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REPORTABLE DISEASES AND LABORATORY FINDINGS, 1995

The lists of Reportable Diseases and Laboratory Reports of Significant Findings are revised annually by the Department of Public Health and Addiction Services (DPHAS). An advisory committee of public health officials, clinicians, and laboratorians contribute to the process. There are five additions and one deletion to the lists for 1995. Additions include: invasive disease due to Groups A and B streptococci, invasive pneumococcal disease, invasive disease due to *Haemophilus influenzae* (not limited to serogroup B), and human ehrlichiosis. Surveillance for these diseases is being done as part of Connecticut's Emerging Infections Program (EIP), which is funded by the Centers for Disease Control and Prevention (CDC). Leptospirosis has been removed from the list. Laboratories are also required to send isolates of *M. tuberculosis* to the State Laboratory for confirmatory sensitivity testing and subtyping by RFLP (restriction fragment length polymorphism). Physicians are urged to save these lists for future reference.

Group A Streptococcal Disease, invasive

Invasive Group A streptococcal disease is added to the lists of reportable diseases and laboratory findings. Laboratories are required to

send isolates from normally sterile sites to the State Laboratory for confirmation.

The objectives of surveillance for invasive Group A streptococcal disease include: (a) to determine the magnitude, clinical spectrum and public health impact; (b) to detect clusters of disease for further evaluation; and (c) to collect isolates from cases for special M and T typing (different M and T types correspond with virulence). Case information and isolates will be obtained on all cases involving isolates from blood, CSF, pleural fluid, pericardial fluid, peritoneal fluid, joint fluid or surgical specimens from normally sterile sites (e.g., muscle, fascia).

Group B Streptococcal Disease, invasive

Invasive Group B streptococcal disease is added to the lists of reportable diseases and laboratory findings.

Invasive Group B streptococcal disease is an emerging infection targeted by the CDC for intensive standardized surveillance. It is of surveillance importance because it is the most common cause of meningitis and bloodstream infection in infants and is potentially amenable to control by screening of women near the time of delivery, by treatment of exposed neonates and by vaccination (vaccine is under development). The objectives of surveillance are to determine the magnitude and public health impact of this disease. Case information and isolates will be obtained on all cases involving isolates from blood, CSF, pleural fluid, pericardial fluid, peritoneal fluid, or joint fluid.

Pneumococcal Disease, invasive

Invasive pneumococcal disease is added to the lists of reportable diseases and laboratory findings. Laboratories are required to send isolates from normally sterile sites to the State Laboratory. Reporting of penicillin-resistant isolates is currently required and will be continued.

Invasive pneumococcal disease is an emerging infection targeted by the CDC for intensive surveillance in EIP sites. Antibiotic resistant strains have begun to occur with increasing frequency. Knowledge of the epidemiology of these strains is important to the selection of initial antibiotic treatment regimens and to prevention strategies using vaccination. The objectives of surveillance are: (a) to determine the magnitude, epidemiology and public health impact of resistance; and (b) to collect isolates from normally sterile sites for antibiotic sensitivity testing and for serotyping. Case information and isolates will be obtained on all cases involving isolates from blood, CSF, pleural fluid, pericardial fluid, peritoneal fluid or joint fluid.

Haemophilus influenzae Disease, invasive

Invasive disease due to *Haemophilus influenzae* of all serotypes is substituted for that due only to type B on the lists of reportable diseases and laboratory findings. Laboratories are required to send isolates from normally sterile sites to the State Laboratory.

Invasive disease due to *H. influenzae* of all serotypes (not just type B) is an emerging infection targeted by the CDC for intensive surveillance. While the type B form has nearly been eliminated by the current highly effective vaccine, there is a need to describe the epidemiology and public health importance of other forms in anticipation of possible additional vaccine development. Currently, *H. influenzae* type B invasive disease is reportable in most states and nationally. The objectives of surveillance are: (a) to determine the magnitude, epidemiology, and public health impact of all serotypes; and (b) to collect isolates from normally sterile sites for serotyping. Case information and

isolates will be obtained on all cases involving isolates from blood, CSF, pleural fluid, pericardial fluid, peritoneal fluid or joint fluid.

Ehrlichiosis

Human ehrlichiosis is added to the lists of reportable diseases and laboratory findings. Ehrlichiosis is a recently recognized tick-borne disease caused by at least two different species of *Ehrlichia*. The full disease spectrum caused by each species is unknown. There is only one clearly documented case of ehrlichiosis, a fatal case of human granulocytic ehrlichiosis, known to have been acquired in Connecticut. The objectives of surveillance are: (a) to determine whether other cases of ehrlichiosis are occurring in Connecticut; and (b) to determine the epidemiology, clinical spectrum, and public health impact of these infections.

Mycobacterium tuberculosis

Laboratories are required to send an initial isolate from each culture-confirmed *Mycobacterium tuberculosis* (TB) case to the State Laboratory. Additional isolates are to be sent in instances where the patient appears to be having a relapse or failure to respond to therapy.

Tuberculosis is already on the lists of reportable diseases and laboratory findings. However, there has been no requirement that isolates be sent to the state laboratory. In recent years, two issues have made a centralized repository for TB isolates of great importance. First, the emergence of multi-drug resistant TB has made it essential that all initial patient isolates be tested for antibiotic resistance. Second, with the advent of RFLP (restriction fragment length polymorphism) techniques, it has become possible to type TB isolates to confirm and/or detect possible outbreaks. Several national advisory groups have recommended that each state collect all TB isolates, confirm resistance in those in whom it is suspected, and "bank" all isolates for retrospective testing should an outbreak be suspected.

REPORTABLE DISEASES - 1995

The Commissioner of the Department of Public Health and Addiction Services (DPHAS) is required to declare an annual list of reportable diseases. *Changes for 1995 are marked with 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 1: 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 DPHAS. A Confidential Disease Report (PD-23) or more disease-specific report form should be mailed to both the local and State health departments with 12 hours.

Anthrax	Meningococcal disease ²
Botulism	Pertussis
Cholera	Plague
Diphtheria	Poliomyelitis
Foodborne Outbreaks (involving ≥ 2 persons)	Rabies (human and animal)
Institutional Outbreaks	Rubella (including congenital)
Measles	Tuberculosis
	Yellow Fever

Category 2: Reportable by mail within 12 hours of recognition or strong suspicion to both local and State health departments.

Acquired Immunodeficiency Syndrome ¹	Mumps
Babesiosis	Occupational Asthma
Brucellosis	Pneumococcal disease, invasive ^{2*}
Cryptosporidiosis	Reyes Syndrome
<i>E. coli</i> O157:H7 gastroenteritis	Rheumatic Fever
Ehrlichiosis*	Rocky Mountain Spotted Fever
Group A Streptococcal disease, invasive ^{2*}	Salmonellosis
Group B Streptococcal disease, invasive ^{2*}	Sexually Transmitted Diseases
<i>H. influenzae</i> disease, invasive, all serotypes ^{2*}	. Chancroid
Hansen's disease (Leprosy)	. Chlamydia (<i>C. trachomatis</i>) (all sites)
Hemolytic Uremic Syndrome	. Gonorrhea
Hepatitis A, B, C, Delta, non-A/non-B	. Neonatal herpes (<1 month of age)
HIV-1 infection in:	. Syphilis
. children <13 years of age	Shigellosis
. persons with tuberculosis	Silicosis
. persons with a positive tuberculin skin test	Streptococcal Toxic Shock Syndrome
≥ 5 mm induration by Mantoux technique	Tetanus
Lead Toxicity (blood lead ≥ 20 ug/dl)	Trichinosis
Listeriosis	Typhoid Fever
Lyme disease	Typhus
Malaria	

¹ Reporting required only to DPHAS.

² Invasive disease: confirmed by isolation from blood, CSF, pericardial fluid, pleural fluid, peritoneal fluid, joint fluid, or normally sterile tissue obtained during surgery.

How to report: The PD-23 is the most generally used form and can be used if other specialized forms are not available. Several other forms are also in use. These include the Acquired Immunodeficiency Syndrome (AIDS) Case Report, the Sexually Transmitted Disease Confidential Case Report (STD-23), and the Tuberculosis Case Report (TB-86).

Forms may be obtained from the Epidemiology Section, DPHAS, 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 (240-9119), the Sexually Transmitted Diseases Program (566-4492), or the Pulmonary Diseases Program (566-3099).

Telephone reports of Category 1 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 the 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).

LABORATORY REPORTABLE SIGNIFICANT FINDINGS - 1995

The director of any clinical laboratory must report any evidence suggestive of reportable diseases. 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, telephone 566-5102. The laboratory reports are not substitutes for physician reports; they are supplements to physician reports which allow verification of diagnosis. *Changes for 1995 are marked with an asterisk(*)*.

- AIDS (reporting required only to state)
 - CD4+ T-lymphocyte counts < 200 cells/uL
 - CD4+ count < 14% of total lymphocytes
 - HIV-1 infection in children < 13 years of age
- Anthrax⁴
- Babesiosis
- Brucellosis⁴
- California Encephalitis
- Cholera⁴
- Cryptosporidiosis
- Diphtheria⁴
- Eastern Equine Encephalitis
- Enterococcal infection, vancomycin-resistant¹
- Ehrlichiosis*
- E. coli* 0157:H7
- Food Poisoning¹
- Giardiasis
- Group A Streptococcal disease, invasive^{3,4*}
- Group B Streptococcal disease, invasive^{3*}
- H. influenzae*, invasive, all serotypes^{3,4*}
- 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 & B¹
- Lead Poisoning (blood level \geq 10 ug/dl)
 - Finger Stick
 - Venous _____ ug/dl

- Listeriosis
- Malaria / Blood Parasites^{1,4}
- Measles (Rubeola)
- Meningococcal disease, invasive^{3,4*}
- Mumps
- Pneumococcal disease, invasive^{3,4*}
 - Zone size by oxacillin disk testing: _____ mm
 - MIC to penicillin: _____ ug/ml
- Pertussis
- Plague
- Poliomyelitis
- Rabies
- Rocky Mountain Spotted Fever
- Rubella²
- Salmonellosis^{1,4}
- Sexually Transmitted Diseases
 - Chancroid
 - Chlamydia (*C. trachomatis*)
 - Gonorrhea
 - Syphilis
 - RPR² _____ FTA _____
 - VDRL² _____ MHA _____
- Shigellosis^{1,4}
- Trichinosis
- Tuberculosis⁴ (*M. tuberculosis* only)
- Typhus
- Yersiniosis

1 - Specify Etiologic Agent
2 - Indicate Titer

3 - Invasive disease: confirmed by isolation from blood, CSF, pericardial fluid, pleural fluid, peritoneal fluid, joint fluid or normally sterile tissue obtained during surgery.
4 - Send isolate, culture or slide to the State Laboratory for confirmation.

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