

## 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-orthopoxvirus 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

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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.

### 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  $\geq 10$   $\mu\text{g}/\text{dL}$  to  $\geq 3.5$   $\mu\text{g}/\text{dL}$ . 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.

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## 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)	Hepatitis C:	☎ Rabies
Acute flaccid myelitis	▪ acute infection (2)	☎ Ricin poisoning
☎ HIV infection (Acute)	▪ perinatal infection	Rocky Mountain spotted fever
☎ Anthrax	▪ positive rapid antibody test result	Rubella (including congenital)
Babesiosis	HIV-1 / HIV-2 infection in: (1)	Salmonellosis
<i>Borrelia miyamotoi</i> disease	▪ persons with active tuberculosis disease	☎ Severe Acute Respiratory Syndrome (SARS)
☎ Botulism	▪ persons with a latent tuberculous infection (history or tuberculin skin test $\geq 5$ mm induration by Mantoux technique)	Shiga toxin-related disease (gastroenteritis)
☎ Brucellosis	▪ persons of any age	Shigellosis
California group arbovirus infection	▪ pregnant women	Silicosis
Campylobacteriosis	HPV: biopsy proven CIN 2, CIN 3 or AIS or their equivalent (1)	☎ Smallpox
<i>Candida auris</i>	Influenza-associated death (6)	St. Louis encephalitis virus infection
Chancroid	Influenza-associated hospitalization (6)	☎ Staphylococcal enterotoxin B pulmonary poisoning
Chickenpox	Legionellosis	☎ <i>Staphylococcus aureus</i> disease, reduced or resistant susceptibility to vancomycin (1)
Chickenpox-related death	Listeriosis	<i>Staphylococcus aureus</i> methicillin-resistant disease, invasive, community acquired (3,9)
Chikungunya	Lyme disease	<i>Staphylococcus epidermidis</i> disease, reduced or resistant susceptibility to vancomycin (1)
Chlamydia ( <i>C. trachomatis</i> ) (all sites)	Malaria	Syphilis
☎ Cholera	☎ Measles	Tetanus
☎ Congenital Syphilis	☎ Melioidosis	Trichinosis
COVID-19 (SARS-CoV-2 Coronavirus)	☎ Meningococcal disease	Tuberculosis
COVID-19 Hospitalizations	Mercury poisoning	☎ Tularemia
Cryptosporidiosis	<b>Mpox disease</b>	Typhoid fever
Cyclosporiasis	Multisystem inflammatory syndrome in children (MIS-C)	Vaccinia disease
Dengue	Mumps	☎ Venezuelan equine encephalitis virus infection
☎ Diphtheria	Neonatal bacterial sepsis (7)	<i>Vibrio</i> infection ( <i>parahaemolyticus</i> , <i>vulnificus</i> , other)
E-cigarette or vaping product use associated lung injury (EVALI)	Occupational asthma	☎ Viral hemorrhagic fever
Eastern equine encephalitis virus infection	☎ Outbreaks:	West Nile virus infection
<i>Ehrlichia chaffeensis</i> infection	▪ foodborne (involving $\geq 2$ persons)	☎ Yellow fever
<i>Escherichia coli</i> O157:H7 infection	▪ institutional	Zika virus infection
Gonorrhea	▪ unusual disease or illness (8)	
Group A Streptococcal disease, invasive (3)	Pertussis	
Group B Streptococcal disease, invasive (3)	☎ Plague	
<i>Haemophilus influenzae</i> disease, invasive (3)	Pneumococcal disease, invasive (3)	
Hansen’s disease (Leprosy)	☎ Poliomyelitis	
Healthcare-associated Infections (4)	Powassan virus infection	
Hemolytic-uremic syndrome (5)	☎ Q fever	
Hepatitis A		
Hepatitis B:		
▪ acute infection (2)		
▪ HBsAg positive pregnant women		

## FOOTNOTES:

- Report only to DPH.
- As described in the CDC case definition (<https://ndc.services.cdc.gov/>).
- Invasive disease: from sterile fluid (blood, CSF, pericardial, pleural, peritoneal, joint, or vitreous), bone, internal body sites, or other normally sterile site including muscle.
- 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.
- On request from the DPH and if adequate serum is available, send serum from patients with HUS to the DPH Laboratory for antibody testing.
- Submit the Hospitalized and Fatal Cases of Influenza form as specified. For influenza Hospitalizations, Electronic Medical Record access is required.
- Clinical sepsis and blood or CSF isolate obtained from an infant  $\leq 72$  hours of age.
- Individual cases of “significant unusual illness” are also reportable.
- 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*  Unspecified  
*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  $\geq$  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  $\geq$ 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  $\leq$  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  $\geq$ 3.5  $\mu$ g/dL <48 hrs; < 3.5  $\mu$ g/dL monthly) (11)**  
 Finger stick level \_\_\_\_\_  $\mu$ g/dL  Venous level \_\_\_\_\_  $\mu$ g/dL  
*Legionella* spp (1)  
 Culture  DFA  Ag positive  
 Four-fold serologic change (titers) \_\_\_\_\_  
*Listeria monocytogenes* (1)  Culture  PCR  
 Mercury poisoning  
 Urine  $\geq$  35  $\mu$ g/g creatinine \_\_\_\_\_  $\mu$ g/g  
 Blood  $\geq$  15  $\mu$ g/L \_\_\_\_\_  $\mu$ g/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  $\geq$ 1:128 only  Culture  
 Respiratory syncytial virus (2)  
 Rubella virus (12) (titer) \_\_\_\_\_  
 Rubella 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  $\geq$  4  $\mu$ g/mL (1)  
 MIC to vancomycin \_\_\_\_\_  $\mu$ g/mL  
*Staphylococcus epidermidis*, vancomycin MIC  $\geq$  32  $\mu$ g/mL (1)  
 MIC to vancomycin \_\_\_\_\_  $\mu$ g/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*  
*Francisella tularensis* Ricin  
*Staphylococcus aureus* - enterotoxin B Variola virus (1)  
 Venezuelan equine encephalitis virus *Yersinia pestis* (1)  
 Viral agents of hemorrhagic fevers

- 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.
- Only laboratories with electronic file reporting are required to report positive results.
- Specify species/serogroup/serotype.
- 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.
- Upon request from the DPH, report all *C. difficile* positive stool samples.
  - Report peak ALT and Total Bilirubin results if conducted within one week of HAV positive test, if available. Otherwise, check "Not Done."
  - Negative HBsAg and all anti-HBs results only reportable for children  $\leq$  2 years old.
  - Report positive Antibody, and all RNA and Genotype results. Negative RNA results only reportable by electronic reporting.
  - 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.
- Upon request from the DPH, send fixed tissue from the diagnostic specimen for HPV typing.
  - Report results  $\geq$  3.5  $\mu$ g/dL within 48 hours to the Local Health Department and DPH; submit ALL lead results at least monthly to DPH only.
  - Report all IgM positive titers, only report IgG titers considered significant by laboratory performing the test.
  - Report all bacterial isolates from blood or CSF from infants  $\leq$  72 hours of age.
  - 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)

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