Connecticut Epidemiologist

January 2023 *Vol. 43, No. 1*

Reportable Diseases and Reportable Laboratory Findings Changes for 2023

As required by Connecticut General Statutes Section 19a-2a and Section 19a-36-A2 of the Public Health Code, the Reportable Disease Confidential Case Report form PD-23 and the Reportable Laboratory Findings form OL-15C are revised annually by the Department of Public Health (DPH). There are two additions, one removal, and two modifications to the lists effective January 1, 2023.

Forms for reporting disease and laboratory findings can be found on the DPH "Forms" webpage.

Changes to the Lists of Reportable Diseases, Emergency Illnesses and Health Conditions, and the List of Reportable Laboratory Reportable Findings

Mpox disease

A multinational outbreak of mpox disease (formerly known as monkeypox disease) was identified in May 2022. In response, mpox disease has been added as a Category 2 disease. The following have been added to the list of Reportable Laboratory Findings: detection of monkeypox virus or orthopoxvirus nucleic acid in a clinical specimen, detection of orthopoxvirus or non-variola orthopoxvirus by immunohistochemistry in tissue, or detection of anti-orthopoxivrus IgM antibody in serum using a validated assay.

Changes to the Lists of Reportable Diseases Emergency Illnesses and Health Conditions

Neonatal herpes

Neonatal herpes is being removed from the list of Reportable Diseases, Emergency Illnesses and Health Conditions. However, it remains laboratory reportable and outbreaks of neonatal herpes identified by healthcare providers should still be reported to DPH.

Congenital Syphilis

Congenital syphilis (CS) is resurging nationwide. CS case counts have been increasing in CT since 2015. The addition of CS as a Category 1 disease is intended to increase the volume and timeliness of provider reporting and enhance communications between clinicians and DPH about evaluation and treatment of neonates and CS prevention strategies. A VDRL test of cerebrospinal fluid is recommended for neonates when a diagnosis of CS is being considered. This test result can be reported in the *Treponema pallidum* VDRL field on the OL-15C or by electronic laboratory reporting.

INSIDE

Changes to the Lists of Reportable Laboratory Findings

Carbapenem resistant *Pseudomonas aeruginosa* (CRPA)

CRPA is a multi-drug resistant bacteria that has been added to the list of Reportable Laboratory Findings. The addition of CRPA reporting will allow the DPH to characterize the prevalence and epidemiology of CRPA in CT and assist healthcare facilities with containment of the pathogen. Phenotypic CRPA is defined as resistance to imipenem or meropenem. These isolates should be submitted to the DPH Laboratory for further resistance gene testing. Further testing of CRPA isolates allows for tracking of resistance trends, linking of cases to cluster or outbreak events, and furthers our opportunities for targeted control of this challenging pathogen.

Blood lead toxicity reporting levels

The reporting level for blood lead toxicity has been reduced from ≥10 µg/dL to ≥3.5 µg/dL. The change reduces the blood lead level at which intervention will be required by local health departments and aligns with CDC's updated blood lead level reference value.

CONTACT INFORMATION

Connecticut Department of Public Health
Infectious Diseases Section
410 Capitol Avenue/MS#11FDS
Hartford, CT 06134
Phone: 860-509-7995
Fax: 860-509-7910

REPORTABLE DISEASES, EMERGENCY ILLNESSES and HEALTH CONDITIONS – 2023
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 . Changes for 2023 are in **bold font**.

Category 1 Diseases: For diseases marked with a (☎) report to DPH at 860-509-7994 on the day of recognition or strong suspicion. On evenings, weekends, and holidays call (860) 509-8000. A PD-23 must be submitted within 12 hours.

Category 2 Diseases: All other diseases do not require a phone call but must be reported electronically or by fax within 12 hours. A Hospital IP entering a case in CTEDSS (where applicable) satisfies the reporting requirement.

Acquired Immunodeficiency Syndrome (1,2)
Acute flaccid myelitis
☎ HIV infection (Acute)
☎ Anthrax
Babesiosis
Borrelia miyamotoi disease
☎ Botulism
☎ Brucellosis
California group arbovirus infection
Campylobacteriosis
Candida auris
Chancroid
Chickenpox
Chickenpox-related death
Chikungunya
Chlamydia (*C. trachomatis*) (all sites)
☎ Cholera
☎ **Congenital Syphilis**
COVID-19 (SARS-CoV-2 Coronavirus)
COVID-19 Hospitalizations
Cryptosporidiosis
Cyclosporiasis
Dengue
☎ Diphtheria
E-cigarette or vaping product use associated lung injury (EVALI)
Eastern equine encephalitis virus infection
Ehrlichia chaffeensis infection
Escherichia coli O157:H7 infection
Gonorrhea
Group A Streptococcal disease, invasive (3)
Group B Streptococcal disease, invasive (3)
Haemophilus influenzae disease, invasive (3)
Hansen's disease (Leprosy)
Healthcare-associated Infections (4)
Hemolytic-uremic syndrome (5)
Hepatitis A
Hepatitis B:
- acute infection (2)
- HBsAg positive pregnant women

Hepatitis C:
- acute infection (2)
- perinatal infection
- positive rapid antibody test result

HIV-1 / HIV-2 infection in: (1)
- persons with active tuberculosis disease
- persons with a latent tuberculous infection (history or tuberculin skin test ≥5mm induration by Mantoux technique)
- persons of any age
- pregnant women

HPV: biopsy proven CIN 2, CIN 3 or AIS or their equivalent (1)
Influenza-associated death (6)
Influenza-associated hospitalization (6)
Legionellosis
Listeriosis
Lyme disease
Malaria
☎ Measles
☎ Melioidosis
☎ Meningococcal disease
Mercury poisoning
Mpox disease
Multisystem inflammatory syndrome in children (MIS-C)
Mumps
Neonatal bacterial sepsis (7)
Occupational asthma
☎ Outbreaks:
- foodborne (involving ≥ 2 persons)
- institutional
- unusual disease or illness (8)

Pertussis
☎ Plague
Pneumococcal disease, invasive (3)
☎ Poliomyelitis
Powassan virus infection
☎ Q fever
☎ Rabies
☎ Ricin poisoning
Rocky Mountain spotted fever
Rubella (including congenital)
Salmonellosis
☎ Severe Acute Respiratory Syndrome (SARS)
Shiga toxin-related disease (gastroenteritis)
Shigellosis
Silicosis
☎ Smallpox
St. Louis encephalitis virus infection
☎ Staphylococcal enterotoxin B pulmonary poisoning
☎ *Staphylococcus aureus* disease, reduced or resistant susceptibility to vancomycin (1)
Staphylococcus aureus methicillin-resistant disease, invasive, community acquired (3,9)
Staphylococcus epidermidis disease, reduced or resistant susceptibility to vancomycin (1)
Syphilis
Tetanus
Trichinosis
☎ Tuberculosis
☎ Tularemia
Typhoid fever
Vaccinia disease
☎ Venezuelan equine encephalitis virus infection
Vibrio infection (*parahaemolyticus, vulnificus*, other)
☎ Viral hemorrhagic fever
West Nile virus infection
☎ Yellow fever
Zika virus infection

FOOTNOTES:
1. Report only to DPH.
2. As described in the CDC case definition (https://ndc.services.cdc.gov/).
3. Invasive disease: from sterile fluid (blood, CSF, pericardial, pleural, peritoneal, joint, or vitreous), bone, internal body sites, or other normally sterile site including muscle.
4. Report HAIs according to current CMS pay-for-reporting or pay-for-performance requirements. Detailed instructions on the types of HAIs, facility types and locations, and methods of reporting are available on the DPH website.
5. On request from the DPH and if adequate serum is available, send serum from patients with HUS to the DPH Laboratory for antibody testing.
6. Submit the Hospitalized and Fatal Cases of Influenza form as specified. For influenza Hospitalizations, Electronic Medical Record access is required.
7. Clinical sepsis and blood or CSF isolate obtained from an infant ≤ 72 hours of age.
8. Individual cases of "significant unusual illness" are also reportable.
9. 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. Specialized reporting forms are also available on the DPH "Forms" webpage and should be used for the following: Hospitalized and Fatal Cases of Influenza, National Healthcare Safety Network, Adult HIV Confidential Case Report, Chickenpox (Varicella) Case Report, Physician's Report of Occupational Disease, Sexually Transmitted Diseases (STD-23), Tuberculosis Surveillance Report, and the E-cigarette or Vaping Product Associated Lung Injury Case Report.

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 Infections Program (860-509-7994). Tuberculosis cases should be directly reported to the Tuberculosis Control Program (860-509-7722). Information on the local Director of Health for a specific town can be found at https://portal.ct.gov/DPH.

For public health emergencies on evenings, weekends, and holidays call 860-509-8000.

REPORTABLE LABORATORY FINDINGS – 2023

The director of a clinical laboratory must report laboratory evidence suggestive of reportable diseases (see page 4 for additional information). The Reportable Laboratory Findings form (OL-15C) can be found on the DPH "Forms" webpage. Changes for 2023 are in **bold font**.

Anaplasma phagocytophilum by PCR only
Babesia: ☐ IFA IgM (titer) _____ IgG (titer) _____
☐ Blood smear ☐ PCR ☐ Other _____
☐ *microti* ☐ *divergens* ☐ *duncani* ☐ Unspeciated
Bordetella pertussis (titer) _____
☐ Culture (1) ☐ Non-pertussis *Bordetella* (1) (specify) _____
☐ DFA ☐ PCR
Borrelia burgdorferi (2)
Borrelia miyamotoi
California group virus (3) spp _____
Campylobacter (3) spp_____ ☐ Culture ☐ PCR ☐ EIA
Candida auris [report samples from all sites] (1)
Candida spp. [blood isolates only]: _____ (1,3)
Carbapenem-resistant *Acinetobacter baumannii* (CRAB) (1,4)
Carbapenem-resistant Enterobacterales (CRE) (1,3,4)
Genus _____ spp_____
Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA) (1,4)
Carboxyhemoglobin ≥ 5% (2) _____% COHb
Chikungunya virus
Chlamydia trachomatis (test type) _____
Clostridium difficile (5)
Corynebacterium diphtheria (1)
Cryptosporidium spp (3) _____ ☐ PCR ☐ DFA ☐ EIA
☐ Microscopy ☐ Other:_____
Cyclospora spp (3) _____ ☐ PCR ☐ Microscopy ☐ Other:_____
Dengue virus
Eastern equine encephalitis virus
Ehrlichia chaffeensis ☐ PCR ☐ IgG titers ≥1:128 only ☐ Culture
Enterotoxigenic *Escherichia coli* (ETEC) ☐ Culture ☐ PCR
Escherichia coli O157 (1) ☐ Culture ☐ PCR
Giardia spp (3) _____
Group A *Streptococcus*, invasive (1,4) ☐ Culture ☐ Other _____
Group B *Streptococcus*, invasive (1,4) ☐ Culture ☐ Other _____
Haemophilus ducreyi
Haemophilus influenzae, invasive (1,4) ☐ Culture ☐ Other _____
Hepatitis A virus (HAV): ☐ IgM anti-HAV (7) ☐ NAAT Positive (6)
ALT _____ Total Bilirubin _____ ☐ Not Done
Hepatitis B HBsAg ☐ Positive ☐ Negative (7)
☐ IgM anti-HBc ☐ HBeAg (2) ☐ HBV DNA (2)
anti-HBs (7) ☐ Positive (titer) _____ ☐ Negative
Hepatitis C virus (HCV) (8) ☐ Antibody_____
☐ PCR/NAAT/RNA _____ ☐ Genotype specify _____
Herpes simplex virus (neonates ≤ 60 days of age)
☐ Culture ☐ PCR ☐ IFA ☐ Ag detection
HIV Related Testing (report only to the State) (9)
☐ Detectable Screen (IA)
Antibody Confirmation (WB/IFA/Type-diff) (9)
HIV 1 ☐ Positive ☐ Neg/Ind HIV 2 ☐ Positive ☐ Neg/Ind
☐ HIV NAAT (or qualitative RNA) ☐ Detectable ☐ Not Detectable
☐ HIV Viral Load (all results) (9) _____ copies/mL
☐ HIV genotype (9)
☐ CD4 count: _____ cells/uL; _____% (9)
HPV (report only to the State) (10)
Biopsy proven ☐ CIN 2 ☐ CIN 3 ☐ AIS
or their equivalent, (specify) _____
Influenza virus: (report only to State) ☐ Rapid antigen (2) ☐ RT-PCR
☐ Type A ☐ Type B ☐ Type Unknown
☐ Subtype _____
Lead poisoning (blood lead ≥3.5 µg/dL <48 hrs; < 3.5 µg/dL monthly) (11)
☐ Finger stick level _____ µg/dL ☐ Venous level _____ µg/dL
Legionella spp (1) _____
☐ Culture ☐ DFA ☐ Ag positive
☐ Four-fold serologic change (titers) _____
Listeria monocytogenes (1) ☐ Culture ☐ PCR
Mercury poisoning
☐ Urine ≥ 35 µg/g creatinine _____ µg/g
☐ Blood ≥ 15 µg/L _____ µg/L
Monkeypox virus ☐ PCR ☐ IgM anti-MPXV ☐ Sequencing
Orthopoxvirus ☐ PCR ☐ IHC ☐ Sequencing
Non-variola orthopoxvirus ☐ PCR
Mumps virus (12) (titer) _____ ☐ PCR
Mycobacterium leprae
Mycobacterium tuberculosis Related Testing (1)
AFB Smear ☐ Positive ☐ Negative
If positive ☐ Rare ☐ Few ☐ Numerous
NAAT ☐ Positive ☐ Negative ☐ Indeterminate
Culture ☐ *Mycobacterium tuberculosis*
☐ Non-TB mycobacterium. (specify *M.* _____)
Neisseria gonorrhoeae (test type) _____
Neisseria meningitidis, invasive (1,4)
☐ Culture ☐ Other _____
Neonatal bacterial sepsis (3,13) Genus _____ spp _____
Plasmodium (1,3) spp _____
Poliovirus
Powassan virus
Rabies virus
Rickettsia rickettsia ☐ PCR ☐ IgG titers ≥1:128 only ☐ Culture
Respiratory syncytial virus (2)
Rubella virus (12) (titer) _____
Rubeola virus (Measles) (12) (titer) _____ ☐ PCR
St. Louis encephalitis virus
Salmonella (1,3) (serogroup & type) _____ ☐ Culture ☐ PCR
SARS-CoV (1) ☐ IgM/IgG
☐ PCR ☐ Other _____
SARS-CoV-2 ☐ PCR ☐ Antigen
☐ Positive ☐ Negative
Shiga toxin (1) ☐ Stx1 ☐ Stx2 ☐ Type Unknown
☐ PCR ☐ EIA
Shigella (1,3) (serogroup/spp) _____ ☐ Culture ☐ PCR
Staphylococcus aureus, invasive (4) ☐ Culture ☐ Other _____
☐ methicillin-resistant ☐ methicillin-sensitive
Staphylococcus aureus, vancomycin MIC ≥ 4 µg/mL (1)
MIC to vancomycin_____ µg/mL
Staphylococcus epidermidis, vancomycin MIC ≥ 32 µg/mL (1)
MIC to vancomycin _____ µg/mL
Streptococcus pneumoniae
☐ Culture (1,4) ☐ Urine antigen ☐ Other (4) _____
Treponema pallidum ☐ RPR (titer) _____ ☐ FTA ☐ EIA
☐ VDRL (titer) _____ ☐ TPPA
Trichinella
Varicella-zoster virus
☐ Culture ☐ PCR ☐ DFA ☐ Other _____
Vibrio (1,3) spp _____ ☐ Culture ☐ PCR
West Nile virus
Yellow fever virus
Yersinia, not *pestis* (1,3) spp _____ ☐ Culture ☐ PCR
Zika virus

BIOTERRORISM AGENTS at first clinical suspicion (14)

Bacillus anthracis (1)	*Brucella* spp (1)
Burkholderia mallei (1)	*Burkholderia pseudomallei* (1)
Clostridium botulinum	*Coxiella burnetii* (1)
Francisella tularensis (1)	Ricin
Staphylococcus aureus - enterotoxin B	*Yersinia pestis* (1)
Variola virus (1)	
Venezuelan equine encephalitis virus	
Viral agents of hemorrhagic fevers (1)	

1. Send isolate/specimen to DPH Laboratory. Send laboratory report (electronic or paper) on first identification of an organism. For CRE, CRAB, and CRPA ; include antimicrobial test results with report. For GBS, send isolate for cases <1 year of age. For *Salmonella*, *Shigella*, *Vibrio*, and *Yersinia* (not pestis) tested by non-culture methods, send isolate if available; send stool specimen if no isolate available. For Shiga toxin-related disease, send positive broth or stool specimen.
2. Only laboratories with electronic file reporting are required to report positive results.
3. Specify species/serogroup/serotype.
4. Sterile site: sterile fluids (blood, CSF, pericardial, pleural, peritoneal, joint, or vitreous), bone, internal body site (lymph node, brain, heart, liver, spleen, kidney, pancreas, or ovary), or other normally sterile site including muscle. For CRE, CRAB, and CRPA also include urine or sputum; for CRAB and CRPA also include wounds.
5. Upon request from the DPH, report all *C. difficile* positive stool samples.
6. Report peak ALT and Total Bilirubin results if conducted within one week of HAV positive test, if available. Otherwise, check "Not Done."
7. Negative HBsAg and all anti-HBs results only reportable for children ≤ 2 years old.
8. Report positive Antibody, and all RNA and Genotype results. Negative RNA results only reportable by electronic reporting.
9. Report all positive HIV antibody, antigen, viral load, and qualitative NAAT results. HIV genotype (DNA sequence) and all CD4 results are only reportable by electronic file reporting.
10. Upon request from the DPH, send fixed tissue from the diagnostic specimen for HPV typing.
11. Report results ≥ 3.5 µg/dL within 48 hours to the Local Health Department and DPH; submit ALL lead results at least monthly to DPH only.
12. Report all IgM positive titers, only report IgG titers considered significant by laboratory performing the test.
13. Report all bacterial isolates from blood or CSF from infants ≤ 72 hours of age.
14. Call the DPH, weekdays 860-509-7994; evenings, weekends, and holidays 860-509-8000.

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 the 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 be responsible for reporting such findings within 48 hours to the local director of health of the town in which the affected person normally resides. In the absence of such information, the reports should go to the town from which the specimen originated and to the Department of Public Health. Reports must include name, address, contact phone number, date of birth, race, ethnicity, gender, and occupation of patient.

IMPORTANT NOTICE

The Reportable Disease Confidential Case Report Form PD-23 can be used to report conditions on the current list, unless there is a specialized form or other authorized method. The Laboratory Report of Significant Findings form OL-15C can be used by staff of clinical laboratories to report evidence suggestive of reportable diseases or other approved format by DPH. Reporting forms can be found at: (https://portal.ct.gov/DPH/Communications/Forms/Forms). Please follow these guidelines when submitting written reports:

- Forms must include 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 the completed form to DPH via fax (860-920-3131)