

Sec. 19a-36-A2. List of reportable diseases and laboratory findings

The commissioner shall issue a list of reportable diseases and laboratory findings within sixty days of the effective date of these regulations, on the next January 1, and annually thereafter. The list shall show it is the current list and shall specify its effective date. This list shall also include but not be limited to the reporting category of each disease, procedures for the reporting, and minimum investigation and control measures for each disease. Listed diseases are declared reportable diseases as of the effective date of approval by the commissioner.

- (a) The commissioner in consultation with the state epidemiologist will annually review the existing list and develop recommendations for deletions or additions to the list.
- (b) The state epidemiologist or other commissioner designee shall convene and chair an advisory committee to review the recommendations for any changes to the list prior to preparing the final list for that year. This committee shall make recommendations to the commissioner regarding the contents of the list.
- (c) The commissioner shall review the advisory committee's recommendations and make final deletions or additions to the list to take effect January 1 of the next year. He will furnish copies of the list before January 1 to the following:
 - (1) physicians licensed by the department;
 - (2) directors of clinical laboratories licensed, registered or approved by the department;
 - (3) local directors of health in Connecticut;
 - (4) health care facilities licensed under Chapter 368v of the Connecticut General Statutes.

Sec. 19a-36-A3. Persons required to report reportable diseases and laboratory findings.

(a) Reportable Diseases.

- (1) Every health care provider who treats or examines any person who has or is suspected to have a reportable disease shall report to the local director of health or other health authority within whose jurisdiction the patient resides and to the department such information about the affected person as described in section 19a-36-A4 of these regulations.
 - (2) If the case or suspected case of reportable disease 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 the department in the manner specified in section 19a-36-A4 of these regulations. 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 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 specified in section 19a-36-A4, such report of reportable diseases shall be made to the local director of health or other health authority within whose jurisdiction the patient lives and the department in the manner specified in section 19a-36-A4 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;
 - (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.
 - (4) Each local director of health shall report or ensure reporting to the department within 24 hours of each case or suspected case of a Category I reportable disease and such additional information of which he has knowledge as described in section 19a-36-A4 of these regulations.
- (b) 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 forty-eight (48) hours to the local director of health of the town in which the affected person normally resides, or, in the absence of such information, of the town from which the specimen originated, and to the department on forms provided by the department.
- (1) When a laboratory identifies or presumptively identifies a significant isolate or other finding that requires confirmation by the laboratory as required in the annual list, the director must submit that isolate or specimen from which the finding was made to the department's laboratory division.
 - (2) Laboratory tests and confirmatory tests for certain reportable diseases as specially indicated in the annual list shall be exempted from any and all fees for the state laboratory services in accordance with Section 19a-26 of the Connecticut General Statutes.

Sec. 19a-36-A4. Content of report and reporting of reportable diseases and laboratory findings.

(a) Reportable diseases.

- (1) Each report of a case or suspected case of reportable disease shall include the full name and address of the person reporting and of the physician attending; the diagnosed or suspected disease and date of onset; the full name, age, race/ethnicity, sex and occupation of the affected individual and other facts the department or local director of health requires for purposes of surveillance, control and prevention of reportable diseases. The reports shall be sent in envelopes marked "CONFIDENTIAL."
- (2) Reports may be written or oral as required by the category of disease as follows:
 - (A) Category I: diseases of high priority because of need for timely public health action: reportable immediately by telephone on day of recognition or suspicion of disease; on weekdays to both, the local health director of the town in which the patient resides and the department, on weekends to the department. A completed disease report form provided by the department must also be mailed to both the local health director and the department within 12 hours.
 - (B) Category II: disease of significant public health importance, usually requiring public health action: reportable by mail to the local director health and the department within 12 hours of recognition or suspicion on a form provided by the department.

(b) Reportable laboratory findings

- (1) Each report of reportable findings shall include the name, address, age, sex, and, if known, race/ethnicity of the person affected, the name and address of the attending physician, the identity of the infectious agent or other reportable laboratory findings, and the method of identification.
- (2) Reports shall be mailed to the local director of health of the town in which the patient resides and to the department within 48 hours of making the finding in envelopes marked "CONFIDENTIAL."

Sec. 19a-36-A5. Confidentiality of data.

All epidemiological information which identifies an individual and which is gathered by the state or local health department in connection with the investigation of reported cases or suspected cases of disease or during the investigation of outbreaks of disease shall be kept in compliance with current confidentiality statutes.

Sec. 19a-36-A6. Investigation and control of reportable disease and outbreaks by the department.

- (a) The department, in cooperation with the local director of health, in the investigation and control of reportable disease shall make or cause to be made such investigation as it deems necessary and shall secure all such data as may assist it in establishing adequate control measures.
- (b) In order to investigate and control any apparent outbreak or unusual occurrence of reportable disease, the department shall institute such special disease surveillance, follow-up reports and control measures it deems necessary.
- (c) Individual medical information pertaining to cases of reportable disease, persons affected by outbreaks of disease or significant increases in the rate of nosocomial infection shall be provided when requested to an investigator who presents official identification of the department or the local department of health. Such an investigator may be an employee of the State or local health department.

(Effective October 25, 1989.)

Sec. 19a-36-A10. Presumable exposed persons may be examined and controlled.

The local director of health, when he has reasonable grounds to believe that a person or persons may have been exposed to a communicable disease, may control such persons as known contacts and may make such examinations and adopt such measures as he deems necessary and proper for the protection of the public health and the prevention of the spread of disease.

- (1) The conviction of any person for any offense involving sexual promiscuity or illicit sex relations shall constitute reasonable grounds for the local director of health to believe that that person may have been exposed to a communicable disease and shall justify the examination and such other measures of control of that individual as are deemed necessary and proper by the state department of health for the protection of public health and the prevention of spreading of disease.
- (2) The warden or other person in charge of any prison or jail in the state shall notify the prison or jail physician, in writing, within twenty-four hours upon the receipt of a prisoner who may have been exposed to a communicable disease and of every prisoner who has been convicted of any offense involving sexual promiscuity or illicit sex relations. A routine medical examination shall be made on every prisoner whose conviction involves sexual promiscuity or illicit sex relations. Such routine medical examination shall include the taking of a blood specimen for serological test for syphilis and the taking of three smears for gonococcal taken not less than twenty-fours apart and, if the prisoner is found to be infected, treatment shall be instituted as necessary. The tests referred to above shall be performed in the bureau of laboratories of the state department of health or in a laboratory specifically approved for these purposes by the state department of health, and they shall be performed in a manner that meets the approval of the state department of health. Upon the expiration of a sentence, any person having syphilis or gonococcal infection, whether in an infectious or non-infectious stage, and in need of further follow-up treatment shall be reported to the state department of health by the attending physician, who shall give the name, sex, age and marital status and a record of the treatment given while such person was imprisoned.

(Effective October 25, 1989.)

Sec. 19a-36-A15. Control of venereal disease.

- (a) When a licensed physician or hospital superintendent has reported a case of gonorrhea or syphilis and has agreed in writing to assume the responsibility for the proper instruction of the patient, the local director of health shall supply such physician or hospital superintendent with printed instructions for such patient.
- (b) When such patient, while in an infectious state, neglects or refuses to follow the prescribed instructions or discontinues treatment, the physician or superintendent shall immediately notify the local director of health.
- (c) In investigating cases or suspected cases of the above-mentioned diseases, the local director of health shall treat all information as confidential, but such course shall not preclude the making of reports to the state department of health.

(Effective October 25, 1989.)

Sec. 19a-36-A16. Control of refractory persons affected with venereal diseases.

When it comes to the attention of a local director of health that a person is affected with or presumably affected with gonorrhoea or syphilis in any form and is likely to jeopardize the health of any person or persons in or on the premises occupied or frequented by the affected person, the local director of health shall immediately investigate and shall take proper measures to prevent the spread of such disease for the protection of the public health, and he shall direct such person to report regularly for treatment to a licensed physician or to a public clinic, there to be treated until such person is free from infectious discharges. If such person, in the opinion of the local director of health, is a menace to the public health, the local director of health shall order the removal of such person to an isolation hospital or other proper place, there to be received and kept until he no longer is a menace to the public health; or the local director of health shall adopt such other measures as he may deem necessary to protect the public health.

(Effective October 25, 1989.)

Sec. 19a-36-A35. Standard tests for syphilis.

A standard laboratory blood test or a standard serological test for syphilis as required under the provisions of the general statutes or the public acts shall be a serological test approved by, and performed in a manner that meets the approval of the state department of health. The following types of tests are so approved: VDRL slide flocculation, fluorescent treponemal antibody absorption (FTA-ABS), automated reagin (ART) and rapid plasma reagin (RPR) circle card tests.

(Effective October 25, 1989.)