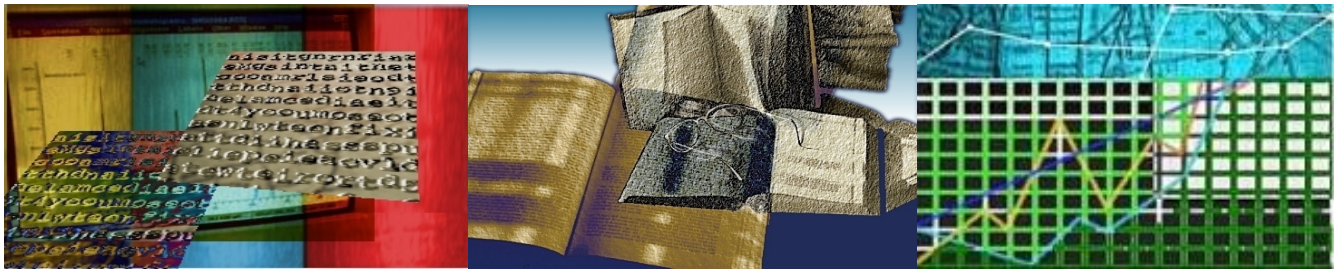
Connecticut Health Database Compendium



A Profile of Selected Databases Maintained by The Connecticut Department of Public Health

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Third Edition
March 2010

The *Connecticut Health Database Compendium* is a compilation of selected databases maintained by the Connecticut Department of Public Health. The first edition - *Health Data Report* - was published in 1993, and the original template used for this document was based on the Rhode Island Department of Health's *Health Data Inventory.* This compendium provides a current profile of key databases maintained by staff of the Connecticut Department of Public Health. Use of these databases by entities other than the Connecticut Department of Public Health is solely at the discretion of the Department.

This compendium was prepared by Marijane Mitchell, M.S. and Margaret M. Hynes, Ph.D., M.P.H. with the assistance of Connecticut Department of Public Health colleagues responsible for the 54 databases described here. We extend special thanks to: Ava Nepaul, who assisted in the development of the questionnaire for this compendium; Carol Bower and Celeste Jorge for consultation on document formatting and design; Diana Lejardi for preparing webpage aliases; and Jan V. Kulpanowski, who designed the cover of this document.

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Health Practitioner Licensure (eLicense)

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Why	
Purpose or mandate for data collection	Connecticut (CT) General Statutes, Chapter 369 requires practitioner licensure by the CT Department of Public Health (DPH). Workforce data will be used for evaluating workforce shortage issues.
What	
Definition of a case or record in the database	Information on each licensed individual includes credentials, compliance and contact information. A data dictionary is available through the vendor.
Population covered by the database	71 professional categories of licensed health care, health care-related and environmental health practitioners are included. In 2009 DPH licensed 192,148 individuals.
When	
When and how data are collected	The majority of practitioner licenses expire annually and renewal dates are the last day of every month. DPH began renewing physician, dentist and nurse licenses online in July, 2009. Paper renewals are being processed for a number of practitioner categories until transitioned to the online function.
When data are available for analysis and reporting	Immediately.
Most recent period for these data	Data are reported and updated on a daily basis (electronic database began in 7/09 with the physician category and continues, with some practitioner categories not yet included).
How	
Race and Hispanic ethnicity as data items	In the process of implementation. Five race and two Hispanic categories are currently or will be requested. More than one race category may be selected.
Geographic units recorded	The complete mailing address on file for each practitioner may be a home or business address. Physician practice location is collected. Geocoded data are not available.
Available on DPH website?	Yes.
Where	
Recently published documents	Aggregate statistics are available on the DPH web, as well as a query function to confirm an individual's licensure. The "Physician Profile" button on the home page provides detailed information on physicians including education, board certification, malpractice claims, disciplinary actions, and publications.
Key search words	licensed health providers, licensing data
DPH website location	www.ct.gov/dph/plis

Acute Care Hospital Inpatient Discharge Database (HIDD)	
CONTACT: Olga Armah, M.Phil. PHONE: (860) 418-7070, E-MAIL: olga.armah@ct.gov	
Why	
Purpose or mandate for data collection	Public Act No. 09-77. Used to generate an annual report that assesses availability and utilization of certain health care facilities and identifies geographic areas and subpopulations that may be underserved or have reduced access to specific types of health care services.
What	
Definition of a case or record in the database	An admission to an acute care hospital. There is a data dictionary.
Population covered by the database	All CT residents or non-residents who have received inpatient acute hospital care.
When	
When and how data are collected	Six months of inpatient discharge data are submitted to an Office of Health Care Access (OHCA)-approved vendor in January and July of each year. The vendor then adds diagnostic codes and works with the hospitals to get clarifications/corrections as needed before merging the data into an annual file for OHCA. OHCA staff then perform additional quality assurance and analyses of the data.
When data are available for analysis and reporting	Usually one month after submission.
Most recent period for these data	10/1/2008-9/30/2009 (electronic database covers 1991-present).
How	
Race and Hispanic ethnicity as data items	Six race and two Hispanic ethnicity categories are collected. More than one race category may not be selected.
Geographic units recorded	The residence zipcode, town, and county of the patient are collected. Geocoded data are not available.
Available on DPH website?	No. See the OHCA web site www.ct.gov/ohca
Where	
Recently published documents	*Preventable Hospitalizations in Connecticut: A Current Assessment of Access to Community Health Services 2004-2008*, January 2001. *Acute Care Hospital Utilization Trends in Connecticut*, March 2009. *Uninsured Hospitalizations FYs2006-2008*, June, 2009.
Key search words	Hospital, acute care, discharges, inpatient
DPH website location	www.ct.gov/ohca

OHCA Hospital Reporting System (OHCAHRS)	
CONTACT: Ronald Ciesones, B.S. PHONE: (860) 418-7023, E-MAIL: ronald.ciesones@ct.gov	
Why	
Purpose or mandate for data collection	Public Health Code Section 19a-643-206 is used to generate an annual report on hospital financial information and utilization especially of high technology services.
What	
Definition of a case or record in the database	An acute care hospital. There is a data dictionary.
Population covered by the database	Thirty acute care hospitals in Connecticut.
When	
When and how data are collected	Data are submitted online to the Office of Health Care Access (OHCA) in February and March of each year.
When data are available for analysis and reporting	Usually one year after submission.
Most recent period for these data	Fiscal Year (FY) 2008 and partial FY 2009 (electronic database covers FY 2007 - present). The predecessor of this database, HBS, contains many of the same data elements from FY 1998 through FY 2006.
How	
Race and Hispanic ethnicity as data items	Not applicable.
Geographic units recorded	Geocoded data are not available.
Available on DPH website?	No. See the OHCA web site www.ct.gov/ohca
Where	
Recently published documents	*2008 Report on the Financial Status of Connecticut's Short Term Acute Care Hospitals*
Key search words	Hospital finances, acute care, inpatient procedures
DPH website location	www.ct.gov/ohca

EMS Patient Care Report Database

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Why	
Purpose or mandate for data collection	Public Health Code 19a-179 mandates the Office of Emergency Medical Services (OEMS) to monitor and improve ambulance services provided to residents of Connecticut (CT). This database collects related EMS information to facilitate this oversight.
What	
Definition of a case or record in the database	An individual who has received ambulance services in CT. There is a database dictionary.
Population covered by the database	All CT residents who have received emergency medical services initiated by a 911 call within the state of CT.
When	
When and how data are collected	Ambulance service data are supplied to the CT Department of Public Health (DPH) weekly by each ambulance company. After a year these data are linked with hospital emergency department and inpatient data on patient outcomes for evaluation and tracking.
When data are available for analysis and reporting	Generally one year after the service period ends.
Most recent period for these data	2009 (electronic database covers 2009 - present).
How	
Race and Hispanic ethnicity as data items	Six race and two Hispanic ethnicity categories are choices for the respondent. More than one race category may not be selected.
Geographic units recorded	Patient mailing address is collected. Geocoded data may be available depending on the EMS service.
Available on DPH website?	Yes.
Where	
Recently published documents	Yes. *Quarterly Provider Activity Report for the 2008 Calendar Year.* Several previous years' reports are also available on this website.
Key search words	EMS, ambulance, emergency transport medical care
DPH website location	www.ct.gov/dph/cwp/view.asp?a=3127&q=387370&dphNav_GID=1827&dphNav

Trauma Database

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Why	
Purpose or mandate for data collection	Public Health Code 19a-177 mandates that the Office of Emergency Medical Services (OEMS) is responsible for the development, implementation, and evaluation of the state's trauma system. This trauma registry provides information to analyze and evaluate the quality of care of trauma patients.
What	
Definition of a case or record in the database	"Trauma patients" includes all admitted trauma patients, trauma patients who died (excluding those dead at the scene), all trauma patients who are transferred, and all traumatic brain injury patients in Connecticut (CT). There is a database dictionary.
Population covered by the database	All persons who received emergency medical care that activated a trauma code in CT.
When	
When and how data are collected	Data regarding the ambulance services and inpatient care provided to trauma patients are supplied to the CT Department of Public Health (DPH) annually by hospitals.
When data are available for analysis and reporting	Generally one year after the service period ends (e.g. 2009 data will be available in July 2010).
Most recent period for these data	2008 (electronic database covers 2005 - present).
How	
Race and Hispanic ethnicity as data items	Six race and two Hispanic ethnicity categories are choices for the respondent. More than one race category may not be selected.
Geographic units recorded	Patient mailing address is collected. Geocoded data are not available.
Available on DPH website?	No. Program information is available at the website below.
Where	
Recently published documents	No. Internal yearly reports are generated. Data are also provided to the DPH CODES program for its analysis and reporting.
Key search words	trauma care, EMS
DPH website location	www.ct.gov/dph/cwp/view.asp?a=3127&q=387362

Surveillance Epidemiology and End Results (SEER) Data Management System	
CONTACT: Cathryn Phillips, C.T.R. PHONE: (860) 509-7163, E-MAIL: cathryn.phillips@ct.gov	
Why	
Purpose or mandate for data collection	Connecticut (CT) General Statutes Section 19a-72, Public Health Code Section 19a-73.The National Cancer Institute provides funding to SEER sites which were selected for their ability to manage a cancer reporting system and to provide a representative subset of the United States population for research and health planning purposes.
What	
Definition of a case or record in the database	One reportable condition (tumor). There is a data dictionary.
Population covered by the database	CT residents diagnosed with cancer or certain other reportable conditions. The identities of all patients reported are protected by state confidentiality laws.
When	
When and how data are collected	Monthly, quarterly, and annually. All hospitals, clinical laboratories, and health care providers in CT are required by law to report cancer cases to the registry.
When data are available for analysis and reporting	Usually two years after the close of the calendar year of report.
Most recent period for these data	2007.
How	
Race and Hispanic ethnicity as data items	Over 50 race and nationality (including Hispanic, Latino, Puerto Rican and Chicano) categories are choices for the respondent. More than one race category may be selected.
Geographic units recorded	The patient's mailing address is collected. Geocoded data are available.
Available on DPH website?	Yes. Annual statewide summary reports with counts, rates, length of stay, and charges for selected diagnoses by sex, race and ethnicity, and age group are available.
Where	
Recently published documents	Yes. The most recent reports with 2006 data as well as historical reports may be found on the DPH website.
Key search words	cancer incidence, cancer survival statistics, tumors, SEER, cancer plan, Connecticut Tumor Registry
DPH website location	www.ct.gov/dph/TumorRegistry

Behavioral Risk Factor Surveillance System (BRFSS)	
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Why	
Purpose or mandate for data collection	All fifty states are funded by the Centers for Disease Control and Prevention (CDC) to conduct surveys of adults on risk factor and health behavior data related to mortality and morbidity.
What	
Definition of a case or record in the database	A randomly selected adult (aged 18 or older) within a randomly selected household with a landline telephone, or a randomly selected cellular telephone owned by an adult with no landline. Only non-institutionalized adults are included (no nursing homes, prisons, college dorms, etc.). There is a data dictionary.
Population covered by the database	Annual sample representative of non-institutionalized adults in Connecticut (CT) who live in households with landline telephones or have a cellular telephone.
When	
When and how data are collected	Data are collected on an ongoing basis by telephone interviews (random digit dial landline and cell phones) conducted by a contractor selected by competitive bid.
When data are available for analysis and reporting	Usually six months after collection.
Most recent period for these data	2008 (electronic database covers 1990-present).
How	
Race and Hispanic ethnicity as data items	Five race and two Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected.
Geographic units recorded	State and county. Data are usually presented at state level due to small sample size when reported at a smaller unit. Geocoded data are not available.
Available on DPH website?	Yes.
Where	
Recently published documents?	Yes. Several reports and fact sheets using BRFSS data were published in 2008-2009 on the following subjects: asthma, cancer, oral health, heart disease and stroke, and diabetes.
Key search words	health behaviors, risk factors, BRFSS, adult health
DPH website location	www.ct.gov/dph/brfss

Birth Registry

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Why	
Purpose or mandate for data collection	Section 7-48 of the Connecticut (CT) General Statutes requires the filing of birth certificates for CT live births with town registrars of vital statistics. Section 7-42 directs towns to submit birth certificates to the Commissioner of Public Health. The National Center for Health Statistics (NCHS) funds regular reporting of CT Vital Records data.
What	
Definition of a case or record in the database	Live birth occurring in the state of CT or a birth to a CT resident occurring outside CT. There is a data dictionary.
Population covered by the database	CT newborns & mothers with fathers' information, as provided.
When	
When and how data are collected	Continuously, through birth hospital's electronic transmission within 10 days of the CT birth. If a home birth, the town is required to submit the birth certificate information to the Department of Public Health (DPH).
When data are available for analysis and reporting	Usually by the end of the following year.
Most recent period for these data	2007 (electronic database covers 1959-present).
How	
Race and Hispanic ethnicity as data items	Ten race and five Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected.
Geographic units recorded	Complete mailing address is collected for the mother and birth hospital/location. Geocoded data are available from 1999 to present.
Available on DPH website?	Yes. Annual summary reports for the state, town, and health districts are available. Access to individual records is restricted.
Where	
Recently published documents?	Yes. The most recent annual summary may be found in the *2006 Registration Report.*
Key search words	birth statistics, prenatal care, birth weight, mother's demographics, birth registry
DPH website location	www.ct.gov/dph/VitalStatisticsData

Death Registry

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Why	
Purpose or mandate for data collection	Section 7-62b of the Connecticut (CT) General Statutes requires that a death certificate for each death in CT be filed with the town registrar of vital statistics. Section 7-42 directs towns to submit death certificates to the Commissioner of Public Health. The National Center for Health Statistics (NCHS) funds regular reporting of CT Vital Records data.
What	
Definition of a case or record in the database	Death occurring in the State of CT or the death of a CT resident occurring outside CT. There is a data dictionary.
Population covered by the database	All people who die in CT or were residents of CT at the time of death.
When	
When and how data are collected	The physician or medical examiner certifying the death completes the cause of death information on the death certificate. The funeral director having charge of the body completes the remaining data items on the death certificate (VS-4). Within five days after death the funeral director submits the completed death certificate to the registrar of the town where the death occurred. The registrar then forwards a copy of the death certificate to the Department of Public Health (DPH).
When data are available for analysis and reporting	Usually by the end of the following year.
Most recent period for these data	2005-2006 (electronic database covers 1949-present).
How	
Race and Hispanic ethnicity as data items	As of 2005, fifteen race and two Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected.
Geographic units recorded	Complete mailing address is collected for the deceased and funeral home. Birth town and state are also collected. Geocoded data are available from 1999 to present.
Available on DPH website?	Yes. Annual summary reports for the state, town and health districts are available.
Where	
Recently published documents?	Yes. The most recent annual summary may be found in the *2006 Registration Report.*
Key search words	death statistics, cause of death, mortality, death registry
DPH website location	www.ct.gov/dph/DeathData also: www.ct.gov/dph/VitalStatisticsData

Fetal Death Registry

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Why	
Purpose or mandate for data collection	Section 7-60 of the Connecticut (CT) General Statutes requires that each fetal death in CT be registered and a fetal death certificate be filed with the registrar of vital statistics. Section 7-42 directs towns to submit fetal death certificates to the Commissioner of Public Health. The National Center for Health Statistics (NCHS) funds regular reporting of CT Vital Records data.
What	
Definition of a case or record in the database	A fetus born after a period of gestation of not less than 20 weeks in which there is no attempt at respiration, no action of the heart, and no movement of the voluntary muscles. There is a data dictionary.
Population covered by the database	Stillborns over 20 weeks' gestation and parents.
When	
When and how data are collected	Within 10 days of the fetal death, a certificate of fetal death (VS-5) is produced by the hospital or the facility where the fetal death occurred. The facility sends the medical portion of the certificate of fetal death directly to the Department of Public Health (DPH). The legal portion of the certificate of fetal death is initially sent to the town for registration, and then forwarded to the DPH.
When data are available for analysis and reporting	Usually by the end of the following year.
Most recent period for these data	2007 (electronic database covers 1962-present).
How	
Race and Hispanic ethnicity as data items	Ten race and five Hispanic ethnicity categories (for parents) are choices for the respondent. More than one race category may be selected.
Geographic units recorded	Complete mailing address is collected for the parents. Birth town and state of the parents are also collected. Geocoded data are available from 1999 to present.
Available on DPH website?	Yes. Annual summary reports for the state, town, and health districts are available.
Where	
Recently published documents?	Yes. The most recent annual summary may be found in the *2006 Registration Report.*
Key search words	fetal death statistics, stillbirth, fetal death registry
DPH website location	www.ct.gov/dph/VitalStatisticsData

Hospital Discharge Abstract and Billing Database

CONTACT: Jon Olson, D.P.M., Dr.P.H.
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Why	
Purpose or mandate for data collection	Section 19a-654 of the Connecticut (CT) General Statutes requires hospitals to submit discharge data to the Office of Health Care Access (OHCA). Section 19a-7 allows the Department of Public Health (DPH) access for public health planning purposes.
What	
Definition of a case or record in the database	A discharge from one of the non-Federal, short-term, acute care hospitals in CT, excluding cases discharged from emergency departments. A case is a discharge, *not* a patient. A patient can have multiple hospital admissions and be counted multiple times. There is a data dictionary.
Population covered by the database	CT residents.
When	
When and how data are collected	CT hospitals file data with OHCA on a quarterly basis.
When data are available for analysis and reporting	Usually two years after collection.
Most recent period for these data	Calendar year 2007 (electronic database covers 1998-present).
How	
Race and Hispanic ethnicity as data items	Four race and two Hispanic ethnicity categories are choices for the respondent. More than one race category may not be selected.
Geographic units recorded	The patient's residential town, state, and zip code are collected. Geocoded data are not available.
Available on DPH website?	Yes. Annual statewide summary reports with counts, rates, length of stay, and charges for selected diagnoses by sex, race/ethnicity and age group are available.
Where	
Recently published documents?	Yes. The most recent annual summary may be found in the 2007 Report on the DPH website.
Key search words	hospital inpatient statistics, diagnosis, hospital discharge, utilization, hospital costs
DPH website location	www.ct.gov/dph/HospitalDischargeData

Marriage Registry

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Why	
Purpose or mandate for data collection	Section 7-42 of the Connecticut (CT) General Statutes directs town registrars of vital statistics to submit marriage certificates to the Commissioner of Public Health. The National Center for Health Statistics (NCHS) funds regular reporting of CT Vital Records data.
What	
Definition of a case or record in the database	A couple who were issued a marriage license by the CT Registrar of Vital Records and were joined in marriage according to CT General Statutes. There is a data dictionary.
Population covered by the database	Couples married in CT.
When	
When and how data are collected	Before or during the first week of the month following a marriage, the officiator of the marriage must submit the marriage certificate (VS-3) to the town registrar where the marriage occurred. The registrar then forwards a copy of the marriage certificate to the Department of Public Health usually within three months of the marriage.
When data are available for analysis and reporting	Usually by September of the following year.
Most recent period for these data	2008 (electronic database covers 1949-present).
How	
Race and Hispanic ethnicity as data items	For 2005 and earlier, unspecified field for race and/or Hispanic ethnicity. Up to 25 characters long. More than one race category may be entered. As of 2006, no race and ethnicity information is collected.
Geographic units recorded	Town, state, and county of residence are recorded for the two individuals. Geocoded data are not available.
Available on DPH website?	Yes.
Where	
Recently published documents?	Yes. The most recent annual summary may be found in the 2006 Registration Report.
Key search words	marriage statistics, marriage registry
DPH website location	www.ct.gov/dph/VitalStatisticsData

Youth Risk Behavioral Surveillance (Component of the Connecticut School Health Survey)	
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Why	
Purpose or mandate for data collection	Selected states are funded by the Centers for Disease Control and Prevention (CDC) to conduct surveys of teens on risk factor and health behavior data related to mortality and morbidity.
What	
Definition of a case or record in the database	A student in a randomly selected class (grades 9-12) within a randomly selected Connecticut (CT) public high school. Approximately 60 schools are surveyed in odd-numbered years. There is a data dictionary.
Population covered by the database	Annual sample of approximately 2,000 students is representative of all CT public high school students if a sufficient response rate (60%) is achieved.
When	
When and how data are collected	Data are collected in odd years (2005, 2007) from students using a written questionnaire during class time.
When data are available for analysis and reporting	Usually six months after collection.
Most recent period for these data	2007 (electronic database covers the years 1997, 2005, 2007 and finally 2009 with anticipated release by June, 2010).
How	
Race/Hispanic ethnicity as data items	Five race and two Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected.
Geographic units recorded	Data are presented at state level due to small sample size and sample design. Geocoded data are not available.
Available on DPH website?	Yes. Summary tables, graphs and reports for the state are available.
Where	
Recently published documents?	Yes. Fact Sheet for 1997-2007 and the *2007 Connecticut School Health Survey Report*.
Key search words	health behaviors, risk factors, YRBS, teen morbidity, Connecticut School Health Survey
DPH website location	www.ct.gov/dph/cshs

AIDS Institute Data Array (AIDA)	
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Why	
Purpose or mandate for data collection	States are federally funded by the Health Research and Services Administration (HRSA) Ryan White program to serve HIV-positive clients and report their activities to assist confirmed cases.
What	
Definition of a case or record in the database	A person receiving an eligible service under this grant program. There is a data dictionary.
Population covered by the database	Connecticut (CT) low-income persons who are HIV positive.
When	
When and how data are collected	The data in AIDA are historical, and sited at CT Department of Public Health (DPH). Information on clients and activities from agencies providing Ryan White services was entered by those agencies. Currently and into the foreseeable future, equivalent data are being entered by those agencies into a web-based database housed at the Hartford Health Department
When data are available for analysis and reporting	Immediately.
Most recent period for these data	2008 (electronic database covers 2003-2008 the last year for these data).
How	
Race and Hispanic ethnicity as data items	Six race categories and one Hispanic ethnicity category are choices for the respondent. More than one race category may be selected.
Geographic units recorded	The client's county, state, and zip code are collected. Geocoded data are not available.
Available on DPH website?	No.
Where	
Recently published documents?	No.
Key search words	Ryan White, HIV, AIDS
DPH website location	www.ct.gov/dph/AIDS

Drug Treatment Advocacy Program	
CONTACT: Mariano Ortiz PHONE: (860) 509-8096, E-MAIL: mariano.ortiz@ct.gov	
Why	
Purpose or mandate for data collection	Required by the Centers for Disease Control and Prevention (CDC) for HIV Prevention Grant. Data used for program purposes only.
What	
Definition of a case or record in the database	Client seeking referral to substance abuse treatment program. There is no data dictionary.
Population covered by the database	Illicit substance users with an HIV diagnosis.
When	
When and how data are collected	Contractors collect client data on intake form and submit aggregate data in quarterly reports to the Connecticut (CT) Department of Public Health (DPH).
When data are ready for analysis and reporting	At the end of the calendar year for the period ending the previous June 30th.
Most recent period for these data	CY2008 (electronic database covers 2008-present).
How	
Race and Hispanic ethnicity as data items	Five race and two Hispanic ethnicity categories are choices for the respondent. More than one race category may not be selected.
Geographic units recorded	State of residence. Geocoded data are not currently available.
Available on DPH website?	The location of DPH contractors is listed on the DPH website.
Where	
Recently published documents?	No.
Key search words	IDU, Drug treatment advocacy, HIV/AIDS
DPH website location	www.ct.gov/dph/AIDS

eHARS (HIV/AIDS Surveillance)	
CONTACT: Aaron Roome, Ph.D., M.P.H. Phone: (860) 509-7908, E-Mail: aaron.roome@ct.gov	
Why	
Purpose or mandate for data collection	HIV/AIDS surveillance. This effort is supported by federal Centers for Disease Control and Prevention (CDC) funding.
What	
Definition of a case or record in the database	A Connecticut (CT) resident diagnosed with HIV or AIDS. There is no data dictionary.
Population covered by the database	CT residents.
When	
When and how data are collected	Data are entered in the database continuously all year during business hours.
When data are available for analysis and reporting	Immediately.
Most recent period for these data	Current (electronic database covers 1982-present).
How	
Race and Hispanic ethnicity as data items	Six race categories and one Hispanic ethnicity category are choices for the respondent. More than one race category may be selected.
Geographic units recorded	The client's mailing address is collected. Geocoded data are not available.
Available on DPH website?	Yes.
Where	
Recently published documents?	Yes. Summary statistics and reports can be found on the CT Department of Public Health (DPH) website.
Key search words	HIV, AIDS, infectious disease surveillance
DPH website location	www.ct.gov/dph/hivsurveillance

Hepatitis B Registry

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Why	
Purpose or mandate for data collection	Surveillance for this communicable disease assesses the burden of hepatitis B in the state, finds trends, and directs prevention efforts. This effort is supported by federal Centers for Disease Control and Prevention (CDC) funding.
What	
Definition of a case or record in the database	A Connecticut (CT) resident with a positive hepatitis B lab finding from the following list: HBsAg, HBeAg, IgM anti-HBc, or HBV DNA. There is a data dictionary.
Population covered by the database	CT residents.
When	
When and how data are collected	Clinical laboratories and physicians submit a report on the required CT Department of Public Health (DPH) form to DPH of positive cases on a daily basis. DPH staff enter this information weekly and conduct any follow up indicated.
When data are available for analysis and reporting	Completed data are usually available in March of each year.
Most recent period for these data	Calendar year 2008 (electronic database covers 1992-present).
How	
Race and Hispanic ethnicity as data items	Seven race and three Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected.
Geographic units recorded	The patient's complete mailing address is collected. Geocoded data are available.
Available on DPH website?	Yes. Annual Summaries are posted.
Where	
Recently published documents?	CT Surveillance Statistics containing the most recent annual 2008 summary with geographic, demographic and hepatitis type information are posted in tables and graphs on the DPH website.
Key search words	HBV, hepatitis, liver disease, HBsAg
DPH website location	www.ct.gov/dph/hepatitis

Hepatitis C Registry

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Why	
Purpose or mandate for data collection	Surveillance for this communicable disease assesses the burden of hepatitis C in the state, finds trends and directs prevention efforts. This effort is supported by federal Centers for Disease Control and Prevention (CDC) funding.
What	
Definition of a case or record in the database	A Connecticut (CT) resident with a positive serological test for hepatitis C antibody or positive PCR or RIBA. There is a data dictionary.
Population covered by the database	CT residents.
When	
When and how data are collected	Clinical laboratories and physicians submit a report on the required CT Department of Public Health (DPH) form to DPH of positive cases on a daily basis. DPH staff enter this information and conduct any follow up indicated.
When data are available for analysis and reporting	Completed data are usually available in March of each year for the previous calendar year.
Most recent period for these data	Calendar year 2008 (electronic database covers 1994-present).
How	
Race and Hispanic ethnicity as data items	Eight race and three Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected.
Geographic units recorded	The patient's complete mailing address is collected. Geocoding is available.
Available on DPH website?	Yes. Annual Summaries are posted.
Where	
Recently published documents?	*Hepatitis C Fact Sheet*. CT Surveillance Statistics containing the most recent annual 2008 summary with geographic, demographic, and hepatitis type information are on the DPH website.
Key search words	HCV, viral hepatitis, liver disease, hepatitis C
DPH website location	www.ct.gov/dph/hepatitis

Program Evaluation and Monitoring System (PEMS)

CONTACT: Ava N. Nepaul M.A., M.P.H., C.P.H.
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Why	
Purpose or mandate for data collection	Monitoring and evaluation of AIDS prevention activities funded by the Centers for Disease Control and Prevention (CDC).
What	
Definition of a case or record in the database	A person who has received CDC-funded HIV counseling and/or testing or participated in an evidence-based intervention. There is a data dictionary.
Population covered by the database	All persons in Connecticut (CT) who have received CDC-funded HIV counseling and/or testing or participated in an evidence-based intervention.
When	
When and how data are collected	Contracted agencies input client and activity information daily into the client's record. Completed HIV test forms for those who have been tested are mailed on a monthly basis to the CT Department of Public Health (DPH) where they are entered into PEMS.
When data are available for analysis and reporting	Variable reporting schedule.
Most recent period for these data	Pending (new electronic database implemented in October, 2008).
How	
Race and Hispanic ethnicity as data items	Seven race and four Hispanic ethnicity categories are choices for the respondent. More than one race category may be entered.
Geographic units recorded	County, state and zip code are collected for individuals served by this program. Geocoded data are not available.
Available on DPH website?	No.
Where	
Recently published documents?	No. Summary reports are planned for the future.
Key search words	HIV prevention, counseling and testing
DPH website location	www.ct.gov/dph/AIDS

Syringe Exchange Program	
CONTACT: Pamela Foster, M.P.H. PHONE: (860) 509-7838, E-MAIL: pamela.foster@ct.gov	
Why	
Purpose or mandate for data collection	Section 19a-124 Connecticut (CT) General Statutes directs the Department of Public Health (DPH) to establish needle and syringe exchange programs through local health departments and agencies. DPH must compile all information received on the programs and report to the appropriate joint standing committees of the General Assembly.
What	
Definition of a case or record in the database	Encounter- when an individual (injection drug user) exchanges a used/"dirty" syringe for a "clean" one. There is no data dictionary.
Population covered by the database	Intravenous drug users from the following CT cities and surrounding towns where the syringe exchange programs are located: Bridgeport, Danbury, Hartford, New Haven, and Stamford.
When	
When and how data are collected	Continuously, data for each encounter is recorded on a data collection form, summarized and reported to DPH on a quarterly basis.
When data are available for analysis and reporting	November 1st of each year.
Most recent period for these data	Fiscal Year 2007-2008 (electronic database covers 2004-present).
How	
Race and Hispanic ethnicity as data items	Six race and ethnicity categories are choices for the respondent. More than one race and ethnicity category may not be selected.
Geographic units recorded	Town where the program operates is recorded. Geocoded data are not available.
Available on DPH website?	No.
Where	
Recently published documents?	No.
Key search words	syringe exchange, IDU transmission prevention, "dirty" needles
DPH website location	www.ct.gov/dph/AIDS

Children and Youth with Special Health Care Needs (CYSHCN)

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Why	
Purpose or mandate for data collection	To increase accessibility to care and services by Connecticut (CT) children and youth with special health care needs as mandated by Section 19a-53 and 19a-54 of the CT General Statutes.
What	
Definition of a case or record in the database	A CT resident child aged 0-21 with special health care needs who receives Care Coordination services. There is a data dictionary.
Population covered by the database	CT children with special health care needs who are served by one of the CYSHCN contracted medical homes.
When	
When and how data are collected	Five regional Title V CYSHCN contractors collect information on clients in their region and report specified data to the CT Department of Public Health (DPH) quarterly.
When data are available for analysis and reporting	One month following the end of each quarter.
Most recent period for these data	Calendar year 2008 (electronic database covers April 2004-present).
How	
Race and Hispanic ethnicity as data items	Eleven combined race and ethnicity categories are choices for the respondent. More than one race category may not be selected.
Geographic units recorded	The patient's complete mailing address is collected. Geocoded data are not available.
Available on DPH website?	No.
Where	
Recently published documents?	No. Information from this database is reported in the annual federal Title V Block Grant application on the Maternal & Child Health program's web site.
Key search words	children with special health care needs, medical home, care coordination
DPH website location	www.ct.gov/dph/medicalhome

Connecticut Immunization Registry and Tracking System (CIRTS) also known as Integrated Client Encounter System (ICES)	
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Why	
Purpose or mandate for data collection	Sections 19a-7h-1 to 19a-7h-5 of the Connecticut (CT) General Statutes ensures that CT children are protected against vaccine-preventable diseases by their second birthday.
What	
Definition of a case or record in the database	A child aged 0-2 born in CT since 1/1/98. A CT resident child up to age 6 may be included in the database. There is a data dictionary.
Population covered by the database	CT resident pre-school-aged children.
When	
When and how data are collected	Enrollment data for children are received monthly from several sources. CT Department of Public Health (DPH) Vital Records office provides birth record information and updates to this file with death and adoption changes. CT birthing hospitals collect CIRTS enrollment forms and send them monthly to DPH. Medicaid Managed Care Plans send data on HUSKY members to DPH. Vaccine history is requested from providers on a monthly basis.
When data are available for analysis and reporting	Annually (mid year).
Most recent period for these data	2006 birth cohort (electronic database covers 1998-present).
How	
Race and Hispanic ethnicity as data items	Six race categories and no Hispanic ethnicity categories are choices for the respondent. More than one race category may not be entered.
Geographic units recorded	Complete mailing address is collected for the child. Geocoded data are not available.
Available on DPH website?	No.
Where	
Recently published documents?	No. Summary reports are sent to the providers regarding compliance and to the Centers for Disease Control and Prevention (CDC) on vaccination completion status.
Key search words	pediatric immunization, vaccination status, registry
DPH website location	www.ct.gov/dph/immunizations

Early Hearing Detection & Intervention Program (EHDI)
Birth Defects Registry

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Why	
Purpose or mandate for data collection	Section 19a-59 of the Connecticut General Statutes (CGS) mandates universal hearing screening at birth. The Department of Public Health (DPH) oversees the statewide hospital-based testing of newborns for hearing impairments. Newborns with birth defects must be reported to the Registry under CGS Sections 19a-53, 19a-54 and 19a-56a.
What	
Definition of a case or record in the database	Any child born at a Connecticut (CT) birthing hospital. There is a data dictionary.
Population covered by the database	All newborns born at a CT birth facility.
When	
When and how data are collected	Thirty-two CT birthing facilities electronically submit data in standardized format to DPH within the first four days of the newborn's life. Subsequent information is transmitted via FAX to DPH and data entered by an epidemiologist or health program staff.
When data are available for analysis and reporting	Real-time data are available.
Most recent period for these data	Current (electronic database covers 7/1/2000-present).
How	
Race and Hispanic ethnicity as data items	Currently six race and four Hispanic ethnicity categories are choices for the respondent. More than one race category may not be selected.
Geographic units recorded	Complete mailing address is collected for cases. Geocoded data are not currently available.
Available on DPH website?	Yes. Summary statistics are on the DPH web site.
Where	
Recently published documents?	*CT EHDI 2007 Statistics. Birth Defects in Connecticut, 2001-04: A Surveillance Report on Birth Defects*
Key search words	newborn hearing, birth defects, birth defects registry
DPH website location	www.ct.gov/dph/ehdi also: www.ct.gov/dph/birthdefectsregistry

Population Assessment	
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Why	
Purpose or mandate for data collection	To monitor immunization compliance of vaccine preventable diseases required by the Centers for Disease Control and Prevention (CDC) and mandated under Sections 10-204a-1 and 19a-79-5(a)(2)(c) of the Connecticut (CT) General Statutes.
What	
Definition of a case or record in the database	A CT educational or daycare facility reporting immunization status of children. There is a data dictionary.
Population covered by the database	All licensed college, school and daycare facilities in CT.
When	
When and how data are collected	Data are compiled on worksheets and then Day Care Survey, School Survey and College Survey summary data are reported back by each facility.
When data are available for analysis and reporting	Data are finalized by April 1st of the following year.
Most recent period for these data	Students enrolled in licensed daycares, schools, and colleges as of October 2008.
How	
Race and Hispanic ethnicity as data items	Not applicable.
Geographic units recorded	Complete mailing address is collected for the facility. Geocoded data are not available.
Available on DPH website?	No. Data are published on the CDC website: www.cdc.gov/vaccines/stats-surv/schoolsurv/
Where	
Recently published documents?	State data are available on the CDC website: www.cdc.gov/vaccines/stats-surv/schoolsurv/
Key search words	immunizations
DPH website location	www.ct.gov/dph/immunizations

Pregnancy Risk Assessment Tracking System (PRATS)

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Why	
Purpose or mandate for data collection	To collect data about maternal health, experiences and behaviors during the preconception period, pregnancy and postpartum to enable research on associations with birth outcomes and comparisons to national Pregnancy Risk Assessment Monitoring System (PRAMS) data. This effort is supported by federal Maternal & Child Health Bureau funding.
What	
Definition of a case or record in the database	An individual woman selected in the sample of women who have recently delivered an infant in Connecticut (CT). There is a data dictionary.
Population covered by the database	CT resident women who have recently delivered an infant in CT.
When	
When and how data are collected	Rounds 1 and 2 of PRATS were point-in-time surveys conducted in early 2002 and late 2003-4, respectively. Round 3 of PRATS will begin in Spring 2010 and will run continuously for 12 months. Stratified random sampling is used to produce the survey samples from the birth registry. A contractor administers PRATS via both mail and telephone surveys.
When data are available for analysis and reporting	Data from rounds one and two are currently available.
Most recent period for these data	Round two ending January 2004 (electronic non-continuous database covers 2002-present).
How	
Race and Hispanic ethnicity as data items	Race and Hispanic ethnicity data are provided from the birth certificate. Ten race and five Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected.
Geographic units recorded	Complete mailing address is collected for births. Geocoded data will be available for round three.
Available on DPH website?	Yes. A report on round two data was posted on the CT Department of Public Health (DPH) web site in 2006.
Where	
Recently published documents?	*Results of the Connecticut Pregnancy Risk Assessment Tracking System (PRATS) Survey, Round 2*
Key search words	PRATS
DPH website location	www.ct.gov/dph/lib/dph/family_health/prats_round_2_report.pdf

School Based Health Centers (SBHC)	
CONTACT: Ann Kloter, M.P.H. PHONE: (860) 509-7431, E-MAIL: ann.kloter@ct.gov	
Why	
Purpose or mandate for data collection	Monitoring and management of the School Based Health Center Program (SBHC). This effort is primarily supported by state funding.
What	
Definition of a case or record in the database	There are two types of records in this database: one contains demographic information on children enrolled in the school based health center, the second record is utilization-oriented with information on each visit to the SBHC. There is no database dictionary.
Population covered by the database	Students in grades pre-K through 12 enrolled in 72 DPH-funded school based health centers in school year 2007-2008
When	
When and how data are collected	Data are collected with a site-specific form. A unique person and visit identifier are assigned in the database. The historical data are not continuous; that is, each year a new separate database is started.
When data are available for analysis and reporting	Usually one year after collection.
Most recent period for these data	7/1/2007 - 6/30/2008 (electronic database covers 2007-present).
How	
Race and Hispanic ethnicity as data items	Six race and two Hispanic ethnicity categories are choices for the respondent. More than one race category may not be selected (Hartford sites have different categories).
Geographic units recorded	Students' town and state are collected. Geocoded data are not available.
Available on DPH website?	Yes, summary tables, graphs and reports for the state are available.
Where	
Recently published documents?	Yes. *Connecticut School Based Health Centers, 2006-2007 Annual Report.*
Key search words	school health, school based health centers, SBHC
DPH website location	www.ct.gov/dph/SBHC

Varicella Morbidity	
CONTACT: Heather Bohnwagner, B.A. PHONE: (860) 509-7941, E-MAIL: heather.bohnwagner@ct.gov	
Why	
Purpose or mandate for data collection	To collect possible reports of varicella disease (chickenpox) from any source regardless of case definition. Information may be used in studies of disease prevalence, diagnostic issues, and vaccine efficacy. This effort is supported by federal Centers for Disease Control and Prevention (CDC) funding.
What	
Definition of a case or record in the database	A possible report of varicella disease from any source. There is no data dictionary.
Population covered by the database	Connecticut (CT) residents identified with a suspected, possible, probable or confirmed case of varicella.
When	
When and how data are collected	Data are collected by school health offices, daycare providers, local health departments, health professionals, and laboratories and reported to CT Department of Public Health (DPH) as cases are detected.
When data are available for analysis and reporting	Monthly.
Most recent period for these data	Current (electronic database covers 2001-2009).
How	
Race and Hispanic ethnicity as data items	Seven race and three Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected.
Geographic units recorded	The complete mailing address of the patient is collected. Geocoded data are not available.
Available on DPH website?	No.
Where	
Recently published documents?	No.
Key search words	varicella, chickenpox, MAVEN, CEDSS
DPH website location	www.ct.gov/dph/immunizations

BRFSS Asthma Call Back	
CONTACT: Kimberly Nguyen, M.S., M.P.H. PHONE: (860) 509-7810, E-MAIL: kimberly.nguyen@ct.gov	
Why	
Purpose or mandate for data collection	Analyze data on asthma prevalence among adults and children in Connecticut (CT) who reported having asthma in a previous survey. This effort is supported by federal Centers for Disease Control and Prevention (CDC) funding.
What	
Definition of a case or record in the database	CT adults and children ever diagnosed with asthma. There is a data dictionary.
Population covered by the database	CT adults and children with asthma.
When	
When and how data are collected	Each year BRFSS survey participants who answered that they ever had asthma are called back for a second interview on their risk factors for asthma in the call back survey.
When data are available for analysis and reporting	Immediately.
Most recent period for these data	Calendar year 2007 (electronic database covers 2003-present).
How	
Race and Hispanic ethnicity as data items	Six race categories and one Hispanic ethnicity category are choices for the respondent. More than one race category may not be selected.
Geographic units recorded	The respondent's town, state and zip code are collected. Geocoded data are not available.
Available on DPH website?	Yes.
Where	
Recently published documents?	Yes. *Asthma in Connecticut 2008 - A Surveillance Report*.
Key search words	asthma, surveillance
DPH website location	www.ct.gov/dph/asthma also: www.ct.gov/dph/brfss

Connecticut QuitLine

CONTACT: Katie Shuttleworth, B.A. or Dawn Sorosiak, M.B.A.

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Why	
Purpose or mandate for data collection	Connecticut (CT) Quitline is a telephone counseling and resource service to assist with tobacco cessation. This federal Centers for Disease Control and Prevention (CDC) grant and other funders require data collection (and reports) on QuitLine program users.
What	
Definition of a case or record in the database	A caller to the QuitLine who registers for services. There is a data dictionary.
Population covered by the database	Anyone calling the QuitLine.
When	
When and how data are collected	When a caller registers with the QuitLine for services, data are collected.
When data are ready for analysis and reporting	Continuously.
Most recent period for these data	4th Quarter 2008 (electronic database covers 7/1/08-present).
How	
Race and Hispanic ethnicity as data items	Six race categories and one Hispanic ethnicity category are choices for the respondent. More than one race category may not be selected.
Geographic units recorded	Complete mailing address is collected for patients. Geocoded data are not currently available.
Available on DPH website?	No. Data are restricted for use by CT Department of Public Health (DPH) tobacco program staff only.
Where	
Recently published documents?	No.
Key search words	tobacco, quit smoking
DPH website location	www.ct.gov/dph/tobacco

Crash Outcome Data Evaluation System (CODES)	
CONTACT: Justin Peng, M.P.H. PHONE: (860) 509-7774, E-MAIL: justin.peng@ct.gov	
Why	
Purpose or mandate for data collection	CODES links motor vehicle crash records obtained from the Department of Transportation to health outcome data, such as the hospitalizations and emergency department visit records obtained from the Connecticut Hospital Association. This effort is supported by federal funding from the National Highway Traffic Safety Administration (NHTSA).
What	
Definition of a case or record in the database	Persons involved in a motor vehicle crash in Connecticut (CT). There is a data dictionary.
Population covered by the database	CT residents.
When	
When and how data are collected	Form PR-1, the CT Uniform Police Accident Report, contains data about the motor vehicle crash. Hospitals' varied reporting forms are used by the CT Hospital Association to provide data on hospital visits and hospitalizations. No regular schedule is currently in place for these datasets to be provided to the CT Department of Public Health (DPH).
When data are available for analysis and reporting	Typically two years after the end of the calendar year when the event occurred.
Most recent period for these data	2005 (electronic database covers 1999-present).
How	
Race and Hispanic ethnicity as data items	None.
Geographic units recorded	Accident location is collected for the crash. State and town data are summarized in reports. Geocoded data are not available.
Available on DPH website?	No.
Where	
Recently published documents?	Yes. NHTSA CODES white sheets contain data from this database.
Key search words	motor vehicle crash, accidental injury, ED visits from car crashes, MVA hospitalizations, CODES
DPH website location	www.ct.gov/dph/injury

Injury Surveillance System (Mortality, Hospitalization and ED Data)	
CONTACT: Mukhtar H. Mohamed, M.P.H., M.A. PHONE: (860) 509-7728, E-MAIL: mukhtar.mohamed@ct.gov	
Why	
Purpose or mandate for data collection	Sections 19a-4i of the Connecticut (CT) General Statutes charges the Department of Public Health (DPH) Injury Prevention Program with serving as data coordinator and source of injury statistics for state agencies, among other duties.
What	
Definition of a case or record in the database	A CT resident's visit to a CT hospital's emergency department, CT hospitalization, or death from specified ICD-9-CM or ICD-10 codes related to injury causes. There is a data dictionary.
Population covered by the database	CT residents who entered emergency departments, were hospitalized, or who died due to specified injury causes.
When	
When and how data are collected	For the specified injury codes, death data are provided annually by the DPH Vital Records Office. Hospital data for the specified injury codes are also provided on an annual basis by either the Office of Health Care Access (OHCA) or the Connecticut Hospital Association.
When data are available for analysis and reporting	July of each year.
Most recent period for these data	2007 calendar year (electronic database covers 2000-present).
How	
Race and Hispanic ethnicity as data items	Five race and two Hispanic ethnicity categories are choices for the respondent. More than one race category may not be selected.
Geographic units recorded	Complete mailing address is collected. Geocoded data are available.
Available on DPH website?	Yes. Publications but not data are available on the website.
Where	
Recently published documents?	Yes. (1) *Injury in Connecticut: Deaths & Hospitalizations; A Data Book, Connecticut Residents 2000 – 2004.* (2) *Injury-related Emergency Department Visits in Connecticut, Connecticut Residents 2000 – 2004.* (3) *Connecticut Injury Prevention and Control Plan 2008*.
Key search words	injury, surveillance, injury morbidity, injury mortality
DPH website location	www.ct.gov/dph/injury

Medical Information Tracking (Med-IT)	
CONTACT: Susan Yurasevecz, M.S. PHONE: (860) 509-7944, E-MAIL: susan.yurasevecz@ct.gov	
Why	
Purpose or mandate for data collection	Directive of Funding Source(s) for the Connecticut Breast and Cervical Cancer Early Detection Program (CBCCEDP), WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation) and the Connecticut Colorectal Cancer Control Program (CCRCP).
What	
Definition of a case or record in the database	A record identifies one individual client receiving program services and may contain information on multiple screening cycles and diagnostic services performed over time. Minimum data elements required for collection are defined by the Centers for Disease Control and Prevention (CDC) via program data definition tables.
Population covered by the database	Connecticut (CT) residents who are age and gender appropriate and who are considered to be at or under the 200% federal poverty level. CBCCEDP: Women ages 19-64; WISEWOMAN: Women ages 40-64; CCRCP: Men and women ages 50-64.
When	
When and how data are collected	Data are entered in real time at the point of services using program interface screens in Med-IT, a web based online medical information tracking system.
When data are available for analysis and reporting	Continuously.
Most recent period for these data	Currently, that is almost immediately.
How	
Race and Hispanic ethnicity as data items	Five race and two Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected. Respondents also have the option to write in some other race and ethnicity.
Geographic units recorded	Complete mailing addresses including zip codes are collected for each client, the client's alternate contact, and each point of service. Records are not geocoded.
Available on DPH website?	Med-IT is not available to the public, but program information is available at the websites listed below.
Where	
Recently published documents?	No.
Key search words	cancer, screening, early detection, cervical, breast, colorectal, cardiovascular, heart disease, CBCCEDP, CCRCP, and WISEWOMAN
DPH website location	www.ct.gov/dph/Breast&Cervical www.ct.gov/dph/colorectal www.ct.gov/dph/WISEWOMAN

School Based Asthma Surveillance System	
CONTACT: Justin Peng, M.P.H. PHONE: (860) 509-7774, E-MAIL: justin.peng@ct.gov	
Why	
Purpose or mandate for data collection	Surveillance of asthma prevalence and severity among school-aged children in Connecticut. This effort is supported by federal Centers for Disease Control and Prevention (CDC) funding. In 2000, Connecticut (CT) legislation mandated all schools to report children diagnosed with asthma from the Health Assessment Record (HAR).
What	
Definition of a case or record in the database	A CT student with asthma enrolled in a grade requiring a School Health Assessment Record. There is no data dictionary.
Population covered by the database	CT school-aged children. All CT children entering school, 6th or 7th grade, and 10th or 11th grade.
When	
When and how data are collected	The school nurse collects the information throughout the school year and reports to the CT Department of Public Health (DPH) at the beginning of the following school year.
When data are available for analysis and reporting	Completed data are available in June of the following school year.
Most recent period for these data	School year 2007-2008 (electronic database covers 2004-present).
How	
Race and Hispanic ethnicity as data items	Seven race and three Hispanic ethnicity categories are choices for the respondent. More than one race category may not be selected.
Geographic units recorded	The school location is collected. Geocoded data are not available.
Available on DPH website?	Yes.
Where	
Recently published documents?	Yes. The *School Based Asthma Surveillance Report* and data collection forms.
Key search words	asthma, school children, HAR
DPH website location	www.ct.gov/dph/asthma also: www.ct.gov/dph/brfss

SWIS: Statewide WIC (Women Infants & Children) Information System	
CONTACT: Tom Young or Kirk Whalley PHONE: (860) 509-7690 E-MAIL: tom.young@ct.gov or kirk.whalley@ct.gov	
Why	
Purpose or mandate for data collection	The WIC program provides supplemental foods and nutrition counseling to high-risk Connecticut (CT) mothers and children in keeping with federal regulations. Data are collected on enrollee registration, demographics, program participation, and compliance. This effort is supported by federal United States Department of Agriculture (USDA) funding.
What	
Definition of a case or record in the database	An eligible low-income individual meeting age and medical criteria. Low income is defined as income less than 185% Federal Poverty Level. Children must be less than age five and qualifying women are pregnant, breastfeeding or postpartum, and considered "nutritionally at risk." There is a data dictionary.
Population covered by the database	CT low-income resident women and children under age five meeting medical eligibility criteria.
When	
When and how data are collected	Local participating WIC agencies screen applicants and complete enrollment data. Initial certification data are uploaded to the CT Department of Public Health (DPH) daily from the local agencies. Subsequent nutrition counseling sessions and recertification are also entered in the database.
When data are available for analysis and reporting	Continuously. Standardized reports are generated on a monthly and quarterly basis.
Most recent period for these data	2009 (electronic database covers 2004-present).
How	
Race and Hispanic ethnicity as data items	Five race and two Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected.
Geographic units recorded	Complete mailing address is collected for clients. Geocoded data are available.
Available on DPH website?	No.
Where	
Recently published documents?	Yes. CT WIC data were incorporated into the CDC's "Pediatric & Nutrition Surveillance System" reports found on the federal website http://www.cdc.gov/pednss/
Key search words	WIC, pediatric nutrition, perinatal nutrition, breastfeeding
DPH website location	www.ct.gov/dph/wic

Youth Tobacco Survey (YTS) **(Component of the Connecticut School Health Survey)** CONTACT: Dawn Sorosiak, M.B.A. PHONE: (860) 509-8251, E-MAIL: dawn.sorosiak@ct.gov	
Why	
Purpose or mandate for data collection	YTS is part of the national Centers for Disease Control and Prevention (CDC) survey of middle and high school students' tobacco use, secondhand smoke exposure, and tobacco-related risk factors and health behaviors. This effort is supported by federal CDC funding.
What	
Definition of a case or record in the database	A student who takes the tobacco survey. There is a data dictionary.
Population covered by the database	Connecticut (CT) public middle and high school students.
When	
When and how data are collected	Data are collected in odd years (2005, 2007) from students using a written questionnaire during class time.
When data are available for analysis and reporting	Usually six months after collection.
Most recent period for these data	2009 (electronic database covers 2002-present).
How	
Race and Hispanic ethnicity as data items	Six race categories and one Hispanic ethnicity category are choices for the respondent. More than one race category may be selected.
Geographic units recorded	Data are presented at state level only due to small sample size. Geocoded data are not available.
Available on DPH website?	Yes. Summary tables, graphs, and reports for the state are available for 2000, 2002, 2005, and 2007.
Where	
Recently published documents?	Yes. *Youth Tobacco Survey Reports* (2000, 2002); *Connecticut School Health Survey Reports* (2005, 2007)
Key search words	tobacco use, health behaviors, risk factors, YRBS, Connecticut School Health Survey
DPH website location	www.ct.gov/dph/cshs also: www.ct.gov/dph/tobacco

Active Bacterial Core Surveillance (ABCS)	
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Why	
Purpose or mandate for data collection	Surveillance for reportable bacterial diseases as part of the Emerging Infections Program to track vaccine impact and disease trends.
What	
Definition of a case or record in the database	A Connecticut (CT) resident with a positive bacterial culture for one of the organisms under surveillance (Group A or B *Streptococcus*, *Haemophilus influenzae*, *Neisseria meningitidis*, methicillin resistant *Staphylococcus aureus*, and *Streptococcus pneumoniae*). There is a data dictionary.
Population covered by the database	CT residents.
When	
When and how data are collected	Clinical laboratories submit a report to the CT Department of Public Health (DPH) of all positive cultures. DPH staff follow up and review these medical records to collect risk factor and clinical data.
When data are available for analysis and reporting	Completed data are usually available in June of the following year.
Most recent period for these data	Calendar year 2008 (electronic database covers 1996-present).
How	
Race and Hispanic ethnicity as data items	Five race and two Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected.
Geographic units recorded	The patient's complete mailing address is collected. Geocoded data are not available.
Available on DPH website?	Yes. Annual state and county summary reports by organism are available.
Where	
Recently published documents?	Yes. The most recent annual summary and publications list are available on the Centers for Disease Control and Prevention website: www.cdc.gov/abcs/reports-findings/pubs.html
Key search words	MRSA, ABCs, emerging infections
DPH website location	www.ct.gov/dph/ABCs

Connecticut Influenza Surveillance System

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Why	
Purpose or mandate for data collection	Part of pandemic influenza surveillance system. Epidemiological data are also used to track traditional seasonal flu and novel influenza, such as H1N1.
What	
Definition of a case or record in the database	A Connecticut (CT) resident with a laboratory confirmed test for influenza. There is a data dictionary.
Population covered by the database	CT residents.
When	
When and how data are collected	Each day confirmatory laboratory reports are received by FAX or mail on the CT Department of Public Health (DPH) Form OL-15C. A DPH epidemiologist evaluates this information and may request further data, as needed, before entering the information into the database. A new database called MAVEN will allow for electronic reporting of cases in the near future.
When data are available for analysis and reporting	Generally the following day.
Most recent period for these data	Current (electronic database covers 2003-present).
How	
Race and Hispanic ethnicity as data items	Six race and three Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected.
Geographic units recorded	Complete mailing address is collected for all cases. Geocoded data are not available.
Available on DPH website?	Yes.
Where	
Recently published documents?	Presentations at professional meetings.
Key search words	influenza surveillance, seasonal flu, H1N1, public health preparedness
DPH website location	www.ct.gov/dph/Flu

Gram Positive Rod Surveillance

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Why	
Purpose or mandate for data collection	Surveillance for potential indicators of bioterrorism and invasive *Clostridium* infections of public health importance. This effort is supported by federal Centers for Disease Control and Prevention (CDC) funding.
What	
Definition of a case or record in the database	Gram-positive rod isolates identified from blood or cerebrospinal fluid within 32 hours of culture inoculation. There is a data dictionary.
Population covered by the database	Connecticut (CT) residents.
When	
When and how data are collected	Laboratories call the CT Department of Public Health (DPH) immediately (within 24 hours) of identifying a gram-positive, non-motile, non-hemolytic rod isolate in a specimen. DPH Epidemiology staff follow-up with clinicians to get additional information on cases. Data are evaluated for further action/not and entered in this database for tracking.
When data are available for analysis and reporting	Continuously.
Most recent period for these data	December 2009 (electronic database covers March 1, 2003-present).
How	
Race and Hispanic ethnicity as data items	Five race and three Hispanic ethnicity categories are choices for the respondent. More than one race category may not be selected.
Geographic units recorded	Complete mailing address is collected for patients. Geocoded data are not available.
Available on DPH website?	No.
Where	
Recently published documents?	Yes. Staff authored an article "Evaluation of Gram-positive rod surveillance for early anthrax detection" published in *Epidemiology & Infection*. 2009 Nov; 137(11): 1623-30.
Key search words	anthrax, bioterrorism, clostridium, bacillus and sepsis
DPH website location	www.ct.gov/dph/Epidemiology

Hospital Admissions Syndromic Surveillance System (HASS)

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Why	
Purpose or mandate for data collection	Part of pandemic influenza surveillance system. Epidemiological data are used to identify emerging infections and unusual adverse events that may be related to bioterrorism. This effort is supported by federal Centers for Disease Control and Prevention (CDC) funding.
What	
Definition of a case or record in the database	A hospital admission with one of eleven major and two minor syndromic/diagnostic categories. There is a data dictionary.
Population covered by the database	CT residents.
When	
When and how data are collected	Each day each hospital logs into a secured web page data on individuals admitted within the eleven major and two minor syndromic/diagnostic categories A DPH epidemiologist evaluates this information and may request further data, as needed. Topical issues such as Guillain-Barré syndrome may also be tracked through this system.
When data are ready for analysis and reporting	Generally weekly or daily if needed for public health interventions.
Most recent period for these data	Current (electronic database covers 2003-present).
How	
Race and Hispanic ethnicity as data items	For follow-up cases only, six race and three Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected.
Geographic units recorded	Geographic data are collected only when follow-up is needed.
Available on DPH website?	Yes.
Where	
Recently published documents?	Weekly flu reports as well as scientific articles, posters and professional meeting presentations.
Key search words	syndromic surveillance, bioterrorism, emerging infections, hospital admissions
DPH website location	www.ct.gov/dph/Epidemiology

Hospital Emergency Department Syndromic Surveillance (HEDSS)

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Why	
Purpose or mandate for data collection	Surveillance and prompt investigation of syndromic diagnoses to rule out potential bioterrorist-linked outbreak of public health importance. This effort is supported by federal Centers for Disease Control and Prevention (CDC) funding.
What	
Definition of a case or record in the database	Visit to an emergency department in Connecticut (CT). There is a data dictionary.
Population covered by the database	Persons seeking care in 22 CT hospitals' emergency departments.
When	
When and how data are collected	Participating hospitals send de-identified chief complaint data to the CT Department of Public Health (DPH) electronically using the MAVEN software on a daily basis. DPH staff code the information into eight syndrome categories for evaluation and tracking.
When data are available for analysis and reporting	Continuously.
Most recent period for these data	Current (electronic database covers 9/2004 -present).
How	
Race and Hispanic ethnicity as data items	No race and ethnicity information is collected.
Geographic units recorded	Patient zip code is collected. Geocoded data are not currently available.
Available on DPH website?	Yes. A weekly influenza activity report is posted.
Where	
Recently published documents?	Yes. The weekly web reports are ongoing. Staff have also shared these data in presentations at scientific professional meetings.
Key search words	syndromic surveillance, bioterrorism, chief emergency department complaint
DPH website location	www.ct.gov/dph/Epidemiology

Lyme Disease Surveillance

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Why	
Purpose or mandate for data collection	Sections 19a-36-A3-4 of the Public Health Code and Section 19a-215 of the Connecticut (CT) General Statutes specify state reportable diseases. State surveillance monitors trends in disease occurrence.
What	
Definition of a case or record in the database	Cases follow the current criteria as defined by the national surveillance case definition and fall into one of three categories: confirmed, probable, or suspected. Clinical information such as: presence of erythema migrans (rash), known exposure to an infected tick, laboratory evidence of infection, presence of at least one late manifestation, and physician diagnosis are used to assign a case to these categories. There is no data dictionary.
Population covered by the database	CT residents.
When	
When and how data are collected	Daily reports may be received from physicians using approved reporting methods. Positive laboratory results are received monthly using approved electronic reporting methods.
When data are available for analysis and reporting	Data are finalized by April 1st of the following year. Preliminary provisional data are reported to CDC weekly.
Most recent period for these data	2009 (electronic database covers 1989-present).
How	
Race and Hispanic ethnicity as data items	Seven race and two Hispanic ethnicity categories are choices for the respondent. More than one race category may not be selected.
Geographic units recorded	Complete mailing address is collected for cases. Geocoding is available using separate software.
Available on DPH website?	Yes. Annual summary reports for the state, counties and towns are available.
Where	
Recently published documents?	Yes. Each year Lyme disease data are summarized and discussed in *The Connecticut Epidemiologist*.
Key search words	Lyme disease, Lyme statistics, tick-borne disease, Lyme
DPH website location	www.ct.gov/dph/lymedisease

National Electronic Telecommunication Surveillance System (NETSS)

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Why	
Purpose or mandate for data collection	Sections 19a-36-A3-4 of the Public Health Code and Sections 19a-5 and 19a-215 of the Connecticut (CT) General Statutes specify state reportable diseases. Also, data on cases with nationally-notifiable conditions are transmitted to the Centers for Disease Control and Prevention (CDC) on a weekly basis.
What	
Definition of a case or record in the database	A single new case of illness meeting the national surveillance case definition. There is no data dictionary.
Population covered by the database	CT residents identified with a confirmed, probable or suspected case of reportable disease.
When	
When and how data are collected	A physician, laboratory, or other healthcare provider reports cases to the CT Department of Public Health (DPH) as cases are detected.
When data are available for analysis and reporting	Continuously
Most recent period for these data	2009 (electronic database covers 1990-present).
How	
Race and Hispanic ethnicity as data items	Six race and three Hispanic ethnicity categories are choices for the respondent. More than one race category may not be selected.
Geographic units recorded	Complete mailing address is collected for the case. State and county data are summarized in reports. Geocoded data are not available.
Available on DPH website?	Yes. Annual summary statistics for the state and counties are available.
Where	
Recently published documents?	Yes. See the DPH web site. CT data are also reported in federal CDC publications such as the *Morbidity and Mortality Weekly Reports* (MMWR).
Key search words	reportable diseases, morbidity, NETSS
DPH website location	www.ct.gov/dph/Epidemiology

Rash Illness Surveillance System (CPOX)

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Why	
Purpose or mandate for data collection	Surveillance and prompt investigation of atypical chickenpox diagnoses to rule out smallpox, a potential bioterrorist agent of public health importance. This effort is supported by federal Centers for Disease Control and Prevention (CDC) funding and included as a state reportable disease in Sections 19a-36-A3-4 of the Public Health Code and Sections 19a-5 and 19a-215 of the Connecticut (CT) General Statutes.
What	
Definition of a case or record in the database	Suspect chickenpox in adults and hospitalized children. There is a data dictionary.
Population covered by the database	CT residents symptomatic for chickenpox seen by a physician.
When	
When and how data are collected	Laboratories or health care providers call the Connecticut Department of Public Health (DPH) immediately (within 24 hours) of identifying a chickenpox case in an adult or hospitalized child. DPH Epidemiology staff follow-up with clinicians to get additional information on cases. Data are evaluated for further action/not using the CDC SPOX algorithm and entered in this database for tracking.
When data are ready for analysis and reporting	Continuously.
Most recent period for these data	June 2009 (electronic database covers 2003- present).
How	
Race and Hispanic ethnicity as data items	Six race and three Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected.
Geographic units recorded	Complete mailing address is collected for patients. Geocoding is not currently available.
Available on DPH website?	No.
Where	
Recently published documents?	No.
Key search words	chickenpox, rash, varicella, smallpox
DPH website location	www.ct.gov/dph/Epidemiology

Sexually Transmitted Disease Management Information System	
CONTACT: Lynn Mitchell, M.P.H. PHONE: (860) 509-7920, E-MAIL: lynn.mitchell@ct.gov	
Why	
Purpose or mandate for data collection	Section 19a-36-A2 of the Public Health Code. Surveillance facilitates treatment and prevention of sexually transmitted diseases (STD) including syphilis, gonorrhea, chlamydia, chancroid and neonatal herpes.
What	
Definition of a case or record in the database	A new individual incident of an STD, according to programmatic definition, in a CT resident. There is no data dictionary.
Population covered by the database	CT residents.
When	
When and how data are collected	Laboratories and physicians report daily to the CT Department of Public Health (DPH) confirmed STD cases using a DPH reporting form.
When data are available for analysis and reporting	Currently, that is, almost immediately.
Most recent period for these data	2009 (electronic database covers 1970-present).
How	
Race and Hispanic ethnicity as data items	Five race and two Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected.
Geographic units recorded	Complete mailing address is collected for cases. Geocoded data are not available.
Available on DPH website?	Yes, annual summary reports for the state, counties, and towns are available.
Where	
Recently published documents?	Yes. See the web site. Also, program reports are sent to Centers for Disease Control and Prevention (CDC) weekly, and are available in the federal CDC Morbidity and Mortality Weekly Report (MMWR).
Key search words	STD's, syphilis, gonorrhea, chlamydia
DPH website location	www.ct.gov/dph/std

Tuberculosis Information Management System (TIMS)

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Why	
Purpose or mandate for data collection	Sections 19a-36-A3-4 of the Public Health Code and Sections 19a-2a and 19a-215 of the Connecticut (CT) General Statutes specify state reportable diseases. Also, data on tuberculosis cases are transmitted to the Centers for Disease Control and Prevention (CDC) on a regular basis.
What	
Definition of a case or record in the database	A patient with a positive AFB smear, abnormal X-ray and taking two or more drugs for suspect disease. There is a data dictionary.
Population covered by the database	CT residents.
When	
When and how data are collected	A physician, laboratory or other healthcare provider reports cases to the CT Department of Public Health (DPH) as cases are detected using DPH forms. Forms are either mailed or faxed to DPH and then data-entered into the database.
When data are available for analysis and reporting	Immediately after data conversion is run. This database will be replaced by the MAVEN software, if funding allows, by 2011.
Most recent period for these data	2009 (electronic database covers 1994-present).
How	
Race and Hispanic ethnicity as data items	Five race and two Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected.
Geographic units recorded	Complete mailing address is collected for the case. State and town data are summarized in reports. Geocoded data are not available.
Available on DPH website?	Yes. Annual summary statistics for the state and towns are available.
Where	
Recently published documents?	Yes. See the DPH web site. CT data are also reported in federal CDC publications such as the *Morbidity and Mortality Weekly Reports* (MMWR).
Key search words	reportable diseases, morbidity, tuberculosis
DPH website location	www.ct.gov/dph/cwp/view.asp?a=3136&q=388568 also: www.ct.gov/dph/TB

Tuberculosis Registry and Information Management System (TRIMS)	
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Why	
Purpose or mandate for data collection	Sections 19a-36-A3-4 of the Public Health Code and Sections 19a-2a and 19a-215 of the Connecticut (CT) General Statutes specify state reportable diseases. Also, data on tuberculosis (TB) latent infection cases or contacts to cases are transmitted to the Centers for Disease Control and Prevention (CDC) on a regular basis.
What	
Definition of a case or record in the database	A patient with a positive PPD or IGRA skin test and normal X ray. There is a data dictionary.
Population covered by the database	CT residents identified with latent TB infection or contacts to a case of tuberculosis.
When	
When and how data are collected	Laboratories and physicians report tuberculosis cases to the CT Department of Public Health (DPH) on an ongoing basis using a DPH reporting form. Forms are either mailed or faxed to DPH and then data are entered into the database.
When data are available for analysis and reporting	Currently, that is, almost immediately.
Most recent period for these data	2009 (electronic database covers 1994-present).
How	
Race and Hispanic ethnicity as data items	Five race and two Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected.
Geographic units recorded	Complete mailing address is collected for the case. State and town data are summarized in reports. Geocoded data are not available.
Available on DPH website?	Yes. Annual summary statistics for the state and towns are available.
Where	
Recently published documents?	Yes. See the CT DPH web site.
Key search words	tuberculosis latent infection registry
DPH website location	www.ct.gov/dph/cwp/view.asp?a=3136&q=388568 also: www.ct.gov/dph/TB

Newborn Tracking System (NBTS)

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Why	
Purpose or mandate for data collection	Public Health Code 19a-55 mandates that all newborns born in Connecticut (CT) be screened for certain diseases and inborn errors of metabolism prescribed by the CT Department of Public Health (DPH). The aim of this program is to screen all babies born in CT prior to hospital discharge or within the first 4 days of life to identify infants at increased risk for selected metabolic or genetic diseases.
What	
Definition of a case or record in the database	Any newborn with a significant newborn screening result is entered into the database and followed until resolution. There is no database dictionary.
Population covered by the database	All CT newborns.
When	
When and how data are collected	Data regarding baby and mother are supplied to DPH by the birthing facility at the time of the blood sample submission. The DPH Laboratory then sends these data with any significant newborn screening results to the Newborn Screening Tracking Unit (Unit) for entry into the NBTS Database. The Unit maintains these data and adds additional information for evaluation and tracking.
When data are available for analysis and reporting	Continuously.
Most recent period for these data	2008 and part of 2009 (electronic database covers 1997 - present).
How	
Race and Hispanic ethnicity as data items	Six race categories and one Hispanic ethnicity category are choices for the respondent. More than one race category may not be selected.
Geographic units recorded	Patient mailing address is collected. Geocoded data are not currently available.
Available on DPH website?	Yes. Statistics and program information is posted on the website.
Where	
Recently published documents?	Yes. CT DPH, *Newborn Screening Program Statistics 1964-2003.*
Key search words	newborn blood screening, genetic and metabolic laboratory findings
DPH website location	www.ct.gov/dph/cwp/view.asp?a=3122&q=387742&dphNav_GID=1601

Safe Drinking Water Information System (SDWIS)	
CONTACT: Christopher D. Roy, B.S. PHONE: (860) 509-7320, E-MAIL: christopher.roy@ct.gov	
Why	
Purpose or mandate for data collection	To help Connecticut (CT) implement 40 CFR 141 & 142 – the National Primary and Secondary Drinking Water Regulations with authority from CT General Statute 19a-2a. The database tracks public water system inventory, water quality and compliance history.
What	
Definition of a case or record in the database	Information on each public drinking water system including contacts, water quality, violations, enforcement actions, location, facilities, etc. There is a data dictionary.
Population covered by the database	2,667 public drinking water systems serving approximately 2.7 million CT residents.
When	
When and how data are collected	Water quality data are reported electronically and updated on a daily basis. Information based on periodic field visits, telephone conversations, and written correspondence is also collected.
When data are available for analysis and reporting	Immediately.
Most recent period for these data	Data are reported and updated on a daily basis. Electronic database covers 2002 - present for water quality, and 1979 - present for violations.
How	
Race and Hispanic ethnicity as data items	Not applicable.
Geographic units recorded	Latitude and longitudinal information for a well, storage tank, or treatment plant.
Available on DPH website?	Limited information is available.
Where	
Recently published documents?	*Annual Compliance Report to EPA, Annual Organics Report to the Governor and General Assembly.*
Key search words	drinking water, safe water supplies
DPH website location	www.ct.gov/dph/publicdrinkingwater

Adult Blood Lead Epidemiology and Surveillance (ABLES)	
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Why	
Purpose or mandate for data collection	To collect reports of elevated blood lead levels among Connecticut (CT) adults. This database is an extension of the Childhood Lead Poisoning and Prevention Program Surveillance System data. Treatment and hazard abatement information is included. This effort is supported by federal Centers for Disease Control and Prevention (CDC) funding and mandated by CT General Statute Section 19a-110.
What	
Definition of a case or record in the database	A CT resident aged 19 or older with an elevated blood lead level of greater than or equal to 10 micrograms/dl reported. There is no data dictionary.
Population covered by the database	CT adult residents.
When	
When and how data are collected	Reports are received on an ongoing basis from health professionals, laboratories or local health departments either in paper form or electronically.
When data are available for analysis and reporting	Ongoing.
Most recent period for these data	Current (electronic database covers 1995-present).
How	
Race and Hispanic ethnicity as data items	Six race and three Hispanic ethnicity categories are choices for the respondent. More than one race category may not be selected.
Geographic units recorded	The complete mailing address of the patient is collected, as well as the name of the workplace, if applicable. Geocoded data are not available.
Available on DPH website?	Yes.
Where	
Recently published documents?	A summary report of data, *Putting Data To Work In Connecticut-A Five Year Review of Occupational Health Indicators 2000-2004* is available.
Key search words	lead poisoning, reportable disease
DPH website location	www.ct.gov/dph/lib/dph/environmental_health/eoha/pdf/indicatorswebreport.pdf also: www.ct.gov/dph/occupationalhealth

Carbon Monoxide Poisoning Surveillance (COPS)	
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Why	
Purpose or mandate for data collection	Connecticut (CT) General Statutes 19a-36 requires the collection of reports of elevated carboxyhemoglobin levels (carbon dioxide poisoning). Data on treatment and hazard abatement are also included. This effort is supported by federal Centers for Disease Control and Prevention (CDC) funding.
What	
Definition of a case or record in the database	Report of a CT resident with a carboxyhemoglobin level greater than or equal to 9%. There is no data dictionary.
Population covered by the database	CT residents.
When	
When and how data are collected	Reports are received on an ongoing basis from health professionals and laboratories using CT Department of Public Health (DPH) forms.
When data are available for analysis and reporting	Ongoing.
Most recent period for these data	Current (electronic database covers 2000-present).
How	
Race and Hispanic ethnicity as data items	Seven race and three Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected.
Geographic units recorded	The complete mailing address of the patient is collected, as well as the workplace address, if applicable. Geocoded data are available.
Available on DPH website?	Yes.
Where	
Recently published documents?	A summary report of data is available.
Key search words	CO poisoning, carbon dioxide, reportable disease
DPH website location	www.ct.gov/dph/cwp/view.asp?a=3140&q=421226&dphNav_GID=1826 also: www.ct.gov/dph/environmentalhealth

Childhood Lead Poisoning Prevention Program Surveillance System (CLPPP)	
CONTACT: Tsui-Min (Tracy) Hung, M.H.S., CLS(c) PHONE: (860) 509-8030, E-MAIL: tracy.hung@ct.gov	
Why	
Purpose or mandate for data collection	Connecticut (CT) General Statutes Section 19a-111i requires the collection of this information and annual reports to the CT General Assembly. The database is used to monitor childhood lead screening and lead case management including the child and the lead-contaminated environment. This effort is supported by federal Centers for Disease Control and Prevention (CDC) funding.
What	
Definition of a case or record in the database	An elevated blood lead level test of a CT resident age 16 or younger. There is no data dictionary.
Population covered by the database	CT residents under age 17.
When	
When and how data are collected	CT Department of Public Health (DPH) reporting forms OL-15c are received on an ongoing basis from health professionals, laboratories, and local health departments.
When data are available for analysis and reporting	Ongoing.
Most recent period for these data	Current (electronic database covers 1994-present).
How	
Race and Hispanic ethnicity as data items	Five race and two Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected.
Geographic units recorded	The complete mailing address of the patient is collected. Geocoded data are not available.
Available on DPH website?	Yes.
Where	
Recently published documents?	An annual comprehensive report on children - *Childhood Lead Poisoning in Connecticut* - as well as lead inspection and abatement materials are available.
Key search words	childhood lead poisoning, reportable disease, lead inspection
DPH website location	http://www.ct.gov/dph/cwp/view.asp?a=3140&q=387576 also: http://www.ct.gov/dph/lead

Foodborne Illness Complaint System

CONTACT: Joanne Houser, B.S.
PHONE: (860) 509-7297, E-MAIL: joanne.houser@ct.gov

Why	
Purpose or mandate for data collection	Used to track single cases of foodborne illness in Connecticut (CT). Follow up by regulatory authority is also recorded. This effort is supported by federal Centers for Disease Control and Prevention (CDC) funding.
What	
Definition of a case or record in the database	Any single case of possible foodborne illness from eating at a CT food service establishment (as defined in the state's Public Health Code Section 19-13-B42(7)). There is no data dictionary.
Population covered by the database	All CT residents or non-residents who ate at a CT foodservice establishment.
When	
When and how data are collected	Affected individuals usually contact the local health department or the CT Department of Public Health (DPH). Information is then recorded on the foodborne alert complaint form which then gets entered into the database as part of an epidemiological investigation, where warranted.
When data are available for analysis and reporting	Immediately.
Most recent period for these data	Current (electronic database covers 1/1/2005-present).
How	
Race and Hispanic ethnicity as data items	Six categories including five race and one Hispanic ethnicity category are choices for the respondent. More than one race/ethnicity category may be selected.
Geographic units recorded	The complete mailing address of the patient and the food service establishment are collected. Geocoded data are not available.
Available on DPH website?	No.
Where	
Recently published documents?	No.
Key search words	foodborne illness, salmonella, outbreak
DPH website location	www.ct.gov/dph/foodprotection

Mercury Poisoning Surveillance	
CONTACT: Deborah Pease, M.P.H. PHONE: (860) 509-7771, E-MAIL: deborah.pease@ct.gov	
Why	
Purpose or mandate for data collection	Connecticut (CT) General Statutes 19a-36 and 31-40A require laboratories and physicians to report elevated mercury levels of patients.
What	
Definition of a case or record in the database	Report of a CT resident or CT worker with a blood level greater than or equal to 1.5 ug/dL or a urine level greater than or equal to 35 ug/g creatinine. There is no data dictionary.
Population covered by the database	CT residents or non-residents working in CT.
When	
When and how data are collected	Reports are received on an ongoing basis from health professionals and laboratories using CT Department of Public Health (DPH) forms.
When data are available for analysis and reporting	Ongoing.
Most recent period for these data	Current. Latest complete year is 2009. (electronic database covers 1998-present)
How	
Race and Hispanic ethnicity as data items	Seven race and three Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected.
Geographic units recorded	The complete mailing address of the patient is collected. Geocoded data are available.
Available on DPH website?	Not yet, planned for 2010.
Where	
Recently published documents?	An annual summary report of data is available in the *CT Indicator Report*.
Key search words	mercury poisoning, mercury in environmental sources, reportable disease
DPH website location	www.ct.gov/dph/occupationalhealth also: www.ct.gov/dph/mercury

Occupational Injury and Illness Surveillance	
CONTACT: Albert DeLoreto, M.P.H. PHONE: (860) 509-7513, E-MAIL: albert.deLoreto@ct.gov	
Why	
Purpose or mandate for data collection	Connecticut (CT) General Statutes 31-40A requires that workplace injuries and illnesses be reported to the Department of Public Health (DPH). This database is used to collect reports of any CT workplace illness or injury. This effort is supported by federal Centers for Disease Control and Prevention (CDC) funding.
What	
Definition of a case or record in the database	Report of any CT workplace illness or injury. There is no data dictionary.
Population covered by the database	CT residents or non-residents working in CT.
When	
When and how data are collected	Reports are received on an ongoing basis from health professionals using CT Department of Public Health (DPH) forms.
When data are available for analysis and reporting	Ongoing.
Most recent period for these data	2008 (electronic database covers 1991-present).
How	
Race and Hispanic ethnicity as data items	Six race and three Hispanic ethnicity categories are choices for the respondent. More than one race category may be selected.
Geographic units recorded	The complete mailing address of the patient is collected, as well as the workplace address, if applicable. Geocoded data are not available.
Available on DPH website?	Yes.
Where	
Recently published documents?	A summary report of data, *Putting Data To Work In Connecticut-A Five Year Review of Occupational Health Indicators 2000-2004* is available.
Key search words	work-related illness, occupational injury, injury, workplace
DPH website location	www.ct.gov/dph/lib/dph/environmental_health/eoha/pdf/indicatorswebreport.pdf also: www.ct.gov/dph/occupationalhealth

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