



Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings Changes for 2020

As required by Conn. Gen. Stat. §19a-2a and Conn. Agencies Regs. §19a-36-A2, the Commissioner of the Department of Public Health (DPH) is required to declare an annual list of Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings. The list of Reportable Diseases, Emergency Illnesses and Health Conditions has two parts: (A) reportable diseases; and (B) reportable emergency illnesses and conditions. An advisory committee, consisting of public health officials, clinicians, and laboratorians, contribute to the annual process. There are 2 additions and 1 removal from the healthcare provider list, and 1 addition and 2 modifications to the laboratory list. No changes have been made to emergency illnesses or health conditions.

Reportable disease and laboratory reporting forms are on the DPH “Forms” webpage at: <https://portal.ct.gov/DPH/Communications/Forms/Forms>.

Changes to the List of Reportable Diseases, Emergency Illnesses and Health Conditions

Part A: Reportable Diseases

E-cigarette or vaping product use associated lung injury (EVALI)

Provider reporting of lung injury associated with e-cigarette or vaping product use has been added as a Category 2 finding. This change is made to contribute to national surveillance with a goal of understanding the epidemiology and causes of these injuries, and to inform public health control and prevention measures. Additional information: <https://portal.ct.gov/DPH/Health-Education-Management--Surveillance/Tobacco/Vaping>.

| <i>In this issue...</i> | Page # |
|---|--------|
| Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings - Changes for 2020 | 1 |
| List of Reportable Diseases, Emergency Illnesses and Health Conditions - 2020 | 2 |
| List of Reportable Laboratory Findings - 2020 | 3 |
| Persons Required to Report Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings | 4 |

Hepatitis C, Perinatal Infection

Provider reporting of perinatal Hepatitis C infection has been added. Perinatal hepatitis C was added to the Centers for Disease Control and Prevention National Notifiable Conditions list in 2018. This addition will allow DPH to characterize the prevalence of perinatal HCV in Connecticut.

Carbon Monoxide Poisoning

Provider reporting of carbon monoxide (CO) poisoning has been removed. This change is being made to reduce the reporting burden for CO by providers. CO will remain a laboratory reportable finding to the DPH for only those laboratories with electronic reporting capabilities.

Changes to the List of Reportable Laboratory Findings

Respiratory Syncytial Virus

Laboratory reporting of respiratory syncytial virus (RSV) has been added. The DPH has been funded to conduct RSV surveillance to investigate the burden among and characteristics of children and adults hospitalized with RSV. Laboratories with electronic reporting capabilities to DPH are required to report all positive RSV reports to DPH. Laboratories in the process of ELR onboarding may be contacted periodically by DPH staff for electronic line lists of positive RSV reports.

(Continued on page 4)

REPORTABLE DISEASES, EMERGENCY ILLNESSES and HEALTH CONDITIONS - 2020

PART A: REPORTABLE DISEASES

Physicians, and other professionals are required to report using the Reportable Disease Confidential Case Report form (PD-23), other disease specific form or authorized method (see page 4 for additional information). Forms can be found on the DPH ["Forms" webpage](#) or by calling 860-509-7994. Mailed reports must be sent in envelopes marked "CONFIDENTIAL." Changes for 2020 are in **bold font**.

Category 1 Diseases: Report immediately by telephone (860-509-7994) on the day of recognition or strong suspicion of disease for those diseases marked with a telephone (☎). On evenings, weekends, and holidays call 860-509-8000. These diseases must also be reported by mail within 12 hours.

Category 2 Diseases: All other diseases not marked with a telephone must be reported by mail within 12 hours of recognition or strong suspicion of disease.

| | | |
|--|--|---|
| <p>Acquired Immunodeficiency Syndrome (1,2) Acute flaccid myelitis ☎ Acute HIV infection ☎ Anthrax Babesiosis <i>Borrelia miyamotoi</i> disease ☎ Botulism ☎ Brucellosis California group arbovirus infection Campylobacteriosis <i>Candida auris</i> Chancroid Chickenpox Chickenpox-related death Chikungunya Chlamydia (<i>C. trachomatis</i>) (all sites) ☎ Cholera Cryptosporidiosis Cyclosporiasis Dengue ☎ Diphtheria E-cigarette or vaping product use associated lung injury (EVALI) Eastern equine encephalitis virus infection <i>Ehrlichia chaffeensis</i> infection <i>Escherichia coli</i> O157:H7 gastroenteritis Gonorrhea Group A Streptococcal disease, invasive (3) Group B Streptococcal disease, invasive (3) <i>Haemophilus influenzae</i> disease, invasive (3) Hansen's disease (Leprosy) Healthcare-associated Infections (4) Hemolytic-uremic syndrome (5) Hepatitis A Hepatitis B: ▪ acute infection (2) ▪ HBsAg positive pregnant women</p> | <p>Hepatitis C: ▪ acute infection (2) ▪ perinatal infection ▪ positive rapid antibody test result HIV-1 / HIV-2 infection in: (1) ▪ persons with active tuberculosis disease ▪ persons with a latent tuberculous 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 (6) Influenza-associated hospitalization (6) Legionellosis Listeriosis Lyme disease Malaria ☎ Measles ☎ Melioidosis ☎ Meningococcal disease Mercury poisoning Mumps Neonatal bacterial sepsis (7) Neonatal herpes (≤ 60 days of age) Occupational asthma ☎ Outbreaks: ▪ Foodborne (involving ≥ 2 persons) ▪ Institutional ▪ Unusual disease or illness (8) Pertussis ☎ Plague Pneumococcal disease, invasive (3) ☎ Poliomyelitis Powassan virus infection ☎ Q fever</p> | <p>☎ Rabies ☎ Ricin poisoning Rocky Mountain spotted fever Rubella (including congenital) Salmonellosis ☎ SARS-CoV Shiga toxin-related disease (gastroenteritis) Shigellosis Silicosis ☎ Smallpox St. Louis encephalitis virus infection ☎ Staphylococcal enterotoxin B pulmonary poisoning ☎ <i>Staphylococcus aureus</i> disease, reduced or resistant susceptibility to vancomycin (1) <i>Staphylococcus aureus</i> methicillin-resistant disease, invasive, community acquired (3,9) <i>Staphylococcus epidermidis</i> disease, reduced or resistant susceptibility to vancomycin (1) Syphilis Tetanus Trichinosis ☎ Tuberculosis ☎ Tularemia Typhoid fever Vaccinia disease ☎ Venezuelan equine encephalitis virus infection <i>Vibrio</i> infection (<i>parahaemolyticus</i>, <i>vulnificus</i>, other) ☎ Viral hemorrhagic fever West Nile virus infection ☎ Yellow fever Zika virus infection</p> |
|--|--|---|

FOOTNOTES: (NOTE: a footnote was removed, and have been renumbered)

- | | |
|---|---|
| <p>1. Report only to State. 2. As described in the CDC case definition. 3. Invasive disease: from sterile fluid (blood, CSF, pericardial, pleural, peritoneal, joint, or vitreous) bone, internal body sites, or other normally sterile site including muscle. 4. 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: https://portal.ct.gov/DPH/Infectious-Diseases/HAI/Healthcare-Associated-Infections-and-Antimicrobial-Resistance.</p> | <p>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. 6. Reporting requirements are satisfied by submitting the Hospitalized and Fatal Cases of Influenza-Case Report Form in a manner specified by the DPH. 7. Clinical sepsis and blood or CSF isolate obtained from an infant ≤ 72 hours of age. 8. Individual cases of "significant unusual illness" are also reportable. 9. Community-acquired: infection present on admission to hospital, and person has no previous hospitalizations or regular contact with the health-care setting.</p> |
|---|---|

How to report: The PD-23 is the general disease reporting form and should be used if other specialized forms are not available. The PD-23 can be found on the DPH "Forms" webpage (<https://portal.ct.gov/DPH/Communications/Forms/Forms>). It can also be ordered by writing the Department of Public Health, 410 Capitol Ave., MS#11FDS, P.O. Box 340308, Hartford, CT 06134-0308 or by calling the Epidemiology and Emerging Infections Program (860-509-7994). Specialized reporting forms are available on the DPH ["Forms" webpage](#) or by calling the following programs: Epidemiology and Emerging Infections Program (860-509-7994) - [Hospitalized and Fatal Cases of Influenza](#), Healthcare Associated Infections (860-509-7995) - [National Healthcare Safety Network](#), HIV/AIDS Surveillance (860-509-7900) - [Adult HIV Confidential Case Report form](#), Immunizations Program (860-509-7929) - [Chickenpox Case Report \(Varicella\) form](#), Occupational Health Surveillance Program (860-509-7740) - [Physician's Report of Occupational Disease](#), [Sexually Transmitted Disease Program](#) (860-509-7920), and [Tuberculosis Control Program](#) (860-509-7722). National notifiable disease case definitions are found on the CDC [website](#).

Telephone reports of Category 1 disease should be made to the local Director of Health for the town in which the patient resides, and to the Epidemiology and Emerging Infections Program (860-509-7994). Tuberculosis cases should be directly reported to the Tuberculosis Control Program (860-509-7722). For the name, address, or telephone number of the local Director of Health for a specific town contact the Office of Local Health Administration (860-509-7660).

For public health emergencies on evenings, weekends, and holidays call 860-509-8000.

REPORTABLE LABORATORY FINDINGS—2020

The director of a clinical laboratory must report laboratory evidence suggestive of reportable diseases (see page 4 for additional information). The Laboratory Report of Significant Findings form (OL-15C) can be found on the DPH ["Forms" webpage](#) or by calling 860-509-7994. Changes for 2020 are in **bold font**.

| | | | | | | | | | | | | | | | |
|--|---|-------------------------------|-------------------------|--------------------------------|--------------------------------------|------------------------------|--------------------------|-------------------------------|-------|--|-------------------|--------------------------------------|----------------------------|------------------------------------|--|
| <p><i>Anaplasma phagocytophilum</i> by PCR only</p> <p><i>Babesia</i>: <input type="checkbox"/> IFA IgM (titer) _____ IgG (titer) _____ <input type="checkbox"/> Blood smear <input type="checkbox"/> PCR <input type="checkbox"/> Other _____ <input type="checkbox"/> <i>microti</i> <input type="checkbox"/> <i>divergens</i> <input type="checkbox"/> <i>duncani</i> <input type="checkbox"/> Unspecified</p> <p><i>Bordetella pertussis</i> (titer) _____ <input type="checkbox"/> Culture (1) <input type="checkbox"/> Non-pertussis <i>Bordetella</i> (1) (specify) _____ <input type="checkbox"/> DFA <input type="checkbox"/> PCR</p> <p><i>Borrelia burgdorferi</i> (2) <i>Borrelia miyamotoi</i></p> <p>California group virus (3) spp _____</p> <p><i>Campylobacter</i> (3) spp _____ <input type="checkbox"/> Culture <input type="checkbox"/> PCR <input type="checkbox"/> EIA</p> <p><i>Candida auris</i> [report samples from all sites] (1)</p> <p><i>Candida</i> spp. [blood isolates only]: _____ (1,3)</p> <p>Carbapenem-resistant <i>Acinetobacter baumannii</i> (CRAB) (1,4)</p> <p>Carbapenem-resistant Enterobacteriaceae (CRE) (1,3,4) Genus _____ spp _____</p> <p>Carboxyhemoglobin ≥ 5% (2) _____ % COHb</p> <p>Chikungunya virus</p> <p><i>Chlamydia trachomatis</i> (test type) _____</p> <p><i>Clostridium difficile</i> (5)</p> <p><i>Corynebacterium diphtheria</i> (1)</p> <p><i>Cryptosporidium</i> spp (3) _____ <input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> EIA <input type="checkbox"/> Microscopy <input type="checkbox"/> Other: _____</p> <p><i>Cyclospora</i> spp (3) _____ <input type="checkbox"/> PCR <input type="checkbox"/> Microscopy <input type="checkbox"/> Other: _____</p> <p>Dengue virus</p> <p>Eastern equine encephalitis virus</p> <p><i>Ehrlichia chaffeensis</i> <input type="checkbox"/> PCR <input type="checkbox"/> IgG titers ≥1:128 only <input type="checkbox"/> Culture</p> <p>Enterotoxigenic <i>Escherichia coli</i> (ETEC) <input type="checkbox"/> Culture <input type="checkbox"/> PCR</p> <p><i>Escherichia coli</i> O157 (1) <input type="checkbox"/> Culture <input type="checkbox"/> PCR</p> <p><i>Giardia</i> spp (3) _____</p> <p>Group A <i>Streptococcus</i>, invasive (1,4) <input type="checkbox"/> Culture <input type="checkbox"/> Other _____</p> <p>Group B <i>Streptococcus</i>, invasive (1,4) <input type="checkbox"/> Culture <input type="checkbox"/> Other _____</p> <p><i>Haemophilus ducreyi</i></p> <p><i>Haemophilus influenzae</i>, invasive (1,4) <input type="checkbox"/> Culture <input type="checkbox"/> Other _____</p> <p>Hepatitis A virus (HAV): <input type="checkbox"/> IgM anti-HAV (7) <input type="checkbox"/> NAAT Positive (6) ALT _____ Total Bilirubin _____ <input type="checkbox"/> Not Done</p> <p>Hepatitis B HBsAg <input type="checkbox"/> Positive <input type="checkbox"/> Negative (7) <input type="checkbox"/> IgM anti-HBc <input type="checkbox"/> HBeAg (2) <input type="checkbox"/> HBV DNA (2) anti-HBs (7) <input type="checkbox"/> Positive (titer) _____ <input type="checkbox"/> Negative</p> <p>Hepatitis C virus (HCV) (8) <input type="checkbox"/> Antibody _____ <input type="checkbox"/> PCR/NAAT/RNA _____ <input type="checkbox"/> Genotype specify _____</p> <p>Herpes simplex virus (infants ≤ 60 days of age) <input type="checkbox"/> Culture <input type="checkbox"/> PCR <input type="checkbox"/> IFA <input type="checkbox"/> Ag detection</p> <p>HIV Related Testing (report only to the State) (9) <input type="checkbox"/> Detectable Screen (IA) Antibody Confirmation (WB/IFA/Type-diff) (9) HIV 1 <input type="checkbox"/> Positive <input type="checkbox"/> Neg/Ind HIV 2 <input type="checkbox"/> Positive <input type="checkbox"/> Neg/Ind <input type="checkbox"/> HIV NAAT (or qualitative RNA) <input type="checkbox"/> Detectable <input type="checkbox"/> Not Detectable <input type="checkbox"/> HIV Viral Load (all results) (9) _____ copies/mL <input type="checkbox"/> HIV genotype (9) <input type="checkbox"/> CD4 count: _____ cells/uL; _____ % (9)</p> <p>HPV (report only to the State) (10) Biopsy proven <input type="checkbox"/> CIN 2 <input type="checkbox"/> CIN 3 <input type="checkbox"/> AIS or their equivalent, (specify) _____</p> <p>Influenza virus: (report only to State) <input type="checkbox"/> Rapid antigen (2) <input type="checkbox"/> RT-PCR <input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type Unknown <input type="checkbox"/> Subtype _____</p> <p>Lead poisoning (blood lead ≥10 µg/dL <48 hrs; 0-9 µg/dL monthly) (11) <input type="checkbox"/> Finger stick level _____ µg/dL <input type="checkbox"/> Venous level _____ µg/dL</p> | <p><i>Legionella</i> spp (1) <input type="checkbox"/> Culture <input type="checkbox"/> DFA <input type="checkbox"/> Ag positive <input type="checkbox"/> Four-fold serologic change (titers) _____</p> <p><i>Listeria monocytogenes</i> (1) <input type="checkbox"/> Culture <input type="checkbox"/> PCR</p> <p>Mercury poisoning <input type="checkbox"/> Urine ≥ 35 µg/g creatinine _____ µg/g <input type="checkbox"/> Blood ≥ 15 µg/L _____ µg/L</p> <p>Mumps virus (12) (titer) _____ <input type="checkbox"/> PCR</p> <p><i>Mycobacterium leprae</i></p> <p><i>Mycobacterium tuberculosis</i> Related Testing (1) AFB Smear <input type="checkbox"/> Positive <input type="checkbox"/> Negative If positive <input type="checkbox"/> Rare <input type="checkbox"/> Few <input type="checkbox"/> Numerous NAAT <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate Culture <input type="checkbox"/> <i>Mycobacterium tuberculosis</i> <input type="checkbox"/> Non-TB mycobacterium. (specify <i>M.</i> _____)</p> <p><i>Neisseria gonorrhoeae</i> (test type) _____</p> <p><i>Neisseria meningitidis</i>, invasive (1,4) <input type="checkbox"/> Culture <input type="checkbox"/> Other _____</p> <p>Neonatal bacterial sepsis (3,13) spp _____</p> <p><i>Plasmodium</i> (1,3) spp _____</p> <p>Poliovirus</p> <p>Powassan virus</p> <p>Rabies virus</p> <p><i>Rickettsia rickettsia</i> <input type="checkbox"/> PCR <input type="checkbox"/> IgG titers ≥1:128 only <input type="checkbox"/> Culture</p> <p>Respiratory syncytial virus (2)</p> <p>Rubella virus (12) (titer) _____</p> <p>Rubeola virus (Measles) (12) (titer) _____ <input type="checkbox"/> PCR</p> <p>St. Louis encephalitis virus</p> <p><i>Salmonella</i> (1,3) (serogroup & type) _____ <input type="checkbox"/> Culture <input type="checkbox"/> PCR</p> <p>SARS-CoV (1) <input type="checkbox"/> IgM/IgG <input type="checkbox"/> PCR (specimen) <input type="checkbox"/> Other _____</p> <p>Shiga toxin (1) <input type="checkbox"/> Stx1 <input type="checkbox"/> Stx2 <input type="checkbox"/> Type Unknown <input type="checkbox"/> PCR <input type="checkbox"/> EIA</p> <p><i>Shigella</i> (1,3) (serogroup/spp) _____ <input type="checkbox"/> Culture <input type="checkbox"/> PCR</p> <p><i>Staphylococcus aureus</i>, invasive (4) <input type="checkbox"/> Culture <input type="checkbox"/> Other _____ <input type="checkbox"/> methicillin-resistant <input type="checkbox"/> methicillin-sensitive</p> <p><i>Staphylococcus aureus</i>, vancomycin MIC ≥ 4 µg/mL (1) MIC to vancomycin _____ µg/mL</p> <p><i>Staphylococcus epidermidis</i>, vancomycin MIC ≥ 32 µg/mL (1) MIC to vancomycin _____ µg/mL</p> <p><i>Streptococcus pneumoniae</i> <input type="checkbox"/> Culture (1,4) <input type="checkbox"/> Urine antigen <input type="checkbox"/> Other (4) _____</p> <p><i>Treponema pallidum</i> <input type="checkbox"/> RPR (titer) _____ <input type="checkbox"/> FTA <input type="checkbox"/> EIA <input type="checkbox"/> VDRL (titer) _____ <input type="checkbox"/> TPPA</p> <p><i>Trichinella</i></p> <p>Varicella-zoster virus, acute <input type="checkbox"/> Culture <input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Other _____</p> <p><i>Vibrio</i> (1,3) spp _____ <input type="checkbox"/> Culture <input type="checkbox"/> PCR</p> <p>West Nile virus</p> <p>Yellow fever virus</p> <p><i>Yersinia</i>, not <i>pestis</i> (1,3) spp _____ <input type="checkbox"/> Culture <input type="checkbox"/> PCR</p> <p>Zika virus</p> <p>BIOTERRORISM at first clinical suspicion (14)</p> <table border="0" style="width:100%;"> <tr> <td><i>Bacillus anthracis</i> (1)</td> <td><i>Brucella</i> spp (1)</td> </tr> <tr> <td><i>Burkholderia mallei</i> (1)</td> <td><i>Burkholderia pseudomallei</i> (1)</td> </tr> <tr> <td><i>Clostridium botulinum</i></td> <td><i>Coxiella burnetii</i></td> </tr> <tr> <td><i>Francisella tularensis</i></td> <td>Ricin</td> </tr> <tr> <td><i>Staphylococcus aureus</i> - enterotoxin B</td> <td>Variola virus (1)</td> </tr> <tr> <td>Venezuelan equine encephalitis virus</td> <td><i>Yersinia pestis</i> (1)</td> </tr> <tr> <td>Viral agents of hemorrhagic fevers</td> <td></td> </tr> </table> | <i>Bacillus anthracis</i> (1) | <i>Brucella</i> spp (1) | <i>Burkholderia mallei</i> (1) | <i>Burkholderia pseudomallei</i> (1) | <i>Clostridium botulinum</i> | <i>Coxiella burnetii</i> | <i>Francisella tularensis</i> | Ricin | <i>Staphylococcus aureus</i> - enterotoxin B | Variola virus (1) | Venezuelan equine encephalitis virus | <i>Yersinia pestis</i> (1) | Viral agents of hemorrhagic fevers | |
| <i>Bacillus anthracis</i> (1) | <i>Brucella</i> spp (1) | | | | | | | | | | | | | | |
| <i>Burkholderia mallei</i> (1) | <i>Burkholderia pseudomallei</i> (1) | | | | | | | | | | | | | | |
| <i>Clostridium botulinum</i> | <i>Coxiella burnetii</i> | | | | | | | | | | | | | | |
| <i>Francisella tularensis</i> | Ricin | | | | | | | | | | | | | | |
| <i>Staphylococcus aureus</i> - enterotoxin B | Variola virus (1) | | | | | | | | | | | | | | |
| Venezuelan equine encephalitis virus | <i>Yersinia pestis</i> (1) | | | | | | | | | | | | | | |
| Viral agents of hemorrhagic fevers | | | | | | | | | | | | | | | |

- | | | |
|---|--|---|
| <ol style="list-style-type: none"> Send isolate/specimen to DPH Laboratory. Send laboratory report (electronic or paper) on first identification of an organism. For CRE/CRAB, send laboratory report if carbapenem resistance is suggested by laboratory antimicrobial testing. For GBS, send isolate for cases <1 year of age. For <i>Salmonella</i>, <i>Shigella</i>, <i>Vibrio</i>, and <i>Yersinia</i> (not <i>pestis</i>) 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. 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 | <ol style="list-style-type: none"> node, brain, heart, liver, spleen, kidney, pancreas, or ovary), or other normally sterile site including muscle. For CRE and CRAB, also include urine or sputum; for CRAB also include wounds. Upon request from the DPH, report all <i>C. difficile</i> positive stool samples. Report peak ALT and Total Bilirubin results if conducted within one week of HAV positive test, if available. Otherwise, check "Not Done". Negative HBsAg and all anti-HBs results only reportable for children ≤ 2 years old. Report positive Antibody, and all RNA and Genotype results. Negative RNA results only reportable by electronic reporting. | <ol style="list-style-type: none"> Report all HIV antibody, antigen, viral load, and qualitative NAAT results. HIV genotype (DNA sequence) and all CD4 results are only reportable by electronic file. Upon request from the DPH, send fixed tissue from the diagnostic specimen for HPV typing. Report results ≥ 10 µg/dL within 48 hours to the Local Health Department and DPH; submit ALL lead results at least monthly to DPH only. Report all IgM positive titers, only report IgG titers considered significant by laboratory performing the test. Report all bacterial isolates from blood or CSF from infants ≤ 72 hours of age. Call the DPH, weekdays 860-509-7994; evenings, weekends, and holidays 860-509-8000. |
|---|--|---|

Ehrlichia chaffeensis

Laboratory reporting of *Ehrlichia chaffeensis* has been modified. Laboratories should report both positive PCR results and serologic titers of $\geq 1:128$ only, or paired results showing a 4-fold or greater increase.

Legionella spp.

Laboratory reporting of *Legionella spp.* has been modified. Laboratories should submit all *Legionella spp.* clinical isolates to the State Public Health Laboratory.

Clarifications to Laboratory Reportable Findings

Legionella spp.: Accepted test types include Culture, DFA, Ag positive, four-fold serologic change, and PCR.

Rickettsia rickettsii. Accepted test types include PCR, Culture, and IgG test results of ≥ 128 only.

**For Public Health Emergencies
After 4:30 P.M., on Weekends or Holidays
Call the Department of Public Health at
860-509-8000**

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

1. Every health care provider who treats or examines 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 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 Reportable 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.

IMPORTANT NOTICE

Persons required to report must use the Reportable Disease Confidential Case Report Form PD-23 to report Reportable Diseases, Emergency Illnesses and Health Conditions on the current list unless there is a specialized reporting form or other authorized method available. The director of a clinical laboratory must report laboratory evidence suggestive of reportable diseases using the Laboratory Report of Significant Findings Form OL-15C or other approved format by the DPH. Reporting forms can be found on the DPH "Forms" webpage: (<https://portal.ct.gov/DPH/Communications/Forms/Forms>) or by calling 860-509-7994. Please follow these guidelines when submitting reports:

- Mailed documents must have "CONFIDENTIAL" marked on the envelope.
- All required information on the form must be completed, including 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.
- Send one copy of completed report to the DPH via fax (860-509-7910), or mail to: Connecticut Department of Public Health, 410 Capitol Ave., MS#11FDS, P.O. Box 340308, Hartford, CT 06134-0308.
- Unless otherwise noted, send one copy of the completed report to the Director of Health of the patient's town of residence.
- Keep a copy in the patient's medical record.

Renée D. Coleman-Mitchell, MPH
Commissioner of Public Health

Matthew L. Cartter, MD, MPH
State Epidemiologist

Lynn Sosa, MD
Deputy State Epidemiologist

Epidemiology and Emerging Infections 860-509-7995
Healthcare Associated Infections 860-509-7995
HIV & Viral Hepatitis 860-509-7900
Immunizations 860-509-7929
Sexually Transmitted Diseases (STD) 860-509-7920
Tuberculosis Control 860-509-7722

Connecticut Epidemiologist

Editor: Matthew L. Cartter, MD, MPH
Assistant Editor: Jocelyn Mullins, DVM, MPH, PhD
Assistant Editor & Producer:
Starr-Hope Ertel