

PD-23 | Reportable Disease Case Report Form



**CONNECTICUT
PUBLIC HEALTH**

Department of Public Health
410 Capitol Avenue, MS#11FDS
P.O. Box 340308
Hartford, CT 06134-0308
Phone: (860) 509-7994
Fax: (860) 629-6962

Instructions:

1. This form is for general disease reporting and should be used unless a specialized reporting form is indicated. Diseases with specialized reporting forms are asterisked (*) in the disease lists below and links to the forms are available in the lower center column.
2. Fax completed PD-23 forms to **(860) 629-6962** or Hospital IPs can enter directly into CTEDSS (when applicable).
3. Copies must also be sent to the Director of Health of the city or town where the patient resides and kept in the patient's medical record.
4. Contact information for all [Connecticut Health Directors](#) is available on the DPH website.

2024 Reportable Diseases, Emergency Illnesses, And Health Conditions (July Update)

Category 1 Diseases

1. Report by phone on the day of diagnosis or suspicion.
Business hours: (860) 509-7994
Evenings, weekends, holidays: (860) 509-8000
2. Complete and submit a PD-23 within 12 hours.

- Acute HIV Infection* ^{1, 2}
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Measles
- Melioidosis
- Meningococcal disease
- Outbreaks
 - foodborne (involving ≥ 2 persons)
 - institutional
 - unusual disease or illness ³
- Plague
- Poliomyelitis
- Q fever
- Rabies
- Ricin poisoning
- Severe Acute Respiratory Syndrome (SARS)
- Smallpox
- Staphylococcal enterotoxin B pulmonary poisoning
- *Staphylococcus aureus* disease, reduced or resistant susceptibility to vancomycin ¹
- Syphilis, congenital*
- Tuberculosis*
- Tularemia
- Venezuelan equine encephalitis virus infection
- Viral hemorrhagic fever
- Yellow fever

Footnotes

1. Report only to DPH.
2. As described in the [CDC case definition](#).
3. Individual cases of "significant unusual illness" are also reportable.
4. Report COVID-19 cases only when a diagnostic test was performed on-site in a healthcare facility (provider's office, urgent care clinic, long-term care facility, etc.).
5. Invasive disease: from sterile fluid (blood, CSF, pericardial, pleural, peritoneal, joint, or vitreous), bone, internal body sites, or other normally sterile site, including muscle.
6. 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](#).
7. On request from the DPH and if adequate serum is available, send serum from patients with HUS to the State Public Health Laboratory for antibody testing.
8. Clinical sepsis and blood or CSF isolate obtained from an infant <3 days of age.
9. Community-acquired: infection present on admission to hospital, and person has no previous hospitalizations or regular contact with the health-care setting.

Category 2 Diseases

1. Complete and submit a PD-23 within 12 hours.
2. A Hospital IP entering a case in CTEDSS (when applicable) satisfies the reporting requirement.

- Acquired Immunodeficiency Syndrome (AIDS)* ^{1, 2}
- Acute flaccid myelitis
- Anaplasmosis
- Babesiosis
- Blastomycosis
- *Borrelia miyamotoi* disease
- California group arbovirus infection
- Campylobacteriosis
- *Candida auris*
- Chancroid
- Chickenpox (Varicella)*
- Chickenpox-related death*
- Chikungunya
- Chlamydia (*C. trachomatis*) (all sites)*
- COVID-19 (SARS-CoV-2 infection) ⁴
- COVID-19 death
- COVID-19 hospitalization
- *Cronobacter*
- Cryptosporidiosis
- Cyclosporiosis
- Dengue
- E-cigarette or vaping product use associated lung injury (EVALI)*
- Eastern equine encephalitis virus infection
- *Ehrlichia chaffeensis* infection
- *Escherichia coli* O157:H7 infection
- *Escherichia coli*, invasive in infants <1 year of age ⁵
- Gonorrhea*
- Group A Streptococcal disease, invasive ⁵
- Group B Streptococcal disease, invasive ⁵
- *Haemophilus influenzae* disease, invasive ⁵
- Hansen's disease (Leprosy)
- Healthcare-associated infections ⁶
- Hemolytic-uremic syndrome ⁷
- Hepatitis A
- Hepatitis B
 - acute infection ²
 - HBsAg positive pregnant women
- Hepatitis C
 - acute infection ²
 - perinatal infection
 - positive rapid antibody test result
- Histoplasmosis
- HIV-1/HIV-2 infection* ^{1, 2}
- HPV: biopsy proven CIN 2, CIN 3, or AIS or their equivalent ¹
- Influenza-associated death
- Influenza-associated hospitalization
- Legionellosis
- Listeriosis
- Malaria
- Mercury poisoning
- Mpx
- Multisystem inflammatory syndrome in children (MIS-C)
- Mumps
- Neonatal bacterial sepsis ⁸
- Occupational asthma*
- Pertussis
- Pneumococcal disease, invasive ⁵
- Powassan virus infection
- Respiratory Syncytial Virus (RSV) associated death
- RSV-associated hospitalization
- Rocky Mountain spotted fever
- Rubella (including congenital)
- Salmonellosis
- Shiga toxin-related diseases (gastroenteritis)
- Shigellosis
- Silicosis
- St. Louis encephalitis virus infection
- *Staphylococcus aureus* methicillin-resistant disease, invasive, community acquired ^{5, 9}
- *Staphylococcus epidermidis* disease, reduced or resistant susceptibility to vancomycin ¹
- Syphilis*
- Tetanus
- Trichinosis
- Typhoid fever
- *Vaccinia* disease
- *Vibrio* infection (*V. parahaemolyticus*, *V. vulnificus*, others)
- West Nile virus infection
- Zika virus infection

Specialized Reporting Forms

Report Type	Fax to:
Chickenpox (Varicella) Report	(860) 707-1905
HIV Case Report Form	(860) 509-8237
Occupational Diseases Report	(860) 730-8424
Sexually Transmitted Diseases	(860) 730-8380
Tuberculosis Report Form	(860) 730-8271
Vaping Lung Injury Case Report	(860) 706-1262

DPH Infectious Disease Programs

Program	Phone:
Epidemiology & Emerging Infections	(860) 509-7994
Healthcare Associated Infections	(860) 509-7995
HIV/HCV Surveillance Program	(860) 509-7900
Immunization Program	(860) 509-7929
STD Control Program	(860) 509-7920
Tuberculosis Control Program	(860) 509-7722

Questions or weekday Category I Disease phone reporting: (860) 509-7994
Evening, weekend, and holiday phone reporting: (860) 509-8000

DISEASE INFORMATION

Disease Name:

Onset Date: Diagnosis Date:

REPORT INFORMATION

Person Completing Report: Phone #: E-mail:

Reporting Facility: City: State: Date of Report:

PATIENT INFORMATION

Patient Name (Last): (First): (Middle): Date of Birth: Age:

Parent or Guardian Name (for patients < 18 years of age):

Current Address: City: State: Zip Code: Phone #:

Mobile Home Work

Sex at Birth: Male Female Unknown

Current Gender Identity: Male Female Nonbinary Transgender male-to-female (MTF) Transgender female-to-male (FTM) Other Gender:

Is the patient currently pregnant? Yes No Unknown

Due Date:

Race (Check all that apply): American Indian/Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander White Other Race:

Ethnicity: Hispanic/Latino Non-Hispanic/Latino Unknown Refused

Primary Language: English Spanish Other language:

Is condition work-related? Yes No Unknown

Occupation:

Select applicable risk setting(s): Healthcare worker Student Currently incarcerated Daycare worker Food handler Formerly incarcerated Daycare attendee LTC facility resident Unhoused

Name and address of workplace, school, daycare, prison, or other risk setting:

Has the patient recently traveled outside of the US? Yes No Unknown Country: Dates of travel: to

LABORATORY INFORMATION

Laboratory Name: Laboratory City: Laboratory State:

Test(s) Ordered:

Specimen Collection Date: Specimen Type: Date Tested: Result Date:

Ordering Healthcare Provider: Phone #: Facility Name: City: State:

CLINICAL INFORMATION

Was the patient hospitalized? Yes Hospital: No Admit Date: Unkn Discharge Date:

Symptomatic? Yes Symptoms: No Onset Date: Unkn

Vaccinated for current illness? Yes Vaccine Type: No Last Vax Date: Unkn

Vital Status: Alive Dead Date of Death:

VIRAL HEPATITIS

Adult Perinatal HAV HBV HCV

Symptoms

Jaundice Onset Date:

Other: Onset Date:

ALT Result: Draw Date:

Bilirubin Result: Draw Date:

HAV

IgM anti-HAV Pos Neg Draw date:

HBV

HBsAg Pos Neg Draw Date:

HBV chronic carrier Yes No Unknown

HCV

Anti-HCV Rapid Serum Pos Neg Draw Date:

HCV RNA Detected Not Det IU/mL:

Date of last negative HCV antibody test:

Risk information

Injection drug use

Other drug use

Sex with men

Multiple sex partners

Contact with infected person(s)

Household

Sexual

Hemodialysis

Blood transfusion

Other:

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

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.

[CGS § 19a-215](#) 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 [Health Insurance Portability and Accountability Act of 1996 \(HIPAA\)](#) 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.



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