Reportable Diseases and Laboratory Reportable Significant Findings - Changes for 2008

As required by Connecticut General Statutes Section 19a-2a and Section 19a-36-A2 of the Public Health Code, the lists of Reportable Diseases and Laboratory Reportable Significant Findings are revised annually by the Department of Public Health (DPH). An advisory committee, consisting of public health officials, clinicians, and laboratorians, contributes to the process. There are two additions, two modifications, and one deletion to the lists effective January 1, 2008.

Changes to the lists of Reportable Diseases and Laboratory Reportable Significant Findings

Human Papillomavirus (HPV) related cervical neoplasia - added
HPV infection with a high-risk HPV type underlies all cases of cervical cancer, ~90% of anal cancer, ~40% of vulvar, vaginal and penile cancers, and ~12% of oropharyngeal cancers. An HPV vaccine was licensed in June 2006. This vaccine is highly efficacious in preventing cervical intraepithelial neoplasia grades 2 and 3 (CIN 2/3) and adenocarcinoma-in-situ (AIS) in females vaccinated before having type-specific HPV infection (~100% efficacious against HPV types 16 and 18; 70-80% efficacious against all HPV types).

Surgical pathology laboratories are required to report all newly diagnosed cases of CIN2/3, and AIS or their equivalent. At the DPH’s request and if adequate tissue is available, laboratories are required to send fixed tissue from the specimen used to diagnose CIN2/3 or cervical AIS for HPV typing per instructions from the DPH. Footnote (10) was added to the OL-15C. The purpose of this HPV surveillance is to monitor the statewide impact of the vaccine on the incidence and epidemiology of biopsy-proven early outcomes of HPV infection that lead to cervical cancer. It will also monitor the impact of the vaccine on the types of HPV causing biopsy-proven disease.

Typhus - deleted
Typhus is removed from both lists because it is a rare disease that is not present in Connecticut and does not constitute a potential public health emergency. There have been no confirmed cases in Connecticut in more than 27 years. Typhus can still be legally reported under the heading “Outbreaks-Other unusual diseases and illness”.

Changes to the List of Reportable Diseases

Encephalitis and Arboviral Infection – modified
The List of Laboratory Significant Findings was modified to remove the heading “Encephalitis” and replace it with “Arboviral infection.” Initially, surveillance for arboviral infection was limited to those with encephalitis. Surveillance is now being conducted for the full clinical spectrum of arboviral infection, particularly for all clinical forms of West Nile virus infection. A similar change was made to the List of Reportable Diseases, which now lists “Arboviral disease” with a list of relevant arboviruses. However, “encephalitis” remains reportable by providers.

Vaccinia disease - modified
The listing for reporting of vaccinia disease had details that are no longer relevant given the lack of active efforts to vaccinate against smallpox; therefore, these details were removed from the list. Vaccinia disease remains a reportable disease.

Changes to the List of Laboratory Reportable Significant Findings

Glanders and Melioidosis - added
Glanders and melioidosis, infections caused by *Burkholderia mallei* and *pseudomallei*, respectively, are added to the list of Laboratory Reportable Significant Findings. It is rare to isolate either of these organisms from ill persons in Connecticut. The DPH Bioterrorism laboratory has polymerase chain reaction tests to confirm the identity of these bacteria. Isolates will need to be sent to the State laboratory for confirmation. This will enable state level identification, validation, and reporting to the Centers for Disease Control and Prevention of these possible bioterrorism agents.
**REPORTABLE DISEASES - 2008**

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 include the full name and address of the person reporting, attending physician, disease being reported, and full name, address, date of birth, race/ethnicity, sex and occupation of the person affected. Please see page 4 for a list of persons required to report reportable diseases. The reports should be sent in envelopes marked “CONFIDENTIAL.” Changes for 2008 are noted in **bold** and with an asterisk (*).

### Category 1 Diseases:
Report immediately by telephone on the day of recognition or strong suspicion of disease for those diseases marked with a telephone (☎️). Also mail a report within 12 hours.

### Category 2 Diseases:
All other diseases not marked with a telephone are Category 2 diseases. Report by mail within 12 hours of recognition or strong suspicion of disease.

#### Acquired Immunodeficiency Syndrome (AIDS)
- **Anthrax**
- **Arboviral disease (e.g., California group, EEE, SLE, WNV, other)**
- **Babesiosis**
- **Botulism**
- **Brucellosis**
- **Campylobacteriosis**
- **Carbon monoxide poisoning**
- **Chancroid**
- **Chickenpox**
  - admission to hospital, any age
  - adults ≥ 18 years, any clinical setting
- **Chickenpox-related death**
- **Chlamydia (C. trachomatis)**
- **Cholera**
- **Clostridium difficile, community-onset**
- **Creutzfeldt-Jakob disease (age < 55 years)**
- **Cryptosporidiosis**
- **Cyclosporiasis**
- **Diphtheria**
- **Ehrlichiosis**
- **Encephalitis**
- **Escherichia coli O157:H7 gastroenteritis**
- **Gonorrhea**
- **Group A Streptococcal disease, invasive**
- **Group B Streptococcal disease, invasive**
- **Haemophilus influenzae disease, invasive**
- **Hansen’s disease (Leprosy)**
- **Hemolytic-uremic syndrome**
- **Hepatitis A**
- **Hepatitis B**
  - acute infection
  - HBsAg positive pregnant women
  - Hepatitis C - acute infection (ALT > 400 IU/L)
- **HIV-1 exposure in infants born 1/1/2001 or later (1,6)**
- **HIV-1 infection in (1)**
  - persons with active tuberculosis disease
  - persons with a latent tuberculosis infection (history or tuberculosis skin test ≥5mm induration by Mantoux technique)
  - persons of any age
- **HPV: biopsy proven CIN 2, CIN 3 or AIS or their equivalent (1)**
  - **Influenza-associated deaths in children <18 years of age (7)**
  - **Lead toxicity (blood level > 10 µg/dL)**
  - **Legionellosis**
  - **Listeriosis**
  - **Lyme disease**
  - **Lymphocytic choriomeningitis virus infection**
  - **Malaria**
  - **Measles**
  - **Meningococcal disease**
  - **Mercury poisoning**
  - **Mumps**
  - **Neonatal herpes (< 1 month of age)**
  - **Neonatal bacterial sepsis (8)**
  - **Occupational asthma**
  - **Outbreaks:**
    - **Foodborne (involving ≥ 2 persons)**
    - **Institutional**
    - **Unusual disease or illness (9)**
  - **Pertussis**
  - **Plague**
  - **Pneumococcal disease, invasive**
  - **Poliomyelitis**
  - **Q fever**
  - **Rabies (human and animal)**
  - **Reye syndrome**
  - **Rocky Mountain spotted fever**
  - **Rubella (including congenital)**
  - **Salmonellosis**
  - **SARS-CoV**
  - **Septicemia or meningitis with growth of gram positive rods within 32 hours of inoculation**
  - **Shiga toxin-related disease (gastroenteritis)**
  - **Shigellosis**
  - **Silicosis**
  - **Smallpox**
  - **Staphylococcal enterotoxin B pulmonary poisoning**
  - **Staphylococcus aureus disease, reduced or resistant susceptibility to vancomycin**
  - **Staphylococcus aureus methicillin-resistant disease, invasive, community acquired**
  - **Staphylococcus epidermidis disease, reduced or resistant susceptibility to vancomycin**
  - **Syphilis**
  - **Tetanus**
  - **Trichinosis**
  - **Tuberculosis**
  - **Typhoid fever**
  - **Typhus**
- **Vaccinia disease**
  - **Venezuelan equine encephalitis**
  - **Vibrio infection (parahaemolyticus, vulnificus, other)**
  - **Viral hemorrhagic fever**
  - **Yellow fever**

**FOOTNOTES:**
1. Report only to State.
2. CDC case definition.
3. Includes persons being treated in hyperbaric chambers for suspect CO poisoning.
4. Community-onset: Illness in a person living in the community at the time of illness onset and no known hospitalizations in preceding 3 months; if hospitalized, a positive test taken within 48 hours of admission.
5. Invasive disease: confirmed by isolation from sterile fluid (blood, CSF, pericardial, pleural, peritoneal, joint, or vitreous) bone, internal body sites, or other normally sterile sites. Includes muscle for group A streptococcus.
6. “Exposure” includes infant born to known HIV-infected mother.
7. Death in child or adolescent who never fully recovers from influenza and dies from a possible complication (e.g., encephalopathy, bacterial pneumonia).
8. Clinical sepsis and blood or CSF isolate obtained from an infant < 7 days old.
9. Individual cases of “significant unusual illness” are also reportable.
10. Community-acquired: infection present on admission to hospital and person has no previous hospitalizations or regular contact with the health-care setting.

How to report: The PD-23 is the general disease reporting form and should be used if other specialized forms are not available. Specialized reporting forms from the following programs are available: HIV/AIDS Surveillance (860-509-7900), Sexually Transmitted Disease Program (860-509-7920), the Pulmonary Diseases Program (860-509-7722), or the Occupational Health Surveillance Program (860-509-7744). Forms may be obtained by writing the Department of Public Health, Epidemiology Program, 410 Capitol Ave., MS#11Epi, P.O. Box 340308, Hartford, CT 06134-0308 (860-509-7994); or by calling the individual program.

Telephone reports of Category 1 disease should be made to the local director of health for the town in which the patient resides and to the 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 (860-509-7660). For public health emergencies, an epidemiologist can be reached nights, weekends, and holidays through the DPH emergency number (860-509-8000).
AIDS (report only to the State)
  • CD4+ T-lymphocyte counts <200 cells/µL: ______ cells/µL
  • CD4+ count < 14% of total lymphocytes: ______%  

*Arboviral infection (replaces “encephalitis”):*
  California group virus (species)
  Eastern equine encephalitis virus
  St. Louis encephalitis virus
West Nile virus infection – human or animal
Other arbovirus (specify)

Babesiosis: □ IFA □ IgM (titer) □ IgG (titer): ______
□ Blood smear (1) □ PCR □ Other: ______
Campylobacteriosis (species) ______
Carboxyhemoglobin ≥ 9%: ______% COHb
Chancroid
Chickenpox, acute: □ IgM □ Culture □ PCR □ Other: ______
Chlamydia (C. trachomatis) (test type: DFA)
Creutzfeld-Jakob disease, age < 55 years (biopsy)
Cryptosporidiosis (method of ID) ______
Cyclosporiasis (method of ID) ______
Diphtheria (1)
Ehrlichiosis (2) □ HGE □ HME □ Unspecified □ IFA (titters):
□ IgM □ IgG □ Blood smear □ PCR □ Other: ______
Enterococcal infection, vancomycin-resistant (2,3)
Escherichia coli O157 infection (1)
Giardiasis
Gonorrhea (test type: )
Group A streptococcal disease, invasive (3)
Group B streptococcal disease, invasive (3)
Haemophilus influenzae disease, invasive, all serotypes (1,3)
Hansen’s disease (Leprosy)
Hepatitis A □ IgM anti-HAV (1)
Hepatitis B □ HBsAg □ IgM anti-HBc (1)
Hepatitis C (anti-HCV) Ratio: ______ □ RIBA □ PCR (4)

HIV infection (report only to the State) (1)
  • HIV-1 infection in persons of all ages (5)

*HPV (report only to state): (10)
Biopsy proven □ CIN 2 □ CIN 3 □ AIS or their equivalent (specify):
Influenza: □ A □ B □ Unk. □ RT-PCR □ Culture □ Rapid test
Lead Poisoning (blood lead > 10 µg/dL)
□ Finger Stick: ______ µg/dL □ Venous: ______ µg/dL
Legionellosis
□ Culture □ DFA □ Ag positive
□ Four-fold serologic change (titers): __________
Listeriosis (1)
Lyme disease (6)
Lymphocytic choriomeningitis virus infection
Malaria/blood parasites (1,2):
Measles (Rubella) (titer) (7):
Meningococcal disease, invasive (1,3)
Mercury poisoning
□ Urine ≥ 35 µg/g creatinine ______ µg/g
□ Blood ≥ 15 µg/L ______ µg/L
Mumps (titer):
Neonatal bacterial sepsis (8) spp
Pertussis (titer):
□ DFA Smear: □ Positive □ Negative □ Culture: □ Positive □ Negative
Pneumococcal disease, invasive (1,3)
□ Oxacillin disk zone size: ______ mm
□ MIC to penicillin: ______ µg/mL
Polymyelitis
Rabies
Rocky Mountain spotted fever
Rubella (titer):
Salmonellosis (1,2) (serogroup/serotype) ______
SARS-CoV infection (10) □ PCR □ (specimen) □ Other:
Shiga toxin-related disease (1)
Shigellosis (1,2) (serogroup/serotype)
Staphylococcus aureus infection with MIC to vancomycin ≥ 4 µg/mL (1)
□ MIC to vancomycin: ______ µg/mL
Staphylococcus aureus disease, invasive (3)
□ methicillin-resistant Date pt. Admitted / / /
Staphylococcus epidermidis infection with MIC to vancomycin ≥ 4 µg/mL (1)
□ MIC to vancomycin: ______ µg/mL
Syphilis □ RPR (titer): ______ □ FTA (titer): ______
□ VDRL (titer): ______ □ MHA (titer): ______
Trichinosis
Tuberculosis (1)

Diseases that are possible indicators of bioterrorism (9)
□ Anthrax (1)
□ Botulism
□ Brucellosis (1)
* □ Glanders (1)
□ Gram positive rods in blood or CSF, growth within 32 hours of inoculation (specify: ______)
* □ Melioidosis (1)
□ Plague (1)
□ Q fever
□ Ricin poisoning
□ Smallpox (1)
□ Staphylococcal enterotoxin B pulmonary poisoning
□ Tularemia
□ Venezuelan equine encephalitis
□ Viral hemorrhagic fever

1. Send isolate, culture, or slide to the State Laboratory for confirmation. For Shiga-toxin, send positive broth. For positive HIV and IgM anti-HAV, send ≥ 0.5 mL residual serum. For positive IgM anti-HBc, send ≥ 0.5 mL residual serum within 6 months.
2. Specify species/serogroup.
3. Sterile site isolates: defined as sterile fluids (blood, CSF, pericardial, pleural, peritoneal, joint, or vitreous), bone, internal body site (lymph node, brain, heart, liver, spleen, kidney, pancreas, or ovary), or other normally sterile site; includes muscle for invasive group A streptococcal disease.
4. Report all positive anti-HCV with signal to cutoff ratio, all positive RIBA, but only confirmatory PCR tests.
5. Report any tests indicative of HIV infection including antibody, antigen, PCR-based and all viral load tests, including those with no virus detectable, with name and street address.
6. Only laboratories with automated electronic reporting to the DPH surveillance database are required to report positive results.
7. Report all IgM titers, but only IgG titers that are considered significant by the laboratory performing the test.
8. Report all bacterial isolates from blood or CSF obtained from an infant <7 days old.
9. Report by telephone to the DPH, weekdays 860-509-7994; nights, weekends, and holidays 860-509-8000.
10. *On request from DPH and if adequate tissue is available, send fixed tissue from the specimen used to diagnose CIN2, 3 or cervical AIS or their equivalent for HPV typing according to instructions from DPH (CIN = cervical intraepithelial neoplasia; AIS = adenocarcinoma-in-situ)
Persons Required to 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 Public Health.

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 Department of Public Health. 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 the Department of Public Health 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;
   F. Morticians and funeral directors.

Persons Required to Report Laboratory Significant 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 48 hours to the local director of health of the town in which the affected person normally resides. In the absence of such information, the reports should go to the town from which the specimen originated and to the Department of Public Health.