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Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings Changes for 2019

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 process. There is 1 modification to the healthcare provider list only; 2 additions and 5 modifications to the laboratory list only; and 2 additions to both the physician and laboratory lists. No changes have been made to emergency illnesses or health conditions.

Reportable disease forms can be found 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

HIV—acute cases
Reporting of acute HIV cases has been modified. Acute HIV cases will be reported as Category 1 diseases, which require a telephone call to the DPH immediately on the day of recognition or strong suspicion.

Changes to the List of Reportable Laboratory Findings

Candida spp, blood isolates only
Laboratory reporting of Candida species from blood specimens only has been added. Laboratories should submit all Candida spp. blood isolates to the State Public Health Laboratory for speciation and antifungal susceptibility testing. Reporting for Candida auris remains unchanged; Candida auris from all sites and any potential Candida auris misidentifications should still be reported.

Enterotoxigenic Escherichia coli (ETEC)
Laboratory reporting of Enterotoxigenic E. coli (ETEC) has been added. This addition will allow DPH to estimate the number of ETEC positive tests typically identified by multiplex PCR GI panels that include ETEC and to conduct follow-up activities.

Group B Streptococcus (GBS)
Laboratory reporting of Group B Streptococcus has been modified. Laboratories should submit infant (<1 year of age) GBS isolates to the State Public Health Laboratory.

Hepatitis A
Laboratory reporting of Hepatitis A (HAV) has been modified. Laboratories should report (when available), nucleic acid/RNA test results and total bilirubin level conducted within 7 days of a positive test. These changes will align HAV surveillance with the national HAV case definition.

Hepatitis C
Laboratory reporting of Hepatitis C virus (HCV) has been modified. All labs are required to report HCV genotype results, either by paper or electronically. Laboratories are encouraged to develop policies consistent with CDC guidance for reflex HCV RNA testing following an initial reactive HCV antibody test.

Influenza
Laboratory reporting of influenza has been modified. Laboratories should report positive influenza results to the DPH only. Dual reporting to local health
### REPORTABLE DISEASES, EMERGENCY ILLNESSES and HEALTH CONDITIONS - 2019

#### 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 2019 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.

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<td>Mumps</td>
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<tr>
<td>Group B Streptococcal disease, invasive (4)</td>
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<td>Hepatitis B</td>
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<tr>
<td>SARS-CoV</td>
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<td>Shiga toxin-related disease (gastroenteritis)</td>
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<td>Silicosis</td>
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<td>Staphylococcal enterotoxin B pulmonary poisoning</td>
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<td>Staphylococcus aureus disease, reduced or resistant susceptibility to vancomycin (1)</td>
<td>Staphylococcus aureus disease, reduced or resistant susceptibility to vancomycin (1)</td>
</tr>
<tr>
<td>Staphylococcus aureus disease, methicillin-resistant disease, invasive, community acquired (4,10)</td>
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<td>Syphilis</td>
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<td>Vibrio infection (parahaemolyticus, vulnificus, other)</td>
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<tr>
<td>Viral hemorrhagic fever</td>
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<tr>
<td>Yellow fever</td>
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<tr>
<td>Zika virus infection</td>
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#### 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.
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 “Forms” webpage ([https://portal.ct.gov/DPH/Communications/Forms/Forms](https://portal.ct.gov/DPH/Communications/Forms/Forms)). It can also be ordered by writing the Department of Public Health, 410 Capitol Ave., MS#11FD, 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 andFatal 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) - Chickengox 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). National notifiable disease case definitions are found on the CDC website.

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 Infectious Program (860-509-7994). Telephone reports 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 (860-509-7680).

For public health emergencies on evenings, weekends, and holidays call 860-509-8000.
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 2019 are in **bold font**.

### REPORTABLE LABORATORY FINDINGS—2019

**Anaplasma phagocytophilum** by PCR only

- Babesia: [IFA] IgM (titer) 
  - Blood smear
  - PCR
  - Other 
- Borrelia burgdorferi (2)
  - Culture (1)
  - Non-pertussis Borrelia (1, specify)
  - DFA
  - PCR

**Borreli a miyamotoi**

- California group virus (3) spp
- Candida auris (1,4)

**Candida spp. [blood isolates only]:**

- Carbapenem-resistant *Acinetobacter baumannii* (CRAB) (1,5)
- Carbapenem-resistant *Enterobacteriaceae* (CRE) (1,3,5)

**Clostridium difficile**

- Enterotoxigenic
- Eptihedrix cystis
- *Paraquat* (1)
- *Tetracycline* (1)

**Corynebacterium diphtheriae**

- *Corynebacterium diphtheriae* (1)
- *Corynebacterium jeikeium*
- *Corynebacterium kutscheri*

**Coxiella burnetii**

- *Coxiella burnetii* (1)

**Cryptosporidium**

- *Cryptosporidium parvum* (1)

**Cyclospora**

- *Cyclospora* (1)

**Cryptococcus neoformans**

- *Cryptococcus neoformans* (1)

**Cytomegalovirus**

- *Cytomegalovirus* (1)

**Ehrlichia chaffeensis**

- *Ehrlichia chaffeensis*

**Ehrlichia equi**

- *Ehrlichia equi*

**Ehrlichia ewingii**

- *Ehrlichia ewingii*

**Ehrlichia sp.**

- *Ehrlichia sp.*

**Escherichia coli**

- Shiga toxin
- Shiga toxin
- Shiga toxin
- *Escherichia coli* (O157, 1,3)

**Escherichia coli**

- Enterotoxigenic

**Fusobacterium nucleatum**

- *Fusobacterium nucleatum*

**Giardia lamblia**

- *Giardia lamblia*

**H. pylori**

- *Helicobacter pylori*

**Hepatitis A virus (HAV)**

- *Hepatitis A virus* (1)

**Hepatitis A virus**

- *Hepatitis A virus* (1,3)

**Hepatitis B virus**

- *Hepatitis B virus* (1)

**Herpes simplex virus**

- *Herpes simplex virus* (1)

**Legionella pneumophila**

- *Legionella pneumophila* (1)

**Legionella spp.**

- *Legionella spp.*

**Listeria monocytogenes**

- *Listeria monocytogenes* (1)

**M. tuberculosis**

- *M. tuberculosis*

**Mycobacterium abscessus**

- *Mycobacterium abscessus*

**Mycobacterium avium-intracellulare**

- *Mycobacterium avium-intracellulare* (1)

**Mycobacterium caprae**

- *Mycobacterium caprae*

**Mycobacterium fortuitum**

- *Mycobacterium fortuitum*

**Mycobacterium kansasii**

- *Mycobacterium kansasii*

**Mycobacterium marinum**

- *Mycobacterium marinum*

**Mycobacterium scrofulaceum**

- *Mycobacterium scrofulaceum*

**Mycoplasma**

- *Mycoplasma*

**Mycoplasma pneumoniae**

- *Mycoplasma pneumoniae* (1)

**Neisseria meningitidis**

- *Neisseria meningitidis* (1)

**Non-tuberculous mycobacteria**

- *Non-tuberculous mycobacteria (NTM)*

**Norovirus**

- *Norovirus* (1)

**Parvovirus**

- *Parvovirus*

**Pseudomonas aeruginosa**

- *Pseudomonas aeruginosa* (1,3,5)

**Pseudomonas aeruginosa**

- *Pseudomonas aeruginosa*

**Ricketsia rickettsii**

- *Ricketsia rickettsii*

**Staphylococcus aureus**

- *Staphylococcus aureus* (1)

**Staphylococcus epidermidis**

- *Staphylococcus epidermidis* (1,3)

**Streptococcus agalactiae**

- *Streptococcus agalactiae* (1)

**Streptococcus pneumoniae**

- *Streptococcus pneumoniae* (1)

**Trichinella**

- *Trichinella*

**Yersinia**

- *Yersinia*

**Yersinia pestis**

- *Yersinia pestis*

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1. Send isolate/specimen to DPH Laboratory. For GBS, send isolate for cases ≤ 1 year of age. For *Salmonella*, *Shigella*, *Vibrio*, and *Yersinia* (not tests) performed by non-culture methods, send isolate if available; send stool specimen if isolate not available. For *Shiga toxin*, isolate from stools. ForOther bacteria, send positive broth or stool specimen.  
2. Only laboratories with electronic file reporting are required to report positive results.  
4. Include samples from all sites.  
5. Sterile site: sterile fluids (blood, CSF, pericardial pleural, peritoneal joint, vitreous humour), bone, internal body site (lymph node, brain, heart, liver, spleen, kidney, pancreas, or ovary), or other non-sterile site including muscle. For CRE and CRAB, include urine or sputum;  
6. Upon request from the DPH, report all C. difficile positive stool samples.  
7. Report peak ALT and Total Bilirubin if conducted within one week of HAV positive test, if available. Otherwise, check “Not Done”.  
8. Negative HBSAg and all anti-HBs results only reportable for children ≤ 2 years old.  
9. Report positive Antibody, and all RNA and Genotype results. Negative RNA results only reportable by electronic reporting. For HIV test result reporting, contact (860) 509-7768 for specific form.  
10. Report all HIV antibody, antigen, viral load, and qualitative HIV NAAT results. HIV genotype (DNA sequence) and all CD4+ results are only reportable by electronic file.  
11. Upon request from the DPH, send fixed tissue from the diagnostic specimen for HPV typing.  
12. 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.  
13. Report all IgM positive results, only report IgG titers considered significant by laboratory performing the test.  
14. Report all bacterial isolates from blood or CSF for cases ≤ 2 years of age.  
15. Call the DPH, weekdays 860-509-7994; evenings, weekends, and holidays 860-509-8000.
departments will be facilitated through a shared database (CTEDSS) maintained by DPH.

**Yersinia (not pestis)**

Laboratory reporting of *Yersinia* (not pestis) has been modified to require submission of *Yersinia* (not pestis) isolates, or stool specimens if no isolate is recovered for positive culture-independent testing results, to the State Public Health Laboratory for confirmation/isolation of the organism.

**Changes to Both Lists**

**Borrelia miyamotoi**

Reporting of *Borrelia miyamotoi* has been added. *B. miyamotoi* is an emerging tick-borne pathogen, which has been identified in *Ixodes scapularis* ticks in Connecticut. State surveillance will assist in characterizing the incidence, epidemiology, and clinical spectrum of *B. miyamotoi* disease in Connecticut.

**Powassan virus**

Reporting of Powassan virus has been added. Powassan virus is a tick-borne arbovirus, which has been identified in *Ixodes* species ticks and in humans in Connecticut. State surveillance will contribute to national surveillance to better understand the epidemiology of the infection.

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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 report the case to the State Public Health Laboratory by:

- 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.
- 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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**CONNECTICUT EPIDEMIOLOGIST**

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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

**Connecticut Epidemiologist**

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Assistant Editor & Producer: Starr-Hope Ertel

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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.et.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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