

REPORTABLE LABORATORY FINDINGS—2015

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 2015 are noted in **bold** and with an asterisk (*).

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

Culture (1,3) **PCR (3)*** **Other _____ ***
 Mercury poisoning
 Urine \geq 35 μ g/g creatinine _____ μ g/g
 Blood \geq 15 μ g/L _____ μ g/L
 Mumps (10) (titer) _____
 Neonatal bacterial sepsis (11) spp _____
 Pertussis (titer) _____
 Culture (1) Non-pertussis *Bordetella* (specify) _____ (1)
 DFA PCR
Pneumococcal disease Culture (1,3) Urine antigen *
 Poliomyelitis
 Rabies
 Rocky Mountain spotted fever
 Rotavirus
 Rubella (10) (titer) _____
 St. Louis encephalitis virus
 Salmonellosis (1,2) (serogroup/serotype/test type*) _____
 SARS-CoV infection (1) IgM/IgG
 PCR _____ (specimen) Other _____
 Shiga toxin-related disease (1) (test type)* _____
 Shigellosis (1,2) (serogroup/species test type*) _____
Staphylococcus aureus with MIC to vancomycin \geq 4 μ g/mL (1)
 MIC to vancomycin _____ μ g/mL
Staphylococcus aureus disease, invasive (3)
 methicillin-resistant Date pt. Admitted ____/____/____
Staphylococcus epidermidis with MIC to vancomycin \geq 32 μ g/mL (1)
 MIC to vancomycin _____ μ g/mL
 Syphilis RPR (titer) _____ FTA
 VDRL (titer) _____ TPPA
 Trichinosis
 Tuberculosis (1)
 AFB Smear Positive Negative
 If positive Rare Few Numerous
 NAAT Positive Negative Indeterminate
 Culture *Mycobacterium tuberculosis*
 Non-TB mycobacterium. (specify *M.* _____)
Vibrio infection (1,2) (species/test type)* _____
 West Nile virus
 Yellow fever
 Yersiniosis (2) (species/ test type*) _____

BIOTERRORISM possible disease indicators
 Anthrax (1,12)
 Botulism (12)
 Brucellosis (1,12)
 Glanders (1,12)
 Melioidosis (1,12)
 Plague (1,12)
 Q fever (12)
 Ricin poisoning (12)
 Smallpox (1,12)
 Staphylococcal enterotoxin B pulmonary poisoning (12)
 Tularemia (12)
 Venezuelan equine encephalitis (12)
 Viral hemorrhagic fever (12)

- | | | |
|--|--|--|
| <p>1. Send isolate, culture, or slide to the DPH Laboratory for confirmation. For <i>Salmonella</i>, <i>Shigella</i>, STEC, and <i>Vibrio</i> tested by non-culture methods,* send positive broth or stool in transport media when isolate is not available*. For positive HIV, send \geq 0.5mL residual serum.</p> <p>2. Specify species/serogroup/serotype*.</p> <p>3. 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.</p> <p>4. Report the peak liver function tests (ALT, AST) conducted within one week of patient's HAV IgM</p> | <p>positive test, if available. Check "Not Done" when appropriate.</p> <p>5. Report all RNA results, but negative RNA results are required only by laboratories with automated electronic reporting to the DPH.</p> <p>6. Report all positive HIV antibody, antigen, and all viral load results (including not detectable values), and all qualitative NAAT results*. Laboratories conducting HIV genotype or CD4 testing should report HIV DNA sequence and all CD4 test results in an electronic file.</p> <p>7. 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.</p> | <p>8. Only laboratories with automated electronic reporting to the DPH are required to report positive results.</p> <p>9. Report lead results \geq10μg/dL within 48 hours to the Local Health Director and the DPH; submit ALL lead results at least monthly to the DPH.</p> <p>10. Report all IgM positive titers, but only IgG titers that are considered significant by the laboratory performing the test.</p> <p>11. Report all bacterial isolates from blood or CSF obtained from an infant \leq72 hours of age.</p> <p>12. Report by telephone to the DPH, weekdays 860-509-7994; evenings, weekends, and holidays 860-509-8000.</p> |
|--|--|--|