

# Connecticut Epidemiologist



## Reportable Diseases and Laboratory Findings – 2026

As required by Connecticut General Statutes § 19a-2a and Conn. Agencies Regs. § 19a-36-A2, the List of Reportable Diseases, Emergency Illnesses and Health Conditions and the List of Reportable Laboratory Findings are revised annually by the Department of Public Health (DPH).

An advisory committee consisting of public health officials, clinicians, and laboratorians contributes to this process. For 2026, the following changes were approved:

- **Provider reporting:** no additions, 2 removals, 1 modification;
- **Laboratory reporting:** no additions, no removals, 4 modifications;
- **Specimen or isolate submission:** no additions, no removals, 1 modification.

Revised reporting forms can be found on the [DPH “Forms” webpage](#).

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## Changes at a Glance

Effective January 1, 2026			
Disease or Pathogen	Provider Reporting	Laboratory Reporting	Specimen or Isolate Submission
Babesiosis	No change	Modification	—
Chlamydia	Removed	No change	—
EVALI	Removed	—	—
Hepatitis A	Modification	—	—
Hepatitis B	No change	Modification	—
Hepatitis-related tests	No change	Modification	—
Pertussis	No change	Modification	Modification

### Reporting Changes for Providers

#### 1. Chlamydia - Removed

Chlamydia, the most frequently reported sexually transmitted infection in Connecticut, disproportionately affects young females and can lead to reproductive complications if untreated. Routine investigations by Disease Intervention Specialists (DIS) ended in 2013 due to limited workforce capacity and shifting priorities toward syphilis. The reporting change removes chlamydia from the provider reporting list while maintaining surveillance through laboratory reporting. DPH staff will continue case deduplication and classification in accordance with the [CDC case definition](#).

#### 2. EVALI - Removed

Electronic cigarette and vaping-associated lung injury (EVALI) caused a significant outbreak in 2019–2020, leading to numerous hospitalizations and two potential EVALI-associated deaths among Connecticut residents; however, case incidence and morbidity and mortality have been greatly reduced since the beginning of 2020. Since the original outbreak has been over for several years with few reports since that time, EVALI is being removed from the provider reporting list.

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

### Reporting Changes for Providers *(continued)*

#### 3. Hepatitis A - Modified

Hepatitis A is a highly contagious, fecal-oral-transmitted viral infection that can cause severe illness, particularly among susceptible populations. The reporting modification clarifies that only *acute* hepatitis A infections, as defined by the [CDC case definition](#), are provider reportable in Connecticut, aligning state reporting with national standards and existing practices for acute hepatitis B and C.

### Reporting Changes for Laboratories

#### 1. Babesiosis - Modified

Babesiosis, the second most commonly reported tick-borne disease in Connecticut, is primarily caused by *Babesia microti*. To align with the [2025 CSTE/CDC case definition](#), laboratory reporting has been modified to remove IgM (titer) and the "Other" test field and requires reporting of IgG ≥1:256 and other diagnostic methods (blood smear, PCR). DPH epidemiologists will conduct follow-up with providers to collect case information.

#### 2. *Bordetella* - Modified

*Bordetella pertussis* causes pertussis (whooping cough), a contagious respiratory illness that can cause severe disease, especially in infants and immunocompromised individuals. Importantly, other *Bordetella* species can cause similar disease.

To strengthen surveillance, laboratory reporting will be expanded to include all *Bordetella* species, with laboratories reporting all positive PCR and culture results and submitting isolates or specimens to the State Public Health Laboratory.

#### 3. Hepatitis-related Testing - Modified

Viral hepatitis remains a significant public health concern, with prompt identification of acute hepatitis A, B, and C cases essential for effective investigation and prevention. To improve acute case detection amid high reporting volume and incomplete clinical information, laboratories will be required to submit ALT and bilirubin results for patients with positive hepatitis A, B, or C tests, allowing DPH to more efficiently identify and follow up on acute infections using existing surveillance systems.

#### 4. Hepatitis B - Modified

Hepatitis B is a vaccine-preventable liver infection transmitted through infected blood or body fluids and can lead to chronic disease with serious outcomes. Prompt identification, especially during pregnancy, supports vaccination, treatment, and prevention efforts. The reporting change streamlines laboratory reporting by removing negative IgM anti-HBc findings, limiting HBeAg reporting to positive results sent in electronic formats only, and expanding HBV DNA reporting to include all nucleic acid amplification tests. Implementation will occur through updates to reporting forms and coordination with laboratories.

## Health Care Provider Reportable Diseases, Emergency Illnesses and Health Conditions: Category I

<b>Reporting Category I Diseases</b>	1. <u>Report to DPH by phone on the day of diagnosis or suspicion.</u>	2. Complete and submit <u>PD-23 case report</u> within 12 hours. Diseases with specialized reporting forms are asterisked (*) in the disease list below.
	Business hours: (860) 509-7994 Evenings, weekends, holidays: (860) 509-8000	3. Report to the local <u>Director of Health</u> for the town where the patient resides.

- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"> <li>• Acute HIV Infection* (1,2)</li> <li>• Anthrax</li> <li>• Botulism</li> <li>• Brucellosis</li> <li>• Cholera</li> <li>• Diphtheria</li> <li>• Measles</li> <li>• Melioidosis</li> <li>• Meningococcal disease</li> </ul> | <ul style="list-style-type: none"> <li>• Outbreaks                             <ul style="list-style-type: none"> <li>◦ foodborne (involving ≥ 2 persons)</li> <li>◦ institutional</li> <li>◦ unusual disease or illness (3)</li> </ul> </li> <li>• Plague</li> <li>• Poliomyelitis</li> <li>• Q fever</li> <li>• Rabies</li> <li>• Ricin poisoning</li> <li>• Severe Acute Respiratory Syndrome (SARS)</li> </ul> | <ul style="list-style-type: none"> <li>• Smallpox</li> <li>• Staphylococcal enterotoxin B pulmonary poisoning</li> <li>• <i>Staphylococcus aureus</i> disease, reduced or resistant susceptibility to vancomycin (1)</li> <li>• Syphilis, congenital*</li> <li>• Tuberculosis*</li> <li>• Tularemia</li> <li>• Venezuelan equine encephalitis virus infection</li> <li>• Viral hemorrhagic fever</li> <li>• Yellow fever</li> </ul> |
|--|--|---|

### Reportable Disease Case Report Forms

Report Type	Fax to:	Report Type	Fax to:
<a href="#">PD-23 Case Report Form</a>	(860) 629-6962	<a href="#">Sexually Transmitted Diseases</a>	(860) 730-8380
<a href="#">HIV Case Report Form</a>	(860) 509-8237	<a href="#">Tuberculosis Report Form</a>	(860) 730-8271

Health Care Provider Reportable Diseases, Emergency Illnesses and Health Conditions: Category 2

Reporting Category 2 Diseases

1. Complete and submit a PD-23 case report within 12 hours. Fax: (860) 629-6962
2. A Hospital IP entering a case in CTEDSS (when applicable) satisfies the reporting requirement.
3. Diseases with specialized reporting forms are asterisked (\*) in the list and linked below.

- Acquired Immunodeficiency Syndrome (AIDS)\* (1, 2)
- Acute flaccid myelitis
- Anaplasmosis
- Babesiosis
- Blastomycosis
- Blood lead  $\geq 3.5\mu\text{g/dL}$  in pregnant persons (4)
- *Borrelia miyamotoi* disease
- California group arbovirus infection
- Campylobacteriosis
- *Candida auris*
- Chancroid
- Chickenpox (Varicella)\*
- Chickenpox-related death\*
- Chikungunya
- COVID-19 death
- COVID-19 hospitalization
- *Cronobacter* in infants (<1 year)
- Cryptosporidiosis
- Cyclosporiasis
- Dengue
- Eastern equine encephalitis virus infection
- *Ehrlichia chaffeensis* infection
- *Escherichia coli* O157:H7 infection
- *Escherichia coli*, invasive, in infants (<1 year)
- 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
  - acute infection (2)
- 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
- Mpox
- Multisystem inflammatory syndrome in children (MIS-C)
- Mumps
- Neonatal bacterial sepsis (8)
- Occupational asthma\*
- Oropouche virus infection
- Pertussis
- Pneumococcal disease, invasive (5)
- Powassan virus infection
- Respiratory Syncytial Virus (RSV) associated death
- RSV-associated hospitalization
- Rubella (including congenital)
- Salmonellosis
- Shiga toxin-related diseases (gastroenteritis)
- Shigellosis
- Silicosis
- Spotted fever rickettsiosis
- St. Louis encephalitis virus infection
- Syphilis\*
- Tetanus
- Trichinosis
- Typhoid fever
- *Vaccinia* disease
- *Vibrio* infection (*V. parahaemolyticus*, *V. vulnificus*, others)
- West Nile virus infection
- Zika virus infection

Reportable Disease Case Report Form (PD-23) 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. Fax PD-23 to (959) 200-4751.
5. Invasive disease: identified from sterile fluids (blood, CSF, pericardial, pleural, peritoneal, joint, vitreous), bone, internal body sites, or other normally sterile site, including muscle.
6. Report Healthcare Associated Infections (HAIs) as required by Conn. Gen. Stat. §§ 19a-490o and 19a-215. Detailed instructions on the types of HAIs, facility types, 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.

Reportable Disease Case Report Forms

Report Type	Fax to:
<u>PD-23 Case Report Form</u>	(860) 629-6962
<u>Chickenpox (Varicella) Report</u>	(860) 707-1905
<u>HIV Case Report Form</u>	(860) 509-8237
<u>Occupational Diseases Report</u>	(860) 730-8424
<u>Sexually Transmitted Diseases</u>	(860) 730-8380

Contact DPH Infectious Disease Programs

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

## Reportable Laboratory Findings

1. Clinical laboratory directors must send results within 48 hrs of the finding.
2. Fax [Reportable Laboratory Findings Form \(OL-15C\)](#) to (860) 920-3131 or submit via electronic format.
3. Please refer to the [Laboratory Reportable Diseases webpage](#) for full reporting details.

- *Anaplasma phagocytophilum*
- *Babesia*
- *Blastomyces* spp.
- *Bordetella* spp. (1,3)
- *Borrelia burgdorferi* (2)
- *Borrelia mayonii*
- *Borrelia miyamotoi*
- California group virus spp. (3)
- *Campylobacter* spp. (1,3)
- *Candida auris* (1,3)
- *Candida* spp. (1)
- Carbapenem-resistant *Acinetobacter baumannii* (CRAB) (1,4)
- Carbapenem-resistant *Enterobacteriales* (CRE) (1,3,4)
- Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA) (1,4)
- Carboxyhemoglobin >5% (2)
- Chikungunya virus
- *Chlamydia trachomatis*
- *Clostridium difficile* (5)
- *Corynebacterium diphtheria* (1)
- *Cronobacter* spp. [infants < 1 year] (1,3)
- *Cryptosporidium* spp. (3)
- *Cyclospora* (1,3)
- Dengue virus
- Eastern equine encephalitis virus
- *Ehrlichia chaffeensis*
- Enterotoxigenic *Escherichia coli*
- *Escherichia coli* O157 (1)
- *Escherichia coli*, invasive (2,4)
- *Giardia* spp. (3)
- Group A *Streptococcus* (1,4)
- Group B *Streptococcus* (1,4)
- *Haemophilus ducreyi*
- *Haemophilus influenzae* (1,4)
- Hepatitis A (6)
- Hepatitis B (2,6,7)
- Hepatitis C (6,8)
- Herpes simplex virus [infants < 60 days of age]
- *Histoplasma capsulatum*
- HIV [Report only to the State] (9)
- HPV [Report only to the State] (11)
- Influenza virus [Report only to the State] (2)
- Lead poisoning (10)
- *Legionella* spp. (1,3)
- *Listeria monocytogenes* (1)
- Mercury poisoning
- Monkeypox virus
- Mumps (11)
- *Mycobacterium leprae*
- *Mycobacterium tuberculosis* (1)

- *Neisseria gonorrhoeae*
- *Neisseria meningitidis*, invasive (1,4)
- Neonatal bacterial sepsis spp. (3,12)
- Oropouche virus
- *Plasmodium* spp. (1,3)
- Poliovirus
- Powassan virus
- Rabies virus
- Respiratory syncytial virus
- *Rickettsia akari*
- *Rickettsia parkeri*
- *Rickettsia rickettsii*
- *Rickettsia rickettsii* (sub-spp *californica*)
- Rubella virus (11)
- Rubeola virus (11)
- *Salmonella* (1,3)
- SARS-CoV (1)
- SARS-CoV-2 (13)
- Shiga toxin (1)
- *Shigella* spp. (1,3)
- St. Louis encephalitis
- *Staphylococcus aureus*, invasive (4)
- *Staphylococcus aureus*, vancomycin MIC  $\geq 4$   $\mu\text{g/mL}$  (1)
- *Staphylococcus epidermidis*, vancomycin MIC  $\geq 32$   $\mu\text{g/mL}$  (1)
- *Streptococcus pneumoniae* (1,4)
- *Treponema pallidum* (14)
- *Trichinella*
- Varicella-zoster virus
- *Vibrio* spp. (1,3)
- West Nile virus
- Yellow fever virus
- *Yersinia* spp. [non-*pestis*] (3)
- Zika virus

## Bioterrorism Agents (15)

- *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
- Variola virus (1)
- Venezuelan equine encephalitis virus
- Viral agents of hemorrhagic fevers
- *Yersinia pestis* (1)

## Footnotes for Laboratory Reportable Findings

1. Isolate/specimen submission to the State Public Health Laboratory required. See page two for submission requirements by pathogen.
2. Only laboratories with electronic file reporting are required to report positive results.
3. Specify species/serogroup/serotype.
4. From sterile sites: 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. Report all *C. difficile* positive stool samples by electronic reporting or upon request from DPH.
6. Report ALT and Total Bilirubin results if conducted within one week of positive test, if available.
7. Report all positive HBsAg. Report negative HBsAg and all anti-HBs results only in children  $\leq 2$  years old.
8. Report positive antibody, and all RNA and genotype results.
9. 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.
10. Report results  $>3.5$   $\mu\text{g/dL}$  within 48 hours to the Local Health Department and DPH; submit ALL lead results at least monthly to DPH only. Electronic reporting preferred.
11. Report all IgM positive titers; only report IgG titers considered significant by the lab that performed the test.
12. Report all bacterial isolates from blood or CSF from infants  $<3$  days of age.
13. Hospital laboratories and other providers with electronic reporting only.
14. Report negative TP-PA/TPPA or FTA-ABS via electronic file.
15. Call DPH: Weekdays (860) 509-7994  
Evenings, weekends, holidays (860) 509-8000

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

Reportable Finding	Which specimens should be submitted?
<i>Bordetella</i> spp.	Submit all isolates, specimens, and/or DNA.
<i>Campylobacter</i>	Submit all isolates.
<i>Candida auris</i>	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.
<i>Candida</i> spp. (other than <i>C. auris</i> )	Blood isolates only. Submit all <i>C. glabrata</i> and <i>C. parapsillosis</i> isolates. For other species, submit isolate 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.
<i>Cronobacter</i> in infants (<1 year)	Submit all isolates.
CRPA	See detailed guidance for multidrug resistant organisms.
<i>Corynebacterium diphtheria</i>	Submit all isolates.
<i>Cyclospora</i>	Submit positive stool.
<i>Escherichia coli</i> 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.
<i>E. coli</i> , invasive	Cases < 1 year of age or upon request from DPH; from sterile sites. <sup>1</sup> Submit one isolate per specimen source per collection date.
Group A <i>Streptococcus</i> , invasive	From sterile sites. <sup>1</sup> Submit one isolate per specimen source per collection date.
Group B <i>Streptococcus</i> , invasive	Cases < 1 year of age only; from sterile sites. <sup>1</sup> 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.
<i>Haemophilus influenzae</i> , invasive	From sterile sites. <sup>1</sup> Submit one isolate per specimen source per collection date.
<i>Legionella</i> spp.	Submit all isolates.
<i>Listeria monocytogenes</i>	Submit all isolates.
<i>Mycobacterium tuberculosis</i> Related Testing	Submit first isolate, unless otherwise specified by DPH.
<i>Neisseria meningitidis</i> , invasive	From sterile sites. <sup>1</sup> Submit one isolate per specimen source per collection date.
<i>Plasmodium</i> spp.	Submit first specimen.
<i>Salmonella</i> 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.
<i>Shigella</i> spp.	Submit first isolate per specimen source.
<i>Staphylococcus aureus</i> , vancomycin MIC $\geq 4$ $\mu\text{g/mL}$	Submit one isolate per specimen source per collection date. <i>May require discussion with DPH if multiple positives identified depending upon stability of MIC values at clinical lab.</i>
<i>Staphylococcus epidermidis</i> , vancomycin MIC $\geq 32$ $\mu\text{g/mL}$	Submit one isolate per specimen source per collection date. <i>May require discussion with DPH if multiple positives identified depending upon stability of MIC values at clinical lab.</i>
<i>Streptococcus pneumoniae</i>	From sterile sites. <sup>1</sup> Submit one isolate per specimen source per collection date.
<i>Vibrio</i> 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.
Bioterrorism Agents	
<i>Bacillus anthracis</i>	<p><b>Call DPH immediately</b> Weekdays: (860) 509-7994 Evenings, weekends, holidays: (860) 509-8000 Submit all specimens.</p>
<i>Brucella</i> spp.	
<i>Burkholderia mallei</i>	
<i>Burkholderia pseudomallei</i>	
<i>Coxiella burnetii</i>	
<i>Francisella tularensis</i>	
Variola virus	
<i>Yersinia pestis</i>	

<sup>1</sup> 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.

Persons Required to Report Reportable Diseases, Emergency Illnesses and Health Conditions

1. Health care providers who treat or examine 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 Significant 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 REPORTING INFORMATION

1. The Reportable Disease 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.
2. The Laboratory Report of Significant Findings Form (OL-15C) can be used by staff of clinical laboratories to report evidence suggestive of reportable diseases.
3. Reporting forms can be found at: (<https://portal.ct.gov/DPH/Communications/Forms/Forms>).
4. Please follow these guidelines when submitting paper 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.
  - Fax completed PD-23 forms to DPH via fax number (860) 629-6962.
  - Fax completed OL-15C forms to DPH via fax number (860) 920-3131.



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Infectious Diseases Branch Programs

<a href="#"><u>Epidemiology &amp; Emerging Infections</u></a>	(860) 509-7994	<a href="#"><u>Immunization Program</u></a>	(860) 509-7929
<a href="#"><u>Healthcare Associated Infections</u></a>	(860) 509-7995	<a href="#"><u>Respiratory Viral Diseases</u></a>	(860) 509-7994
<a href="#"><u>HIV/HCV Prevention Program</u></a>	(860) 509-7797	<a href="#"><u>STD Control Program</u></a>	(860) 509-7920
<a href="#"><u>HIV Healthcare and Support Services</u></a>	(860) 509-7801	<a href="#"><u>Tuberculosis Control Program</u></a>	(860) 509-7722

Connecticut Epidemiologist Newsletter

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