

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Connecticut Department
of Public Health

OFFICE OF COMMISSIONER

Summer 2009

Dear Camp Sponsor/Director:

As you may have heard, there continues to be cases of a novel influenza virus H1N1, swine flu, identified in Connecticut, other states and countries. This is an evolving situation and it is important that you continue to follow the developing information. We understand that youth camps encompass many different settings from a site where there are attendees for several hours each day (campers return home at night) to residential programs with children and staff who may be from different states and/or countries residing at the camp for several days or weeks. The information we are providing is an attempt to anticipate issues that may be related to youth camps and this virus, in a general way. The Department of Public Health (DPH) makes the following suggestions to you for consideration before the start of camp:

- Develop a working relationship with local health officials and plan jointly for possible contingencies during the camp season. A list of local health directors can be found at https://www.han.ct.gov/local_health/. Health Directors are listed by towns/cities
- Consider pre-planning with parent/guardians regarding how illnesses or health emergencies among children attending camp will be handled. Children and staff who are ill are advised not to come to camp ill and it is recommended they be sent home, if they arrive ill. What is the best way to contact a parent/guardian? How will the child be transported home, if they become ill at camp. If a child requires medical care, how will that be facilitated? Who will care for the child if they are not in camp for the time they are ill? If the child or staff are ill with influenza-like illness (ILI) and or are diagnosed with Novel H1N1 (swine flu), they should be excluded from camp for 7 days or 24 hours after symptoms disappear, whichever is longer. A sample letter that you may adapt to your camp and provide to parents/guardians in advance of camp is included in this package
- Have very specific plans for the handling of campers and staff that become ill, including what to do if the campers or staff are from out of the country or, if parents are not available to pick them up. Just a reminder, camps are required to have a defined area where ill individuals may rest and receive care until they are removed to their home or recovered. This area shall be adequate to provide for the isolation of any suspected communicable diseases and shall have its own toilet facilities not used for other purposes within the camp
- Ensure that plans are consistent with the camps existing memorandum of understanding with the nearest hospital, the physician's standing orders and first aid instructions
- Educate parents and staff about H1N1, including specific information on how to recognize symptoms of ILI. Attached is a fact sheet on H1N1 and the previously mentioned letter
- Review CDC guidance on Day and Residential Camps in Response to Human Infections with the Novel Influenza A (H1N1) Virus <http://www.cdc.gov/h1n1flu/camp.htm>
- Consider any legal issues that may be related to sick children at your camp



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- Review the attached letter: Reporting of Camp Outbreaks/Diseases written by Dr Cartter
http://www.ct.gov/dph/lib/dph/youth_camps/pdf/YC_ReportOutbrDis.pdf
- Make contact with the physician on call and responsible for health care at the camp prior to the start of camp
- Remember that the Youth Camp Licensing Program at DPH must be informed of any camp closings/reopenings

The Department of Public Health would be glad to work with any camp and local health department to answer questions as they relate to anticipation of issues before they occur, or help to resolve issues that occur once camp is open. Please feel free to contact your local health department or the DPH Epidemiology Program at 860-509-7995 or the DPH Youth Camp Licensing Program at 860-509-8045 or 1-800-282-6063.

A conference call has been set up for Thursday, June 25, 2009 at 12:00pm to provide an overview of the current status of H1N1 in Connecticut, review the materials distributed with this correspondence, and answer questions. Camp personnel, local health directors, and other interested parties are invited to participate. The dial in number for the call is 888-889-3234 and the participant passcode is 1370684.

For current Connecticut and national information, see the DPH website at <http://www.ct.gov/ctfluwatch/site/default.asp> or the Centers for Disease Control and Prevention website at <http://www.cdc.gov/h1n1flu/>. We hope that by taking the time to be prepared, the H1N1 illness will have minimal impact on enjoying a happy successful camp season.

Sincerely,



J. Robert Galvin, M.D., M.P.H., M.B.A.
Commissioner

Cc: Local Directors of Health

Summer 2009

Dear Parent/Guardian

Summer is a great time of year in Connecticut. We are happy that your child will be joining us at [name of camp]. For the past several months, we are sure that you have heard about the novel H1N1 influenza strain. We just wanted to remind you about some important information related to this issue. We know that the most important thing is to keep sick people away from healthy people. So if your child is sick, you must keep your child home. Staying home when sick stops the spread of the flu and other illnesses and helps the sick person get well.

Answer these questions before sending your child to camp:

1. Does your child have a fever (100° F or 37. 7°C)? If you don't have a thermometer, feel your child's skin with your hand. If it is much warmer than usual your child probably has a fever.

2. Does your child have a sore throat, cough, body aches, vomiting, or diarrhea?

If you answered "yes" to both questions above, your child might have the flu. Keep them home from camp for 7 calendar days, or until symptoms are gone for 24 hours, whichever is longer.

If you checked "yes" to only one of the questions above, keep your child home from camp until symptoms are gone for 24 hours.

If your child comes to camp with the symptoms described in #1 above, or if they develop these symptoms when they get to camp, they will be sent home for 7 calendar days, or until symptoms are gone for 24 hours, whichever is longer.

Also, as a reminder, now would be a good time to consider what arrangements you would need to make to assure that your child is safe at home, when they are sick. They should not be sent to another child care setting where they would be interacting with other people who are well.

Thank you for helping us to keep the camp environment as healthy as possible for all campers and staff. If we follow the guidance provided we will all have a good experience.

Novel H1N1 flu (swine flu): Facts for families of school-aged children

What is novel H1N1 flu (swine flu)? Novel H1N1 flu, also known as “swine flu,” is a virus that can spread from people who are infected to others through coughs and sneezes. Novel H1N1 virus is not transmitted from pigs to humans or from eating pork products.

What should we do if someone in my family has symptoms? Stay home if you have flu symptoms: fever and cough or sore throat, body aches, vomiting or diarrhea. Please stay away from others until you are better for at least one day so you won’t infect people around you. Make the decision to see a health care provider as you would when you are sick. Do not seek medical care if you are not ill or have mild symptoms for which you would not ordinarily seek medical care. If you feel sick enough to see a doctor, call your health care provider.

Why did some schools close? At the onset of this outbreak of a previously unknown influenza virus, we believed it prudent to close affected schools while we learned more about the characteristics of this new illness and the strategy for community measures to prevent illness. The closures have provided valuable time for us to gather information about this novel H1N1 influenza strain in our community. We appreciate the sacrifices families and schools have made to protect the health of the community during this early stage of the outbreak.

Will schools continue to close? Schools will no longer be advised to close based on the diagnosis of a probable or confirmed case of novel H1N1 flu. As with seasonal influenza, schools may be closed if larger numbers of students or faculty become ill. School closure appears less necessary given what we are observing about the spread of disease and the severity of illness currently associated with this novel H1N1 strain.

My child’s school has reopened but my child just became ill, what should I do? When school re-opens, students and staff with fever, cough or sore throat or other new respiratory illness **should not attend school** for 7 calendar days after the illness starts or until 24 hours after the illness is over, whichever is longer.

How do I protect my children and family from infection? Teach children to:

- **Wash your hands often with soap and water**, especially after you cough or sneeze. If soap and water are not nearby, use an alcohol-based hand cleaner.
- **Cover your nose and mouth** with a tissue or the crook of your elbow when you cough or sneeze.
- **Try not to touch your eyes, nose, or mouth.** Germs often spread this way.
- **Stay away from people who are sick.**

Where can I get more information?

- Connecticut Department of Public Health novel H1N1 Flu (Swine Flu) web site: <http://www.ct.gov/ctfluwatch>
- Centers for Disease Control and Prevention (CDC) web site: <http://www.cdc.gov/h1n1flu>



Interim CDC Guidance on Day and Residential Camps in Response to Human Infections with the Novel Influenza A (H1N1) Virus

June 14, 2009 5:30 PM ET

This document provides interim guidance on suggested means to reduce the spread of the novel influenza A (H1N1) virus in day, residential, or overnight camp settings. Recommendations are interim, based on current knowledge of the H1N1 outbreak in the United States, and may be revised as more information becomes available.

Background

Camps for children, young adults and families range from programs conducted for several hours in a day (not overnight) to programs that are residential and involve many weeks in group settings. This guidance will address general recommendations that apply to all programs and some specific guidance that applies to programs that are residential.

At this time, CDC recommends the primary means to reduce spread of influenza in camps focus on early identification of ill campers and staff, staying home (or away from others) when ill, good cough and hand hygiene etiquette, and environmental controls that encourage use of these hygiene practices.

Novel Influenza A (H1N1)

The symptoms of influenza usually include fever plus at least either cough or sore throat. These symptoms are often referred to as an influenza-like illness (ILI). Influenza infection can also lead to additional symptoms like headache, tiredness, runny or stuffy nose, body aches, chills, diarrhea, and vomiting. Like seasonal flu, novel influenza A (H1N1) infection in humans can vary in severity from mild to severe. When severe, pneumonia, respiratory failure and even death are possible. See [What to Do If You Get Flu-Like Symptoms](#).

Novel influenza A (H1N1) is thought to spread in the same way that seasonal influenza viruses spread, mainly through the coughs and sneezes of people who are sick with the virus. People may also become infected by touching something with flu viruses on it and then touching their mouth or nose. See [What to Do If You Get Flu-Like Symptoms](#).

General Recommendations and Preparedness for Camps

- Develop a working relationship with local health officials and plan jointly for possible contingencies during this summer camp season. Plans should include what to do if staff or camp participants become ill, including how to separate them from others to limit spreading influenza to other staff and campers, when to seek additional medical evaluation, and how to provide care for them. Camp administrators should work with local health departments to develop mechanisms and protocols for monitoring ILI and any requirements for reporting ILI among campers or camp staff.
- Review any applicable state laws regarding camp requirements around public health issues. Assure compliance with these requirements. See [Camps and State Regulations](#)
- Consider pre-planning with parents/guardians regarding how illnesses or health emergencies among children attending the camp will be handled. Arrangements should also be made with the parents/guardians of staff, volunteers and other campers who are legally minors. Include logistics for transportation of ill persons for medical care or return home that limits exposures to other persons, multiple ways to contact parents/guardians, agreement for care and isolation at the camp (if applicable), and planning for additional medical evaluation or emergency care.
- Develop a training program for camp staff regarding communicable disease prevention including specific information on how to recognize ILI and how to report possible cases of ILI to camp leadership.
- Educational materials and information should be provided to campers in a way that is age-appropriate and can be understood by both English and non-English speakers. Spanish-language materials are available at: [CDC H1N1 Flu \(in Spanish\)](#). Materials and information in other languages are available at: [CDC websites in other languages](#) and [Illinois Department of Public Health](#).

General Infection Control Recommendations

Encourage all persons to effectively cover their cough or sneeze and use good hand hygiene. See [Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Novel Influenza A \(H1N1\) Virus Infection in a Healthcare Setting](#)

- Hand washing facilities including running water and liquid hand soap should be readily accessible; alcohol-based hand sanitizers may be used if hands are not visibly soiled.
- Plan ahead to ensure that enough alcohol-based hand sanitizers are available for situations where it is known that hand washing facilities may not be available, for example during hikes.
- Clean all areas and items that are more likely to have frequent hand contact (like doorknobs, faucets, handrails) routinely (e.g., daily, before/after meals, as needed) and also immediately when visibly soiled; use the cleaning agents that are usually used in these areas; it is not necessary to conduct disinfection of environmental surfaces beyond routine cleaning. See [Clean Hands Save Lives!](#)

Reduction of Risk of Introduction of Novel H1N1 Virus into the Camp Setting

- Provide camp attendees, staff and volunteers with materials prior to arrival at the camp to notify them that they are not allowed to attend camp if they have had an ILI in the 7 days prior to the start of the camp. In addition, they should be reminded that if they have been exposed to a person with novel H1N1 or ILI in the 7 days prior to the start of camp, they may attend camp but should closely self-monitor and report development of ILI symptoms immediately.
- Consider active screening of ALL newly arriving camp attendees, staff and volunteers by asking if they have had any symptoms of ILI in the previous 7 days. Provide education to individual campers about reporting ILI. A careful health history of each arriving camper should be taken. Note any conditions that may place them at high risk for complications of influenza.
- Camp attendees, staff and volunteers should be instructed to immediately inform camp management if they currently have or have had an influenza-like illness (ILI) in the 7 days prior to arrival.
- Persons who currently have or have had ILI in the previous 7 days should not attend camp for 7 days after their symptoms began or until they have been symptom-free for 24 hours, whichever is longer.

Rapid Detection and Management of Cases of ILI in the Camp Setting

- Camp staff and volunteers should be diligent about early recognition of illness and rapid isolation of those that are experiencing ILI symptoms. See [Interim Guidance for Clinicians on Identifying and Caring for Patients with Swine-origin Influenza A \(H1N1\) Virus Infection](#)
- Campers who develop ILI should be immediately separated from the general population and kept away from well campers until they can be safely returned home or taken for medical care, if needed, OR for at least 7 days after symptoms began or 24 hours after symptoms resolve, whichever is longer (if the child is to remain at a residential camp).
- Protocols should be in place for when medical evaluation of persons ill with ILI should be done and how monitoring will be conducted. Not all patients with suspected novel influenza (H1N1) infection need to be seen by a health care provider. Patients with severe illness and those at high risk for complications from influenza should contact their medical provider or seek medical care.
- Aspirin or aspirin-containing products should not be administered to any person aged 18 years old and younger with a confirmed or suspected case of influenza virus infection, due to the risk of Reye syndrome. Refer to pediatric medical management for guidance regarding use of any medications, especially those containing aspirin. See [Novel H1N1 Influenza: Resources for Clinicians](#).
- Further information on care for persons with ILI can be found at:
 - [Interim Guidance for H1N1 Flu \(Swine Flu\): Taking Care of a Sick Person in Your Home](#)

- [Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Novel Influenza A \(H1N1\) Virus Infection in a Healthcare Setting](#)
- [Antiviral Drugs and H1N1 Flu \(Swine Flu\)](#)
- If individual rooms for persons with ILI are not feasible, consider using a large room, cabin or tent specifically for ill persons with beds at least 6 feet apart and, if possible, with temporary barriers between beds and nearby bathroom facilities separate from bathrooms used by healthy campers.
- Linens, eating utensils, and dishes used by those who are sick do not need to be cleaned separately, but they should not be shared without thorough washing. Linens (such as bed sheets and towels) should be washed in hot water using laundry soap and tumbled dry on a hot setting. Individuals should wash their hands with soap and water immediately after handling dirty laundry.
- Designate staff to care for ill persons and limit their interaction with other campers during their shift to decrease the risk of spreading influenza to other parts of the camp. See [Antiviral Chemoprophylaxis for Novel \(H1N1\) Influenza](#).
- Anyone with a medical condition that would increase their risk of severe illness from influenza, including pregnant women, should NOT be designated as caregivers for ill persons.
- For proper technique in caring for an ill person, refer to the following guidance: [Interim Guidance for H1N1 Flu \(Swine Flu\): Taking Care of a Sick Person in Your Home](#).
- For information on the use of masks and respirators, see: [Interim Recommendations for Facemask and Respirator Use to Reduce Novel Influenza A \(H1N1\) Virus Transmission](#).
- Close contacts (such as roommates) of persons with ILI should be encouraged to self-monitor for ILI symptoms and report illness to camp officials.

Persons at High Risk of Complications from Influenza Infection

- Persons at increased risk of severe illness from influenza include: people older than 65 years, children younger than five years, pregnant women, and people of any age with certain chronic medical conditions, like diabetes, asthma, immune-suppression, or chronic lung disease. See [Interim Recommendations for Facemask and Respirator Use to Reduce Novel Influenza A \(H1N1\) Virus Transmission](#)
- Information on care of certain groups at increased risk of severe illness from influenza can be found at the following links.
 - [Pregnant Women and Novel Influenza A \(H1N1\) Considerations for Clinicians](#)
 - [H1N1 Flu and Patients With Cardiovascular Disease \(Heart Disease and Stroke\)](#)
 - [Interim Guidance—HIV-Infected Adults and Adolescents: Considerations for Clinicians Regarding Novel Influenza A \(H1N1\) Virus](#)

For More Information Regarding H1N1 and Influenza Preparedness

- [Key facts about H1N1](#)
- [Questions and answers about H1N1 \(swine flu\)](#)
- [Association of Camp Nurses](#)

- Links to non-federal organizations are provided solely as a service to our users. These links do not constitute an endorsement of these organizations or their programs by CDC or the federal government, and none should be inferred. CDC is not responsible for the content of the individual organization Web pages found at these links.

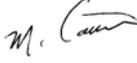


STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Division of Community Based Regulation

TO: Camp Administrators

FROM: Matthew L. Cartter, M.D. 
Epidemiology Program Coordinator

SUBJECT: Reporting of Camp Outbreaks/Diseases

DATE: February 25, 2009

In a camp setting, the transmission of infectious diseases and outbreaks of infectious diseases do occur. Under Section 19a-36-A3 of the Public Health Code of the State of Connecticut, **the person in charge of any camp is required to report, if known, certain contagious diseases to local health officials.** These diseases are listed in Attachment A and can also be found under Reportable Diseases 2009 at the following website: http://www.ct.gov/dph/lib/dph/Vol29No1_FNL_CLR.pdf Attachment A should be placed on a bulletin board in the camp infirmary.

Reporting to local health officials is a critical part of the prevention and control of infectious diseases in a camp setting. Timely public health intervention can reduce the spread of infection to other camp attendees and to the general community.

Outbreaks of infectious diseases are also reportable. Notifying the local health department when an outbreak is suspected can reduce the length of the outbreak and the amount of activity required to bring it under control. To help camp administrators in reporting suspected outbreaks, it is recommended that the following conditions be reported:

- An increase in the amount of diarrhea (above what would normally be expected) in camp attendees;
- Any camp attendee with bloody diarrhea;
- Respiratory illness affecting 25% of camp attendees at any time;
- Hospitalization of a camp attendee with a communicable disease.

When a disease of public health importance or an outbreak of illness in a camp setting is reported to the local health department, the local health department will investigate the situation. Specific prevention and control measures will be recommended to reduce the spread of disease to others. These measures may require the cooperation of parents, youth camp attendees and medical consultants and may include:



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- Notification of parents;
- Implementation of appropriate preventive measures;
- Exclusion of affected children or staff;
- Collection of specimens, if necessary.

Controlling transmission of disease in camp settings can be accomplished through early detection and reporting. The persons in charge of a camp have the responsibility to notify public health officials when reportable diseases or outbreaks occur or are suspected. The local health department has the experience, expertise and responsibility to provide assistance to reduce the impact of preventable communicable diseases when they occur.

If you have any questions about reporting, please feel free to call the Department of Public Health, Epidemiology and Emerging Infections Program at (860) 509-7994.

Attachment (1)

REPORTABLE DISEASES - 2009

The commissioner of the Department of Public Health (DPH) is required to declare an annual list of reportable diseases. Each report (by mail or telephone) should include the full name and address of the person reporting, attending physician, disease being reported, and full name, address, date of birth, race/ethnicity, sex and occupation of the person affected. Please see page 4 for a list of persons required to report reportable diseases. The reports should be sent in envelopes marked "CONFIDENTIAL." Changes for 2009 are noted in **bold** and with an asterisk (*).

Category 1 Diseases: Report immediately by telephone on the day of recognition or strong suspicion of disease for those diseases marked with a telephone (☎). Also mail a report within 12 hours.

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

Acquired Immunodeficiency Syndrome (1,2)	Hepatitis C - acute infection (ALT > 400 IU/L)	Rheumatic fever
☎ Anthrax	HIV-1 exposure in infants born 1/1/2001 or later (1,7)	☎ Ricin poisoning
Arboviral disease (e.g., California group, EEE, SLE, WNV, other)	HIV-1 infection in (1)	Rocky Mountain spotted fever
Babesiosis	▪ persons with active tuberculosis disease	☎ Rubella (including congenital)
☎ Botulism	▪ persons with a latent tuberculous infection (history or tuberculin skin test ≥ 5 mm induration by Mantoux technique)	Salmonellosis
☎ Brucellosis	▪ persons of any age	☎ SARS-CoV
Campylobacteriosis	HPV: biopsy proven CIN 2, CIN 3 or AIS or their equivalent (1)	☎ Septicemia or meningitis with growth of gram positive rods within 32 hours of inoculation
Carbon monoxide poisoning (3)	☎ Influenza-associated deaths in children <18 years of age (8)	Shiga toxin-related disease (gastroenteritis)
*Central-line associated blood stream infections (Do not use this form to report) (4)	* Lead toxicity (blood level ≥ 15 $\mu\text{g}/\text{dL}$)	Shigellosis
Chancroid	Legionellosis	Silicosis
Chickenpox	Listeriosis	☎ Smallpox
☎ Chickenpox	Lyme disease	☎ Staphylococcal enterotoxin B pulmonary poisoning
▪ admission to hospital, any age	Lymphocytic choriomeningitis virus infection	☎ <i>Staphylococcus aureus</i> disease, reduced or resistant susceptibility to vancomycin (1)
▪ adults ≥ 18 years, any clinical setting	Malaria	<i>Staphylococcus aureus</i> methicillin-resistant disease, invasive, community acquired (6,11)
Chickenpox-related death	☎ Measles	<i>Staphylococcus epidermidis</i> disease, reduced or resistant susceptibility to vancomycin (1)
Chlamydia (<i>C. trachomatis</i>) (all sites)	☎ Meningococcal disease	Syphilis
☎ Cholera	Mercury poisoning	Tetanus
<i>Clostridium difficile</i> , community-onset (5)	Mumps	Trichinosis
Creutzfeldt-Jakob disease (age < 55 years)	* Neonatal herpes (≤ 60 days of age)	Tuberculosis
Cryptosporidiosis	Neonatal bacterial sepsis (9)	☎ Tularemia
Cyclosporiasis	Occupational asthma	Typhoid fever
☎ Diphtheria	☎ Outbreaks:	Vaccinia disease
Ehrlichiosis/*Anaplasmosis	▪ Foodborne (involving ≥ 2 persons)	☎ Venezuelan equine encephalitis
Encephalitis	▪ Institutional	<i>Vibrio</i> infection (<i>parahaemolyticus</i> , <i>vulnificus</i> , other)
<i>Escherichia coli</i> O157:H7 gastroenteritis	▪ Unusual disease or illness (10)	☎ Viral hemorrhagic fever
Gonorrhea	☎ Pertussis	☎ Yellow fever
Group A Streptococcal disease, invasive (6)	☎ Plague	
Group B Streptococcal disease, invasive (6)	Pneumococcal disease, invasive (6)	
<i>Haemophilus influenzae</i> disease, invasive all serotypes (6)	☎ Poliomyelitis	
Hansen's disease (Leprosy)	☎ Q fever	
Hemolytic-uremic syndrome	☎ Rabies (human and animal)	
Hepatitis A	Reye syndrome	
Hepatitis B		
▪ acute infection		
▪ HBsAg positive pregnant women		

FOOTNOTES:

- Report only to State.
- CDC case definition.
- Includes persons being treated in hyperbaric chambers for suspect CO poisoning.
- *Applies only to licensed hospitals (as defined by CGS. Ch368V). Hospitals report central-line associated blood stream infections associated with designated intensive care units (ICUs): any pediatric ICU in the hospital (not including neonatal ICU) and the medical ICU, or, if no medical ICU, the medical-surgical ICU. Make reports to the DPH via the National Healthcare Safety Network (NHSN) using NHSN definitions, criteria, and protocols.**
- Community-onset: illness in a person living in the community at the time of illness onset and no known hospitalizations in preceding 3 months; if hospitalized, a positive test taken within 48 hours of admission.
- Invasive disease: confirmed by isolation from sterile fluid (blood, CSF, pericardial, pleural, peritoneal, joint, or vitreous) bone, internal body sites, or other normally sterile sites. Includes muscle for group A *streptococcus*.
- "Exposure" includes infant born to known HIV-infected mother.
- Death in child or adolescent who never fully recovers from influenza and dies from a possible complication (e.g., encephalopathy, bacterial pneumonia).
- Clinical sepsis and blood or CSF isolate obtained from an infant < 7 days old.
- Individual cases of "significant unusual illness" are also reportable.
- Community-acquired: infection present on admission to hospital, and person has no previous hospitalizations or regular contact with the health-care setting.

How to report: The PD-23 is the general disease reporting form and should be used if other specialized forms are not available. Specialized reporting forms from the following programs are available: HIV/AIDS Surveillance (860-509-7900), Sexually Transmitted Disease Program (860-509-7920), the Pulmonary Diseases Program (860-509-7722), or the Occupational Health Surveillance Program (860-509-7744). Forms may be obtained by writing the Department of Public Health, Epidemiology Program, 410 Capitol Ave., MS#11EPI, P.O. Box 340308, Hartford, CT 06134-0308 (860-509-7994); or by calling the individual program.

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 Program (860-509-7994). Tuberculosis cases should be directly reported to the Pulmonary Diseases 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, an epidemiologist can be reached nights, weekends, and holidays through the DPH emergency number (860-509-8000).**