



**STATE OF CONNECTICUT**  
Department of Public Health  
Infectious Diseases Division, Epidemiology Program  
410 Capitol Avenue, MS# 11EPI  
Hartford, CT 06134-0308  
Tel. (860) 509-7994  
Fax (860) 509-7910

**TO:** Child Day Care Center Licensees

**FROM:** James L. Hadler, M.D.  
State Epidemiologist

**SUBJECT:** Disease Reporting and Child Day Care Centers

**DATE:** March 12, 2008

Under Section 19a-36-A3 of the Public Health Code of the State of Connecticut, **the person in charge of any child day care center is required to report, if known, certain contagious diseases to local health officials. These diseases are listed in Attachment A.** Section 19a-79-5a(a)(3)(C) of the Regulations that govern child day care centers and group day care homes also require that licensees report each case occurring within their day care to the Department within 24 hours of the occurrence. In addition, to help prevent the spread of *E. coli* 0157:H7 and other Shiga toxin-related gastroenteritis and *Shigella* infections, any child day care attendee with bloody diarrhea should also be reported.

When a disease of public health importance in a child day care 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, day care attendees and medical consultants and may include:

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

Timely reporting to local health officials is a critical part of the prevention and control of infectious diseases in a child day care setting. While health care providers and laboratories are also required to report these diseases, they often are not able to report whether or not the child affected attends day care. Hence, when you report, we often learn important new information.

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

Attachment (1)



## Reportable Diseases and Laboratory Reportable Significant Findings - Changes for 2008

As required by Connecticut General Statutes Section 19a-2a and Section 19a-36-A2 of the Public Health Code, the lists of Reportable Diseases and Laboratory Reportable Significant Findings are revised annually by the Department of Public Health (DPH). An advisory committee, consisting of public health officials, clinicians, and laboratorians, contributes to the process. There are two additions, two modifications, and one deletion to the lists effective January 1, 2008.

### Changes to the lists of Reportable Diseases and Laboratory Reportable Significant Findings

#### **Human Papillomavirus (HPV) related cervical neoplasia- added**

HPV infection with a high-risk HPV type underlies all cases of cervical cancer, ~90% of anal cancer, ~40% of vulvar, vaginal and penile cancers, and ~12% of oropharyngeal cancers. An HPV vaccine was licensed in June 2006. This vaccine is highly efficacious in preventing cervical intraepithelial neoplasia grades 2 and 3 (CIN 2/3) and adenocarcinoma-in-situ (AIS) in females vaccinated before having type-specific HPV infection (~100% efficacious against HPV types 16 and 18; 70-80% efficacious against all HPV types).

Surgical pathology laboratories are required to report all newly diagnosed cases of CIN2/3, and AIS or their equivalent. At the DPH's request and if adequate tissue is available, laboratories are required to send fixed tissue from the specimen used to diagnose CIN2/3 or cervical AIS for HPV typing per instructions from the DPH. Footnote (10) was added to the OL-15C. The purpose of this HPV surveillance is to monitor the statewide impact of the vaccine on the incidence and epidemiology of biopsy-proven early outcomes of HPV infection that lead to cervical cancer. It will also monitor the impact of the vaccine on the types of HPV causing biopsy-proven disease.

#### **Typhus - deleted**

Typhus is removed from both lists because it is a rare disease that is not present in Connecticut and does not constitute a potential public health emergency. There have been no confirmed cases in Connecticut in more than 27 years. Typhus can still be legally reported under the heading "Outbreaks-Other unusual diseases and illness".

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### Changes to the List of Reportable Diseases

#### **Encephalitis and Arboviral Infection – modified**

The List of Laboratory Significant Findings was modified to remove the heading "Encephalitis" and replace it with "Arboviral infection." Initially, surveillance for arboviral infection was limited to those with encephalitis. Surveillance is now being conducted for the full clinical spectrum of arboviral infection, particularly for all clinical forms of West Nile virus infection. A similar change was made to the List of Reportable Diseases, which now lists "Arboviral disease" with a list of relevant arboviruses. However, "encephalitis" remains reportable by providers.

#### **Vaccinia disease - modified**

The listing for reporting of vaccinia disease had details that are no longer relevant given the lack of active efforts to vaccinate against smallpox; therefore, these details were removed from the list. Vaccinia disease remains a reportable disease.

### Changes to the List of Laboratory Reportable Significant Findings

#### **Glanders and Melioidosis - added**

Glanders and melioidosis, infections caused by *Burkholderia mallei* and *pseudomallei*, respectively, are added to the list of Laboratory Reportable Significant Findings. It is rare to isolate either of these organisms from ill persons in Connecticut. The DPH Bioterrorism laboratory has polymerase chain reaction tests to confirm the identity of these bacteria. Isolates will need to be sent to the State laboratory for confirmation. This will enable state level identification, validation, and reporting to the Centers for Disease Control and Prevention of these possible bioterrorism agents.

## REPORTABLE DISEASES - 2008

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 2008 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.

<p>Acquired Immunodeficiency Syndrome (1,2)</p> <p>☎ Anthrax</p> <p>* <b>Arboviral disease (e.g., California group, EEE, SLE, WNV, other)</b></p> <p>Babesiosis</p> <p>☎ Botulism</p> <p>☎ Brucellosis</p> <p>Campylobacteriosis</p> <p>Carbon monoxide poisoning (3)</p> <p>Chancroid</p> <p>Chickenpox</p> <p>☎ Chickenpox</p> <ul style="list-style-type: none"> <li>▪ admission to hospital, any age</li> <li>▪ adults ≥ 18 years, any clinical setting</li> </ul> <p>Chickenpox-related death</p> <p>Chlamydia (<i>C. trachomatis</i>) (all sites)</p> <p>☎ Cholera</p> <p><i>Clostridium difficile</i>, community-onset (4)</p> <p>Creutzfeldt-Jakob disease (age &lt; 55 years)</p> <p>Cryptosporidiosis</p> <p>Cyclosporiasis</p> <p>☎ Diphtheria</p> <p>Ehrlichiosis</p> <p>Encephalitis</p> <p><i>Escherichia coli</i> O157:H7 gastroenteritis</p> <p>Gonorrhea</p> <p>Group A Streptococcal disease, invasive (5)</p> <p>Group B Streptococcal disease, invasive (5)</p> <p><i>Haemophilus influenzae</i> disease, invasive all serotypes (5)</p> <p>Hansen's disease (Leprosy)</p> <p>Hemolytic-uremic syndrome</p> <p>Hepatitis A</p> <p>Hepatitis B</p> <ul style="list-style-type: none"> <li>▪ acute infection</li> <li>▪ HBsAg positive pregnant women</li> </ul> <p>Hepatitis C - acute infection (ALT &gt; 400 IU/L)</p>	<p>HIV-1 exposure in infants born 1/1/2001 or later (1,6)</p> <p>HIV-1 infection in (1)</p> <ul style="list-style-type: none"> <li>▪ persons with active tuberculosis disease</li> <li>▪ persons with a latent tuberculous infection (history or tuberculin skin test ≥5mm induration by Mantoux technique)</li> <li>▪ persons of any age</li> </ul> <p>* <b>HPV: biopsy proven CIN 2, CIN 3 or AIS or their equivalent (1)</b></p> <p>☎ Influenza-associated deaths in children &lt;18 years of age (7)</p> <p>Lead toxicity (blood level ≥ 20 µg/dL)</p> <p>Legionellosis</p> <p>Listeriosis</p> <p>Lyme disease</p> <p>Lymphocytic choriomeningitis virus infection</p> <p>Malaria</p> <p>☎ Measles</p> <p>☎ Meningococcal disease</p> <p>Mercury poisoning</p> <p>Mumps</p> <p>Neonatal herpes (&lt; 1 month of age)</p> <p>Neonatal bacterial sepsis (8)</p> <p>Occupational asthma</p> <p>☎ Outbreaks:</p> <ul style="list-style-type: none"> <li>▪ Foodborne (involving ≥ 2 persons)</li> <li>▪ Institutional</li> <li>▪ Unusual disease or illness (9)</li> </ul> <p>☎ Pertussis</p> <p>☎ Plague</p> <p>Pneumococcal disease, invasive (5)</p> <p>☎ Poliomyelitis</p> <p>☎ Q fever</p> <p>☎ Rabies (human and animal)</p> <p>Reye syndrome</p>	<p>Rheumatic fever</p> <p>☎ Ricin poisoning</p> <p>Rocky Mountain spotted fever</p> <p>☎ Rubella (including congenital)</p> <p>Salmonellosis</p> <p>☎ SARS-CoV</p> <p>☎ Septicemia or meningitis with growth of gram positive rods within 32 hours of inoculation</p> <p>Shiga toxin-related disease (gastroenteritis)</p> <p>Shigellosis</p> <p>Silicosis</p> <p>☎ Smallpox</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 (5,10)</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>Typhus</p> <p>* <b>Vaccinia disease</b></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>☎ 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. 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.
5. 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*.
6. "Exposure" includes infant born to known HIV-infected mother.
7. Death in child or adolescent who never fully recovers from influenza and dies from a possible complication (e.g., encephalopathy, bacterial pneumonia).
8. Clinical sepsis and blood or CSF isolate obtained from an infant < 7 days old.
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. 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).**

## LABORATORY REPORTABLE SIGNIFICANT FINDINGS - 2008

The director of a clinical laboratory must report laboratory evidence suggestive of reportable diseases. A standard reporting form, the Laboratory Report of Significant Findings (OL-15C) can be obtained from the Connecticut Department of Public Health, Epidemiology Program, 410 Capitol Ave., MS#11EPI, P.O. Box 340308, Hartford, CT 06134-0308; telephone: (860-509-7994). The OL-15Cs are not substitutes for physician reports; they are supplements to physician reports which allow verification of diagnosis. A listing of possible bioterrorism diseases is highlighted at the end of this list. Changes for 2008 are noted in **bold** and with an asterisk (\*).

<p>AIDS (report only to the State)</p> <ul style="list-style-type: none"> <li>• CD4+ T-lymphocyte counts &lt;200 cells/μL: _____ cells/μL</li> <li>• CD4+ count &lt; 14% of total lymphocytes: _____%</li> </ul> <p><b>*Arboviral infection (replaces "encephalitis"):</b></p> <p><b>California group virus (species)</b> _____</p> <p><b>Eastern equine encephalitis virus</b></p> <p><b>St. Louis encephalitis virus</b></p> <p><b>West Nile virus infection – human or animal</b></p> <p><b>Other arbovirus (specify)</b> _____</p> <p>Babesiosis: <input type="checkbox"/> IFA <input type="checkbox"/> IgM (titer) _____ <input type="checkbox"/> IgG (titer): _____</p> <p><input type="checkbox"/> Blood smear (1) <input type="checkbox"/> PCR <input type="checkbox"/> Other: _____</p> <p>Campylobacteriosis (species) _____</p> <p>Carboxyhemoglobin ≥ 9%: _____% COHb</p> <p>Chancroid</p> <p>Chickenpox, acute: <input type="checkbox"/> IgM <input type="checkbox"/> Culture <input type="checkbox"/> PCR</p> <p style="padding-left: 40px;"><input type="checkbox"/> DFA <input type="checkbox"/> Other: _____</p> <p>Chlamydia (<i>C. trachomatis</i>) (test type: _____)</p> <p>Creutzfeldt-Jakob disease, age &lt; 55 years (biopsy)</p> <p>Cryptosporidiosis (method of ID) _____</p> <p>Cyclosporiasis (method of ID) _____</p> <p>Diphtheria (1)</p> <p>Ehrlichiosis (2) <input type="checkbox"/> HGE <input type="checkbox"/> HME <input type="checkbox"/> Unspecified <input type="checkbox"/> IFA (titers):</p> <p style="padding-left: 20px;">IgM _____ IgG _____ <input type="checkbox"/> Blood smear <input type="checkbox"/> PCR <input type="checkbox"/> Other: _____</p> <p>Enterococcal infection, vancomycin-resistant (2,3) _____</p> <p><i>Escherichia coli</i> O157 infection (1)</p> <p>Giardiasis</p> <p>Gonorrhea (test type: _____)</p> <p>Group A streptococcal disease, invasive (3)</p> <p>Group B streptococcal disease, invasive (3)</p> <p><i>Haemophilus influenzae</i> disease, invasive, all serotypes (1,3)</p> <p>Hansen's disease (Leprosy)</p> <p>Hepatitis A <input type="checkbox"/> IgM anti-HAV (1)</p> <p>Hepatitis B <input type="checkbox"/> HBsAg <input type="checkbox"/> IgM anti-HBc (1)</p> <p>Hepatitis C (anti-HCV) Ratio: _____ <input type="checkbox"/> RIBA <input type="checkbox"/> PCR (4)</p> <p>HIV Infection (report only to the State) (1)</p> <ul style="list-style-type: none"> <li>• HIV-1 infection in persons of all ages (5)</li> </ul> <p><b>*HPV (report only to state): (10)</b></p> <p><b>Biopsy proven <input type="checkbox"/> CIN 2 <input type="checkbox"/> CIN 3 <input type="checkbox"/> AIS</b></p> <p><b>or their equivalent (specify):</b> _____</p> <p>Influenza: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Unk.</p> <p style="padding-left: 40px;"><input type="checkbox"/> RT-PCR <input type="checkbox"/> Culture <input type="checkbox"/> Rapid test</p> <p>Lead Poisoning (blood lead ≥ 10 μg/dL)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Finger Stick: _____ μg/dL <input type="checkbox"/> Venous: _____ μg/dL</p> <p>Legionellosis</p> <p style="padding-left: 20px;"><input type="checkbox"/> Culture <input type="checkbox"/> DFA <input type="checkbox"/> Ag positive</p> <p style="padding-left: 20px;"><input type="checkbox"/> Four-fold serologic change (titers): _____</p> <p>Listeriosis (1)</p> <p>Lyme disease (6)</p> <p>Lymphocytic choriomeningitis virus infection</p> <p>Malaria/blood parasites (1,2) : _____</p> <p>Measles (Rubeola) (titer) (7): _____</p> <p>Meningococcal disease, invasive (1,3)</p> <p>Mercury poisoning</p> <p style="padding-left: 20px;"><input type="checkbox"/> Urine ≥ 35 μg/g creatinine _____ μg/g</p> <p style="padding-left: 20px;"><input type="checkbox"/> Blood ≥ 15 μg/L _____ μg/L</p>	<p>Mumps (titer): _____</p> <p>Neonatal bacterial sepsis (8) spp _____</p> <p>Pertussis (titer): _____</p> <p style="padding-left: 20px;">DFA Smear: <input type="checkbox"/> Positive <input type="checkbox"/> Negative</p> <p style="padding-left: 20px;">Culture: <input type="checkbox"/> Positive <input type="checkbox"/> Negative</p> <p>Pneumococcal disease, invasive (1,3)</p> <p style="padding-left: 20px;">Oxacillin disk zone size: _____ mm</p> <p style="padding-left: 20px;">MIC to penicillin: _____ μg/mL</p> <p>Poliomyelitis</p> <p>Rabies</p> <p>Rocky Mountain spotted fever</p> <p>Rubella (titer): _____</p> <p>Salmonellosis (1,2) (serogroup/serotype) _____</p> <p>SARS-CoV infection (10) <input type="checkbox"/> IgM/IgG</p> <p style="padding-left: 40px;"><input type="checkbox"/> PCR _____ (specimen) <input type="checkbox"/> Other _____</p> <p>Shiga toxin-related disease (1)</p> <p>Shigellosis (1,2) (serogroup/species) _____</p> <p><i>Staphylococcus aureus</i> infection with MIC to vancomycin ≥ 4 μg/mL (1)</p> <p style="padding-left: 40px;">MIC to vancomycin: _____ μg/mL</p> <p><i>Staphylococcus aureus</i> disease, invasive (3)</p> <p style="padding-left: 40px;">methicillin-resistant Date pt. Admitted ____/____/____</p> <p><i>Staphylococcus epidermidis</i> infection with MIC to vancomycin ≥ 4 μg/mL (1)</p> <p style="padding-left: 40px;">MIC to vancomycin: _____ μg/mL</p> <p>Syphilis <input type="checkbox"/> RPR (titer): _____ <input type="checkbox"/> FTA (titer): _____</p> <p style="padding-left: 40px;"><input type="checkbox"/> VDRL (titer): _____ <input type="checkbox"/> MHA (titer): _____</p> <p>Trichinosis</p> <p>Tuberculosis (1)</p> <p style="padding-left: 20px;">Specimen type: _____</p> <p style="padding-left: 20px;">AFB Smear: <input type="checkbox"/> Positive <input type="checkbox"/> Negative</p> <p style="padding-left: 20px;">If positive: <input type="checkbox"/> Rare <input type="checkbox"/> Few <input type="checkbox"/> Numerous</p> <p style="padding-left: 20px;">Culture: <input type="checkbox"/> <i>Mycobacterium tuberculosis</i> only</p> <p style="padding-left: 40px;"><input type="checkbox"/> Other mycobacterium (specify: M. _____)</p> <p><i>Vibrio</i> infection (1) (species) _____</p> <p>Yellow fever</p> <p>Yersiniosis (species) _____</p> <p><b><i>Diseases that are possible indicators of bioterrorism (9)</i></b></p> <p>Anthrax (1)</p> <p>Botulism</p> <p>Brucellosis (1)</p> <p><b>* Glanders (1)</b></p> <p>Gram positive rods in blood or CSF, growth within 32 hours of inoculation (specify: _____)</p> <p><b>* Melioidosis (1)</b></p> <p>Plague (1)</p> <p>Q fever</p> <p>Ricin poisoning</p> <p>Smallpox (1)</p> <p>Staphylococcal enterotoxin B pulmonary poisoning</p> <p>Tularemia</p> <p>Venezuelan equine encephalitis</p> <p>Viral hemorrhagic fever</p>
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| <p>1. Send isolate, culture, or slide to the State Laboratory for confirmation. For Shiga-toxin, send positive broth. For positive HIV and IgM anti-HAV, send ≥ 0.5 mL residual serum. For positive IgM anti-HBc, send ≥ 0.5 mL residual serum within 6 months.</p> <p>2. Specify species/serogroup.</p> <p>3. Sterile site isolates: 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; includes muscle for invasive group A streptococcal disease.</p> | <p>4. Report all positive anti-HCV with signal to cutoff ratio, all positive RIBA, but only confirmatory PCR tests.</p> <p>5. Report any tests indicative of HIV infection including antibody, antigen, PCR-based and all viral load tests, including those with no virus detectable, <u>with</u> name and street address.</p> <p>6. Only laboratories with automated electronic reporting to the DPH surveillance database are required to report positive results.</p> <p>7. Report all IgM titers, but only IgG titers that are considered significant by the laboratory performing the test.</p> | <p>8. Report all bacterial isolates from blood or CSF obtained from an infant &lt;7 days old.</p> <p>9. Report by telephone to the DPH, weekdays 860-509-7994; nights, weekends, and holidays 860-509-8000.</p> <p><b>10. *On request from 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 DPH (CIN = cervical intraepithelial neoplasia; AIS = adenocarcinoma-in-situ)</b></p> |
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**In This Issue...**

**Reportable Diseases and Laboratory Findings for 2008, Persons Required to Report.**

**Persons Required to Report Reportable Diseases**

1. Every health care provider who treats or examines any person who has or is suspected to have a reportable disease 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 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 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 diseases 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;
  - 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 Laboratory Significant 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.

M. Jodi Rell, Governor  
J. Robert Galvin, MD, MPH, MBA, Commissioner of Health

James L. Hadler, MD, MPH  
State Epidemiologist  
Infectious Diseases Section Director

AIDS Epidemiology	(860) 509-7900
Epidemiology	(860) 509-7994
Immunizations	(860) 509-7929
Pulmonary Diseases	(860) 509-7722
Sexually Transmitted Diseases (STD)	(860) 509-7920

**Connecticut Epidemiologist**

Editor:  
Matthew L. Cartter, MD, MPH

Assistant Editor/Producer:  
Starr-Hope Ertel