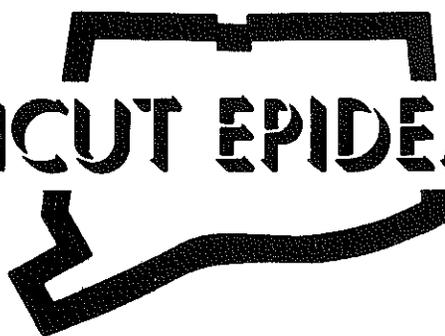


# CONNECTICUT EPIDEMIOLOGIST



State of Connecticut Department of Health Services  
Frederick G. Adams, D.D.S., M.P.H., Commissioner

February 1990  
VOLUME 10 NO. 1



## **THE NEW LIST OF REPORTABLE DISEASES AND LABORATORY FINDINGS**

For the first time since 1978, Connecticut's disease reporting regulations have been thoroughly reviewed and substantially revised. The revised regulations became effective on October 25, 1989 and were printed in the Connecticut Law Journal on December 5, 1989 (pages 1B-7B).

The revised disease reporting regulations establish for the first time a mechanism for the Department of Health Services to promulgate an annual list of reportable diseases and laboratory findings.

The regulations also clarify reporting procedures, define who is required to report, specify the information required in reports, and prioritize the urgency of reporting specific diseases into two categories (the old list had three categories).

In revising the list of reportable diseases and laboratory findings, the Department of Health Services consulted with an advisory committee of public health officials, clinicians, and laboratorians. The revision of the list will enable the state and local health departments to monitor and more effectively manage those communicable

and non-communicable diseases of public health concern.

We remind clinicians that outbreaks of disease are reportable regardless of the setting. This includes outbreaks in institutional (e.g. hospitals, nursing homes), occupational or community settings. This also includes outbreaks of infectious diseases not specifically listed (e.g. a cluster of legionellosis cases) and outbreaks of non-infectious diseases (e.g. clusters of cases of suspected mercury or carbon monoxide poisoning).

### **WHY REPORT?**

The primary objectives of disease surveillance are: (1) to determine the extent of morbidity within the community for public health planning and evaluation purposes; (2) to assess risks of transmission; and (3) to intervene rapidly when appropriate. For surveillance to be effective, the reporting of communicable diseases must be timely. The confidentiality of patient information is protected by strong state confidentiality statutes.

Public health intervention may include outbreak investigation and control and the identification and follow up of persons exposed or carriers of various communicable diseases. Immunization, preventive therapy, counseling and/or additional observation are provided as appropriate.

## WHO SHOULD 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 Health Services (DOHS).
- (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 DOHS. 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 DOHS 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;

or

(F) morticians and funeral directors.

- (4) In addition to the primary reporter, each local director of health shall report or ensure reporting to DOHS of each case or suspected case of a Category I reportable disease.

### *Reportable Laboratory 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 forty-eight (48) hours to the local director of health of the town in which the affected person normally resides, or, in the absence of such information, of the town from which the specimen originated, and to DOHS on forms provided by DOHS.

For

**PUBLIC HEALTH EMERGENCIES  
after 4:30 p.m. and on Weekends**

Call

**Department of Health Services**

At

**566-4800**

**HOW TO REPORT**  
**Reportable Diseases**

There are several standard forms for reporting. These include the Communicable Diseases Report (PD-23) the Acquired Immunodeficiency Syndrome (AIDS) Case Report, the Sexually Transmitted Disease Confidential Case Report (STD-23), and the Tuberculosis Case Report (TB-86). The PD-23 is the most generally used form and can be used if the other special forms are not available.

Forms may be obtained from the Epidemiology Section, State Department of Health Services, 150 Washington Street, Hartford, CT 06106; Telephone: 566-2540.

The other disease-specific report forms may be obtained by calling or writing the following programs at the same address: the Epidemiology Unit/AIDS Section, 566-1980; the Sexually Transmitted Diseases Program, 566-4492; the Pulmonary Diseases Program, 566-3099.

Telephone reports of Category I diseases should be made to the local department of health of the town in which the patient resides and to the State Epidemiology Program (566-5058). Tuberculosis cases should be directly reported to the State Pulmonary Program (566-3099).

For public health emergencies, an epidemiologist can be reached nights and weekends through the Department's emergency number (566-4800).

**Reportable Diseases, 1990**

Each report (by mail or telephone) should minimally include: the full name and address of the person reporting and the attending physician, the disease being reported, and the full name, address, race-ethnicity, sex and occupation of the person affected. The reports should be sent in envelopes marked "CONFIDENTIAL."

**Category I:** Reportable immediately by telephone on the day of recognition or strong suspicion of disease. On weekdays reports are made to the local and state health departments, on weekends to the State Department of Health Services. A communicable disease report form should be mailed to both the local and state health departments within 12 hours.

- |   |                           |
|---|---------------------------|
| Anthrax   | Pertussis                 |
| Botulism  | Plague                    |
| Cholera   | Poliomyelitis             |
| Diphtheria  | Rabies (human and animal) |
| Measles   | Rubella                   |
| Meningococcal disease   | Tuberculosis              |
| Outbreaks involving 3 or more persons<br>(Foodborne, Institutional, Daycare, other) | Yellow Fever              |

**Category II:** Reportable by mail within 12 hours of recognition or strong suspicion to both local and state health departments.

- |  |  |  |
|--|--|--|
| Acquired Immunodeficiency Syndrome<br>(CDC case definition)  | Listeriosis  | STD's cont'd                                     |
| Babesiosis   | Lyme Disease   | Gonorrhea  |
| Brucellosis  | Malaria  | Neonatal herpes<br>(less than<br>1 month of age) |
| <i>Haemophilus influenzae</i> type B disease,<br>invasive (meningitis, epiglottitis,<br>and bacteremia, both primary<br>and secondary) | Mumps  | Syphilis   |
| Hepatitis, Viral type A, type B, type C,<br>type D, (Delta agent),<br>type non-A/non-B, unspecified                                    | Psittacosis  | Shigellosis                                      |
| Lead Toxicity  | Reyes Syndrome                                       | Silicosis  |
| Leptospirosis  | Rheumatic Fever                                      | Tetanus  |
|  | Rocky Mountain Spotted Fever                         | Trichinosis                                      |
|  | Salmonellosis  | Typhoid Fever                                    |
|  | Sexually transmitted diseases:                       | Typhus   |
|  | Chancroid  |  |
|  | Chlamydia (c. trachomatis)<br>infections (all sites) |  |

## Laboratory Findings

The director of any clinical laboratory must report laboratory evidence suggestive of the diseases relating to public health. A standard form, known as the Laboratory Report of Significant Findings (OL-15C) is available for reporting these laboratory findings. These forms are available from the State of Connecticut Department of Health

Services, Laboratory Bureau, 150 Washington Street, Hartford, CT 06106; telephone: 566-2820. The laboratory reports are not substitutes for physician reports; they are supplements to physician reports which allow verification of diagnosis.

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### Laboratory Reportable Significant Findings, 1990

Anthrax	Measles (Rubeola)
Babesiosis	Meningococcal disease, invasive (isolates from blood, CSF, other normally sterile sites)
Brucellosis	Mumps
Campylobacteriosis	Pertussis
California Encephalitis	Plague
Cholera	Poliomyelitis
Diphtheria	Rabies
Eastern Equine Encephalitis	Rocky Mountain Spotted Fever
E. Coli 0157:H7	Rubella**
Food Poisoning*	Salmonellosis*
Giardiasis	Sexually Transmitted Diseases
Hepatitis A (IgM anti-HAV)	Chancroid
Hepatitis B (HBsAg, IgM anti-HBc)*	Chlamydia (C. trachomatis)
Hepatitis C	Gonorrhea
Hepatitis, Delta (HDAG, IgM anti-HD)*	Syphilis
Influenza A and B*	Shigellosis*
Haemophilus influenza type b disease, invasive (isolates from blood, CSF, other normally sterile sites)	Trichinosis
Lead Poisoning (levels > 25 ug/dl)	Tuberculosis
Leprosy	Typhus
Listeriosis	Yersiniosis
Malaria/Blood Parasites*	

\*Specify Etiologic Agent or Test

\*\*Titer

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