CONNECTICUT EPIDEMIOLOGIST

State of Connecticut Department of Health Services Epidemiology Section
Susan S. Addiss, MPH, MUrS, Commissioner

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CAT-SCRATCH DISEASE STUDY

On January 2, 1992, a letter was sent by the Department of Health Services (DHS) and the Centers for Disease Control (CDC) to primary care physicians in Connecticut asking for reports of cat-scratch disease (CSD). The response has been gratifying. During the first 4 weeks of this surveillance study, we have received reports on over 60 suspected cases of CSD diagnosed in 1991 and 1992.

DHS is collaborating with the CDC to try to estimate the incidence of clinical CSD and to evaluate risk factors for the development of CSD through a case-control study. Little is known about the epidemiology of CSD. Recent advances have been made by CDC regarding the identification and characterization of the probable etiologic agent of CSD. Laboratory tests that may be useful in the diagnosis of CSD are being evaluated.

DHS is asking physicians to complete a case report form (see page 6) on each patient diagnosed with CSD during 1991. Patients who meet a specified case definition will be enrolled in the case-control study.

CSD HAS BEEN MADE A REPORTABLE DISEASE FOR 1992 (see p. 7). New cases can be reported using the CSD report form. Cases will be enrolled in an ongoing case-control study throughout 1992. Serologic testing on selected suspect cases of CSD can be arranged by calling Dr. Douglas Hamilton, a CDC medical epidemiologist assigned to the Epidemiology Program, DHS, 566-5058.

SAVE THIS DATE

First Announcement of a Symposium

EARLY CHILDHOOD IMMUNIZATIONS: AN AMERICAN CRISIS

Friday, April 24, 1992

1 p.m. to 5:00 p.m.

Wesleyan University
Middletown, Connecticut

The purpose of the symposium is to review the status of early childhood immunizations in the United States, to examine the failure of the public and private sector vaccine delivery systems to adequately immunize our preschool-aged population, to probe the underlying social and economic causes of the crisis, to place the crisis in the context of the larger problem of access to primary health care, and to discuss short term and long term solutions.

The symposium is cosponsored by the Health Education and Science in Society Programs of Wesleyan University, the State of Connecticut Department of Health Services, and the Hezekiah Beardsley Chapter of the American Academy of Pediatrics. The symposium is for medical and public health professionals, policy makers, and interested Wesleyan students and faculty. There will be no registration fee. For additional information, call Dr. Matthew Cartter at 566-5058 or Dr. Richard Melchreit at 566-1802.

CAT SCRATCH DISEASE CASE REPORT FORM

Today's date: _____/_____/_____(mm/dd/yy)

Reporting physician

Name: _____

Address: _____

_____

Phone: ( ) _____

Patient

Name: _____

Age: _____ Sex: ____ M F

Town of residence: _____

Date of diagnosis: _____/_____/_____

PATIENT HISTORY: (circle Y for yes, N for no, UNK for unknown)

Within the 2 months prior to diagnosis did the patient have:

1. A cat in the home? Y N UNK
2. Physical contact with a cat (include kissing, petting, or sleeping with the cat)? Y N UNK
3. A cat scratch or bite? Y N UNK

   If yes,
   a. How many days prior to diagnosis did the scratch/bite occur? _____
   b. Was there development of a blister, papule, or evidence of healing at site of scratch/bite? Y N UNK
   c. How many days after the scratch/bite did skin findings appear? _____
   d. Did the patient have bleeding at the time of the cat contact? Y N UNK
   e. Where was the bite? _____

CLINICAL INFORMATION:

1. Did the patient have lymphadenopathy? Site: _____ Y N UNK

   How many days prior to diagnosis did lymphadenopathy appear? _____
2. Did the patient have other signs/symptoms of illness? Y N

   If yes, please check all that apply:

   _____skin lesion at site of cat scratch/bite _____ conjunctivitis _____altered mental status

   _____Parinaud's oculoglandular syndrome _____ fever _____other (specify) _____

Diagnosis and Therapy:

4. Was an aspiration or biopsy performed? Y N

   Site: _____
5. Did the patient receive antibiotics? Y N
   a. during this illness? Y N
   b. before aspiration or biopsy? Y N
6. Was the patient hospitalized? Y N

Return this form to: Douglas Hamilton, M.D., State of Connecticut Department of Health Services
Epidemiology Program, 150 Washington St., Hartford, CT 06106

Reportable Diseases, 1992

The Commissioner of the Department of Health Services (DHS) is required to declare an annual list of reportable diseases. *Changes are marked by an asterisk.*

Each report (by mail or telephone) should minimally include: the full name and address of the person reporting and the attending physician, the disease being reported, and the full name, address, race/ethnicity, sex and occupation of the person affected. The reports should be sent in envelopes marked "CONFIDENTIAL."

Category I: Reportable immediately by telephone on the day of recognition or strong suspicion of disease. On weekdays, reports are made to the local and State health departments; on weekends, to DHS. A Confidential Disease Report form (PD-23) should be mailed to both the local and State health departments within 12 hours.

Anthrax
Botulism
Cholera
Diphtheria
*Foodborne Outbreaks (involving 2 or more persons)
*Institutional Outbreaks
Measles
Meningoccocal disease
Pertussis
Plague
Poliomyelitis
Rabies (human and animal)
Rubella (including congenital)
Tuberculosis
Yellow Fever

Category II: Reportable by mail within 12 hours of recognition or strong suspicion to both local and State heath departments.

Acquired Immunodeficiency Syndrome
(CDC case definition)
Babesiosis
Brucellosis
*Cat-scratch Disease
Haemophilus influenzae type B disease, invasive
(meningitis, epiglottitis, pneumonia, and bacteremia)
Hansen's Disease
Hepatitis, A, B, C, Delta, non-A/non-B
HIV-1 infection in:
Persons with tuberculosis
Persons with a positive tuberculin skin test ≥5mm induration by Mantoux technique
Lead Toxicity (blood level ≥ 25 ug/dl)
Leptospirosis
Listeriosis
Lyme Disease
Malaria
Mumps
*Occupational Asthma
Psittacosis
Reyes Syndrome
Rheumatic Fever
Rocky Mountain Spotted Fever
Salmonellosis
Sexually transmitted diseases:
Chancroid
Chlamydia (C. trachomatis) infections (all sites)
Gonorrhea
Neonatal herpes (less than 1 month in age)
Syphilis
Shigellosis
Silicosis
Tetanus
Trichinosis
Typhoid Fever
Typhus

How to Report: There are several standard forms for reporting. These include the Confidential Disease Report (PD-23), the Acquired Immunodeficiency Syndrome (AIDS) Case Report, the Sexually Transmitted Disease Confidential Case Report (STD-23), and the Tuberculosis Case Report (TB-86). The PD-23 is the most generally used form and can be used if the other special forms are not available.

Forms may be obtained from the Epidemiology Section, Connecticut Department of Health Services, 150 Washington Street, Hartford, CT 06106; Telephone: 566-2540. The disease-specific report forms may be obtained by calling or writing the specific program at the same address: the Epidemiology Unit/AIDS Section (566-1980), the Sexually Transmitted Diseases Program (566-4492), or the Pulmonary Diseases Program, (566-3099).

Telephone reports of Category I diseases should be made to the local department of health of the town in which the patient resides and to the State Epidemiology Program (566-5058). Tuberculosis cases should be directly reported to the Pulmonary Diseases Program (566-3099). For public health emergencies, an epidemiologist can be reached nights and weekends through the Department's emergency number (566-4800).

Laboratory Reportable Significant Findings, 1992

The director of any clinical laboratory must report laboratory evidence suggestive of the diseases relating to public health. A standard form, known as the Laboratory Report of Significant Findings (OL-15C) is available for reporting these laboratory findings. These forms are available from the State of Connecticut Department of Health Services, Laboratory Bureau, 150 Washington Street, Hartford, CT 06106; telephone: 566-5103. The laboratory reports are not substitutes for physician reports; they are supplements to physician reports which allow verification of diagnosis.

Anthrax
Babesiosis
Brucellosis
Campylobacteriosis
California Encephalitis
Cholera
Diphtheria
Eastern Equine Encephalitis
E. Coli 0157:H7
Food Poisoning
Giardiasis
Hepatitis A (IgM anti-HAV)
Hepatitis B (HBsAg, IgM anti-HBc)
Hepatitis C
Hepatitis, Delta (HDAg, IgM anti-HD)
Influenza A and B
Haemophilus influenza Type B Disease, Invasive
(isolates from blood, CSF, other normally sterile sites)
Lead Poisoning (blood level $\geq$ 25 ug/dl)
Leprosy
Listeriosis
Malaria/Blood Parasites
Measles (Rubeola)
Meningococcal Disease, Invasive
(isolates from blood, CSF, other normally sterile sites)
Mumps
Pertussis
Plague
Poliomyelitis
Rabies
Rocky Mountain Spotted Fever
Rubella
Salmonellosis
Sexually Transmitted Diseases
Chancroid
Chlamydia (C. trachomatis)
Gonorrhea
Syphilis
Shigellosis
Trichinosis
Tuberculosis
Typhus
Yersiniosis

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