Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings

Changes for 2015

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 2 additions, and 1 modification to the healthcare provider list, and 1 addition, 1 removal, and 6 modifications to the laboratory list. National case definitions can be found on the Centers for Disease Control and Prevention’s (CDC), National Notifiable Diseases Surveillance System, Case Definitions webpage.

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

Chikungunya virus

Chikungunya virus is added to both lists. In late 2013, it was first identified in the Americas and in one year spread to 36 countries or territories including the United States. State surveillance will contribute to national surveillance for infections acquired in the continental U.S. and among travelers to foreign endemic areas. While the main vectors are not established in Connecticut, they are present in the southern U.S.

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

Healthcare associated infections

Reporting of Central Line Associated Blood Stream Infections (CLABSI) and Catheter Associated Urinary Tract Infections (CAUTI) has been modified. Reporting of CLABSI and CAUTI in acute care hospitals has been expanded to all inpatient units in the hospital. Therefore, in addition to all adult, pediatric and neonatal ICUs, CLABSI and CAUTI are now also reportable from all adult and pediatric medical, surgical, and medical/surgical wards. Reporting continues to be through the National Healthcare Safety Network (NHSN).

Reporting of Methicillin-resistant Staphylococcus aureus (MRSA) and Clostridium difficile for long term acute care facilities has been added. MRSA bacteremia and Clostridium difficile Infection (CDI) laboratory-identified (Lab ID) Events are now reportable from all inpatient locations in long term acute care hospitals through NHSN.

Changes to the List of Reportable Laboratory Findings

Positive pneumococcal urine antigen tests

Laboratory reporting of pneumococcal disease has been modified. Reporting will now include positive pneumococcal urine antigens tests in addition to sterile body site cultures. This surveillance change is being made to monitor the impact of routine use of the PCV-13 vaccine in adults >64 years of age on the incidence of non-bacteremic pneumococcal pneumonia.

Group A Streptococcus

Laboratory reporting of group A Streptococcus (GAS) has been modified. Submission of sterile site GAS isolates to the DPH State Laboratory is now required; this will allow subsequent characterization at the CDC. This is vital to providing local estimates of antimicrobial resistance, monitoring trends in antibiotic resistance over time, correlating emm types with severity of disease, guiding vaccine development, and future genomic studies.

Ehrlichia chaffeensis

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

Babesiosis

Laboratory reporting of babesiosis has been modified. Positive blood smear slides are no longer required to be sent to the DPH State Laboratory.

Meningococcal disease

Laboratory reporting of meningococcal disease has been modified. Reporting will now include detection of Neisseria meningitidis from sterile body site specimens.
## REPORTABLE DISEASES, EMERGENCY ILLNESSES and HEALTH CONDITIONS - 2015

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 and attending physician, name of disease, illness or condition, and full name, address, date of birth, race/ethnicity, gender and occupation of the person affected. Forms can be found on the DPH [website](http://www.ct.gov/dph/forms). 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 2015 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.

<table>
<thead>
<tr>
<th>Category</th>
<th>Disease</th>
<th>Reporting Requirements</th>
</tr>
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</table>
| Category 1 | HIV-1 / HIV-2 infection | • persons with active tuberculosis disease  
• persons with a latent tuberculosis infection (history or tuberculin skin test >5mm induration by Mantoux technique)  
• persons of any age  
• pregnant women  
• HPV: biopsy proven CIN 2, CIN 3 or AIS or their equivalent (1) |
| Category 1 | Chikungunya * | • Leptospirosis  
• Lyme disease  
• Listeriosis |
| Category 1 | Cholera | • Cholera |
| Category 1 | Cryptosporidiosis | • Cryptosporidiosis  
• Cyclosporiasis  
• Dengue  
| Category 1 | Diphtheria | • Eastern equine encephalitis virus infection  
• *Ehrlichia chaffeensis* infection  
| Category 1 | Escherichia coli O157:H7 gastroenteritis | |
| Category 1 | Gonorrhea | • Group A Streptococcal disease, invasive (4)  
• Group B Streptococcal disease, invasive (4)  
• *Haemophilus influenzae* disease, invasive all serotypes (4)  
• Hansen’s disease (Leprosy)  
• Healthcare-associated Infections (5)  
| Category 1 | Hemolytic-uremic syndrome (6) | |
| Category 1 | Hepatitis A | • Pertussis  
• Plague  
• Pneumococcal disease, invasive (4)  
• Poliomyelitis  
• Q fever  
• Rabies  
• Ricin poisoning |
| Category 1 | Hepatitis B | • Rocky Mountain spotted fever |
| Category 1 | Hepatitis C | |
| Category 1 | Invasive meningococcal disease | • Rocky Mountain spotted fever |
| Category 1 | Meningococcal disease | • Rocky Mountain spotted fever |
| Category 1 | Measles | • Rocky Mountain spotted fever |
| Category 1 | Malaria | • Rocky Mountain spotted fever |
| Category 1 | Measles | • Rocky Mountain spotted fever |
| Category 1 | Meningococcal disease | • Rocky Mountain spotted fever |
| Category 1 | Measles | • Rocky Mountain spotted fever |
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| Category 1 | Measles | • Rocky Mountain spotted 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. Detailed instructions on the types of HAIs, facility types and locations, and methods of reporting are available on the DPH website: [www.ct.gov/dphp/HAI](http://www.ct.gov/dphp/HAI).  
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. The PD-23 can be found for download from the DPH website ([www.ct.gov/dphp/forms](http://www.ct.gov/dphp/forms)). It can also be ordered in triplicate by writing the Department of Public Health, 410 Capitol Ave., MS#11EPI, P.O. Box 340308, Hartford, CT 06103-0388 or by calling the Epidemiology and Emerging Infections Program (860-509-7994). Specialized reporting forms from the following programs are available on the DPH website or by calling the following telephone numbers: HIV/AIDS Surveillance (860-509-7900), Sexually Transmitted Disease Program (860-509-7920), Tuberculosis Control Program (860-509-7722), Occupational Health Surveillance Program (860-509-7740), Hospitalized and Fatal Cases of Influenza through the Epidemiology and Emerging Infections Program (860-509-7994). 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).
REPORTABLE LABORATORY FINDINGS—2015

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-15C is not a substitute for the physician report; it is a supplement to the physician report that allows verification of diagnosis. Diseases on the OL-15C are listed in alphabetic order; however, possible disease indicators for bioterrorism are reported separately. Changes for 2015 are noted in bold and with an asterisk (*).

Anaplasma phagocytophthum by PCR only

Babesia by PCR

Blood smear *

PCR

Other *

microt

divergens

duncani

Unspeciated

California group virus (species) (2)

Carabapenem-resistant Enterobacteriaceae (3)

Campylobacteriosis (2)(species/test type)*

Carboxyhemoglobin > 5% % COHb

Chancroid

Chickenpox, acute

Culture

PCR

DFA

Other

Chikungunya virus *

Chlamydia (C. trachomatis) (test type) ________________

Cryptosporidiosis (test type)*

Cyclosporiasis (test type)*

Dengue

Diphtheria (1)

Eastern equine encephalitis virus

Ehrlichia chaffeensis

Escherichia coli O157 infection (1) (test type)*

Giardiasis

Gonorrea (test type)

Group A streptococcal disease, invasive (1, 3) *

Group B streptococcal disease, invasive (3)

Haemophilus influenzae disease, invasive, all serotypes (1, 3)

Hansen’s disease (Leprosy)

Hepatitis A IgM anti-HAV (4)

ALT AST Not Done

Hepatitis B

HBsAg

IgM anti-HBc

Hepatitis C (anti-HCV) Ratio

Rapid antibody RNA (5)

Herpes simplex virus (infants < 60 days of age) (specify type)

Culture

PCR

IFA

Ag detection

HIV Related Testing (report only to the State) (6)

Detectable Antibody Screen (EIA/CIA)

Detectable Antibody Confirmation (WB/IFA/Multipot) (1,6)

HIV 1

HIV 2

HIV 1/2

HAV NAAT (or qualitative RNA) Detectable Not Detectable *

HAV Viral Load * copies/mL Not Detectable *

HAV 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 (specify)

Influenza:

Rapid antigen (8)

RT-PCR Culture-confirmed

Type A

Type B Type Unknown

Subtype

Lead poisoning (blood lead >10 µg/dL) (9)

Finger stick level µg/dL Venous level µg/dL

Legionellosis

Culture

DFA

Ag positive

Four-fold serologic change (titers) ________________

Listeriosis (1)

Lyme disease (8)

Malaria/blood parasites (1, 2)

Measles (Rubella) (10) (liter) _

Meningococcal disease, invasive

Culture (1,3) PCR (3)* Other ____________ *

Mercury poisoning

Urine > 35 µg/g creatinine µg/g

Blood > 15 µg/L µg/L

Mumps (10) (liter) ________________

Neonatal bacterial sepsis (11) spp

Pertussis (liter) _

Culture (1) Non-pertussis Bordetella (specify) _____________

DFA

PCR

Pneumococcal disease Culture (1,3) Urine antigen *

Polymyelitis

Rabies

Rocky Mountain spotted fever

Rotavirus

Rubella (10) (liter) ________________

St. Louis encephalitis virus

Salmonellosis (1,2) (serogroup/serotype/test type)*

SARS-CoV infection (1) IgM/IgG ________________

PCR (specimen) Other

Shiga toxin-related disease (1) (test type) ________________

Shigella (1,2) (serogroup/species test type*)

Staphylococcus aureus with MIC to vancomycin > 4 µg/mL (1)

MIV to vancomycin mg/mL

Staphylococcus aureus disease, invasive (3)

methylcillin-resistant Date pt. Admitted ________________

Staphylococcus epidermidis with MIC to vancomycin > 32 µg/mL (1)

MIV to vancomycin µg/mL

Syphilis

RPR (titer) ______

FTA

VDRL (titer) ______

TPPA

Trichinosis

Tuberculosis (1)

AFB Smear

Positive Negative

If positive

Rare Few Numerous

NAAT

Positive Negative Indeterminate

Culture Mycobacterium tuberculosis

Non-TB mycobacterium. (specify M. ________________

Vibrio infection (1,2) (species/test type*)

West Nile virus

Yellow fever

Yersiniosis (2) (species/ test type*)

BIOTERRORISM possible disease indicators

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)

1. Send isolate, culture, or slide to the DPH Laboratory for confirmation. For Salmonella, Shigella, STEC, and Vibrio tested by non-culture methods, * send positive broth or stool in transport media when isolate is not available*. For positive HIV, send ≥ 0.5mL residual serum.

2. Specify species/serogroup/serotype*.

3. Sterile site: 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 including mucous. For CRE, also include urine or sputum, but not stool.

4. Report the peak liver function tests (ALT, AST) conducted within one week of patient’s HAV IgM positive test, if available. Check “Not Done” when appropriate.

5. Report all RNA results, but negative RNA results are required only for genotypers with automated electronic reporting to the DPH.

6. Report all positive HIV antibody, antigen, and all viral load results (including not detectable values), and all qualitative NAAT results*. Laboratories conducting HIV genotype or CD4 testing should report HIV RNA sequence and all CD4 test results in an electronic file. Send isolate, culture, or slide to the DPH Laboratory for internal body site (lymph node, brain, heart, liver, spleen, kidney, pancreas, or ovary), or other normally sterile site including mucous. For CRE, also include urine or sputum, but not stool.

7. On request from the 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 the DPH.

8. Only laboratories with automated electronic reporting to the DPH are required to report positive results.

9. Report lead results >10µg/dL within 48 hours to the Local Health Director and the DPH; submit ALL lead results at least monthly to the DPH.

10. Report all IgM positive titers, but only IgG titers that are considered significant by the laboratory performing the test.

11. Report all bacterial isolates from blood or CSF obtained from an infant ≤72 hours of age.

12. Report by telephone to the DPH, weekdays 860-509-7994; evenings, weekends, and holidays 860-509-8000.
by nucleic acid testing (e.g., PCR) in addition to reporting of sterile body site cultures. This change will assure prompt reporting of suspected meningococcal disease and subsequent timely public health intervention and disease prevention.

**Vancomycin-resistant Enterococcus (VRE)**

Reporting of enterococcal infection, vancomycin-resistant has been removed. This change is being made in an effort to refocus resources to other multi-drug resistant organisms of more urgent public health concern, and which have high morbidity and mortality.

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### 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.

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**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](http://www.ct.gov/dph/forms) 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](http://www.ct.gov/dph/forms) 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 ([www.ct.gov/dph/forms](http://www.ct.gov/dph/forms)).

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, gender 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.

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