

REPORTABLE DISEASES, EMERGENCY ILLNESSES and HEALTH CONDITIONS - 2016

The Commissioner of the Department of Public Health (DPH) is required to declare an annual list of Reportable Diseases, Emergency Illnesses and Health Conditions. The Reportable Disease Confidential Case Report form (PD-23) or other disease specific form should be used to report the disease, illness, or condition. Reports (mailed, faxed, or telephoned into the DPH) should include the full name and address of the person reporting and attending physician, name of disease, illness or condition, and full name, address, date of birth, race/ethnicity, gender and occupation of the person affected. Forms can be found on the DPH [website](#). See page 4 for a list of persons required to report Reportable Diseases, Emergency Illnesses and Health Conditions. Mailed reports must be sent in envelopes marked "CONFIDENTIAL." Changes for 2016 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: Diseases not marked with a telephone are Category 2 diseases. Report by mail within 12 hours of recognition or strong suspicion of disease.

<p>Acquired Immunodeficiency Syndrome (1,2)</p> <p>Acute flaccid myelitis*</p> <p>☎ Anthrax</p> <p>Babesiosis</p> <p>☎ Botulism</p> <p>☎ Brucellosis</p> <p>California group arbovirus infection</p> <p>Campylobacteriosis</p> <p>Carbon monoxide poisoning (3)</p> <p>Chancroid</p> <p>Chickenpox</p> <p>Chickenpox-related death</p> <p>Chikungunya</p> <p>Chlamydia (<i>C. trachomatis</i>) (all sites)</p> <p>☎ Cholera</p> <p>Cryptosporidiosis</p> <p>Cyclosporiasis</p> <p>Dengue</p> <p>☎ Diphtheria</p> <p>Eastern equine encephalitis virus infection</p> <p><i>Ehrlichia chaffeensis</i> infection</p> <p><i>Escherichia coli</i> O157:H7 gastroenteritis</p> <p>Gonorrhea</p> <p>Group A Streptococcal disease, invasive (4)</p> <p>Group B Streptococcal disease, invasive (4)</p> <p><i>Haemophilus influenzae</i> disease, invasive all serotypes (4)</p> <p>Hansen's disease (Leprosy)</p> <p>Healthcare-associated Infections (5)</p> <p>Hemolytic-uremic syndrome (6)</p> <p>Hepatitis A</p> <p>Hepatitis B</p> <ul style="list-style-type: none"> ▪ acute infection (2) ▪ HBsAg positive pregnant women <p>Hepatitis C</p> <ul style="list-style-type: none"> ▪ acute infection (2) ▪ positive rapid antibody test result 	<p>HIV-1 / HIV-2 infection in (1)</p> <ul style="list-style-type: none"> ▪ 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 <p>HPV: biopsy proven CIN 2, CIN 3 or AIS or their equivalent (1)</p> <p>Influenza-associated death</p> <p>Influenza-associated hospitalization (7)</p> <p>Lead toxicity (blood level ≥ 15 μg/dL)</p> <p>Legionellosis</p> <p>Listeriosis</p> <p>Lyme disease</p> <p>Malaria</p> <p>☎ Measles</p> <p>☎ Melioidosis</p> <p>☎ Meningococcal disease</p> <p>Mercury poisoning</p> <p>Mumps</p> <p>Neonatal bacterial sepsis (8)</p> <p>Neonatal herpes (≤ 60 days of age)</p> <p>Occupational asthma</p> <p>☎ Outbreaks:</p> <ul style="list-style-type: none"> ▪ Foodborne (involving ≥ 2 persons) ▪ Institutional ▪ Unusual disease or illness (9) <p>Pertussis * (no longer category 1)</p> <p>☎ Plague</p> <p>Pneumococcal disease, invasive (4)</p> <p>☎ Poliomyelitis</p> <p>☎ Q fever</p> <p>☎ Rabies</p> <p>☎ Ricin poisoning</p> <p>Rocky Mountain spotted fever</p>	<p>Rotavirus</p> <p>Rubella (including congenital)* (no longer category 1)</p> <p>Salmonellosis</p> <p>☎ SARS-CoV</p> <p>Shiga toxin-related disease (gastroenteritis)</p> <p>Shigellosis</p> <p>Silicosis</p> <p>☎ Smallpox</p> <p>St. Louis encephalitis virus infection</p> <p>☎ Staphylococcal enterotoxin B pulmonary poisoning</p> <p>☎ <i>Staphylococcus aureus</i> disease, reduced or resistant susceptibility to vancomycin (1)</p> <p><i>Staphylococcus aureus</i> methicillin-resistant disease, invasive, community acquired (4,10)</p> <p><i>Staphylococcus epidermidis</i> disease, reduced or resistant susceptibility to vancomycin (1)</p> <p>Syphilis</p> <p>Tetanus</p> <p>Trichinosis</p> <p>☎ Tuberculosis</p> <p>☎ Tularemia</p> <p>Typhoid fever</p> <p>Vaccinia disease</p> <p>☎ Venezuelan equine encephalitis</p> <p><i>Vibrio</i> infection (<i>parahaemolyticus</i>, <i>vulnificus</i>, other)</p> <p>☎ Viral hemorrhagic fever</p> <p>West Nile virus infection</p> <p>☎ Yellow fever</p>
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FOOTNOTES:

1. Report only to State.
2. CDC case definition.
3. Includes persons being treated in hyperbaric chambers for suspect CO poisoning.
4. Invasive disease: confirmed by isolation from sterile fluid (blood, CSF, pericardial, pleural, peritoneal, joint, or vitreous) bone, internal body sites, or other normally sterile site including muscle.
5. 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: www.ct.gov/dph/HA/.
6. On request from the DPH and if adequate serum is available, send serum from patients with HUS to the DPH Laboratory for antibody testing.
7. Reporting requirements are satisfied by submitting the Hospitalized and Fatal Cases of Influenza—Case Report Form to the DPH in a manner specified by the DPH.
8. Clinical sepsis and blood or CSF isolate obtained from an infant ≤ 72 hours of age.
9. Individual cases of "significant unusual illness" are also reportable.
10. 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. The PD-23 can be found on the DPH website (www.ct.gov/dph/forms). It can also be ordered by writing the Department of Public Health, 410 Capitol Ave., MS#11EPI, 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 [website](#) 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).

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.