



# CONNECTICUT EPIDEMIOLOGIST

State of Connecticut Department of Public Health  
Stephen A. Harriman, Commissioner

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## HUMAN EHRLICHIOSIS-CONNECTICUT

In 1994, Connecticut was one of four states to be awarded federal funding by the Centers for Disease Control and Prevention to establish an Emerging Infections Program (EIP). The Connecticut EIP is a joint effort involving the Department of Public Health (DPH) and the Yale School of Medicine. Surveillance for human ehrlichiosis is one of six projects being conducted by the EIP.

Within the last decade, human *Ehrlichia* infections, both human monocytic ehrlichiosis (HME) caused by *E. chaffeensis* and human granulocytic ehrlichiosis (HGE) caused by *E. equi*, have been recognized as emerging diseases. *Ehrlichia* are transmitted through the bite of an infected tick and recent evidence suggests that *Ixodes scapularis*, the black-legged tick and vector of Lyme disease, is the probable vector of HGE.

In July 1995, the Connecticut EIP began a program to assist clinicians in identifying cases of human ehrlichiosis. This included providing, at no charge, serologic testing for antibodies by the indirect fluorescent antibody (IFA) method against *E. chaffeensis* and *E. equi* for those patients who met specific clinical screening criteria.

*This program will be continued through 1996. Acute phase specimens will also be tested for the presence of Ehrlichia antigens by polymerase chain reaction (PCR) assay.*

### Clinical Screening Criteria

For a serum specimen to be tested, the patient must have an unexplained acute febrile illness with *at minimum*, all of the following signs or symptoms.

- Fever  $\geq 38^{\circ}\text{C}$
- Headache
- Malaise
- Thrombocytopenia or leukopenia

### Specimen Submission

Both acute and convalescent specimens should be submitted on each patient meeting the above criteria. Each submission should consist of at least 10 ml of blood in a red-top tube and should be accompanied by both a completed **Ehrlichiosis Case Report** form and a completed **Microbiology Submission** form (please use this form and not the Virology Requisition form, as in the past). Under the serology section of the submission form, mark "bacterial" and write "*Ehrlichia*" in the space provided.

For additional information concerning this surveillance initiative, please contact either Dr. Mark Wilson (Yale) at (203) 785-2904 or Dr. Elizabeth Hilborn (DPH) at (860) 509-7905.

## SURVEILLANCE FOR EHRLICHIOSIS, 1995

Surveillance for ehrlichiosis began in July 1995. From July-December, 273 serum specimens were received. Of these, 114 (42%) met the screening criteria. A total of 18 probable cases were identified (i.e., met the screening criteria and had at least one titer reactive at a  $\geq 1:64$  dilution for antibodies to *Ehrlichia* species). Of these, 10 had antibody titers to *E. equi*, 5 had titers to *E. chaffeensis*, and 3 were reactive to both. The mean age of probable cases was 56 years (range: 23-81 years); 10 were men.

Fifty-nine persons had both acute and convalescent sera submitted. Of these, 10 (17%) were confirmed cases (four-fold rise in antibody titer or morulae visualized on peripheral blood smear): 6 with HGE, 2 with HME, and 2 with titer rises to both *Ehrlichia* species. Probable and confirmed cases of HGE were more likely to come from the counties with the highest incidence of Lyme disease (Fairfield, Middlesex, and New London).

These initial results support previous evidence that *Ehrlichia* species are present and causing disease in Connecticut. Continued surveillance and case finding are necessary to increase our understanding of *Ehrlichia* infections in the state. As the weather becomes mild, nymphal ticks become active leading to the possibility of increased transmission of *Ehrlichia*.

*Ninth Annual  
Yale Rheumatology Symposium*

**LYME DISEASE**

*Wednesday, May 22, 1996*

Sponsored by the Section of Rheumatology, Yale University School of Medicine. The symposium is directed toward primary care physicians, internists, pediatricians, rheumatologists, and other interested health care professionals

FOR ADDITIONAL INFORMATION, CONTACT: The Office of Postgraduate and Continuing Medical Education, 333 Cedar Street, P.O. Box 3333, New Haven, CT 06510; Phone: (203) 785-4578; Fax: (203) 785-3083.

## NEW ADDRESS & PHONE INFORMATION

**WE'VE MOVED! WE'VE MOVED! WE'VE MOVED!**

The Connecticut Department of Public Health (DPH) has moved to a new location. This is the first time in many years that all of the bureaus in DPH, except for the state laboratory, are located in one building complex. Please note the following changes for the Infectious Diseases Division:

### ADDRESS

Connecticut Department of Public Health  
Bureau of Community Health  
Infectious Diseases Division  
410 Capitol Ave, MS# 11FDS  
P.O. Box 340308  
Hartford, CT 06134-0308

*Mail stop numbers for Infectious Diseases Programs:*

|                                    |           |
|------------------------------------|-----------|
| Epidemiology                       | MS# 11EPI |
| AIDS Epidemiology                  | MS# 11ASV |
| Immunization                       | MS# 11MUN |
| Sexually Transmitted Diseases(STD) | MS# 11STD |
| Tuberculosis                       | MS# 11TUB |

### PHONE

|                              |                |
|------------------------------|----------------|
| Infectious Diseases Division | (860) 509-7995 |
| Epidemiology Program         | (860) 509-7994 |
| AIDS Epidemiology Program    | (860) 509-7900 |
| Immunization Program         | (860) 509-7927 |
| STD Program                  | (860) 509-7920 |
| Tuberculosis Program         | (860) 509-7722 |

Our phone system has voice mail capabilities. Please leave a message if the person you are trying to contact is not available. Your call will be answered as soon as possible.

***New Number***  
**For Public Health Emergencies**  
**after 4:30 p.m.**  
**and on weekends**  
**call the**  
**Department of Public Health**  
**at (860) 509-8000**

## REPORTABLE DISEASES - 1996

The Commissioner of the Department of Public Health (DPH) is required to declare an annual list of reportable diseases.

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." There are no changes to the list for 1996.

**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 DPH. 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 <sup>2</sup> |
| Botulism   | Pertussis                          |
| Cholera  | Plague                             |
| Diphtheria                                       | Poliomyelitis                      |
| Foodborne Outbreaks (involving $\geq 2$ 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 <sup>1</sup>                    | Mumps   |
| Babesiosis   | Occupational Asthma                               |
| Brucellosis  | Pneumococcal disease, invasive <sup>2</sup>       |
| Cryptosporidiosis  | Reyes Syndrome                                    |
| <i>E. coli</i> O157:H7 gastroenteritis                             | Rheumatic Fever                                   |
| Ehrlichiosis   | Rocky Mountain Spotted Fever                      |
| Group A Streptococcal disease, invasive <sup>2</sup>               | Salmonellosis                                     |
| Group B Streptococcal disease, invasive <sup>2</sup>               | Sexually Transmitted Diseases                     |
| <i>H. influenzae</i> disease, invasive, all serotypes <sup>2</sup> | . 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                |
| $\geq 5$ mm induration by Mantoux technique                        | Tetanus   |
| Lead Toxicity (blood lead $\geq 20$ ug/dl)                         | Trichinosis                                       |
| Listeriosis  | Typhoid Fever                                     |
| Lyme disease   | Typhus  |
| Malaria  |   |

1 Reporting required only to DPH.

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 Connecticut Department of Public Health, Epidemiology Program, 410 Capitol Avenue, MS#11EPI, P.O. Box 340308, Hartford, CT 06134-0308. Telephone: (860) 509-7994. The disease-specific report forms may be obtained by calling or writing the specific program at the same address: the Epidemiology Unit/AIDS Section (860-509-7900), the Sexually Transmitted Diseases Program (860-509-7920), or the Pulmonary Diseases Program (860-509-7722).

**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 (860-509-7994). Tuberculosis cases should be directly reported to the Pulmonary Diseases Program (860-509-7722). 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 (860-509-7660). For public health emergencies, an epidemiologist can be reached nights and weekends through the DPH emergency number (860-509-8000).

## LABORATORY REPORTABLE SIGNIFICANT FINDINGS - 1996

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, Bureau of Laboratories, P.O. Box 1689, 10 Clinton Street, Hartford, CT 06106, telephone (860) 566-5102. The laboratory reports are not substitutes for physician reports; they are supplements to physician reports which allow verification of diagnosis. There are no changes to the list for 1996.

- 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
- Anthrax<sup>4</sup>
- Babesiosis
- Brucellosis<sup>4</sup>
- California Encephalitis
- Cholera<sup>4</sup>
- Cryptosporidiosis
- Diphtheria<sup>4</sup>
- Eastern Equine Encephalitis
- Enterococcal infection, vancomycin-resistant<sup>1,3</sup>
- Ehrlichiosis\*
- E. coli* O157:H7
- Food Poisoning<sup>1</sup>
- Giardiasis
- Group A Streptococcal disease, invasive<sup>3,4</sup>
- Group B Streptococcal disease, invasive<sup>3</sup>
- H. influenzae*, invasive, all serotypes<sup>3,4</sup>
- 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 & B<sup>1</sup>
- Lead Poisoning (blood level ≥ 10 ug/dl)
  - Finger Stick \_\_\_\_\_ ug/dl
  - Venous \_\_\_\_\_ ug/dl

- Listeriosis
- Malaria / Blood Parasites<sup>1,4</sup>
- Measles (Rubeola)
- Meningococcal disease, invasive<sup>3,4</sup>
- Mumps
- Pneumococcal disease, invasive<sup>3,4</sup>
  - Zone size by oxacillin disk testing: \_\_\_\_\_ mm
  - MIC to penicillin: \_\_\_\_\_ ug/ml
- Pertussis
- Plague
- Poliomyelitis
- Rabies
- Rocky Mountain Spotted Fever
- Rubella<sup>2</sup>
- Salmonellosis<sup>1,4</sup>
- Sexually Transmitted Diseases
  - Chancroid
  - Chlamydia (*C. trachomatis*)
  - Gonorrhea
  - Syphilis
    - RPR<sup>2</sup> \_\_\_\_\_  FTA \_\_\_\_\_
    - VDRL<sup>2</sup> \_\_\_\_\_  MHA \_\_\_\_\_
- Shigellosis<sup>1,4</sup>
- Trichinosis
- Tuberculosis<sup>4</sup> (*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.

|   |   |
|---|---|
| Division of Infectious Diseases, James L. Hadler, M.D., M.P.H., State Epidemiologist<br><i>AIDS Epidemiology</i> - Alicia Roach, Program Coordinator (860) 509-7900<br><i>Epidemiology</i> - Matthew L. Cartter, M.D., Program Coordinator (860) 509-7994<br><i>Immunizations</i> - Vincent Sacco, Acting Program Coordinator (860) 509-7927<br><i>Pulmonary Diseases</i> - Joseph Marino, Program Coordinator (860) 509-7722<br><i>Sexually Transmitted Diseases</i> - Ted Pestorius, Program Coordinator (860) 509-7920 | <b>Connecticut Epidemiologist</b><br><br>Editor: Matthew L. Cartter, M.D.<br>Assistant editor: Starr-Hope Ertel |
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State of Connecticut  
 Department of Public Health  
 Bureau of Community Health  
 410 Capitol Avenue, MS#11EPI  
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