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Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings Changes for 2014

As required by Connecticut General Statutes Section 19a-2a and Section 19a-36-A2 of the Public Health Code, the lists of Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings are revised annually by the Department of Public Health (DPH). An advisory committee, consisting of public health officials, clinicians, and laboratorians, contribute to the process. There are 1 addition, 1 removal, and 1 modification to the healthcare provider list, and 2 additions, and 5 modifications to the laboratory list.

Changes to the List of Reportable Diseases, Emergency Illnesses and Health Conditions

HIV-2 Infection
Reporting of HIV-2 infection has been added. Advances in testing technology allow for differentiation between HIV-1 and HIV-2 infection. Changes in national reporting and testing will allow for better identification of HIV infections.

Rheumatic Fever
Reporting of rheumatic fever has been removed. It ceased to be nationally reportable in 1995 and the DPH has not received a report of this syndrome in over 10 years. Rapid testing and antibiotic treatment has eliminated most of this disease. Surveillance is now focused on invasive Group A streptococcal infections.

Hepatitis C
Reporting of hepatitis C infection has been modified. It is now required to report all positive antibody test results when using the rapid HCV testing method.

Changes to the List of Reportable Laboratory Findings

Carbapenem-resistant Enterobacteriaceae (CRE)
Laboratory reporting of CRE from sterile sites, sputum, and urine has been added. CRE are gram-negative bacteria that are resistant to carbapenems, a class of broad spectrum antibiotics. CRE resistance is easily spread and associated with increased morbidity and mortality. Some CRE isolates are pan-resistant to antibiotics. In healthcare settings, CRE most often affect those receiving treatment for conditions that require devices like urinary catheters, intravenous catheters, or ventilators, and those taking long courses of certain antibiotics. Additional details will be sent in a separate correspondence to laboratories that will outline the specifics of this reporting requirement.

HIV/AIDS
Laboratory reporting of HIV EIA was added and significant modifications have been made. All CD4 test results are now required to be reported in an electronic file. There are a variety of supplemental reports published intermittently that address specific analyses using data from HIV surveillance. Some report on several national HIV prevention and care objectives that are measured using HIV surveillance data from states. Since some of these measures require all CD4 counts, Connecticut is not included in the analyses. The new testing algorithm will perform better in identifying HIV infections. Details for testing criteria can be found on page 3.

Hepatitis C (HCV)
Laboratory testing methods have been modified. The RIBA test method has been removed. Positive rapid antibody test results are reportable. Laboratories with automated electronic reporting to the DPH are now also required to report negative HCV RNA results.

Electronic reporting of positive rapid influenza tests
Laboratory influenza test methods have been modified. Only laboratories with automated electronic reporting to the DPH are required to report rapid influenza antigen results. Manual data entry of rapid tests does not provide timely information. Electronic syndromic surveillance systems monitor morbidity due to respiratory infections during influenza season. Because

(Continued on page 4)
REPORTABLE DISEASES, EMERGENCY ILLNESSES and HEALTH CONDITIONS - 2014

The Commissioner of the Department of Public Health (DPH) is required to declare an annual list of Reportable Diseases, Emergency Illnesses and Health Conditions. The Reportable Disease Confidential Case Report form (PD-23) or other disease specific form should be used to report the disease, illness, or condition. Reports (mailed, faxed, or telephoned into the DPH) should include the full name and address of the person reporting, attending physician, disease, illness or condition, and full name, address, date of birth, race/ethnicity, sex and occupation of the person affected. Forms can be found on the DPH website. See page 4 for a list of persons required to report Reportable Diseases, Emergency Illnesses and Health Conditions. Mailed reports must be sent in envelopes marked "CONFIDENTIAL." Changes for 2014 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: 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 (1,2) | HIV-1 / HIV-2 infection in (1) |
| Anthrax | • persons with active tuberculosis disease |
| Babesiosis | • persons with a latent tuberculous infection (history or tuberculin skin test ≥5mm induration by Mantoux technique) |
| Botulism | • persons of any age |
| Brucellosis | • pregnant women |
| California group arbovirus infection | HPV: biopsy proven CIN 2, CIN 3 or AIS or their equivalent (1) |
| Campylobacteriosis | Influenza-associated death |
| Carbon monoxide poisoning (3) | Influenza-associated hospitalization (7) |
| Chickenpox | Lead toxicity (blood level ≥ 15 µg/dL) |
| Chickenpox-related death | Legionellosis |
| Chlamydia (C. trachomatis) (all sites) | Listeriosis |
| Cholera | Lyme disease |
| Cryptosporidiosis | Malaria |
| Cyclosporiasis | Measles |
| Dengue | Melioidosis |
| Diphtheria | Meningococcal disease |
| Eastern equine encephalitis virus infection | Mercury poisoning |
| Escherichia coli O157:H7 gastroenteritis | Mumps |
| Gonorrhea | Neonatal herpes (< 60 days of age) |
| Group A Streptococcal disease, invasive (4) | Neonatal bacterial sepsis (8) |
| Group B Streptococcal disease, invasive (4) | Occupational asthma |
| Haemophilus influenzae disease, invasive all serotypes (4) | Outbreaks: |
| Hansen’s disease (Leprosy) | • Foodborne (involving ≥ 2 persons) |
| Healthcare-associated Infections (5) | • Institutional |
| Hemolytic-uremic syndrome (6) | • Unusual disease or illness (9) |
| Hepatitis A | Pertussis |
| Hepatitis B | Plague |
| • acute infection (2) | Pneumococcal disease, invasive (5) |
| • HBsAg positive pregnant women | Poliomyelitis |
| Hepatitis C | Q fever |
| • acute infection (2) | Rabies (human and animal) |
| • positive rapid antibody test result* | Ricin poisoning |
| | Rocky Mountain spotted fever |
| | Rotavirus |
| | 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 |
| | St. Louis encephalitis virus infection |
| | Staphylococcal enterotoxin B pulmonary poisoning |
| | Staphylococcus aureus disease, reduced or resistant susceptibility to vancomycin (1) |
| | Staphylococcus aureus methicillin-resistant disease, invasive, community acquired (5,10) |
| | Staphylococcus epidermidis disease, reduced or resistant susceptibility to vancomycin (1) |
| | Syphilis |
| | Tetanus |
| | Trichinosis |
| | Tuberculosis |
| | Tularemia |
| | Typhoid fever |
| | Vaccinia disease |
| | Venezuelan equine encephalitis |
| | Vibrio infection (parahaemolyticus, vulnificus, other) |
| | Viral hemorrhagic fever |
| | West Nile virus infection |
| | 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. Invasive disease: confirmed by isolation from sterile fluid (blood, CSF, pericardial, pleural, peritoneal, joint, or vitreous) bone, internal body sites, or other normally sterile site including muscle.
5. Report HAIs according to current CMS pay-for-reporting or pay-for-performance requirements: CLABSI and CAUTI in ICUs, inpatient colon surgery and abdominal hysterectomy SSIs, and MRSA bacteremia and C. difficile LabId Event data from acute care hospitals; CLABSI and CAUTI from LTCAs; CAUTI from IRFs; and Dialysis Event measures from outpatient hemodialysis centers. Use CDC’s National Healthcare Safety Network (NHSN) surveillance protocols and software.*
6. On request from the DPH and if adequate serum is available, send serum from patients with HUS to the DPH Laboratory for antibody testing.
7. Reporting requirements are satisfied by submitting the Hospitalized and Fatal Cases of Influenza—Case Report Form to the DPH in a manner specified by the DPH.
8. Clinical sepsis and blood or CSF isolate obtained from an infant ≤72 hours of age.
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: on the website or by calling the following telephone numbers HIV/AIDS Surveillance (860-509-7900), Sexually Transmitted Disease Program (860-509-7620), Tuberculosis Control Program (860-509-7722), Occupational Health Surveillance Program (860-509-7740), or Epidemiology and Emerging Infections Program for the PD-23 or Hospitalized and Fatal Cases of Influenza—Case Report Form (860-509-7994). The PD-23 can be found on the DPH website or by writing the Department of Public Health, 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 and Emerging Infections Program (860-509-7994). Tuberculosis cases should be directly reported to the Tuberculosis Control 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 evenings, weekends, and holidays through the DPH emergency number (860-509-8000).
The director of a clinical laboratory must report laboratory evidence suggestive of reportable diseases. The Laboratory Report of Significant Findings form (OL-15C) can be obtained from the Connecticut Department of Public Health (DPH), 410 Capitol Ave., MS#11EPI, P.O. Box 340308, Hartford, CT 06134-0308; telephone: 860-509-7994 or on the DPH website. The OL-15Cs are not substitutes for physician reports; they are supplements to physician reports, which allow verification of diagnosis. A listing of possible bioterrorism diseases is highlighted at the end of this list. Changes for 2014 are noted in bold and with an asterisk (*).

### 2014 Reportable Laboratory Findings

#### Anaplasma phagocytophilum by PCR*
- Babesiosis: IFA
- IgM (titer) __________ IgG (titer) __________
- Blood smear (1) __________ PCR __________ Other __________
- Microti __________ Divergens __________ Duncani __________ Unspecified
- California group virus (species) (2)

#### Carbapenem-resistant enterobacteriaceae

#### Campylobacteriosis (species) __________
- Culture __________ EIA __________ Other __________

#### Carboxyhemoglobin ≥ 5%: __________% COHb*

#### Chandreuc

#### Chickenpox, acute
- Culture __________ PCR __________ DFA __________ Other __________

#### Chlamydia (C. trachomatis) (test type) __________

#### Cryptosporidiosis (method of ID): __________

#### Cyclosporiasis (method of ID): __________

#### Dengue

#### Diphtheria (1)

#### Eastern equine encephalitis virus

#### Ehrlichia chaffeensis (2) *
- IFA IgM titer __________ IgG titer __________
- 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 ALT AST Not Done(4)

#### Hepatitis B HBsAg IgM anti-HBc __________

#### Hepatitis C (anti-HCV) Ratio: __________
- Rapid antibody __________ RNA (5) *

#### Herpes simplex virus (infants < 60 days of age) (species) __________
- Culture PCR IFA Ag detection

#### HIV Related Testing (report only to the State) (6) *
- Detectable Antibody Screen (EIA/CIA) __________

#### Detectable Antibody Confirmation (WB/IFA/Multispot) (1.6)
- HIV 1 HIV 2 HIV 1/2 HIV 1/2

#### HIV Viral Load: copies/mL __________
- Not Detectable

#### HIV genotype (electronic file) __________
- CD4 count: _______cells/µL; _______% (electronic file)

#### HPV (report only to the State) (7)
- Biopsy proven CIN 2 CIN 3 AIS or their equivalent (species)

#### Influenza: Rapid antigen (8)* RT-PCR Culture __________

#### Lead Poisoning (blood lead ≥ 10 µg/dL) __________

#### Finger Stick: _______µg/dL Venous: _______µg/dL

#### Legionellosis

#### Culture DFA Ag positive

#### Legionella

#### Listeriosis (1)

#### Lyme disease (8)

#### Malaria/blood parasites (1,2)

#### Measles (Rubella) (10) (titer) __________

#### Meningococcal disease, invasive (1,3)

#### Mercury poisoning
- Urine ≥ 35 µg/g creatinine: _______µg/g
- Blood ≥ 15 µg/L: _______µg/L

#### Mumps (10) (titer): __________

#### Neonatal bacterial sepsis (11) spp: __________

#### Pertussis (1) __________
- Culture (1) Non-pertussis Bordetella (species) (1)

#### Pneumococcal disease, invasive (1,3)

#### Poliomyelitis

#### Rabies

#### Rocky Mountain spotted fever

#### Rotavirus

#### Staphylococcal enterotoxin B pulmonary poisoning (12)

#### Q fever (12)

#### Glanders (1,12)

#### Anthrax (1,12)

#### Viral hemorrhagic fever (12)

#### Vibrio infection (1) (species): __________

#### West Nile virus

#### Yellow fever

#### Yersiniosis (species): __________

### Diseases that are possible indicators of bioterrorism

#### Anthrax (1,12)

#### Botulism (12)

#### Brucellosis (1,12)

#### Glanders (1,12)

#### Melioidosis (1,12)

#### Plague (1,12)

#### Q fever (12)

#### Ricin poisoning (12)

#### Smallpox (1,12)

#### Staphylococcal enterotoxin B pulmonary poisoning (12)

#### Tularemia (12)

#### Venezuelan equine encephalitis (12)

#### Viral hemorrhagic fever (12)

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1. Send isolate, culture, or slide to the DPH Laboratory for confirmation. For Shiga-toxin, send positive broth or stool in transport media.* For positive HIV, send ≥ 0.5 mL residual serum.
2. Specimen groups (including not detectable values): Laboratories conducting HIV genotype or CD4 testing should report HIV DNA sequence and all CD4 test results in an electronic file.*
3. On request from the DPH, 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 the DPH.
4. Only laboratories with automated electronic reporting to the DPH are required to report positive results.*
5. Report all RNA results, but negative RNA results are required only by laboratories with automated electronic reporting to the DPH.*
6. Report all positive HIV antibody, antigen, and all viral load lead results (species) __________
7. Laboratories conducting HIV genotype or CD4 testing should report HIV DNA sequence and all CD4 test results in an electronic file.*
PCR tests can also be considered rapid, the test name will be changed to “rapid antigen” test.

**Anaplasmosis**

Laboratory reporting of anaplasmosis has been modified. Only positive PCR results are required to be reported to the DPH.

**Carboxyhemoglobin levels**

Laboratory reporting of the carboxyhemoglobin (COHb) levels has been modified. The Council of State and Territorial Epidemiologists revised the national surveillance criteria to include laboratory reporting of COHb levels ≥5%. Interest in carbon monoxide (CO) has increased in Connecticut due to recent poisoning “outbreaks” resulting from storm power outages. To bring the state’s reporting requirements in line with the national recommendation, reporting COHb levels ≥5% as measured by either blood sample or pulse CO-oximetry is now required for all laboratories.

**Persons Required to Report Reportable Diseases, Emergency Illnesses and Health Conditions**

1. Every health care provider who treats or examines any person who has or is suspected to have a reportable disease, emergency illness or health condition 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, emergency illness or health condition 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, emergency illness or health condition 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 disease, emergency illness or health condition 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, emergency illness or health condition;
   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 Reportable Laboratory 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.

**IMPORTANT NOTICE**

Reporting forms are available electronically on the Department of Public Health (DPH) website. Persons required to report reportable diseases must use the Reportable Disease Confidential Case Report Form PD-23 to report any diseases found on the current list of reportable diseases, emergency illnesses and health conditions unless there is a specialized reporting form available. The director of a clinical laboratory must report laboratory evidence suggestive of reportable diseases using the Laboratory Report of Significant Findings Form OL-15C or other method specified by the DPH. Reporting forms can be obtained by writing or calling the Connecticut Department of Public Health, 410 Capitol Ave., MS#11EPI, P.O. Box 340308, Hartford, CT 06134-0308; telephone: (860-509-7994), or from the DPH website. Please follow these guidelines when submitting reports:

- Complete all required information (at minimum: full name and address of the person reporting and/or attending physician, disease/test result being reported, onset of illness date, and full name, address, date of birth, race/ethnicity, sex and occupation of the person affected if known).
- Make 2 copies of the report:
  - Send one copy to the DPH via fax (860-509-7910), or mail to the State of Connecticut, Department of Public Health, 410 Capitol Ave., MS#11EPI, P.O. Box 340308, Hartford, CT 06134-0308. Any mailed documents should have “CONFIDENTIAL” marked on the envelope.
  - Send a copy of the report to the local health department of the town in which the patient resides.
  - Keep a copy for the patient’s medical record.