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CAT-SCRATCH DISEASE

Cat scratch disease (CSD) is an infectious disease, usually self-limited, associated with cat scratches or bites. Recent studies suggest most CSD is caused by a rickettsial-like organism, *Rochalimaea henselae*. CSD has been a reportable disease in Connecticut since January 1, 1992. The Department of Health Services (DHS) has been collaborating with the Centers for Disease Control and Prevention (CDC) to establish a state-wide surveillance system for CSD, and to conduct studies to identify risk factors for the development of CSD.

The surveillance case definition is unexplained lymphadenopathy in a person who had a documented exposure to cats and who was diagnosed after January 1, 1992 as having CSD. In the first 11 months of 1992, DHS received 114 reports of suspected CSD. One hundred of these met the case definition for an 11-month incidence of 3.0/100,000 persons. Reports were received from all eight counties in CT. The median age of patients with CSD was 14 years (range 1-53 years of age) and 54% were female. The age-specific rate was highest among persons aged 0-9 years (7.1/100,000) and decreased to 1.0/100,000 among persons aged 50-59 years ($p > 0.001$). Symptoms other than adenopathy were noted by 75 persons and included: skin lesions (44), malaise (39), and fever (38). Seven persons were hospitalized, four with encephalopathy of whom two had generalized seizures. Of 56 serum samples processed, 42 (75%) had an elevated antibody titer ($\geq 1:64$) indicating past or current infection with *R. henselae*.

CSD WILL CONTINUE TO BE A REPORTABLE DISEASE IN 1993. Cases will be enrolled in an ongoing case-control study. New cases can be reported, and serological testing arranged, by calling Dr. Douglas Hamilton, a CDC medical epidemiologist assigned to the Epidemiology Program, DHS. Please call Dr. Hamilton at 566-5058.

INSTRUCTIONS FOR AIDS CASE REPORTING

Effective January 1, 1993, CDC implemented an expanded AIDS surveillance case definition (1). This expansion retains the 23 clinical conditions in the AIDS surveillance case definition published in 1987 and adds the following four conditions:

1. HIV infection with an absolute CD4+ T-lymphocyte count less than 200 cells per microliter or a CD4+ count less than 14% of total lymphocytes.
2. HIV infection with active pulmonary tuberculosis.
3. HIV infection with recurrent bacterial or unspecified pneumonia within a one-year period (2 or more episodes).
4. Invasive cervical carcinoma in an HIV-infected woman.

This expanded definition requires laboratory evidence for HIV infection in persons with less than 200 CD4+ T-lymphocytes/uL or with one of the added clinical conditions.

The objectives of these changes are to *simplify* the classification of HIV infection and the AIDS case reporting process, to be *consistent* with standards of medical care for HIV-infected persons, to *categorize* more fully HIV-related morbidity, and to *reflect* more accurately the number of persons with HIV-related immunosuppression who are at highest risk for severe HIV-related morbidity and most in need of close medical follow-up. The addition of the three clinical conditions reflects their documented or potential importance in the HIV epidemic.

To report cases of AIDS, use the HIV Confidential Case Report form. Return forms in an envelope marked "CONFIDENTIAL" to: State of Connecticut, Department of Health Services, AIDS Section/Surveillance Unit, 150 Washington Street, Hartford, CT 06106

AIDS case reports should NOT be sent to local directors of health.

For a complete list of conditions meeting the AIDS surveillance case definition, contact the AIDS Section at 566-1980.

Reference

1. CDC. 1993 revised classification system for HIV infection and expanded surveillance case definition for AIDS among adolescents and adults. MMWR 1992;41(no. RR-17).

Single copies of this reference are available from the CDC National AIDS Clearinghouse, P.O. Box 6003, Rockville, MD 20849-6003; telephone (800) 458-5231.

RABIES UPDATE

The raccoon rabies epizootic entered Connecticut in March 1991, when a rabid raccoon was found in Ridgefield, which borders New York state. As of December 31, 1992, the number confirmed animal rabies cases associated with the epizootic was 832, compared with 193 in 1991. Of the 1661 raccoons tested in 1992, 721 (43%) were positive for rabies (Table 1). Rabies

has occurred in domestic animals for the first time since the 1940s: 11 cats, two sheep, and one dog. Cases have now been confirmed from 83 of Connecticut's 169 cities.

Additional information or technical assistance can be obtained by calling:

1. Your local health department or,
2. Department of Health Services' Epidemiology Program at 566-5058 for questions concerning the management of human exposures. Emergency consultation after hours and on weekends can be obtained by calling the Department's emergency telephone number (566-4800),
3. Department of Environmental Protection's Wildlife Division at 566-4683 or 566-2841 for questions concerning wild animals. Emergency consultation after hours and on weekends can be arranged by calling the DEP Communications at 566-3333, or
4. Department of Agriculture's Canine Control Division at 566-5924 or the State Veterinarian at 566-4616 for questions concerning domestic animals.

Table 1. Percentage of raccoons that tested positive for rabies by county, Connecticut, 1991 - 1992.

County	% Rabies Positive (# Positive/# Tested)	
	1991	1992
Fairfield	41 (180/435)	67 (327/490)
Hartford	0 (0/94)	29 (90/311)
Litchfield	1 (1/84)	54 (151/80)
Middlesex	0 (0/11)	12 (8/65)
New Haven	0 (0/86)	46 (142/309)
New London	0 (0/15)	0 (0/38)
Tolland	0 (0/35)	1 (2/139)
Windham	0 (0/9)	3 (1/29)
TOTAL	24 (181/769)	43 (721/1661)

Reportable Diseases, 1993

The Commissioner of the Department of Health Services (DHS) is required to declare an annual list of reportable diseases. Changes for 1993 are marked by an asterisk (*).

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 Department of Health Services. A Confidential Disease Report form (PD-23) 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)
Foodborne Outbreaks (involving ≥ 2 persons)	Rubella (including congenital)
Institutional Outbreaks	Tuberculosis
Measles	Yellow Fever
Meningococcal disease	

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

Acquired Immunodeficiency Syndrome (1993 CDC surveillance case definition.) (Reporting only required to State.)	Mumps
Babesiosis	Occupational Asthma
Brucellosis	Psittacosis
Cat-scratch Disease	Reyes Syndrome
<u>Haemophilus influenzae</u> type B disease, invasive (meningitis, epiglottitis, pneumonia, and bacteremia)	Rheumatic Fever
Hansen's Disease (Leprosy)	Rocky Mountain Spotted Fever
Hepatitis A, B, C, Delta, non-A/non-B	Salmonellosis
HIV-1 Infection in: children < 13 years of age persons with tuberculosis persons with a positive tuberculin skin test ≥ 5 mm induration by Mantoux technique	Sexually transmitted diseases: Chancroid Chlamydia (<i>C. trachomatis</i>) infections (all sites) Gonorrhea Neonatal herpes (less than 1 month in age) Syphilis
Lead Toxicity (blood level ≥ 20 ug/dl)*	Shigellosis
Leptospirosis	Silicosis
Listeriosis	Tetanus
Lyme Disease	Trichinosis
Malaria	Typhoid Fever
	Typhus

How to Report: There are several standard forms for reporting. These include the Confidential Disease 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: 566-5058. The disease-specific report forms may be obtained by calling or writing the specific program at the same address: the Epidemiology Unit/AIDS Section (566-1980), the Sexually Transmitted Diseases Program (566-4492), or 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 Pulmonary Diseases Program (566-3099). For public health emergencies, an epidemiologist can be reached nights and weekends through the Department's emergency number (566-4800).

Laboratory Reportable Significant Findings, 1993

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: 566-5103. The laboratory reports are not substitutes for physician reports; they are supplements to physician reports which allow verification of diagnosis. Changes for 1993 are noted by an asterisk (*).

AIDS^{1*}

- CD4+ T-lymphocyte counts <200 cells/uL
- CD4+ count <14% of total lymphocytes

Anthrax

Babesiosis

Brucellosis

California Encephalitis

Cholera

Diphtheria

Eastern Equine Encephalitis

E. Coli 0157:H7

Food Poisoning

Giardiasis

Haemophilus influenza Type B Disease, Invasive
(isolates from blood, CSF, other normally sterile sites)

Hansen's Disease (Leprosy)

Hepatitis A (IgM anti-HAV)

Hepatitis B (HBsAg, IgM anti-HBc)

Hepatitis C

Hepatitis, Delta (HDAg, IgM anti-HD)

Influenza A and B*

Lead Poisoning (blood level > 10 ug/dl)*

Listeriosis

Malaria/Blood Parasites

Measles (Rubeola)

Meningococcal Disease, Invasive

(isolates from blood, CSF, other normally sterile sites)

Mumps

Pertussis

Plague

Poliomyelitis

Rabies

Rocky Mountain Spotted Fever

Rubella

Salmonellosis

Sexually Transmitted Diseases

Chancroid

Chlamydia (C. trachomatis)

Gonorrhea

Syphilis

Shigellosis

Trichinosis

Tuberculosis

Typhus

Yersiniosis

¹ Reporting only required to State.

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