Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings Changes for 2020

As required by Conn. Gen. Stat. §19a-2a and Conn. Agencies Regs. §19a-36-A2, the Commissioner of the Department of Public Health (DPH) is required to declare an annual list of Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings. The list of Reportable Diseases, Emergency Illnesses and Health Conditions has two parts: (A) reportable diseases; and (B) reportable emergency illnesses and conditions. An advisory committee, consisting of public health officials, clinicians, and laboratorians, contribute to the annual process. There are 2 additions and 1 removal from the healthcare provider list, and 1 addition and 2 modifications to the laboratory list. No changes have been made to emergency illnesses or health conditions.

Reportable disease and laboratory reporting forms are on the DPH “Forms” webpage at: https://portal.ct.gov/DPH/Communications/Forms/Forms.

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

Part A: Reportable Diseases

E-cigarette or vaping product use associated lung injury (EVALI)

Provider reporting of lung injury associated with e-cigarette or vaping product use has been added as a Category 2 finding. This change is made to contribute to national surveillance with a goal of understanding the epidemiology and causes of these injuries, and to inform public health control and prevention measures. Additional information: https://portal.ct.gov/DPH/Health-Education-Management--Surveillance/Tobacco/Vaping.

Hepatitis C, Perinatal Infection

Provider reporting of perinatal Hepatitis C infection has been added. Perinatal hepatitis C was added to the Centers for Disease Control and Prevention National Notifiable Conditions list in 2018. This addition will allow DPH to characterize the prevalence of perinatal HCV in Connecticut.

Carbon Monoxide Poisoning

Provider reporting of carbon monoxide (CO) poisoning has been removed. This change is being made to reduce the reporting burden for CO by providers. CO will remain a laboratory reportable finding to the DPH for only those laboratories with electronic reporting capabilities.

Changes to the List of Reportable Laboratory Findings

Respiratory Syncytial Virus

Laboratory reporting of respiratory syncytial virus (RSV) has been added. The DPH has been funded to conduct RSV surveillance to investigate the burden among and characteristics of children and adults hospitalized with RSV. Laboratories with electronic reporting capabilities to DPH are required to report all positive RSV reports to DPH. Laboratories in the process of ELR onboarding may be contacted periodically by DPH staff for electronic line lists of positive RSV reports.

(Continued on page 4)
## REPORTABLE DISEASES, EMERGENCY ILLNESSES and HEALTH CONDITIONS - 2020

### Part A: Reportable Diseases

Physicians, and other professionals are required to report using the Reportable Disease Confidential Case Report form (PD-23), other disease specific form or authorized method (see page 4 for additional information). Forms can be found on the DPH "Forms" webpage or by calling 860-509-7994. Mailed reports must be sent in envelopes marked “CONFIDENTIAL.” Changes for 2020 are in bold font.

### Category 1 Diseases

- Report immediately by telephone (860-509-7994) on the day of recognition or strong suspicion of disease for those diseases marked with a telephone (📞). On evenings, weekends, and holidays call 860-509-8000. These diseases must also be reported by mail within 12 hours.

### Category 2 Diseases

- All other diseases not marked with a telephone must be reported by mail within 12 hours of recognition or strong suspicion of disease.

### Categories

- **Acquired Immunodeficiency Syndrome (1,2)**
- **Acute flaccid myelitis**
- **Acute HIV infection**
- **Anthrax**
- **Botulism**
- **Brucellosis**
- **California group arbovirus infection**
- **Campylobacteriosis**
- **Candida auris**
- **Chancroid**
- **Chickenpox**
- **Christian xor-related death**
- **Chlamydia (C. trachomatis) (all sites)**
- **Cholera**
- **Cryptosporidiosis**
- **Cyclosporiasis**
- **Dengue**
- **Diphtheria**
- **E-cigarette or vaping product use associated lung injury (EVALI)**
- **Eastern equine encephalitis virus infection**
- **Ehrlichia chaffeensis infection**
- **Escherichia coli O157. H7 gastroenteritis**
- **Gonorrhea**
- **Group A Streptococcal disease, invasive (3)**
- **Group B Streptococcal disease, invasive (3)**
- **Haemophilus influenzae disease, invasive (3)**
- **Hansen's disease (Leprosy)**
- **Healthcare-associated infections (4)**
- **Hemolytic-uremic syndrome (5)**
- **Hepatitis A**
- **Hepatitis B:**
  - acute infection (2)
  - HBsAg positive pregnant women
- **Hepatitis C:**
  - acute infection (2)
  - perinatal infection
  - positive rapid antibody test result
- **HIV-1 / HIV-2 infection in:**
  - persons with active tuberculosis disease
  - persons with a latent tuberculosis 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 (6)**
- **Influenza-associated hospitalization (6)**
- **Legionellosis**
- **Listeriosis**
- **Lyme disease**
- **Malaria**
- **Measles**
- **Melioidosis**
- **Meningococcal disease**
- **Mercury poisoning**
- **Mumps**
- **Neonatal bacterial sepsis (7)**
- **Neonatal herpes (≤ 72 days of age)**
- **Occupational asthma**
- **Outbreaks:**
  - Foodborne (involving ≥ 2 persons)
  - Institutional
  - Unusual disease or illness (8)
- **Pertussis**
- **Plague**
- **Pneumococcal disease, invasive (3)**
- **Poliomyelitis**
- **Poxvirus**
- **Powassan virus infection**
- **Q fever**
- **Rabies**
- **Ricin poisoning**
- **Rocky Mountain spotted fever**
- **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 (3,9)**
- **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.** Invasive disease: from sterile fluid (blood, CSF, pericardial, pleural, peritoneal, joint, or vitreous) bone, internal body sites, or other normally sterile site including muscle.
- **4.** 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: https://portal.ct.gov/DPH/Infectious-Diseases/HAI/Healthcare-Associated-Infections-and-Antimicrobial-Resistance.
- **5.** On request from the DPH and if adequate serum is available, send serum from patients with HUS to the DPH Laboratory for antibody testing.
- **6.** Reporting requirements are satisfied by submitting the Hospitalized and Fatal Influenza Case Report Form on a daily basis for all laboratory-confirmed influenza cases. See Reporting Requirements for Influenza Cases in the following categories:
  - Hospitalized and Fatal Cases of Influenza, Healthcare Associated Infections (860-509-7995)
- **7.** Clinical sepsis and blood or CSF isolate obtained from an infant ≤ 72 hours of age.
- **8.** Individual cases of “significant unusual illness” are also reportable.
- **9.** 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 “Forms” webpage (https://portal.ct.gov/DPH/Communications/Forms/Forms). It can also be ordered by writing the Department of Public Health, 410 Capitol Ave., MSH#11FDS, 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 “Forms” webpage 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)
- Adult HIV ICD-10 Case Report forms
- Immunizations Program (860-509-7929)
- Chickenpox Case Report (Varicella) forms
- 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

For public health emergencies on evenings, weekends, and holidays call 860-509-8000.
### REPORTABLE LABORATORY FINDINGS—2020

The director of a clinical laboratory must report laboratory evidence suggestive of reportable diseases (see page 4 for additional information. The Laboratory Report of Significant Findings form (OL-15C) can be found on the DPH "Forms" webpage or by calling 860-509-7994. Changes for 2020 are in **bold font.**

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<tr>
<th><strong>Anaplasma phagocytophilum</strong></th>
<th><strong>By PCR only</strong></th>
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1. Send isolate/specimen to DPH Laboratory. Send laboratory report (electronic or paper) on first identification of an organism. For CRE/CRAB, send laboratory report if carbapenem resistance is suggested by laboratory antimicrobial testing. For GBS, send isolate for cases <1 year of age. For Salmonella, Shigella, Vibrio, and Yersinia (not pests) tested by non-culture methods, send isolate if available; send stool specimen if no isolate available. For Shiga toxin-related disease, send positive broth or stool specimen.
2. Only laboratories with electronic file reporting are required to report positive results.
4. Stool tests: sterile fluids (blood, CSF, 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; for CRAB also include wounds.
5. Upon request from the DPH, report all C. difficile positive stool samples.
6. Use rapidpez ALT to determine total Carbapenem results if conducted within the same period of HAV positive test, if available. Otherwise, check "Not Done".
7. Negative HbAbs and all anti-HBs results only reportable for children <2 years of age.
8. Report positive Antibody, and all RNA and Genotype results. Negative RNA results only reportable by electronic reporting.
9. Report all HIV antibody, antigen, viral load, and qualitative NAAT results. HIV genotype (DNA sequence) and all CD4 results are only reportable by electronic file.
10. Upon request from the DPH, send fixed tissue for the diagnostic specimen for HPV typing.
11. Report results > 10 µg/dL within 48 hours to the Local Health Department and DPH; submit ALL lead results at least monthly to DPH only.
12. Report all IgM positive titers, only report IgG titers considered significant by laboratory performing the test.
13. Report all bacterial isolates from blood or CSF from infants <72 hours of age.
14. Call the DPH, weekdays 860-509-7994; evenings, weekends, and holidays 860-509-8000.
**Ehrlichia chaffeensis**

Laboratory reporting of *Ehrlichia chaffeensis* has been modified. Laboratories should report both positive PCR results and serologic titers of ≥1:128 only, or paired results showing a 4-fold or greater increase.

**Legionella spp.**

Laboratory reporting of *Legionella spp.* has been modified. Laboratories should submit all *Legionella* spp. clinical isolates to the State Public Health Laboratory.

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**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 submit such findings within 48 hours to the local director of health or other health authority within whose jurisdiction the patient lives and the Department of Public Health by:

- Mail documents must have “CONFIDENTIAL” marked on the envelope.
- All required information on the form must be completed, 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 patient.
- Send one copy of completed report to the DPH via fax (860-509-7910), or mail to: Connecticut Department of Public Health, 410 Capitol Ave., MS#11FDS, P.O. Box 340308, Hartford, CT 06134-0308.
- Unless otherwise noted, send one copy of the completed report to the Director of Health of the patient’s town of residence.
- Keep a copy in the patient’s medical record.

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**IMPORTANT NOTICE**

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 or other authorized method 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 found on the DPH “Forms” webpage: [https://portal.ct.gov/DPH/Communications/Forms/Forms](https://portal.ct.gov/DPH/Communications/Forms/Forms) or by calling 860-509-7994. Please follow these guidelines when submitting reports:

- Mailed documents must have “CONFIDENTIAL” marked on the envelope.
- All required information on the form must be completed, 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 patient.
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<tr>
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<tr>
<td><strong>Assistant Editor:</strong> Jocelyn Mullins, DVM, MPH, PhD</td>
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<td><strong>Assistant Editor &amp; Producer:</strong> Starr-Hope Ertel</td>
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<td>Commissioner of Public Health</td>
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<td>Deputy State Epidemiologist</td>
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<tr>
<th>Epidemiology and Emerging Infections</th>
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<tr>
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