



CONNECTICUT EPIDEMIOLOGIST

State of Connecticut Department of Public Health and Addiction Services
Epidemiology Section, Susan S. Addiss, MPH, MURs, Commissioner

March 1994

Volume 14 No. 1

REPORTABLE DISEASES AND LABORATORY FINDINGS, 1994

The lists of Reportable Diseases and Laboratory Reports of Significant Findings are revised annually by the Department of Public Health and Addiction Services. An advisory committee of public health officials, clinicians, and laboratorians contribute to the process. There are six additions and one deletion to the lists for 1994. Additions include: Escherichia coli (E. coli) 0157:H7 Gastroenteritis; Hemolytic-Uremic Syndrome (HUS); Cryptosporidiosis; Streptococcal Toxic Shock Syndrome; Pneumococcal Disease, penicillin-resistant; and Enterococcal Disease, vancomycin-resistant. Cat-scratch disease has been deleted from the list. Physicians are urged to save these lists for future reference.

DELETION

Cat-Scratch Disease

Cat-scratch disease (CSD) is the only disease deleted from the list. CSD was made reportable in 1992 after the investigation of a cluster of cases of CSD encephalitis. Two full years of surveillance have been completed. A case-control study was done which suggested that CSD is a disease that is transmitted between young cats by fleas and to humans by cat scratches, bites, or possibly flea bites (1). The State Laboratory is now performing the serologic test that was once only available through CDC.

NEW REPORTABLE DISEASES

E. coli 0157:H7 Gastroenteritis

E. coli 0157:H7 is currently a laboratory reportable finding. Physician reporting is needed to obtain

supplementary information on each case of E. coli 0157:H7 gastroenteritis and to increase the likelihood that outbreaks will be more rapidly reported. In addition, it will permit local health departments to follow up more easily on individual case reports.

Hemolytic Uremic Syndrome (HUS)

A major complication of E. coli 0157:H7 infection is hemolytic-uremic syndrome (HUS). HUS usually results in hospitalization and may be severe enough to be fatal. The purpose of reporting HUS is to evaluate its epidemiology and to more accurately assess the public health cost of E. coli 0157:H7 in Connecticut. The epidemiology of HUS should be less subject to "surveillance artifact" than either laboratory or physician-reportable E. coli 0157:H7. Thus, monitoring the tip of the iceberg may provide more reliable trend data than the other forms of E. coli reporting.

Streptococcal Toxic Shock Syndrome

In recent years, virulent strains of streptococci have been circulating in the United States. In particular, a toxic shock syndrome with potentially fatal consequences has been reported in several states with increasing frequency. Several clusters of the disease have been recognized, suggesting person-to-person spread. Nationally, several groups have met and have come up with a case definition of streptococcal toxic shock syndrome for surveillance purposes (2).

The purpose of reporting is to: (a) determine the magnitude of the streptococcal toxic shock syndrome problem in Connecticut, its descriptive epidemiology and trends in its epidemiology over time; and (b) detect and investigate possible clusters of disease and evaluate efforts to control outbreaks.

NEW REPORTABLE DISEASE AND LABORATORY REPORT OF SIGNIFICANT FINDINGS

Cryptosporidiosis

The public health importance of cryptosporidiosis has been increasingly recognized in recent years. It has the potential to cause severe illness, particularly in HIV-infected individuals, and has high outbreak potential, especially when it contaminates surface water supplies. The outbreak in Milwaukee, in which 47 individuals died and tens of thousands of people became ill, served notice as to its potential importance. In addition, it is highly resistant to killing by chlorination. Currently, we know little of the epidemiology of this disease in Connecticut.

The purpose of reporting cryptosporidiosis is to: (1) determine its incidence and descriptive epidemiology in Connecticut, and (2) detect possible waterborne outbreaks. Laboratory reporting is needed to ensure that all confirmed cases are reported. Physician reporting is needed so that information on risk factors can be obtained.

NEW REPORTABLE LABORATORY FINDINGS

Pneumococcal Disease, penicillin-resistant

The occurrence of penicillin-resistant pneumococci in the United States is a major epidemiological change. Outbreaks of disease caused by this organism have been reported in the United States, and several cases of penicillin-resistant pneumococcal meningitis have occurred in Connecticut. If penicillin resistance becomes more widespread, there may be a need to change the choice of antibiotics used to treat serious pneumococcal disease, and there may be implications for broader use of the pneumococcal vaccine.

The purpose of laboratory reporting is to: (a) determine the absolute number of cases, their descriptive epidemiology and trends in the epidemiology over time; (b) detect and control possible clusters of infection; (c) use the resulting data to determine the empiric antibiotic therapy needed for severe, invasive infections; and (d) determine the range of sub-types of pneumococci that are causing severe

disease and whether the current vaccine will be efficacious against penicillin-resistant disease.

For the purpose of laboratory reporting, resistance is defined as an MIC (minimal inhibitory concentration) greater than or equal to 0.1 ug/ml from any site.

Enterococcal Disease, vancomycin-resistant

Vancomycin-resistant enterococci are another of the antibiotic resistant strains of bacteria that are occurring with increasing frequency. These organisms cause predominantly nosocomial infections, but are also of general public health concern. These infections are difficult to treat, the antibiotic resistance pattern can be transferred to Staphylococcus aureus, and the occurrence of resistant strains can be partly controlled by limiting certain antibiotic regime and identifying and containing clusters.

The purpose of making vancomycin-resistant enterococcal disease reportable in Connecticut is to: (a) determine the magnitude of the problem and distribution by hospital and trends over time; (b) use the resulting data to determine the need for control measures to decrease spread among patients in hospitals and long term care facilities; and (c) participate in a CDC-study to determine the pattern and mechanisms of antibiotic resistance.

Testing for vancomycin resistance is less standardized than testing for penicillin resistance. Laboratories should report isolates that meet their criteria for vancomycin resistance and additional testing by a reference laboratory will be arranged as appropriate.

References

1. Zangwill KM, Hamilton DH, Perkins BA, Regnery RL, Plikaytis BD, Hadler JL, Cartter ML, Wenger JD. Cat scratch disease in Connecticut: epidemiology, risk factors, and evaluation of a new diagnostic test. *N Eng J Med* 1993;329:8-13.
2. The Working Group on Severe Streptococcal Infections. Defining the group A streptococcal toxic shock syndrome: rationale and consensus definition. *JAMA* 1993;269:390-1.

Reportable Diseases, 1994

The Commissioner of the Department of Public Health and Addiction Services (DPHAS) is required to declare an annual list of reportable diseases. *Changes for 1994 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 health department and DPHAS; on weekends, to DPHAS. A Confidential Disease Report form (PD-23) should be mailed to the local health department and DPHAS 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 the local health department and DPHAS.

Acquired Immunodeficiency Syndrome ¹ (1993 CDC surveillance case definition)	Malaria
Babesiosis	Mumps
Brucellosis	Occupational Asthma
*Cryptosporidiosis	Psittacosis
* <u>E. coli</u> 0157:H7 gastroenteritis	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
*Hemolytic Uremic Syndrome (HUS)	Salmonellosis
Hepatitis, A, B, C, Delta, non-A/non-B	Sexually transmitted diseases:
HIV-1 infection in ¹ :	- Chancroid
- Children < 13 years of age	- Chlamydia (<i>C. trachomatis</i>) infections (all sites)
- Persons with tuberculosis	- Gonorrhea
- Persons with a positive tuberculin skin test ≥ 5 mm induration by Mantoux technique	- Neonatal herpes (less than 1 month in age)
Lead Toxicity (blood level ≥ 20 ug/dl)	- Syphilis
Leptospirosis	Shigellosis
Listeriosis	Silicosis
Lyme Disease	*Streptococcal Toxic Shock Syndrome
	Tetanus
	Trichinosis
	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, Connecticut Department of Public Health and Addiction Services, 150 Washington Street, Hartford, CT 06106; Telephone: 566-2540. 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 director of health for 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 the name, address, or telephone number of a local Director of Health for a specific town contact the Office of Local Health Administration at 566-7889.

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

¹Reporting required only to State

Laboratory Reportable Significant Findings, 1994

The director of any clinical laboratory must report any evidence suggestive of the diseases relating to public health. A standard form, known as the Laboratory Report of Significant Findings (form OL-15C), is available for reporting these laboratory findings. These forms are available from the Connecticut Department of Public Health and Addiction Services, Bureau of Laboratories, 150 Washington Street, Hartford, CT 06106, 566-5102. The laboratory reports are not substitutes for physician reports; they are supplements to physician reports which allow verification of diagnosis. *Changes for 1994 are marked by an asterisk (*)*.

AIDS¹

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

Anthrax

Babesiosis

Brucellosis

California Encephalitis

Cholera

*Cryptosporidiosis

Diphtheria

Eastern Equine Encephalitis

- *Enterococcal Disease, vancomycin-resistant
(isolates from blood, CSF, other normally sterile sites)

E. coli, O157:H7

Food Poisoning

Giardiasis

- Haemophilus influenzae 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)

- *HIV-1 infection in children < 13 years of age¹

Influenza A & B

Lead Poisoning (blood level \geq 10ug/dl)

Listeriosis

Malaria/Blood Parasites

Measles (Rubeola)

- Meningococcal Disease, invasive (isolates from blood, CSF, other normally sterile sites)

Mumps

- *Pneumococcal Disease, penicillin-resistant
(isolates with MIC \geq 0.1 ug/ml from any site)

Pertussis

Plague

Poliomyelitis

Rabies

Rocky Mountain Spotted Fever

Rubella

Salmonellosis

Sexually Transmitted Diseases

- Chancroid
- Chlamydia (C. trachomatis)
- Gonorrhea
- Syphilis

Shigellosis

Trichinosis

Tuberculosis

Typhus

Yersiniosis

¹Reporting required only to State

4

James L. Hadler, M.D., M.P.H., Chief
Matthew L. Cartter, M.D., Editor
Christine Roberts, M.B.B.S., M.P.H.
Pat Mshar, Epidemiologist

George Cooper, Epidemiologist
Starr-Hope Ertel, Epidemiologist
Aaron Roome, Ph.D., M.P.H., Epidemiologist
Anita Steeves, Health Communications

EPIDEMIOLOGY SECTION
State of Connecticut
Department of Public Health and Addiction Services
150 Washington Street
Hartford, CT 06106

Bulk Rate
U.S. Postage
PAID
Permit No 4313
Hartford, Conn