

REPORTABLE LABORATORY FINDINGS—2016

The director of a clinical laboratory must report laboratory evidence suggestive of reportable diseases. The Laboratory Report of Significant Findings form (OL-15C) can be obtained from the Connecticut Department of Public Health (DPH), 410 Capitol Ave., MS#11EPI, P.O. Box 340308, Hartford, CT 06134-0308; telephone: 860-509-7994 or on the DPH [website](#). The OL-15C is not a substitute for the physician report; it is a supplement to the physician report that allows verification of diagnosis. Diseases on the OL-15C are listed in alphabetic order; however, possible disease indicators for bioterrorism are listed separately. Changes for 2016 are noted in **bold** and with an asterisk (*). **All footnotes are renumbered.**

Anaplasma phagocytophilum by PCR only
 Babesiosis: IFA IgM (titer) _____ IgG (titer) _____
 Blood smear PCR Other _____
 microti *divergens* *duncani* Unspecified
 California group virus (species) (1) _____
Carbapenem-resistant Enterobacteriaceae * (2)
 Genus _____ Species _____
 Campylobacteriosis (1)(species/test type) _____
 Carboxyhemoglobin \geq 5% _____ % COHb
 Chancroid _____
 Chickenpox, acute Culture PCR DFA Other _____
 Chikungunya virus _____
 Chlamydia (*C. trachomatis*) (test type) _____
Clostridium difficile (3) *
 Cryptosporidiosis (test type) _____
 Cyclosporiasis (test type) _____
 Dengue _____
 Diphtheria (4) _____
 Eastern equine encephalitis virus _____
Ehrlichia chaffeensis by PCR only _____
Escherichia coli O157 infection (4) (test type) _____
 Giardiasis _____
 Gonorrhea (test type) _____
 Group A streptococcal disease, invasive (2, 4) _____
 Group B streptococcal disease, invasive (2) _____
Haemophilus influenzae disease, invasive, all serotypes (2, 4) _____
 Hansen's disease (Leprosy) _____
 Hepatitis A IgM anti-HAV (5) ALT _____ AST _____ Not Done
 Hepatitis B HBsAg IgM anti-HBc
Hepatitis C (anti-HCV) Rapid antibody RNA (6) **Genotype(6)*** _____
 Herpes simplex virus (infants \leq 60 days of age) (specify type) _____
 Culture PCR IFA Ag detection
HIV Related Testing (report only to the State) (7)
 Detectable Screen (IA) *
Antibody Confirmation (WB/IFA/Type-diff*) (4, 7)
HIV 1 Positive Neg/Ind* HIV 2 Positive Neg/Ind*
 HIV NAAT (or qualitative RNA) Detectable Not Detectable
 HIV Viral Load: _____ copies/mL Not Detectable
 HIV genotype (7)* _____
 CD4 count: _____ cells/uL; _____ % (7)*
 HPV (report only to the State) (8)
 Biopsy proven CIN 2 CIN 3 AIS
 or their equivalent (specify) _____
 Influenza: Rapid antigen (9) RT-PCR Culture-confirmed
 Type A Type B Type Unknown
 Subtype _____
 Lead poisoning (blood lead \geq 10 μ g/dL) (10)
 Finger stick level _____ μ g/dL Venous level _____ μ g/dL
 Legionellosis
 Culture DFA Ag positive
 Four-fold serologic change (titers) _____
 Listeriosis (4) _____
 Lyme disease (9) _____
 Malaria/blood parasites (1, 4) _____
Measles (Rubeola) (11) (titer) _____ PCR *

Meningococcal disease, invasive (2, 4)
 Culture (2,4) PCR (2) Other _____
 Mercury poisoning
 Urine \geq 35 μ g/g creatinine _____ μ g/g
 Blood \geq 15 μ g/L _____ μ g/L
Mumps (11) (titer) _____ PCR*
 Neonatal bacterial sepsis (12) spp _____
 Pertussis (titer) _____
 Culture (4) Non-pertussis *Bordetella* (specify) _____ (4)
 DFA PCR
 Pneumococcal disease Culture (2,4) Urine antigen
 Poliomyelitis _____
 Rabies _____
 Rocky Mountain spotted fever _____
 Rotavirus _____
 Rubella (11) (titer) _____
 St. Louis encephalitis virus _____
Salmonellosis *(1, 4) (serogroup/serotype) _____
 SARS-CoV infection (4) IgM/IgG
 PCR _____ (specimen) Other _____
 Shiga toxin-related disease (4) Stx1 Stx2 Type Unknown
Shigellosis * (1, 4) (serogroup/species test type) _____
Staphylococcus aureus with MIC to vancomycin \geq 4 μ g/mL (4)
 MIC to vancomycin _____ μ g/mL
Staphylococcus aureus disease, invasive (2)
 methicillin-resistant Date pt. Admitted _____
Staphylococcus epidermidis with MIC to vancomycin \geq 32 μ g/mL (4)
 MIC to vancomycin _____ μ g/mL
 Syphilis RPR (titer) _____ FTA
 VDRL (titer) _____ TPPA
 Trichinosis _____
 Tuberculosis (4)
 AFB Smear Positive Negative
 If positive Rare Few Numerous
 NAAT Positive Negative Indeterminate
 Culture *Mycobacterium tuberculosis*
 Non-TB mycobacterium. (specify *M.* _____)
Vibrio * infection (1, 4) (species/test type) _____
 West Nile virus _____
 Yellow fever _____
 Yersiniosis (1) (species/ test type) _____

BIOTERRORISM possible disease indicators (13)
 Anthrax (4)
 Botulism
 Brucellosis (4)
 Glanders (4)
 Melioidosis (4)
 Plague (4)
 Q fever
 Ricin poisoning
 Smallpox (4)
 Staphylococcal enterotoxin B pulmonary poisoning
 Tularemia
 Venezuelan equine encephalitis
 Viral hemorrhagic fever

1. Specify species/serogroup/serotype.
 2. Sterile site: defined as 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, also include urine or sputum, but not stool.
 3. Upon request, submit reports of all *C. difficile* positive stool samples according to DPH instructions. *
 4. Send isolate, culture, or slide to the DPH Laboratory for confirmation. For *Salmonella*, *Shigella*, and *Vibrio* tested by non-culture methods, send the isolate from reflex testing. For Shiga toxin-related disease, send positive broth or stool in transport media*. For positive HIV, send \geq 0.5mL residual serum.
 5. Report the peak liver function tests (ALT, AST) conducted within one week of patient's HAV IgM positive test, if available. Check "Not Done" when appropriate.
 6. Report all RNA results. **Genotypes and Negative RNA results required only by laboratories with electronic file reporting*.**
 7. Report all HIV antibody, antigen, viral load, and qualitative NAAT results. Laboratories conducting HIV genotype or CD4 testing should report HIV DNA sequence and all CD4 test results with electronic file reporting*.
 8. On request from the DPH, and if adequate tissue is available, send fixed tissue from the specimen used to diagnose CIN2, 3 or cervical AIS or their equivalent for HPV typing according to instructions from the DPH.
 9. Only laboratories with electronic file reporting are required to report positive results.*
 10. Report lead results \geq 10 μ g/dL within 48 hours to the Local Health Director and the DPH; submit ALL lead results at least monthly to the DPH.
 11. Report all IgM positive titers, but only IgG titers that are considered significant by the laboratory performing the test.
 12. Report all bacterial isolates from blood or CSF obtained from an infant \leq 72 hours of age.
 13. Report by telephone to the DPH, weekdays 860-509-7994; evenings, weekends, and holidays 860-509-8000.