Connecticut Epidemiologist

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State of Connecticut, Department of Public Health
Stephen A. Harriman, Commissioner

Reportable Diseases and Laboratory Findings, 1998

The lists of Reportable Diseases and Laboratory Reportable Significant Findings are revised annually by the Department of Public Health (DPH). An advisory committee of public health officials, clinicians, and laboratorians contribute to the process. There are seven additions or modifications to the lists effective January 1, 1998.

Chickenpox-Related Deaths

Chickenpox is now a vaccine-preventable disease. In Connecticut, an average of 150 hospitalizations from chickenpox and 500 hospitalizations from shingles occur each year. Currently, each state is determining its own means of monitoring chickenpox in the early vaccine era. We are monitoring hospitalizations for chickenpox in Connecticut and will consider adding individual case reporting when case numbers drop to manageable levels. The objectives of surveillance for chickenpox-related deaths are to determine the preventability and nature of these deaths and to contribute to national surveillance.

Vancomycin-Nonsusceptible *Staphylococcus aureus* Isolates and Infections

Staphylococcal infections are some of the most common and potentially serious community and hospital-acquired acute bacterial infections. *Staphylococcus aureus* infections due to vancomycin-nonsusceptible strains were first reported from Japan. There have been two well documented instances of vancomycin-nonsusceptible strains causing infection in the United States. The Centers for Disease Control and Prevention (CDC) has asked states to immediately report any vancomycin-nonsusceptible strains of *S. aureus* to the CDC and to submit the isolates for confirmation. The CDC will provide assistance to assure that the potential for transmission to others is limited.

The objectives of surveillance are to: 1) monitor the emergence of vancomycin-nonsusceptible strains of *S. aureus*, 2) confirm suspect cases, and 3) take measures to assure that the potential for spread to the community is minimized. *Staphylococcus aureus* isolates that are suspected to be vancomycin-nonsusceptible (MIC $\geq$ 8ug/mL) are therefore added to the list of reportable laboratory findings. This includes isolates that are vancomycin-resistant (MIC $\geq$32 ug/mL). Nonsusceptible isolates are required to be sent to the state laboratory for confirmation. In addition, *S. aureus* infection due to vancomycin-nonsusceptible strains is added to the list of reportable diseases.

Lyme Disease

As two candidate Lyme disease vaccines near licensure, our ability to assess the impact of the vaccine on the magnitude and epidemiology of disseminated Lyme disease becomes increasingly important. A diagnosis of disseminated Lyme disease is usually accompanied by confirmatory laboratory findings.

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Therefore, Lyme disease serologies that are positive by ELISA and/or Western blot methods are added to the list of reportable laboratory findings.

Carbon Monoxide Poisoning

Carbon monoxide poisoning was made reportable in 1997. Recent national meetings have resulted in a recommendation that carboxyhemoglobin levels $\geq$ 9% should be investigated. Levels of 3-8% are most often due to cigarette smoking, but higher levels are likely to indicate exposure to other sources of carbon monoxide. Therefore, the threshold level for reporting of carboxyhemoglobin levels on the list of reportable laboratory findings is changed from 12% to $\geq$ 9%. Clinicians should report any suspect case of carbon monoxide poisoning regardless of carboxyhemoglobin level.

Invasive Disease Definition

Reporting of laboratory findings indicative of invasive disease due to specific bacterial pathogens is a required part of the Connecticut Emerging Infections Program (EIP). These bacterial pathogens include enterococci, group A streptococci, group B streptococci, *Haemophilus influenzae*, meningococci, and pneumococci. To improve the sensitivity of the case definition, the definition of "invasive disease" is amended as follows: "Invasive disease: confirmed by isolation from blood, CSF, pericardial fluid, pleural fluid, peritoneal fluid, joint fluid, ***bone, and intraoperative swab from a normally sterile site*** or normally sterile tissue obtained during surgery". This definition is included as a footnote on both lists.

***Campylobacter jejuni* Isolates**

Campylobacteriosis is already clinician and laboratory reportable. In 1998, as part of the Connecticut EIP, we will be conducting a case-control study of nonoutbreak associated cases to determine the risk factors for infection. Recently, antibiotic resistance in *Campylobacter* has become a concern with the addition of quinolone antibiotics to poultry feed. To determine antibiotic resistant patterns among *Campylobacter* strains, the list of reportable laboratory findings is modified to include a footnote that requires all isolates of *Campylobacter jejuni* be sent to the State Laboratory in 1998.

***Listeria monocytogenes* Isolates**

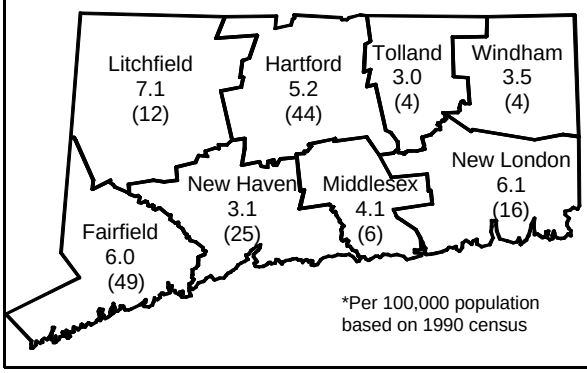
Listeriosis is already clinician and laboratory reportable. To aid in the detection of outbreaks, EIP sites are being asked to collect all *Listeria monocytogenes* isolates and send them to the CDC for serotyping. Therefore, the list of reportable laboratory findings is modified to include a footnote that all *Listeria monocytogenes* isolates be sent to the State Laboratory for confirmation and for storage for serotyping by the CDC.

Erratum

In the Connecticut Epidemiologist issue of October 1997 (Volume 17, No. 7), the rates of hepatitis A were incorrectly reported. Below please find the corrected figure.

Figure 2

Hepatitis A Average Annual Rates* (Cases)
Connecticut, 1986-1996



R E P O R T A B L E D I S E A S E S - 1 9 9 8

The Commissioner of the Department of Public Health (DPH) is required to declare an annual list of reportable diseases. Changes for 1998 are marked in **bold** with 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 1: Reportable immediately by telephone on the day of recognition or strong suspicion of disease. On weekdays, reports are made to the DPH and local health departments; in the evening and on weekends, to the DPH. A confidential Disease Report (PD-23) or more disease-specific report form should be mailed to both the DPH and local health departments within 12 hours.

Anthrax
Botulism
Cholera
Diphtheria
Foodborne Outbreaks (involving $\geq$ 2 persons)
Institutional Outbreaks
Measles
Meningococcal disease
Pertussis
Plague
Poliomyelitis
Rabies (human and animal)
Rubella (including congenital)
Tuberculosis
Yellow Fever

Category 2: Reportable by mail within 12 hours of recognition or strong suspicion to both the DPH and local health departments.

Acquired Immunodeficiency Syndrome[1]
Babesiosis
Brucellosis
Campylobacteriosis
Carbon monoxide poisoning[3]
Chickenpox-related death*
Cryptosporidiosis
Cyclospora infection
E. coli O157:H7 gastroenteritis
Ehrlichiosis
Group A streptococcal disease, invasive[2]
Group B streptococcal disease, invasive[2]
H. influenzae disease, invasive, all serotypes[2]
Hansen's disease (Leprosy)
Hemolytic-uremic syndrome
Hepatitis A, C, Delta, Non-A/non-B
Hepatitis B
- acute infection
- HBsAg positive pregnant woman

HIV-1 infection in:
- children < 13 years of age
- persons with tuberculosis
- persons with a positive tuberculin skin test $\geq$ 5mm induration by Mantoux technique

Lead Toxicity (blood lead $\geq$ 20 ug/dL)
Legionellosis
Listeriosis
Lyme disease
Malaria
Mercury poisoning
Mumps
Occupational Asthma
Pneumococcal disease, invasive[2]
Ryes Syndrome
Rheumatic Fever
Rocky Mountain Spotted Fever
Salmonellosis
Sexually Transmitted Diseases
- Chancroid
- Chlamydia (*C. trachomatis*) (all sites)
- Gonorrhea
- Neonatal herpes (<1 month of age)
- Syphilis

Shigellosis
Silicosis
***Staphylococcus aureus* infection, vancomycin-nonsusceptible**
Tetanus
Trichinosis
Typhoid Fever
Typhus

1 Reporting required only to the State
2 Invasive disease: confirmed by isolation from blood, CSF, pericardial fluid, pleural fluid, peritoneal fluid, joint fluid, bone, and intraoperative swab from a normally sterile site or normally sterile tissue obtained during surgery.
3 Includes persons being treated in hyperbaric chambers for suspect CO poisoning.

How to report: The PD-23 is the most generally used form and can be used if other specialized forms are not available. Several other forms are also in use. These include the Acquired Immunodeficiency Syndrome (AIDS) Case Report, the Sexually Transmitted Disease Confidential Case Report (STD-23), the Tuberculosis Case Report (TB-86), and the Physician's Report of Occupational Disease form.

Forms may be obtained from the Department of Public Health, 410 Capitol Ave., MS#11EPI, P.O. Box 340308, Hartford, CT 06134-0308. Telephone: (860-509-7994). The disease-specific report forms may be obtained by calling or writing the specific program at the same address: The Epidemiology Unit/AIDS Section (860-509-7900), the Sexually Transmitted Disease Program (860-509-7920), the Pulmonary Diseases Program (860-509-7722), or the Occupational Health Surveillance Program (860-509-7744).

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 State Epidemiology Program (860-509-7994). Tuberculosis cases should be directly reported to the Pulmonary Diseases 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 at (860-509-7660). **For public health emergencies, an epidemiologist can be reached nights and weekends through the DPH emergency number (860-509-8000).**

L A B O R A T O R Y R E P O R T A B L E S I G N I F I C A N T F I N D I N G S - 1 9 9 8

The director of any clinical laboratory must report any laboratory evidence suggestive of reportable diseases. 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 Public Health, Epidemiology Program, 410 Capitol Ave., MS#11EPI, P. O. Box 340308, Hartford, CT 06134-0308; telephone: (860 509-7994). The laboratory reports are not substitutes for physician reports; they are supplements to physician reports which allow verification of diagnosis. Changes for 1998 are noted in **bold** and with an asterisk (*).

AIDS reporting required only to the state)
- CD4+ T-lymphocyte counts <200 cells/uL
- CD4+ count <14% of total lymphocytes
- HIV-1 infection in children < 13 years of age

Anthrax[4]
Babesiosis
Brucellosis[4]
California Encephalitis
Campylobacteriosis*[4]
Carboxyhemoglobin ≥ 9%*: _____% COHb
Cholera[4]
Cryptosporidiosis
Cyclospora infection
Diphtheria[4]
Eastern Equine Encephalitis
Enterococcal infection, vancomycin-resistant [1,3]
Ehrlichiosis[1]
E.coli O157:H7[4]
Food Poisoning[1]
Giardiasis
Group A streptococcal disease, invasive [3,4]
Group B streptococcal disease, invasive [3]
H. influenzae disease, invasive, all serotypes[3,4]
Serotype _____
Hansen's disease (Leprosy)
Hepatitis A (IgM anti-HAV)
Hepatitis B (HBsAg, IgM anti-HBc)
Hepatitis Delta (HDAg, IgM anti-HD)
Influenza A and B[1]
Lead Poisoning (blood lead ≥ 10ug/dL)
❑ Finger Stick _____ ug/dL
❑ Venous _____ ug/dL
Legionellosis (culture, DFA, Ag positive or four-fold serologic changes)[2] _____
Listeriosis *[4]
Lyme disease (check all that apply)*
EIA IgM _____ IgG _____ Polyvalent _____
Western blot IgM _____ IgG _____ Polyvalent _____
Malaria/blood parasites[1,4]
Measles (Rubeola)
Meningococcal disease, invasive[3,4]
Mercury poisoning (urine ≥35ug/g creatinine or blood ≥1.5ug/dL)
Mumps
Pertussis
Plague
Pneumococcal disease, invasive[3,4]
Zone size by oxacillin disk testing: _____mm
MIC to penicillin: _____ug/mL
Poliomyelitis
Rabies
Rocky Mountain Spotted Fever
Rubella[2] _____
Salmonellosis[1,4]
Sexually Transmitted Diseases
- Chancroid
- Chlamydia (*C. trachomatis)* (all sites)
- Gonorrhea
- Neonatal herpes (<1 month of age)
- Syphilis

❑ RPR[2] _____ ❑ FTA[2] _____
❑ VDRL[2] _____ ❑ MHA[2] _____

Shigellosis[1,4]
Staphylococcus aureus* infection, vancomycin-nonsusceptible (MIC ≥8ug/mL) [4]
MIC to vancomycin: _____ ug/mL
Trichinosis
Tuberculosis (*M.tuberculosis* only) [4]
Typhus
Yersiniosis

1 Specify etiologic agent. 2 Indicate titer.
3 Invasive disease: confirmed by isolation from blood, CSF, pericardial fluid, pleural fluid, peritoneal fluid, joint fluid, bone, and intraoperative swab from a normally sterile site or normally sterile tissue obtained during surgery.
4 Send isolate, culture or slide to the State Laboratory for confirmation.

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