Connecticut Epidemiologist

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Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings Changes for 2017

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 is 1 modification to both the healthcare provider list and laboratory list. There are 2 additions and 3 modifications to the laboratory list only. 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 link to view the revised 2017 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 and Reportable Laboratory Findings

ABCs pathogens

Reporting requirements for invasive bacterial pathogens (Group A *Streptococcus*, Group B *Streptococcus*, *Haemophilus influenzae*, *Neisseria meningitidis*, *Staphylococcus aureus*, and *Streptococcus pneumoniae*) have been modified. Reporting is no longer limited to disease confirmed by isolation; this will allow surveillance to capture invasive disease identified by culture or culture-independent testing methods.

Changes to the List of Reportable Laboratory Findings

***NOTE*: Extensive changes have been made to the Reportable Laboratory Findings form OL-15C. Please review the form carefully. The form now lists the disease pathogen, and some footnotes have been altered and renumbered.**

In this issue...

Methicillin-sensitive Staphylococcus aureus (MSSA) - invasive disease

Laboratory reporting of invasive MSSA has been added. Nationally, the Emerging Infections Programs (EIP) are transitioning to surveillance for all invasive *S. aureus* isolates, regardless of methicillin-susceptibility status. A pilot study among 4 EIP sites showed MSSA accounted for the majority of *S. aureus* cases. MSSA case-patients had mortality rates similar to invasive methicillin resistant *S. aureus* case-patients, but were found to be younger and healthier. Due to the expected volume of invasive MSSA reports, laboratories will be contacted about reporting options.

Carbapenem-resistant Acinetobacter baumanni (CRAB)

Laboratory reporting of CRAB has been added. Report identification of *A. baumannii* collected from a clinical site (sterile sites, sputum, urine, and wounds, but not stool) resistant to any tested carbapenem excluding ertapenem (MIC of ≥ 8 mcg/ml) and/or that exhibit production of a carbapenemase demonstrated by a recognized test. Reported cases in individual patients only once every 30 days. Isolates should be forwarded to the DPH laboratory.

Carbapenem-resistant Enterobacteriacea (CRE)

Laboratory reporting of CRE has been modified. Isolates are now required to be submitted with case reports to permit state, regional antimicrobial resistance laboratories, and the CDC to validate and further test isolates for antibiotic susceptibly, to identify the mutations associated with this resistance

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REPORTABLE DISEASES, EMERGENCY ILLNESSES and HEALTH CONDITIONS - 2017

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 2017 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 **(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 (7)
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 virus infection
Vibrio infection (*parahaemolyticus, vulnificus*, other)
☎ Viral hemorrhagic fever
West Nile virus infection
☎ Yellow fever
Zika virus infection

FOOTNOTES:

1. Report only to State.
2. **As described in the*** CDC case definition.
3. Includes persons being treated in hyperbaric chambers for suspected CO poisoning.
4. **Invasive disease: 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 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—2017

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 it for verification of diagnosis. Pathogens on the OL-15C are listed in alphabetic order; however, there is a separate section for possible disease indicators of bioterrorism. **Changes for 2017 are extensive; review entirely. Those outlined in the article are bolded. Footnotes may have changed or renumbered.**

Anaplasma phagocytophilum by PCR only
Babesia: ☐ IFA IgM (titer) _____ IgG (titer) _____
☐ Blood smear ☐ PCR ☐ Other _____
☐ *microti* ☐ *divergens* ☐ *duncani* ☐ Unspeciated
Bordetella pertussis (titer) _____
☐ Culture (1) ☐ Non-pertussis *Bordetella* (1) (specify) _____
☐ DFA ☐ PCR
Borrelia burgdorferi (2)
California group virus (3) spp _____
Campylobacter (3) (spp/test type) _____
Carbapenem-resistant *Acinetobacter baumannii* (CRAB) (1,4)
Carbapenem-resistant Enterobacteriaceae (CRE) (1,4)
Genus _____ Spp_____
Carboxyhemoglobin ≥ 5% _____% COHb
Chikungunya virus
Chlamydia trachomatis (test type) _____
Clostridium difficile (5)
Corynebacterium diphtheria (1)
Cryptosporidium spp (test type) _____
Cyclospora spp (test type) _____
Dengue virus
Eastern equine encephalitis virus
Ehrlichia chaffeensis by PCR only
Escherichia coli O157 (1) (test type) _____
Giardia spp _____
Group A *Streptococcus*, invasive (1,4) ☐ Culture ☐ Other _____
Group B *Streptococcus*, invasive (4) ☐ Culture ☐ Other _____
Haemophilus ducreyi
Haemophilus influenzae, invasive (1,4) ☐ Culture ☐ Other _____
Hepatitis A virus (HAV) IgM anti-HAV (6) ALT___ AST ___ ☐ Not Done
Hepatitis B anti-HBs **(7) ☐ Positive (titer) _____ ☐ Negative**
☐ IgM anti-HBc HBsAg **☐ Positive ☐ Negative (7)**
Hepatitis C virus (HCV) ☐Rapid antibody ☐RNA (8) ☐ Genotype (8)
Herpes simplex virus (infants ≤ 60 days of age) (specify type) _____
☐ Culture ☐ PCR ☐ IFA ☐ Ag detection
HIV Related Testing (report only to the State) (9)
☐ Detectable Screen (IA)
Antibody Confirmation (WB/IFA/Type-diff) (1,9)
HIV 1 ☐ Positive ☐Neg/Ind HIV 2 ☐Positive ☐ Neg/Ind
☐ HIV NAAT (or qualitative RNA) ☐ Detectable ☐ Not Detectable
☐ HIV Viral Load (all results) (9)
☐ HIV genotype (9)
☐ CD4 count: _____ cells/uL; _____% (9)
HPV (report only to the State) (10)
Biopsy proven ☐ CIN 2 ☐ CIN 3 ☐ AIS
or their equivalent (specify) _____
Influenza virus: ☐ Rapid antigen (2) ☐ RT-PCR ☐ Culture-confirmed
☐ Type A ☐ Type B ☐ Type Unknown
☐ Subtype _____
Lead poisoning (blood lead ≥10 µg/dL <48 hrs; 0-9 µg/dL monthly) (11)
☐ Finger stick level _____ µg/dL ☐ Venous level _____ µg/dL
Legionella pneumophila
☐ Culture ☐ DFA ☐ Ag positive
☐ Four-fold serologic change (titers) _____
Listeria monocytogenes (1)
Mercury poisoning
☐ Urine ≥ 35 µg/g creatinine _____ µg/g
☐ Blood ≥ 15 µg/L _____ µg/L
Mumps virus (12) (titer) _____ ☐ PCR
Mycobacterium leprae
Mycobacterium tuberculosis Related Testing (1)
AFB Smear ☐ Positive ☐ Negative
If positive ☐ Rare ☐ Few ☐ Numerous
NAAT ☐ Positive ☐ Negative ☐ Indeterminate
Culture ☐ *Mycobacterium tuberculosis*
☐ Non-TB mycobacterium. (specify *M.* _____)
Neisseria gonorrhoeae (test type) _____
Neisseria meningitidis, invasive (1,4)
☐ Culture ☐ Other _____
Neonatal bacterial sepsis (13) spp _____
Plasmodium (1,3) spp _____
Poliovirus
Rabies virus
Rickettsia rickettsii
Rotavirus
Rubella virus (12) (titer) _____
Rubeola virus (Measles) (12) (titer) _____ ☐ PCR
St. Louis encephalitis virus
Salmonella (1,3) (serogroup/serotype/test type) _____
SARS-CoV (1) ☐ IgM/IgG
☐ PCR _____ (specimen) ☐ Other _____
Shiga toxin (1) ☐ Stx1 ☐ Stx2 ☐ Type Unknown
Shigella (1,3) (serogroup/spp test type) _____
Staphylococcus aureus, invasive (4) ☐ Culture ☐ Other _____
☐ methicillin-resistant
☐ methicillin-sensitive
Staphylococcus aureus, vancomycin MIC ≥ 4 µg/mL (1)
MIC to vancomycin_____ µg/mL
Staphylococcus epidermidis, vancomycin MIC ≥ 32 µg/mL (1)
MIC to vancomycin _____ µg/mL
Streptococcus pneumoniae
☐ Culture (1,4) ☐ Urine antigen ☐ Other (4) _____
Treponema pallidum ☐ RPR (titer) _____ ☐ FTA ☐ EIA
☐ VDRL (titer) _____ ☐ TPPA
Trichinella
Varicella-zoster virus, acute
☐ Culture ☐ PCR ☐ DFA ☐ Other _____
Vibrio (1,3) (spp/test type) _____
West Nile virus
Yellow fever virus
Yersinia, not *pestis* (3) (spp/test type) _____
Zika virus

BIOTERRORISM possible disease indicators (14)

Bacillus anthracis (1)	*Brucella* spp (1)
Burkholderia mallei (1)	*Burkholderia pseudomallei* (1)
Clostridium botulinum	*Coxiella burnetii*
Francisella tularensis	Ricin
Staphylococcus aureus - enterotoxin B	Variola virus (1)
Venezuelan equine encephalitis virus	
Viral agents of hemorrhagic fevers	*Yersinia pestis* (1)

1. 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 **or if positive by CIDT and no isolate or culture results send stool specimen**. For Shiga toxin-related disease, send positive broth or stool in transport media. For positive HIV, send ≥ 0.5mL residual serum.
2. Only laboratories with electronic file reporting are required to report positive results.
3. Specify species/serogroup/serotype.
4. 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 **and CRAB**, also include urine or sputum, but not stool; **and for CRAB also include wounds.**
5. Submit reports of all *C. difficile* positive stool samples according to DPH instructions.
6. 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.
7. **Negative HBsAg and all anti-HBs results are reportable only for children ≤ 2 years old.**
8. Report all RNA results. Genotypes and Negative RNA results **only reportable by electronic file reporting.**
9. Report all HIV antibody, antigen, viral load, and qualitative NAAT results. **HIV genotype (DNA sequence) and all CD4 results are reportable by electronic file.**
10. **If adequate** tissue is available, send fixed tissue from the specimen used to diagnose CIN 2, 3 or cervical AIS or their equivalent for HPV typing according to DPH instructions.
11. Report lead results ≥ 10 µg/dL within 48 hours to the Local Health Director and the DPH; submit ALL lead results at least monthly to the DPH only.
12. Report all IgM positive titers, but only IgG titers that are considered significant by the laboratory performing the test.
13. Report all bacterial isolates from blood or CSF from an infant ≤ 72 hours of age.
14. Report by telephone to the DPH, weekdays 860-509-7994; evenings, weekends, and holidays 860-509-8000.

and to establish and maintain an isolate bank of novel and emerging CRE strains in conjunction with the CDC.

Hepatitis B

Laboratory reporting of Hepatitis B has been modified. Laboratories are now required to report negative hepatitis B surface antigen results and all surface antibody results for children aged ≤ 2 years. This will facilitate follow up of children born to hepatitis B positive women.

Salmonella, Shigella, and Vibrio

Laboratory reporting of *Salmonella*, *Shigella*, and *Vibrio* has been modified. Laboratories are now required to send stool specimens for these pathogens to the DPH Public Health laboratory if no isolate is recovered after reflex culture for a positive culture-independent testing result. Isolate recovery (at the clinical and/or public health laboratory) is necessary for subsequent isolate-based molecular testing to aid in outbreak detection and monitoring of antibiotic resistance.

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.

Raul Pino, MD, MPH
Commissioner of Public Health

Matthew L. Cartter, MD, MPH
State Epidemiologist

Lynn Sosa, MD
Deputy State Epidemiologist

Epidemiology and Emerging Infections	860-509-7995
Healthcare Associated Infections	860-509-7995
HIV & Viral Hepatitis	860-509-7900
Immunizations	860-509-7929
Sexually Transmitted Diseases (STD)	860-509-7920
Tuberculosis Control	860-509-7722

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Editor: Matthew L. Cartter, MD, MPH

Assistant Editor & Producer:
Starr-Hope Ertel