

Form OL-15C (2024) Reportable Laboratory Findings Form

For questions about this form or lab reporting requirements, call (860) 509-7994 Fax completed forms to (860) 920-3131

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- 1. Send isolate/specimen to the State Public Health 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.
- $2. \ \mbox{Only laboratories}$ 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.
- Send isolate/specimen to DPH Laboratory for infants <1 year of age or upon request from DPH.
- Report all *C. difficile* positive stool samples by electronic
- reporting or upon request from DPH.
- 7. Report peak ALT and Total Bilirubin results if conducted within one week of HAV positive test, if available. Otherwise, check "Not Done."
- 8. Negative HBsAg and all anti-HBs results only reportable in
- 9. Report positive Antibody, and all RNA and Genotype
- 10. Report all HIV antibody, antigen, viral load, and qualitative NAAT results. Negative HIV 1/2 Ab/Ag, HIV genotype (DNA sequence) and all CD4 results are only reportable by electronic file reporting.
- 11. Upon request from the DPH, send fixed tissue from the
- diagnostic specimen for HPV typing.

 12. 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.

 13. Report all IgM positive titers; only report IgG titers considered significant by the lab that performed the test.
- Report all bacterial isolates from blood or CSF from infants <3 days of age.
- 15. Call DPH: Weekdays (860) 509-7994
 - Evenings, weekends, holidays (860) 509-8000



Reportable Laboratory Findings

Supplemental Information for Isolate or Specimen Submission to the Connecticut State Public Health Laboratory

Reportable Finding	Which specimens should be submitted?				
Bordetella pertussis and non-pertussis Bordetella spp.	Submit all isolates.				
Candida auris	Submit first isolate/specimen from any source. Submit upon first identification of colonization and first identification of clinical infection. Submit additional isolates once every 30 days; additional susceptibility testing for clinical management may be requested. See <i>Candida</i> spp. for <i>C. auris</i> isolated from blood.				
Candida spp.	Blood isolates only. Submit all <i>C. glabrata</i> and <i>C. auris</i> isolates. For other species, submit isolat upon identification of new species and every 30 calendar days for each species identified.				
CRAB	See detailed guidance for multidrug resistant organisms.				
CRE	See detailed guidance for multidrug resistant organisms.				
CRPA	See detailed guidance for multidrug resistant organisms.				
Corynebacterium diphtheria	Submit all isolates.				
Escherichia coli O157	Submit first isolate per specimen source. If tested by non-culture methods, send isolate if available from reflex culture; send stool/broth specimen if no isolate available.				
E. coli, invasive	Cases < 1 year of age or upon request from DPH; from sterile sites. ¹ Submit one isolate per specimen source per collection date.				
Group A Streptococcus, invasive	From sterile sites. ¹ Submit one isolate per specimen source per collection date.				
Group B Streptococcus, invasive	Cases < 1 year of age only; from sterile sites. ¹ Submit one isolate per specimen source per collection date.				
Human papilloma virus	Upon request from DPH, submit fixed issue from the diagnostic specimen for HPV typing.				
Haemophilus influenzae, invasive	From sterile sites. 1 Submit one isolate per specimen source per collection date.				
Legionella spp.	Submit all isolates.				
Listeria monocytogenes	Submit all isolates.				
Mycobacterium tuberculosis Related Testing	Submit first isolate, unless otherwise specified by DPH.				
Neisseria meningitidis, invasive	From sterile sites. Submit one isolate per specimen source per collection date.				
Plasmodium spp.	Submit first specimen.				
Salmonella spp.	Submit first isolate per specimen source. If tested by non-culture methods, send isolate if available from reflex culture; send stool specimen if no isolate available.				
SARS-CoV	Submit all positive specimens.				
Shiga toxin	Submit first positive broth or stool specimen.				
Shigella spp.	Submit first isolate per specimen source. If tested by non-culture methods, send isolate if available from reflex culture; send stool specimen if no isolate available.				
Staphylococcus aureus, vancomycin MIC ≥4 μg/mL	Submit one isolate per specimen source per collection date. May require discussion with DPH if multiple positives identified depending upon stability of MIC values at clinical lab.				
Staphylococcus epidermidis, vancomycin MIC ≥32 μg/mL	Submit one isolate per specimen source per collection date. May require discussion with DPH if multiple positives identified depending upon stability of MIC values at clinical lab.				
Streptococcus pneumoniae	From sterile sites. Submit one isolate per specimen source per collection date.				
Vibrio spp.	Submit first isolate per specimen source. If tested by non-culture methods, send isolate if available from reflex culture; send stool specimen if no isolate available.				
Yersinia spp., not pestis	Submit first isolate per specimen source. If tested by non-culture methods, send isolate if available from reflex culture; send stool specimen if no isolate available.				
Bioterrorism Agents					
Bacillus anthracis Brucella spp. Burkholderia mallei Burkholderia pseudomallei Variola virus Yersinia pestis	Call DPH immediately. Weekdays: (860) 509-7994. Evenings, weekends, holidays: (860) 509-8000. Submit all specimens.				

¹ 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.



Manisha Juthani, MD Commissioner



Ned Lamont Governor Susan Bysiewicz Lt. Governor

DPH Authority to Conduct Public Health Activities

Pursuant to Connecticut General Statutes (CGS) and Regulations of Connecticut State Agencies included below, the requested information is required to be provided to the Department of Public Health (DPH). Health care providers must complete this form for patients diagnosed with any reportable disease, emergency illness, or health condition.

Connecticut General Statutes

CGS § 19a-2a authorizes the Commissioner of Public Health to employ the most efficient and practical means for the prevention and suppression of disease

<u>CGS § 19a-215</u> defines the Commissioner's lists of reportable diseases, emergency illnesses and health conditions and reportable laboratory findings. Reporting requirements and describes the reporting requirements for health care providers and clinical laboratories.

CGS § 52-146o(b)(1) authorizes the release of medical information to DPH without patient consent.

Regulations of Connecticut State Agencies

Conn. Agencies Regs., § 19a-36-A2: List of reportable diseases and laboratory findings includes the reporting category of each disease, procedures for the reporting, and minimum investigation and control measures for each disease. Listed diseases are declared reportable diseases as of the effective date of approval by the commissioner.

Conn. Agencies Regs., § 19a-36-A3: Persons required to report reportable diseases and laboratory findings identifies professionals responsible for disease reporting including:

- 1) health care providers;
- 2) the administrator serving a public or private school or day care center attended by any person affected or apparently affected with such disease;
- 3) the person in charge of any camp;
- 4) the master or any other person in charge of any vessel lying within the jurisdiction of the state;
- 5) the master or any other person in charge of any aircraft landing within the jurisdiction of the state;
- 6) 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;
- 7) morticians and funeral directors.

Conn. Agencies Regs., § 19a-36-A4: Content of report and reporting of reportable diseases and laboratory findings describes what information 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.

In addition, the federal <u>Health Insurance Portability and Accountability Act of 1996 (HIPAA)</u> provides the legal framework necessary to allow health care providers to release protected health information (PHI) and for DPH to collect PHI for public health activities.

Code of Federal Regulations (CFR)

45 CFR § 164.501: Definitions.

DPH is a "public health authority" Please note: "health oversight agency" includes entities "acting under a grant of authority from or contract with such public agency."

45 CFR § 164.512: Uses and disclosures for which an authorization or opportunity to agree or object is not required.

- (a)(1) authorizes health care providers to disclose PHI when required by law which includes statutes or regulations that require the production of PHI.
- (b)(1) authorizes health care providers to disclose PHI for public health activities.
- (b)(1)(i) authorizes health care providers to disclose PHI to a public health authority authorized by law for the purpose of preventing or controlling disease, injury, or disability, including the reporting of disease, public health surveillance, public health investigations, and public health interventions.

45 CFR § 164.514: Other requirements relating to uses and disclosures of protected health information.

(d)(3)(iii) providers may rely upon public officials' position that PHI disclosures are the minimum amount necessary to achieve the purpose of the disclosure.

For questions about this form or disease reporting, please call (860) 509-7994.

