Connecticut Epidemiologist

Volume 36, No. 1 January 2016

Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings Changes for 2016

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 modifications to the healthcare provider list and 1 addition 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. Please select to view the revised 2016 Reportable Disease Confidential Case Report form PD-23 and Laboratory Report of Significant Findings form OL-15C.

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

Acute flaccid myelitis

Reporting of acute flaccid myelitis (AFM) has been added. AFM is defined as acute focal limb weakness with either an MRI showing a spinal cord lesion largely restricted to gray matter and spanning one or more spinal segments or cerebrospinal fluid with pleocytosis. Specific reporting criteria are available at http://www.cdc.gov/ncird/investigation/viral/2014-15/hcp.html. AFM should be reported regardless of whether the underlying etiology has been determined.

Pertussis/Rubella

The reporting requirement for pertussis and rubella has been modified. Both diseases are moved from Category 1, which require telephone notification, to Category 2, which require reporting by mail within 12 hours of recognition or strong suspicion.

Changes to the List of Reportable Laboratory Findings

***NOTE*: All footnotes on the OL-15C have been renumbered.**

Clostridium difficile

Laboratory reporting of *C. difficile* has been added with the following footnote: "Submit reports of all *C. difficile* positive stool samples according to DPH instructions." Laboratories are required to send electronic line lists (or individual reports) of positive stool samples to the CT DPH Emerging Infections Program office at Yale School of Public Health upon request by the DPH.

Hepatitis C

Laboratory reporting of hepatitis C has been modified. Laboratories are no longer required to report signal to cut off ratios or index values; positive antibody results are still required to be reported. Also, laboratories reporting hepatitis C results electronically (current or future) will be required to report genotype information.

HIV

Laboratory reporting of HIV has been modified. "HIV-1/HIV-2 Type-differentiation tests-all results including negative and indeterminate" will be required to be reported through electronic laboratory reporting.

Measles

Laboratory reporting of measles has been modified. Respiratory (throat, nasopharyngeal, or nasal) and urine samples positive for viral RNA by RT-PCR are required to be reported to the DPH. Although PCR is not currently being used in CT laboratories, this modification will allow clinical labs to report positive PCR results as soon as the testing capabilities are available.

Mumps

Laboratory reporting of mumps has been modified. Buccal (preferred), oral, and urine samples positive for viral RNA by RT-PCR are required to be reported to the DPH. Instructions for collecting buccal fluid are available at http://www.cdc.gov/mumps/lab/detection-mumps.html. Both serology and PCR testing are recommended. Serologic tests can often be falsely negative in vaccinated persons. PCR results can provide confirmation of infection.

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REPORTABLE DISEASES, EMERGENCY ILLNESSES and HEALTH CONDITIONS - 2016

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 2016 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)
Acute flaccid myelitis*
☎ 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 * *(no longer category 1)*
☎ Plague
Pneumococcal disease, invasive (4)
☎ Poliomyelitis
☎ Q fever
☎ Rabies
☎ Ricin poisoning
Rocky Mountain spotted fever
Rotavirus
Rubella (including congenital)* *(no longer category 1)*
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
Zika virus*

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 on the DPH website (www.ct.gov/dph/forms). It can also ordered 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 are available on the DPH website or by calling the following programs: Epidemiology and Emerging Infections Program (860-509-7994) - Hospitalized and Fatal Cases of Influenza, Healthcare Associated Infections (860-509-7995) - National Healthcare Safety Network, HIV/AIDS Surveillance (860-509-7900) - Adult HIV Confidential Case Report form, Immunizations Program (860-509-7929) - Chickenpox Case Report (Varicella) form, Occupational Health Surveillance Program (860-509-7740) - Physician's Report of Occupational Disease, Sexually Transmitted Disease Program (860-509-7920), and Tuberculosis Control Program (860-509-7722).

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 on evenings, weekends, and holidays call 860-509-8000.

REPORTABLE LABORATORY FINDINGS—2016

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 2016 are noted in **bold** and with an asterisk (*). ***All footnotes are renumbered.***

Anaplasma phagocytophilum by PCR only
Babesiosis: ❑ IFA IgM (titer) _____ IgG (titer) _____
❑ Blood smear ❑ PCR ❑ Other _____
❑ *microti* ❑ *divergens* ❑ *duncani* ❑ Unspeciated
California group virus (species) (1) _____
Carbapenem-resistant Enterobacteriaceae * (2)
Genus _____ Species_____
Campylobacteriosis (1) (species/test type) _____
Carboxyhemoglobin ≥ 5% _____% COHb
Chancroid
Chickenpox, acute ❑ Culture ❑ PCR ❑ DFA ❑ Other _____
Chikungunya virus
Chlamydia (*C. trachomatis)* (test type) _____
***Clostridium difficile* (3) ***
Cryptosporidiosis (test type) _____
Cyclosporiasis (test type) _____
Dengue
Diphtheria (4)
Eastern equine encephalitis virus
Ehrlichia chaffeensis by PCR only
Escherichia coli O157 infection (4) (test type) _____
Giardiasis
Gonorrhea (test type) _____
Group A streptococcal disease, invasive (2, 4)
Group B streptococcal disease, invasive (2)
Haemophilus influenzae disease, invasive, all serotypes (2, 4)
Hansen's disease (Leprosy)
Hepatitis A IgM anti-HAV (5) ALT_____ AST _____ ❑ Not Done
Hepatitis B ❑ HBsAg ❑ IgM anti-HBc
Hepatitis C (anti-HCV) ❑Rapid antibody ❑RNA (6) ❑**Genotype(6)*** _____
Herpes simplex virus (infants ≤ 60 days of age) (specify type) _____
❑ Culture ❑ PCR ❑ IFA ❑ Ag detection
HIV Related Testing (report only to the State) (7)
❑ **Detectable Screen (IA) ***
Antibody Confirmation (WB/IFA/Type-diff*) (4, 7)
HIV 1 ❑ Positive ❑Neg/Ind* **HIV 2 ❑Positive ❑ Neg/Ind***
❑ HIV NAAT (or qualitative RNA) ❑ Detectable ❑ Not Detectable
❑ HIV Viral Load: _____ copies/mL ❑ Not Detectable
❑ HIV genotype **(7)***
❑ CD4 count: _____ cells/uL; _____% **(7)***
HPV (report only to the State) (8)
Biopsy proven ❑ CIN 2 ❑ CIN 3 ❑ AIS
or their equivalent (specify) _____
Influenza: ❑ Rapid antigen (9) ❑ RT-PCR ❑ Culture-confirmed
❑ Type A ❑ Type B ❑ Type Unknown
❑ Subtype _____
Lead poisoning (blood lead ≥10 µg/dL) (10)
❑ Finger stick level _____ µg/dL ❑ Venous level _____ µg/dL
Legionellosis
❑ Culture ❑ DFA ❑ Ag positive
❑ Four-fold serologic change (titers) _____
Listeriosis (4)
Lyme disease (9)
Malaria/blood parasites (1, 4) _____
Measles (Rubeola) (11) (titer) _____ ❑ **PCR** *
Meningococcal disease, invasive (2, 4)
❑ Culture (2,4) ❑ PCR (2) ❑ Other _____
Mercury poisoning
❑ Urine ≥ 35 µg/g creatinine _____ µg/g
❑ Blood ≥ 15 µg/L _____ µg/L
Mumps (11) (titer) _____ ☐ **PCR***
Neonatal bacterial sepsis (12) spp _____
Pertussis (titer) _____
❑ Culture (4) ❑ Non-pertussis *Bordetella* (specify) _____(4)
❑ DFA ❑ PCR
Pneumococcal disease ❑ Culture (2,4) ❑ Urine antigen
Poliomyelitis
Rabies
Rocky Mountain spotted fever
Rotavirus
Rubella (11) (titer) _____
St. Louis encephalitis virus
Salmonellosis *(1, 4) (serogroup/serotype) _____
SARS-CoV infection (4) ❑ IgM/IgG
❑ PCR _____ (specimen) ❑ Other _____
Shiga toxin-related disease (4) ❑ Stx1 ❑ Stx2 ❑ Type Unknown
Shigellosis * (1, 4) (serogroup/species test type) _____
Staphylococcus aureus with MIC to vancomycin ≥ 4 µg/mL (4)
MIC to vancomycin_____ µg/mL
Staphylococcus aureus disease, invasive (2)
methicillin-resistant Date pt. Admitted _____
Staphylococcus epidermidis with MIC to vancomycin ≥ 32 µg/mL (4)
MIC to vancomycin _____ µg/mL
Syphilis ❑ RPR (titer) _____ ❑ FTA
❑ VDRL (titer) _____ ❑ TPPA
Trichinosis
Tuberculosis (4)
AFB Smear ❑ Positive ❑ Negative
If positive ❑ Rare ❑ Few ❑ Numerous
NAAT ❑ Positive ❑ Negative ❑ Indeterminate
Culture ❑ *Mycobacterium tuberculosis*
❑ Non-TB mycobacterium. (specify *M.* _____)
***Vibrio* *** infection (1, 4) (species/test type) _____
West Nile virus
Yellow fever
Yersiniosis (1) (species/ test type) _____
Zika virus*

BIOTERRORISM possible disease indicators (13)
Anthrax (4)
Botulism
Brucellosis (4)
Glanders (4)
Melioidosis (4)
Plague (4)
Q fever
Ricin poisoning
Smallpox (4)
Staphylococcal enterotoxin B pulmonary poisoning
Tularemia
Venezuelan equine encephalitis
Viral hemorrhagic fever

1. Specify species/serogroup/serotype.
2. 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.
3. **Upon request, submit reports of all *C. difficile* positive stool samples according to DPH instructions. ***
4. Send isolate, culture, or slide to the DPH Laboratory for confirmation. **For *Salmonella*, *Shigella*, and *Vibrio* tested by non-culture methods, send the isolate from reflex testing. For Shiga toxin-related disease, send positive broth or stool in transport media*.** For positive HIV, send ≥ 0.5mL residual serum.
5. 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.
6. Report all RNA results. **Genotypes and Negative** RNA results required only by laboratories **with electronic file reporting***.
7. **Report all HIV antibody, antigen, viral load, and** qualitative NAAT results. Laboratories conducting HIV genotype or CD4 testing should report HIV DNA sequence and all CD4 test results **with electronic file reporting**.*
8. 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.
9. Only laboratories **with electronic file reporting** are required to report positive results.*
10. 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.
11. Report all IgM positive titers, but only IgG titers that are considered significant by the laboratory performing the test.
12. Report all bacterial isolates from blood or CSF obtained from an infant ≤72 hours of age.
13. Report by telephone to the DPH, weekdays 860-509-7994; evenings, weekends, and holidays 860-509-8000.

Carbapenem-resistant Enterobacteriaceae (CRE)

Laboratory reporting of CRE has been modified. The 2016 national case definition reflects changes that will simplify reporting and improve comparability across the country. Isolates resistant to any tested carbapenem and/ or that exhibit production of a carbapenemase will meet the CRE definition. CRE will be reportable using non-culture based methods and/or culture. Resistance to third generation cephalosporins are no longer part of the case definition. Additional reporting instructions for laboratories will be posted at http://www.ct.gov/dph/hai.

Salmonella/Shigella/Vibrio

Laboratory reporting of *Salmonella*, *Shigella*, and *Vibrio* has been modified. When these pathogens are detected through culture-independent methods (e.g. PCR), reflex to culture is required and isolates are required to be submitted to the DPH Laboratory. When isolates are not recovered, stools are not required to be submitted to the DPH Laboratory. Recovery of isolates is necessary for serogroup, serotype, and/or DNA fingerprint profiles. This information is used to detect clusters of foodborne 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 on the Connecticut Department of Public Health (DPH) website. Persons required to report must use the Reportable Disease Confidential Case Report Form PD-23 to report reportable diseases, emergency illnesses and health conditions on the current list 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 approved format by the DPH. Reporting forms can be obtained by contacting the Connecticut Department of Public Health, 410 Capitol Ave., MS#11EPI, P.O. Box 340308, Hartford, CT 06134-0308; telephone: 860-509-7994, fax: 860-509-7910 or from the website (www.ct.gov/dph/forms). Please follow these guidelines when submitting reports:

- Any mailed documents must have "CONFIDENTIAL" marked on the envelope.
- Complete all required information including 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 the person affected.
- Send one copy of completed report to the DPH via fax, or mail to Connecticut Department of Public Health, 410 Capitol Ave., MS#11EPI, P.O. Box 340308, Hartford, CT 06134-0308.
- Send one copy to the Director of Health of the patient's town of residence.
- Keep a copy for the patient's medical record.

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