

State of Connecticut

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2023 Reportable Disease Confidential Case Report Form PD-23 Revised, 10/01/2023

CT Department of Public Health (DPH) 410 Capitol Avenue, MS#11FDS P.O. Box 340308 Hartford, CT 06134-0308

Instructions for Submitting the PD-23: The Commissioner of the Department of Public Health (DPH) is required to declare an annual list of Reportable Diseases, Emergency Illnesses and Health Conditions, which has two parts: (A) reportable diseases and (B) reportable emergency illnesses and conditions as required under Sections 19a-36-A3 and 19a-36-A4 (see back of form) of the Public Health Code and Sections 19a-2a and 19a-215 of the Connecticut General Statutes.

The PD-23 is the general disease reporting form and should be used if other specialized forms are not available. PD-23 forms may either be faxed to 860-920-3131 or submitted by hospital IPs directly into CTEDSS (where applicable). Copies must also be sent to the Director of Health of the city or town where the patient lives and kept in the patient's medical record. A fillable PDF of the PD-23 and contact information for the Directors of Health of all cities and towns in CT are available on the DPH website. For questions about entering PD-23s directly info CTEDSS, e-mail dph.ctedss@ct.gov.

Use of Other Forms and Methods to Report:			
Healthcare-Associated Infections	860-509-7995	Immunization Program	860-509-7929
Use the CDC's National Healthcare Safety Network (NHSN)		Chickenpox (Varicella) Report Form	FAX 860-707-1905
HIV/AIDS	860-509-7900	Occupational Diseases	860-509-7740
Adult HIV Confidential Report	FAX 860-509-8237	Physician's Report Form	FAX 860-730-8424
Injury and Violence Surveillance Unit	860-509-7805	Sexually Transmitted Diseases	860-509-7920
E-cigarette or Vaping Product Use Associate	əd	STD-23 Form	FAX 860-730-8380
Lung Injury Case Report Form	FAX 860-706-1262	Tuberculosis	860-509-7722
		Tuberculosis Surveillance Report Form	FAX 860-730-8271

Category 1 Diseases: For diseases marked with a 🕿, report to DPH at 860-509-7994 and the local health department 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.

PART A: REPORTABLE DISEASES

e	Acquired Immunodeficiency Syndrome (1,2) Acute flaccid myelitis HIV infection (Acute) Anthrax Babesiosis <i>Borrelia miyamotoi</i> disease	
a	Botulism Brucellosis	
<u> </u>	California group arbovirus infection	
	Campylobacteriosis	
	Candida auris	
	Chancroid Chickenpox	
	Chickenpox-related death	
	Chikungunya	
_	Chlamydia (C. trachomatis) (all sites)	
2	Cholera	
2	Congenital Syphilis COVID-19 (SARS-CoV-2 Coronavirus)	
	COVID-19 (SARS-COV-2 Colonavirus)	
	COVID-19 Hospitalization	
	Cryptosporidiosis	
	Cyclosporiasis	
_	Dengue	9
æ	Diphtheria	7 7
	E-cigarette or vaping product use associated lung injury (EVALI)	8
	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)	1
	Hansen's disease (Leprosy)	
	Healthcare-associated infections (4)	
	Hemolytic-uremic syndrome (5)	

FOOTNOTES:

Report only to DPH.

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Hepatitis B • acute infection (2) HBsAg positive pregnant women Hepatitis C acute infection (2)

Hepatitis A

- perinatal infection
- positive rapid antibody test result
- HIV-1/HIV-2 infection in: (1)
 - persons with active tuberculosis disease persons with latent tuberculosis 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
- Influenza-associated hospitalization
- Legionellosis
- Listeriosis
- Lyme disease
- Malaria
- Measles
- Melioidosis
- Meningococcal disease
- Mercury poisoning
- Mpox disease
 - Multisystem inflammatory syndrome in children
- Mumps
- Neonatal bacterial sepsis (6)
- Occupational asthma
- Outbreaks:
 - foodborne (involving \geq 2 persons) ٠
 - institutional
 - unusual disease or illness (7)
- Pertussis
- Plague æ
- 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.
- Clinical sepsis and blood or CSF isolate obtained from an infant ≤ 72 hours of age. 6.
- Individual cases of "significant unusual illness" are also reportable. 7.
- Report HAIs according to current CMS pay-for-reporting or pay-for-performance 4 requirements. Detailed instructions on the types of HAIs, facility types and locations and methods of reporting are available on the DPH website.

vitreous), bone, internal body sites, or other normally sterile site, including muscle.

Invasive disease: from sterile fluid (blood, CSF, pericardial, pleural, peritoneal, joint, or

As described in the CDC case definition (https://ndc.services.cdc.gov/).

8 Community-acquired: infection present on admission to hospital, and person has no previous hospitalizations or regular contact with the health-care setting.

- Pneumococcal disease, invasive (3) Ŧ Poliomyelitis
- Powassan virus infection Ŧ Q fever
- T Rabies

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- **Respiratory Syncytial Virus (RSV) Death RSV** Hospitalization
- Ricin poisoning Rocky Mountain spotted fever Rubella (including congenital) Salmonellosis
- Severe Acute Respiratory Syndrome (SARS) æ Shiga toxin-related disease (gastroenteritis) Shigellosis
- Silicosis æ
 - Smallpox
- St. Louis encephalitis virus infection Ŧ Staphylococcal enterotoxin B pulmonary poisoning
- Ŧ Staphylococcus aureus disease, reduced or resistant susceptibility to vancomycin (1) Staphylococcus aureus methicillin-resistant disease, invasive, community acquired (3, 8) Staphylococcus epidermidis disease, reduced or resistant susceptibility to vancomycin (1) Syphilis
 - Tetanus
 - Trichinosis
- T Tuberculosis æ Tularemia
 - Typhoid fever
 - Vaccinia disease
- æ Venezuelan equine encephalitis virus infection Vibrio infection (parahaemolyticus, vulnificus, other)
- 1 Viral hemorrhagic fever West Nile virus infection
- R Yellow fever Zika virus infection

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For information or weekday disease reporting, call 860-509-7994. For reporting on evenings, weekends, and holidays, call 860-509-8000. P.O. Box 340308 Hartford, CT 06134-0308

Disease Name	Patient Name (Last, First, MI)	
Date of Birth Age	Parent/Guardian Name (If patient is a minor)	
Address (Street, City, State, Zip Code)	Phone Number	□ Cell □ Home
Gender	□ Unknown	— 🗆 Work
Race (check all that apply) \Box White \Box Bl	lack/African American 🛛 Asian 🗆 Native Hawaiian /Other Pacific Islar	nder
American Indian/Alaska Native	□ Other, specify: □ Unknown	
Hispanic/Latino 🛛 Yes 🗆 No		
Primary Language	□ Other, specify:	-
Is Patient Pregnant? No Unknown	Yes Due date:	
Is Condition Work-Related?	Unknown Yes List occupation:	
Dates from:	own □ Yes Country visited to: nfirmatory information, include laboratory data, immunization status, dates, and sp	
Onset Date Diagnosis Date		ecific comment
	pecimen obtained, collection date:	ecific comment
If sp	pecimen obtained, collection date: Facility Name Address	ecific comment
If sp rovider/Reporter & Hospital Information Ordering Healthcare Provider Phone		ecific comment
If sp Provider/Reporter & Hospital Information Ordering Healthcare Provider Phone	Facility Name Address	
If sp Provider/Reporter & Hospital Information Ordering Healthcare Provider Phone Person Completing Report Phone Phone Hospital/Facility Name	Facility Name Address Report Date Address (if different from above) City State Date Admitted Date Discharge	
If sp Provider/Reporter & Hospital Information Ordering Healthcare Provider Phone Person Completing Report Phone Hospital/Facility Name al Hepatitis	Facility Name Address Report Date Address (if different from above) City State Date Admitted Date Discharge Anti-HCV: Method: Rapid S Pos Neg Test Date: S	erology
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	Facility Name Address Report Date Address (if different from above) City State Date Admitted Date Discharge Anti-HCV: Method: Rapid S Pos Neg Test Date: HCV confirmed by: RNA Value: Test Date HCV negative antibody test within the last 12 months HCV negative antibody test within the last 12 months Context of the last 12 months	erology e:s
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Health Insurance Portability and Accountability Act (HIPAA) Guidelines

Pursuant to Connecticut General Statutes (CGS) § 19a-2a and § 19a-215 and to the Regulations of Connecticut State Agencies Section 19a-36-A3 and Section 19a-36-A4, the requested information is required to be provided to the Department of Public Health (DPH)

Please note that CGS § 52-1460(b)(1) authorizes the release of these records to the Department without the patient's consent. Additionally, the federal Privacy Regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) also authorize you, as a provider, to release this information without an authorization, consent, release, opportunity to object by the patient, as information (i) required by law to be disclosed [HIPAA Privacy regulation, 45 CFR § 164.512(a)] and (ii) as part of the Department's public health activities (HIPAA Privacy regulation, 45 CFR § 165.512(b)(1)(i)]. The requested information is what is minimally necessary to achieve the purpose of the disclosure, and you may rely upon this representation in releasing the requested information, pursuant to 45 CFR § 164.514(d)(3)(iii)(A) of the HIPAA Privacy regulations.

PHC Section 19a-36-A4 - Content of report and reporting of reportable diseases and laboratory findings.

Each report should include: 1) name, address and phone number of the person reporting and of the physician attending; 2) name, address, date of birth, age, sex, race/ethnicity, and occupation of person affected; and 3) the diagnosed or suspected disease, and date of onset. Reports must be submitted to DPH electronically through CTEDSS or faxed within 12 hours of recognition or strong suspicion and also faxed to the Local Director of Health of the town in which the patient lives. A copy of all reporting forms should also be kept in the patient's medical record.

PHC Section 19a-36-A3 - Persons required to report reportable diseases and laboratory findings.

- 1. Every health care provider who treats or examines any person who has or is suspected to have a reportable disease shall report the case to the local director of health or other health authority within whose jurisdiction the patient resides and to the DPH.
- 2. If the case or suspected case of reportable disease 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 DPH. 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 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 diseases shall be made to the local director of health or other health authority within whose jurisdiction the patient lives and DPH 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.
 - 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.