# Connecticut Epidemiologist

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**State of Connecticut, Department of Public Health**
Joxel Garcia, M.D., M.B.A., Commissioner

## Reportable Diseases and Laboratory Findings, 2000

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 five additions and one deletion to the lists effective January 1, 2000.

**DELETION**

***Rotavirus Gastroenteritis***
In 1999, rotavirus infection was added to the list of Laboratory Reportable Significant Findings to monitor the impact of vaccine availability on rotavirus incidence and epidemiology. Also that year, the rotavirus vaccine was withdrawn from the market after being linked to cases of intussusception. If a safer rotavirus vaccine is licensed in the future, consideration will be given to restoring this disease to the list.

**ADDITIONS AND MODIFICATIONS**

***Community-acquired Methicillin-resistant Staphylococcus aureus Invasive Infection***
Community-acquired methicillin-resistant *Staphylococcus aureus* (CA-MRSA) infection has been added to the list of Reportable Diseases. Methicillin-resistant *S. aureus* (MRSA) bloodstream infection has been added to the list of Laboratory Reportable Significant Findings.

The objectives of surveillance are to determine: a) whether CA-MRSA acquired outside the health care setting is emerging and causing serious (invasive) infection in Connecticut, and b) the incidence of and risk factors for CA-MRSA bloodstream infection. The initial methods for doing this will be to monitor MRSA bloodstream isolates obtained either in the outpatient setting or within 2 days of hospitalization and to have clinicians report invasive cases of MRSA infection that appear to be community-acquired.

## In This Issue



***Encephalitis / West Nile Virus Infection***
Encephalitis has been added to the list of Reportable Diseases and a special "encephalitis" heading has been added to the list of Laboratory Reportable Significant Findings. St. Louis encephalitis, West Nile virus infection (human and animal), and "other arboviral encephalitis" have been added to the arboviral encephalitides that are already reportable.

The objectives of surveillance are to: a) determine the epidemiology of encephalitis and trends in incidence over time; b) assure that optimal efforts are made to diagnose vector-borne causes of encephalitis including West Nile virus infection, and c) assure that all instances where laboratory-positive human or animal cases of West Nile virus infection detected are reported to public health authorities so that appropriate public health action can be taken.

The State Laboratory will be offering free serologic and cerebrospinal fluid (CSF) testing for arboviral encephalitides, including West Nile virus, for all reported encephalitis cases. Optimally, 1.0 ml of CSF, and 5.0 ml of both acute and convalescent serologic specimens are needed to rule out an arboviral cause.

***Variant Creutzfeldt-Jakob Disease***
Creutzfeldt-Jakob disease (CJD) has been added to the list of Reportable Diseases and the list of Laboratory Reportable Significant Findings. The objective of surveillance is to determine whether variant CJD is occurring in Connecticut and the US. Variant CJD is thought to be caused by transmission of the bovine spongiform encephalopathy agent to man from consumption of contaminated beef. (Continued page 4)

# R E P O R T A B L E  D I S E A S E S - 2 0 0 0

The Commissioner of the Department of Public Health (DPH) is required to declare an annual list of reportable diseases. Changes for 2000 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.

Cholera
Diphtheria
Measles
Meningococcal disease
Outbreaks:
- Foodborne (involving ≥ 2 persons)
- Institutional
- **Unusual disease or illness* (1)**

Pertussis
Poliomyelitis
Rabies (human and animal)
Rubella (including congenital)
*Staphylococcus aureus* disease, reduced or resistant susceptibility to vancomycin (2)
*Staphylococcus epidermidis* disease, reduced or resistant susceptibility to vancomycin (2)
Tuberculosis
Yellow Fever

*Diseases which are possible indicators of bioterrorism:*
- Anthrax
- Botulism
- Brucellosis
- **Outbreaks of unusual disease or illness (1)**
- Plague
- Q fever
- Ricin poisoning
- Smallpox
- Staphylococcal enterotoxin B pulmonary poisoning
- Tularemia
- Venezuelan equine encephalitis
- Viral hemorrhagic 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 (2,3)
Babesiosis
Campylobacteriosis
Carbon monoxide poisoning (4)
Chancroid
Chlamydia (*C. trachomatis*) (all sites)
Chickenpox-related death
**Creutzfeldt-Jacob disease (age < 55 years)***
Cryptosporidiosis
Cyclosporiasis
Ehrlichiosis
**Encephalitis***
*Escherichia coli* O157:H7 infection
Gonorrhea
Group A streptococcal disease, invasive (5)
Group B streptococcal disease, invasive (5)
*Haemophilus influenzae* disease, invasive, all serotypes (5)
Hansen's disease (Leprosy)
Hemolytic-uremic syndrome
Hepatitis A, C, Delta, Non-A / Non-B
Hepatitis B
- acute infection
- HBsAg positive pregnant women

HIV-1 infection in:
- children < 13 years of age
- persons with active tuberculosis disease
- persons with latent tuberculosis infection (history or current tuberculin skin test ≥ 5mm by Mantoux technique)

Lead Toxicity (blood lead ≥ 20 ug/dL)
Legionellosis
Listeriosis
Lyme disease
Malaria
Mercury poisoning
Mumps
Neonatal herpes (<1 month of age)
Occupational asthma
Pneumococcal disease, invasive (5)
Reye syndrome
Rheumatic fever
Rocky Mountain spotted fever
Salmonellosis
Shigellosis
Silicosis
***Staphylococcus aureus* methicillin-resistant disease, invasive, community acquired* (5,6)**
Syphilis
Tetanus
Trichinosis
Typhoid fever
Typhus
*Vibrio parahaemolyticus* infection
*Vibrio vulnificus* infection

**1 Individual cases of "significant unusual illness" are also reportable. 2 Report only to the State. 3 CDC case definition.**
**4 Includes persons being treated in hyperbaric chambers for suspect CO poisoning.**
**5 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.**
**6 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 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, Epidemiology Program, 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 HIV/AIDS Surveillance Program (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 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 (860-509-7660). **For public health emergencies, an epidemiologist can be reached nights and weekends through the DPH emergency number (860-509-8000).**

## LABORATORY REPORTABLE SIGNIFICANT FINDINGS-2000

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 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. **A special listing of diseases indicative of possible bioterrorism is highlighted at the end of this list.** Changes for 2000 are noted in **bold** and with an asterisk (*).

AIDS (report only to the State)
- CD4+ T-lymphocyte counts <200 cells/uL
- CD4+ count < 14% of total lymphocytes

Babesiosis
Campylobacteriosis (species) _____
Carboxyhemoglobin ≥ 9%: _____% COHb
Chancroid
Chlamydia (*C. trachomatis)* (test type: _____)
**Creutzfeldt-Jakob disease, age < 55 years (biopsy)***
Cryptosporidiosis (method of ID) _____
Cyclosporiasis (method of ID) _____
Diphtheria (1)
Ehrlichiosis (2) :_____
Encephalitis:
California group virus (species) _____
Eastern equine encephalitis virus
**St. Louis encephalitis virus***
**West Nile virus infection – human or animal***
**Other arbovirus (specify)*** _____
Enterococcal infection, vancomycin-resistant (2, 3)_____
*Escherichia coli* O157 infection (1)
Food poisoning (2) :_____
Giardiasis
Gonorrhea (test type: _____)
Group A streptococcal disease, invasive (1,3)
Group B streptococcal disease, invasive (3)
*Haemophilus influenzae* disease, invasive, all serotypes (1,3)
Hansen's disease (Leprosy)
Hepatitis A (IgM anti-HAV)
Hepatitis B ❑ HBsAg ❑ IgM anti-HBc)
Hepatitis C (anti-HCV)
Hepatitis delta (HDAg, IgM anti-HD)
HIV Infection (report only to the State)
- HIV-1 infection in children < 13 years of age (4)
- HIV-1 infection in persons ≥ 13 years of age (5)

Influenza: ❑ A ❑ B
Lead Poisoning (blood lead ≥ 10ug/dL)
❑ Finger Stick: _____ ug/dL ❑ Venous: _____ ug/dL
Legionellosis
❑ Culture ❑ DFA ❑ Ag positive
❑ Four-fold serologic change (titer): _____
Listeriosis (1)
Lyme disease (check all that apply)
EIA IgM _____ IgG _____ Polyvalent _____
W. blot IgM _____ IgG _____ Polyvalent _____
Malaria/blood parasites (1,2) : _____
Measles (Rubeola) (titer): _____
Meningococcal disease, invasive (1,3)
Mercury poisoning (urine ≥ 35 ug/g creatinine or blood ≥ 1.5 ug/dL)
Mumps (titer): _____
Pertussis (titer): _____
DFA Smear: ❑ Positive ❑ Negative
Culture: ❑ Positive ❑ Negative
Pneumococcal disease, invasive (1,3)
Oxacillin disk zone size: _____ mm
MIC to penicillin: _____ ug/mL
Poliomyelitis
Rabies
Rocky Mountain spotted fever
Rubella (titer): _____
Salmonellosis (1,2) (serogroup/serotype) _____
**Shiga toxin related disease (1) ***
Shigellosis (1,2) (serogroup/species) _____
*Staphylococcus aureus* infection with MIC to vancomycin ≥ 4 ug/mL (1)
MIC to vancomycin: _____ ug/mL
***Staphylococcus aureus* bloodstream infection, methicillin-resistant *** **Date pt. Admitted _____/_____/_____**
*Staphylococcus epidermidis* infection with MIC to vancomycin ≥ 4 ug/mL (1)
MIC to vancomycin: _____ ug/mL
Syphilis ❑ RPR (titer): _____ ❑ FTA (titer): _____
❑ VDRL (titer): _____ ❑ MHA (titer): _____
Trichinosis
Tuberculosis (1)
Specimen type: _____
AFB Smear: ❑ Positive ❑ Negative
If positive: ❑ Rare ❑ Few ❑ Numerous
Culture:
❑ *Mycobacterium tuberculosis* only
❑ Other mycobacterium (specify: M. _____)
Typhus
*Vibrio* infection (6) (species) _____
Yersiniosis (species) _____

***Bioterrorism: possible disease indicators***
Anthrax (1)
Botulism
Brucellosis (1)
Plague
Q fever
Ricin poisoning
Smallpox
Staphylococcal enterotoxin B pulmonary poisoning
Tularemia
Venezuelan equine encephalitis
Viral hemorrhagic fever

**1** Send isolate, culture or slide to the State Laboratory for confirmation. **For Shiga toxin, send broth culture from which positive Shiga-toxin test was made.**
**2** Specify etiologic agent.
**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** Report any tests indicative of HIV infection including antibody, antigen, PCR-based and viral load tests with name and street address.
**5** Report only confirmed HIV antibody tests or positive HIV antigen tests without names or street addresses. Viral load and PCR-based test results not reportable for this age group.
**6** Send *V. cholerae, V. parahaemolyticus*, and *V. vulnificus* isolates to the State Laboratory for confirmation.

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## In This Issue...

**Reportable Diseases and Laboratory Findings information for 2000.**

***Shiga Toxin Producing Escherichia coli Infection***

Shiga toxin related disease has been added to the list of Laboratory Reportable Significant Findings. Laboratories are required to send broth cultures in which Shiga toxin is found to the DPH Laboratory for confirmation and attempts to find the causative organism. Shiga toxin, which can be produced by *Escherichia coli* O157:H7 and other strains of *E. coli*, can cause severe consequences including bloody diarrhea, hemolytic-uremic syndrome, thrombotic thrombocytopenic purpura, or death. New tests for Shiga toxin are now in commercial use. The objectives of surveillance are to: a) determine which strains of Shiga toxin producing *E. coli* may be causing illness in Connecticut, b) more accurately determine the epidemiology of *E. coli* O157:H7 and c) detect outbreaks that might not otherwise be detected if only Shiga toxin testing was being done.

***Outbreaks of Unusual Diseases or Illness That May Indicate Bioterrorism***

"Outbreaks of unusual diseases or illness" has been added to the list of Reportable Diseases under the "Diseases which are possible indicators of bioterrorism" section. A new section entitled "Outbreaks" includes "Unusual disease or illness" as well as the already required "foodborne" and "institutional" categories.

The objective of surveillance for outbreaks of unusual diseases or illness is to enable rapid investigation of suspect outbreaks that could represent biological or chemical terrorist events, whether or not a specific diagnosis has been made. This addition is made as part of the state and national surveillance response to the threat of bioterrorism. In addition, individual cases of "significant and unusual illness" are also reportable.

If you have questions about any of the new reporting requirements, please call the DPH, Epidemiology Program at 860-509-7994.

**For Public Health Emergencies**
**after 4:30 p.m. and**
**on weekends**
**call the**
**Department of Public Health**
**(860) 509-8000**

**Division of Infectious Diseases**

James L. Hadler, MD, MPH
State Epidemiologist

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|---|---|
| AIDS Epidemiology | (860) 509-7900 |
| Epidemiology | (860) 509-7994 |
| Immunizations | (860) 509-7929 |
| Pulmonary Diseases | (860) 509-7722 |
| Sexually Transmitted Diseases (STD) | (860) 509-7920 |

**Connecticut Epidemiologist**

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