



Changes to the List of Reportable Diseases

In anticipation of the second wave of the 2009 influenza pandemic and pursuant to the requirements of Connecticut General Statute 19a-2a and Section 19a-36-A7 of the Public Health Code, J. Robert Galvin, MD, MPH, Commissioner of the State of Connecticut Department of Public Health (DPH) has considered additions to the list of mandated reportable diseases and findings. The Commissioner hereby amends the list of reportable diseases and findings in accordance with Connecticut General statutes 19a-2a by adding the following effective October 1, 2009:

1. Hospitalizations and deaths due to the 2009 pandemic influenza A (H1N1) influenza virus or to another influenza virus of any type or subtype including seasonal and other novel influenza viruses shall be reported immediately to the DPH and to the local department of health in the town of residence of the case-patient by telephone on the day of recognition or strong suspicion of disease. A report form provided by the DPH shall be used to collect information on hospitalized and fatal case-patients. DPH will share these reports with the local health department in the town of residence of the case-patients.
2. Cases of Guillain-Barré syndrome (GBS) shall be reported to the DPH by telephone on the day of recognition or strong suspicion of disease. A report form provided by the DPH shall be used to collect information on case-patients. DPH will share these reports with the local health department in the town of residence of the case-patients.

Surveillance for Guillain-Barré Syndrome (GBS)

The Connecticut Department of Public Health (DPH) will conduct active surveillance for all cases of Guillain-Barré syndrome (GBS) beginning October 1, 2009.

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In 1976, about 40 million Americans were vaccinated against an influenza virus of swine origin, and subsequently, an increased risk of GBS associated with vaccination was found. It remains unclear what caused the increased risk of GBS associated with the swine-origin influenza vaccine in 1976. Since then, numerous studies have been conducted to evaluate the association between seasonal flu vaccine and GBS. Most studies showed no association, while two studies suggested that approximately 1 additional person out of 1 million vaccinated people may be at risk for GBS (http://www.cdc.gov/h1n1flu/vaccination/gbs_ga.htm). There is no indication that the 2009 pandemic H1N1 vaccine will be associated with an increased risk of GBS. However, there is a need to be vigilant given the magnitude of the anticipated vaccination campaign.

GBS surveillance will be a collaborative effort conducted by the DPH, the Centers for Disease Control and Prevention, and the Yale Emerging Infections Program. To ensure complete reporting of cases, investigators will work with a network of neurologists, pharmacists, and hospital billing departments to identify and conduct follow-up investigation of potential cases of GBS.

**For Public Health Emergencies
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