Connecticut Department of Public Health

Connecticut Epidemiologist

Volume 40, No. 1 January 2020

Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings Changes for 2020

As required by Conn. Gen. Stat. §19a-2a and Conn. Agencies Regs. §19a-36-A2, the Commissioner of the Department of Public Health (DPH) is required to declare an annual list of Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings. The list of Reportable Diseases, Emergency Illnesses and Health Conditions has two parts: (A) reportable diseases; and (B) reportable emergency illnesses and conditions. An advisory committee, consisting of public health officials, clinicians, and laboratorians, contribute to the annual process. There are 2 additions and 1 removal from the healthcare provider list, and 1 addition and 2 modifications to the laboratory list. No changes have been made to emergency illnesses or health conditions.

Reportable disease and laboratory reporting forms are on the DPH "Forms" webpage at: https://portal.ct.gov/DPH/Communications/Forms/Forms.

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

Part A: Reportable Diseases

E-cigarette or vaping product use associated lung injury (EVALI)

Provider reporting of lung injury associated with e-cigarette or vaping product use has been added as a Category 2 finding. This change is made to contribute to national surveillance with a goal of understanding the epidemiology and causes of these injuries, and to inform public health control and prevention measures. Additional information: https://portal.ct.gov/DPH/Health-Education-Management--Surveillance/Tobacco/Vaping.

In this issue...

	Page #
Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings - Changes for 2020	1
List of Reportable Diseases, Emergency Illnesses and Health Conditions - 2020	2
List of Reportable Laboratory Findings - 2020	3
Persons Required to Report Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings	4

Hepatitis C, Perinatal Infection

Provider reporting of perinatal Hepatitis C infection has been added. Perinatal hepatitis C was added to the Centers for Disease Control and Prevention National Notifiable Conditions list in 2018. This addition will allow DPH to characterize the prevalence of perinatal HCV in Connecticut.

Carbon Monoxide Poisoning

Provider reporting of carbon monoxide (CO) poisoning has been removed. This change is being made to reduce the reporting burden for CO by providers. CO will remain a laboratory reportable finding to the DPH for only those laboratories with electronic reporting capabilities.

Changes to the List of Reportable Laboratory Findings

Respiratory Syncytial Virus

Laboratory reporting of respiratory syncytial virus (RSV) has been added. The DPH has been funded to conduct RSV surveillance to investigate the burden among and characteristics of children and adults hospitalized with RSV. Laboratories with electronic reporting capabilities to DPH are required to report all positive RSV reports to DPH. Laboratories in the process of ELR onboarding may be contacted periodically by DPH staff for electronic line lists of positive RSV reports.

(Continued on page 4)

REPORTABLE DISEASES, EMERGENCY ILLNESSES and HEALTH CONDITIONS - 2020
PART A: REPORTABLE DISEASES

Physicians, and other professionals are required to report using the Reportable Disease Confidential Case Report form (PD-23), other disease specific form or authorized method (see page 4 for additional information). Forms can be found on the DPH "Forms" webpage or by calling 860-509-7994. Mailed reports must be sent in envelopes marked "CONFIDENTIAL." Changes for 2020 are in **bold font** .

Category 1 Diseases: Report immediately by telephone (860-509-7994) on the day of recognition or strong suspicion of disease for those diseases marked with a telephone (☎). On evenings, weekends, and holidays call 860-509-8000. These diseases must also be reported by mail within 12 hours.

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

Acquired Immunodeficiency Syndrome (1,2)
Acute flaccid myelitis
☎ Acute HIV infection
☎ Anthrax
Babesiosis
Borrelia miyamotoi disease
☎ Botulism
☎ Brucellosis
California group arbovirus infection
Campylobacteriosis
Candida auris
Chancroid
Chickenpox
Chickenpox-related death
Chikungunya
Chlamydia (*C. trachomatis*) (all sites)
☎ Cholera
Cryptosporidiosis
Cyclosporiasis
Dengue
☎ Diphtheria
E-cigarette or vaping product use associated lung injury (EVALI)
Eastern equine encephalitis virus infection
Ehrlichia chaffeensis infection
Escherichia coli O157:H7 gastroenteritis
Gonorrhea
Group A Streptococcal disease, invasive (3)
Group B Streptococcal disease, invasive (3)
Haemophilus influenzae disease, invasive (3)
Hansen's disease (Leprosy)
Healthcare-associated Infections (4)
Hemolytic-uremic syndrome (5)
Hepatitis A
Hepatitis B:
- acute infection (2)
- HBsAg positive pregnant women

Hepatitis C:
- acute infection (2)
- **perinatal infection**
- positive rapid antibody test result

HIV-1 / HIV-2 infection in: (1)
- persons with active tuberculosis disease
- persons with a latent tuberculous infection (history or tuberculin skin test ≥5mm induration by Mantoux technique)
- persons of any age
- pregnant women

HPV: biopsy proven CIN 2, CIN 3 or AIS or their equivalent (1)
Influenza-associated death (6)
Influenza-associated hospitalization (6)
Legionellosis
Listeriosis
Lyme disease
Malaria
☎ Measles
☎ Melioidosis
☎ Meningococcal disease
Mercury poisoning
Mumps
Neonatal bacterial sepsis (7)
Neonatal herpes (≤ 60 days of age)
Occupational asthma
☎ Outbreaks:
- Foodborne (involving ≥ 2 persons)
- Institutional
- Unusual disease or illness (8)

Pertussis
☎ Plague
Pneumococcal disease, invasive (3)
☎ Poliomyelitis
Powassan virus infection
☎ Q fever
☎ Rabies
☎ Ricin poisoning
Rocky Mountain spotted fever
Rubella (including congenital)
Salmonellosis
☎ SARS-CoV
Shiga toxin-related disease (gastroenteritis)
Shigellosis
Silicosis
☎ Smallpox
St. Louis encephalitis virus infection
☎ Staphylococcal enterotoxin B pulmonary poisoning
☎ *Staphylococcus aureus* disease, reduced or resistant susceptibility to vancomycin (1)
Staphylococcus aureus methicillin-resistant disease, invasive, community acquired (3,9)
Staphylococcus epidermidis disease, reduced or resistant susceptibility to vancomycin (1)
Syphilis
Tetanus
Trichinosis
☎ Tuberculosis
☎ Tularemia
Typhoid fever
Vaccinia disease
☎ Venezuelan equine encephalitis virus infection
Vibrio infection (*parahaemolyticus, vulnificus*, other)
☎ Viral hemorrhagic fever
West Nile virus infection
☎ Yellow fever
Zika virus infection

FOOTNOTES: (NOTE: a footnote was removed, and have been renumbered)

1. Report only to State.
2. As described in the CDC case definition.
3. Invasive disease: from sterile fluid (blood, CSF, pericardial, pleural, peritoneal, joint, or vitreous) bone, internal body sites, or other normally sterile site including muscle.
4. Report HAIs according to current CMS pay-for-reporting or pay-for-performance requirements. Detailed instructions on the types of HAIs, facility types and locations, and methods of reporting are available on the DPH website: https://portal.ct.gov/DPH/Infectious-Diseases/HAI/Healthcare-Associated-Infections-and-Antimicrobial-Resistance.
5. On request from the DPH and if adequate serum is available, send serum from patients with HUS to the DPH Laboratory for antibody testing.
6. Reporting requirements are satisfied by submitting the Hospitalized and Fatal Cases of Influenza-Case Report Form in a manner specified by the DPH.
7. Clinical sepsis and blood or CSF isolate obtained from an infant ≤ 72 hours of age.
8. Individual cases of "significant unusual illness" are also reportable.
9. Community-acquired: infection present on admission to hospital, and person has no previous hospitalizations or regular contact with the health-care setting.

How to report: The PD-23 is the general disease reporting form and should be used if other specialized forms are not available. The PD-23 can be found on the DPH "Forms" webpage (https://portal.ct.gov/DPH/Communications/Forms/Forms). It can also be ordered by writing the Department of Public Health, 410 Capitol Ave., MS#11FDS, P.O. Box 340308, Hartford, CT 06134-0308 or by calling the Epidemiology and Emerging Infections Program (860-509-7994). Specialized reporting forms are available on the DPH "Forms" webpage or by calling the following programs: Epidemiology and Emerging Infections Program (860-509-7994) - Hospitalized and Fatal Cases of Influenza, Healthcare Associated Infections (860-509-7995) - National Healthcare Safety Network, HIV/AIDS Surveillance (860-509-7900) - Adult HIV Confidential Case Report form, Immunizations Program (860-509-7929) - Chickenpox Case Report (Varicella) form, Occupational Health Surveillance Program (860-509-7740) - Physician's Report of Occupational Disease, Sexually Transmitted Disease Program (860-509-7920), and Tuberculosis Control Program (860-509-7722). National notifiable disease case definitions are found on the CDC website.

Telephone reports of Category 1 disease should be made to the local Director of Health for the town in which the patient resides, and to the Epidemiology and Emerging Infections Program (860-509-7994). Tuberculosis cases should be directly reported to the Tuberculosis Control Program (860-509-7722). For the name, address, or telephone number of the local Director of Health for a specific town contact the Office of Local Health Administration (860-509-7660).

For public health emergencies on evenings, weekends, and holidays call 860-509-8000.

REPORTABLE LABORATORY FINDINGS—2020

The director of a clinical laboratory must report laboratory evidence suggestive of reportable diseases (see page 4 for additional information. The Laboratory Report of Significant Findings form (OL-15C) can be found on the DPH "Forms" webpage or by calling 860-509-7994. Changes for 2020 are in **bold font**.

Anaplasma phagocytophilum by PCR only
Babesia: ☐ IFA IgM (titer) _____ IgG (titer) _____
☐ Blood smear ☐ PCR ☐ Other _____
☐ *microti* ☐ *divergens* ☐ *duncani* ☐ Unspeciated
Bordetella pertussis (titer) _____
☐ Culture (1) ☐ Non-pertussis *Bordetella* (1) (specify) _____
☐ DFA ☐ PCR
Borrelia burgdorferi (2)
Borrelia miyamotoi
California group virus (3) spp _____
Campylobacter (3) spp_____ ☐ Culture ☐ PCR ☐ EIA
Candida auris **[report samples from all sites]** (1)
Candida spp. [blood isolates only]: _____ (1,3)
Carbapenem-resistant *Acinetobacter baumannii* (CRAB) (1,4)
Carbapenem-resistant Enterobacteriaceae (CRE) (1,3,4)
Genus _____ spp_____
Carboxyhemoglobin ≥ 5% (2) _____% COHb
Chikungunya virus
Chlamydia trachomatis (test type) _____
Clostridium difficile (5)
Corynebacterium diphtheria (1)
Cryptosporidium spp (3) _____ ☐ PCR ☐ DFA ☐ EIA
☐ Microscopy ☐ Other:_____
Cyclospora spp (3) _____ ☐ PCR ☐ Microscopy ☐ Other:_____
Dengue virus
Eastern equine encephalitis virus
Ehrlichia chaffeensis **☐ PCR ☐ IgG titers ≥1:128 only ☐ Culture**
Enterotoxigenic *Escherichia coli* (ETEC) ☐ Culture ☐ PCR
Escherichia coli O157 (1) ☐ Culture ☐ PCR
Giardia spp (3) _____
Group A *Streptococcus*, invasive (1,4) ☐ Culture ☐ Other _____
Group B *Streptococcus*, invasive (1,4) ☐ Culture ☐ Other _____
Haemophilus ducreyi
Haemophilus influenzae, invasive (1,4) ☐ Culture ☐ Other _____
Hepatitis A virus (HAV): ☐ IgM anti-HAV (7) ☐ NAAT Positive (6)
ALT _____ Total Bilirubin _____ ☐ Not Done
Hepatitis B HBsAg ☐ Positive ☐ Negative (7)
☐ IgM anti-HBc ☐ HBeAg (2) ☐ HBV DNA (2)
anti-HBs (7) ☐ Positive (titer) _____ ☐ Negative
Hepatitis C virus (HCV) (8) ☐ Antibody_____
☐ PCR/NAAT/RNA _____ ☐ Genotype specify _____
Herpes simplex virus (infants ≤ 60 days of age)
☐ Culture ☐ PCR ☐ IFA ☐ Ag detection
HIV Related Testing (report only to the State) (9)
☐ Detectable Screen (IA)
Antibody Confirmation (WB/IFA/Type-diff) (9)
HIV 1 ☐ Positive ☐Neg/Ind HIV 2 ☐Positive ☐ Neg/Ind
☐ HIV NAAT (or qualitative RNA) ☐ Detectable ☐ Not Detectable
☐ HIV Viral Load (all results) (9) _____ copies/mL
☐ HIV genotype (9)
☐ CD4 count: _____ cells/uL; _____% (9)
HPV (report only to the State) (10)
Biopsy proven ☐ CIN 2 ☐ CIN 3 ☐ AIS
or their equivalent, (specify) _____
Influenza virus: (report only to State) ☐ Rapid antigen (2) ☐ RT-PCR
☐ Type A ☐ Type B ☐ Type Unknown
☐ Subtype _____
Lead poisoning (blood lead ≥10 µg/dL <48 hrs; 0-9 µg/dL monthly) (11)
☐ Finger stick level _____ µg/dL ☐ Venous level _____ µg/dL

***Legionella* spp (1)** _____
☐ Culture ☐ DFA ☐ Ag positive
☐ Four-fold serologic change (titers) _____
Listeria monocytogenes (1) ☐ Culture ☐ PCR
Mercury poisoning
☐ Urine ≥ 35 µg/g creatinine _____ µg/g
☐ Blood ≥ 15 µg/L _____ µg/L
Mumps virus (12) (titer) _____ ☐ PCR
Mycobacterium leprae
Mycobacterium tuberculosis Related Testing (1)
AFB Smear ☐ Positive ☐ Negative
If positive ☐ Rare ☐ Few ☐ Numerous
NAAT ☐ Positive ☐ Negative ☐ Indeterminate
Culture ☐ *Mycobacterium tuberculosis*
☐ Non-TB mycobacterium. (specify *M.* _____)
Neisseria gonorrhoeae (test type) _____
Neisseria meningitidis, invasive (1,4)
☐ Culture ☐ Other _____
Neonatal bacterial sepsis (3,13) spp _____
Plasmodium (1,3) spp _____
Poliovirus
Powassan virus
Rabies virus
Rickettsia rickettsia **☐ PCR ☐ IgG titers ≥1:128 only ☐ Culture**
Respiratory syncytial virus (2)
Rubella virus (12) (titer) _____
Rubeola virus (Measles) (12) (titer) _____ ☐ PCR
St. Louis encephalitis virus
Salmonella (1,3) (serogroup & type) _____ ☐ Culture ☐ PCR
SARS-CoV (1) ☐ IgM/IgG
☐ PCR _____ (specimen) ☐ Other _____
Shiga toxin (1) ☐ Stx1 ☐ Stx2 ☐ Type Unknown
☐ PCR ☐ EIA
Shigella (1,3) (serogroup/spp) _____ ☐ Culture ☐ PCR
Staphylococcus aureus, invasive (4) ☐ Culture ☐ Other _____
☐ methicillin-resistant ☐ methicillin-sensitive
Staphylococcus aureus, vancomycin MIC ≥ 4 µg/mL (1)
MIC to vancomycin_____ µg/mL
Staphylococcus epidermidis, vancomycin MIC ≥ 32 µg/mL (1)
MIC to vancomycin _____ µg/mL
Streptococcus pneumoniae
☐ Culture (1,4) ☐ Urine antigen ☐ Other (4) _____
Treponema pallidum ☐ RPR (titer) _____ ☐ FTA ☐ EIA
☐ VDRL (titer) _____ ☐ TPPA
Trichinella
Varicella-zoster virus, acute
☐ Culture ☐ PCR ☐ DFA ☐ Other _____
Vibrio (1,3) spp _____ ☐ Culture ☐ PCR
West Nile virus
Yellow fever virus
Yersinia, not *pestis* (1,3) spp _____ ☐ Culture ☐ PCR
Zika virus

BIOTERRORISM at first clinical suspicion (14)

Bacillus anthracis (1)	*Brucella* spp (1)
Burkholderia mallei (1)	*Burkholderia pseudomallei* (1)
Clostridium botulinum	*Coxiella burnetii*
Francisella tularensis	Ricin
Staphylococcus aureus - enterotoxin B	Variola virus (1)
Venezuelan equine encephalitis virus	
Viral agents of hemorrhagic fevers	*Yersinia pestis* (1)

1. Send isolate/specimen to DPH Laboratory. **Send laboratory report (electronic or paper) on first identification of an organism. For CRE/CRAB, send laboratory report if carbapenem resistance is suggested by laboratory antimicrobial testing.** For GBS, send isolate for cases <1 year of age. For *Salmonella*, *Shigella*, *Vibrio*, and Yersinia (not pestis) tested by non-culture methods, send isolate if available; send stool specimen if no isolate available. For Shiga toxin-related disease, send positive broth or stool specimen.
2. Only laboratories with electronic file reporting are required to report positive results.
3. Specify species/serogroup/serotype.
4. Sterile site: sterile fluids (blood, CSF, pericardial, pleural, peritoneal, joint, or vitreous), bone, internal body site (lymph node, brain, heart, liver, spleen, kidney, pancreas, or ovary), or other normally sterile site including muscle. For CRE and CRAB, also include urine or sputum; for CRAB also include wounds.
5. Upon request from the DPH, report all *C. difficile* positive stool samples.
6. Report peak ALT and Total Bilirubin results if conducted within one week of HAV positive test, if available. Otherwise, check "Not Done".
7. Negative HBsAg and all anti-HBs results only reportable for children ≤ 2 years old.
8. Report positive Antibody, and all RNA and Genotype results. Negative RNA results only reportable by electronic reporting.
9. Report all HIV antibody, antigen, viral load, and qualitative NAAT results. HIV genotype (DNA sequence) and all CD4 results are only reportable by electronic file.
10. Upon request from the DPH, send fixed tissue from the diagnostic specimen for HPV typing.
11. Report results ≥ 10 µg/dL within 48 hours to the Local Health Department and DPH; submit ALL lead results at least monthly to DPH only.
12. Report all IgM positive titers, only report IgG titers considered significant by laboratory performing the test.
13. Report all bacterial isolates from blood or CSF from infants ≤ 72 hours of age.
14. Call the DPH, weekdays 860-509-7994; evenings, weekends, and holidays 860-509-8000.

Ehrlichia chaffeensis

Laboratory reporting of *Ehrlichia chaffeensis* has been modified. Laboratories should report both positive PCR results and serologic titers of ≥1:128 only, or paired results showing a 4-fold or greater increase.

Legionella spp.

Laboratory reporting of *Legionella spp.* has been modified. Laboratories should submit all *Legionella* spp. clinical isolates to the State Public Health Laboratory.

Clarifications to Laboratory Reportable Findings

***Legionella* spp**: Accepted test types include Culture, DFA, Ag positive, four-fold serologic change, and PCR.

Rickettsia rickettsii: Accepted test types include PCR, Culture, and IgG test results of ≥128 only.

For Public Health Emergencies
After 4:30 P.M., on Weekends or Holidays
Call the Department of Public Health at

860-509-8000

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

1. Every health care provider who treats or examines any person who has or is suspected to have a reportable disease, emergency illness or health condition shall report the case to the local director of health or other health authority within whose jurisdiction the patient resides and to the Department of Public Health.
2. If the case or suspected case of reportable disease, emergency illness or health condition is in a health care facility, the person in charge of such facility shall ensure that reports are made to the local director of health and Department of Public Health. The person in charge shall designate appropriate infection control or record keeping personnel for this purpose.
3. If the case or suspected case of reportable disease, emergency illness or health condition is not in a health care facility, and if a health care provider is not in attendance or is not known to have made a report within the appropriate time, such report of reportable disease, emergency illness or health condition shall be made to the local director of health or other health authority within whose jurisdiction the patient lives and the Department of Public Health by:
   A. the administrator serving a public or private school or day care center attended by any person affected or apparently affected with such disease, emergency illness or health condition;
   B. the person in charge of any camp;
   C. the master or any other person in charge of any vessel lying within the jurisdiction of the state;
   D. the master or any other person in charge of any aircraft landing within the jurisdiction of the state;
   E. the owner or person in charge of any establishment producing, handling, or processing dairy products, other food or non-alcoholic beverages for sale or distribution;
   F. morticians and funeral directors

Persons Required to Report Reportable Laboratory Findings

The director of a laboratory that receives a primary specimen or sample, which yields a reportable laboratory finding, shall be responsible for reporting such findings within 48 hours to the local director of health of the town in which the affected person normally resides. In the absence of such information, the reports should go to the town from which the specimen originated and to the Department of Public Health.

IMPORTANT NOTICE

Persons required to report must use the Reportable Disease Confidential Case Report Form PD-23 to report Reportable Diseases, Emergency Illnesses and Health Conditions on the current list unless there is a specialized reporting form or other authorized method available. The director of a clinical laboratory must report laboratory evidence suggestive of reportable diseases using the Laboratory Report of Significant Findings Form OL-15C or other approved format by the DPH. Reporting forms can be found on the DPH "Forms" webpage: (https://portal.ct.gov/DPH/Communications/Forms/Forms) or by calling 860-509-7994. Please follow these guidelines when submitting reports:

- Mailed documents must have "CONFIDENTIAL" marked on the envelope.
- All required information on the form must be completed, including name, address, and phone number of person reporting and healthcare provider, infectious agent, test method, date of onset of illness, and name, address, date of birth, race, ethnicity, gender, and occupation of patient.
- Send one copy of completed report to the DPH via fax (860-509-7910), or mail to: Connecticut Department of Public Health, 410 Capitol Ave., MS#11FDS, P.O. Box 340308, Hartford, CT 06134-0308.
- Unless otherwise noted, send one copy of the completed report to the Director of Health of the patient's town of residence.
- Keep a copy in the patient's medical record.

Renée D. Coleman-Mitchell, MPH
Commissioner of Public Health

Matthew L. Cartter, MD, MPH
State Epidemiologist

Lynn Sosa, MD
Deputy State Epidemiologist

Epidemiology and Emerging Infections	860-509-7995
Healthcare Associated Infections	860-509-7995
HIV & Viral Hepatitis	860-509-7900
Immunizations	860-509-7929
Sexually Transmitted Diseases (STD)	860-509-7920
Tuberculosis Control	860-509-7722

Connecticut Epidemiologist

Editor: Matthew L. Cartter, MD, MPH

Assistant Editor: Jocelyn Mullins, DVM, MPH, PhD

Assistant Editor & Producer:
Starr-Hope Ertel