PD-23 (2026) | Reportable Disease Case Report Form

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.

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

Reportable Diseases, Emergency Illnesses, and Health Conditions

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 PD-23 case report within 12 hours. Diseases with specialized reporting forms are asterisked (*) in the disease list below.
3. Report to the local Director of Health for the town where the patient resides.

- 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
- Syphilis, congenital*
- Tuberculosis*
- Tularemia
- Venezuelan equine encephalitis virus infection
- Viral hemorrhagic fever
- Yellow fever

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

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 below.

- Acquired Immunodeficiency Syndrome (AIDS)* (1,2)
- Acute flaccid myelitis
- Anaplasmosis
- Babesiosis
- Blastomycosis
- Blood lead ≥ 3.5µg/dL in pregnant persons (4)
- *Borrelia miyamotoi* disease
- California group arbovirus infection
- Campylobacteriosis
- *Candida auris* infection
- Chancroid
- Chickenpox (Varicella)*
- Chickenpox-related death*
- Chikungunya
- COVID-19 death
- COVID-19 hospitalization
- *Cronobacter* (infants <1 year)
- Cryptosporidiosis
- Cyclosporiasis
- Dengue
- Eastern equine encephalitis virus infection
- *Ehrlichia chaffeensis* infection
- *Escherichia coli* O157:H7 infection
- *Escherichia coli*, invasive (infants <1 year) (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
  - 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 (gasteroenteritis)
- 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

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

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

CONNECTICUT PUBLIC HEALTH

PD-23 | Reportable Disease Case Report Form (2026)

Questions or weekday Category 1 Disease phone reporting: (860) 509-7994
Evening, weekend, and holiday phone reporting: (860) 509-8000

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410 Capitol Avenue, MS#11FDS
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Hartford, CT 06134-0308

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 Due Date:
- No
- Unknown

Pregnant patients at risk for lead exposure:
- Blood lead result ≥ 3.5µg/dL

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

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
- Daycare worker
- Daycare attendee
- Student
- Food handler
- LTC facility resident
- Currently incarcerated
- Formerly incarcerated
- 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
- Unkn Onset Date:

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 IU/mL Not Det
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:

CONNECTICUT

Department of Public Health

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.

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