campylobacteriosis
Carbon monoxide poisoning (3)
Chancroid
Chickenpox
Chickenpox-related death
Chikungunya *
Chlamydia (*C. trachomatis*) (all sites)
☎ Cholera
Cryptosporidiosis
Cyclosporiasis
Dengue
☎ Diphtheria
Eastern equine encephalitis virus infection
Ehrlichia chaffeensis infection
Escherichia coli O157:H7 gastroenteritis
Gonorrhea
Group A Streptococcal disease, invasive (4)
Group B Streptococcal disease, invasive (4)
Haemophilus influenzae disease, invasive all serotypes (4)
Hansen's disease (Leprosy)
Healthcare-associated Infections (5)
Hemolytic-uremic syndrome (6)
Hepatitis A
Hepatitis B
- acute infection (2)
- HBsAg positive pregnant women

Hepatitis C
- acute infection (2)
- positive rapid antibody test result

HIV-1 / HIV-2 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 bacterial sepsis (8)
Neonatal herpes (≤ 60 days of age)
Occupational asthma
☎ Outbreaks:
- Foodborne (involving ≥ 2 persons)
- Institutional
- Unusual disease or illness (9)

☎ Pertussis
☎ Plague
Pneumococcal disease, invasive (4)
☎ Poliomyelitis
☎ Q fever
☎ Rabies
☎ Ricin poisoning
Rocky Mountain spotted fever
Rotavirus
☎ Rubella (including congenital)
Salmonellosis
☎ SARS-CoV
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 (4,10)
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
West Nile virus infection
☎ 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. 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 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).**

REPORTABLE LABORATORY FINDINGS—2015

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-15C is not a substitute for the physician report; it is a supplement to the physician report that allows verification of diagnosis. Diseases on the OL-15C are listed in alphabetic order; however, possible disease indicators for bioterrorism are listed separately. Changes for 2015 are noted in **bold** and with an asterisk (*).

Anaplasma phagocytophilum by PCR only
Babesiosis: ❑ IFA IgM (titer) _____ IgG (titer)_____
❑ **Blood smear *** ❑ PCR ❑ Other _____
❑ *microti* ❑ *divergens* ❑ *duncani* ❑ Unspeciated
California group virus (species) (2) _____
Carbapenem-resistant Enterobacteriaceae (3)
Genus _____ Species_____
Campylobacteriosis **(2)** (species/**test type)*** _____
Carboxyhemoglobin ≥ 5% _____% COHb
Chancroid
Chickenpox, acute ❑ Culture ❑ PCR ❑ DFA ❑ Other _____
Chikungunya virus *
Chlamydia (*C. trachomatis)* (test type) _____
Cryptosporidiosis **(test type)*** _____
Cyclosporiasis **(test type)*** _____
Dengue
Diphtheria (1)
Eastern equine encephalitis virus
Ehrlichia chaffeensis **by PCR only** * (2)
Escherichia coli O157 infection (1) **(test type*)** _____
Giardiasis
Gonorrhea (test type) _____
Group A streptococcal disease, invasive (**1,** 3) *
Group B streptococcal disease, invasive (3)
Haemophilus influenzae disease, invasive, all serotypes (1,3)
Hansen's disease (Leprosy)
Hepatitis A IgM anti-HAV (4) ALT_____ AST _____ ❑ Not Done
Hepatitis B ❑ HBsAg ❑ IgM anti-HBc
Hepatitis C (anti-HCV) Ratio _____ ❑ Rapid antibody ❑ RNA (5)
Herpes simplex virus (infants ≤ 60 days of age) (specify type) _____
❑ Culture ❑ PCR ❑ IFA ❑ Ag detection
HIV Related Testing (report only to the State) (6)
❑ Detectable Antibody Screen (EIA/CIA)
Detectable Antibody Confirmation (WB/IFA/Multispot) (1,6)
❑ HIV 1 ❑ HIV 2 ❑ HIV 1/HIV 2
❑ HIV NAAT (or qualitative RNA) ❑ Detectable ❑ Not Detectable *
❑ HIV Viral Load * _____copies/mL ❑ Not Detectable *
❑ HIV genotype (electronic file)
❑ CD4 count _____cells/μL; _____ % (electronic file)
HPV (report only to the State) (7)
Biopsy proven ❑ CIN 2 ❑ CIN 3 ❑ AIS
or their equivalent (specify) _____
Influenza: ❑ Rapid antigen (8) ❑ RT-PCR ❑ Culture-confirmed
❑ Type A ❑ Type B ❑ Type Unknown
❑ Subtype _____
Lead poisoning (blood lead ≥10 μg/dL) (9)
❑ Finger stick level _____ μg/dL ❑ Venous level _____ μg/dL
Legionellosis
❑ Culture ❑ DFA ❑ Ag positive
❑ Four-fold serologic change (titers) _____
Listeriosis (1)
Lyme disease (8)
Malaria/blood parasites (1,2) _____
Measles (Rubeola) (10) (titer) _____
Meningococcal disease, invasive
❑ Culture (1,3) ❑ PCR (3)* ❑ Other _____ *
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) _____
❑ Culture (1) ❑ Non-pertussis *Bordetella* (specify) _____(1)
❑ DFA ❑ PCR
Pneumococcal disease ❑ Culture (1,3) ❑ Urine antigen *
Poliomyelitis
Rabies
Rocky Mountain spotted fever
Rotavirus
Rubella (10) (titer) _____
St. Louis encephalitis virus
Salmonellosis (1,2) (serogroup/serotype/**test type***) _____
SARS-CoV infection (1) ❑ IgM/IgG
❑ PCR _____ (specimen) ❑ Other _____
Shiga toxin-related disease (1) **(test type*)** _____
Shigellosis (1,2) (serogroup/species **test type***) _____
Staphylococcus aureus 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 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-TB mycobacterium. (specify *M.* _____)
Vibrio infection (1,**2**) (species/**test type*)**_____
West Nile virus
Yellow fever
Yersiniosis **(2)** (species/ **test type*)** _____

BIOTERRORISM possible disease indicators
Anthrax (1,12)
Botulism (12)
Brucellosis (1,12)
Glanders (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 DPH Laboratory for confirmation. For ***Salmonella, Shigella,*** STEC, **and *Vibrio* tested by non-culture methods,*** send positive broth or stool in transport **media when isolate is not available***. For positive HIV, send ≥ 0.5mL residual serum.
2. Specify species/serogroup/**serotype***.
3. Sterile site: 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. For CRE, also include urine or sputum, but not stool.
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 RNA results, but negative RNA results are required only by laboratories with automated electronic reporting to the DPH.
6. Report all positive HIV antibody, antigen, and all viral load results (including not detectable values), **and all qualitative NAAT results***. Laboratories conducting HIV genotype or CD4 testing should report HIV DNA sequence and all CD4 test results in an electronic file.
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. Only laboratories with automated electronic reporting to the DPH are required to report positive results.
9. 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.
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.

by nucleic acid testing (e.g., PCR) in addition to reporting of sterile body site cultures. This change will assure prompt reporting of suspected meningococcal disease and subsequent timely public health intervention and disease prevention.

Vancomycin-resistant Enterococcus (VRE)

Reporting of enterococcal infection, vancomycin-resistant has been removed. This change is being made in an effort to refocus resources to other multi-drug resistant organisms of more urgent public health concern, and which have high morbidity and mortality.

Salmonella/Shigella/Vibrio

Footnote 1 on the OL-15C form has been modified to include submission of stool for *Salmonella*, *Shigella*, or *Vibrio* tested by non-culture methods to the DPH laboratory when an isolate is not available. It is now a requirement that stool be submitted in transport media to the state laboratory when culture independent diagnostic tests (CIDT) are used for diagnosing *Salmonella*, *Shigella*, and *Vibrio* infections. This change will facilitate retrieval of isolates for molecular subtyping aiding public health surveillance, monitoring trends, outbreak detection, and characterization of pathogens.

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 (www.ct.gov/dph/forms). 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, gender 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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