Updated Reportable Diseases and Laboratory Significant Findings Changes for 2023

The end of the federal Public Health Emergency (PHE) declaration for COVID-19 is May 11, 2023. Changes are needed to the List of Reportable Diseases, Emergency Illnesses and Health Conditions and the List of Reportable Laboratory Findings to ensure continuity of surveillance data and to align with federal reporting requirements.

Effective May 11, 2023, pursuant to Section 19a-2a of the Connecticut General Statutes and Sections 19a-215 and 19a-36-A7 of the Regulations of Connecticut State Agencies, Manisha Juthani, MD, Commissioner of the Connecticut Department of Public Health (DPH) will amend the List of Reportable Diseases, Emergency Illnesses and Health Conditions and the List of Reportable Laboratory Findings as follows:

1. Adding ‘COVID-19 Deaths’ to the List of Reportable Diseases

Previously COVID-19 deaths were reportable to the Office of the Chief Medical Examiner (OCME) due to the ongoing PHE. With the expiration of the federal PHE, OCME will transition COVID-19 death reporting to DPH.

COVID-19 deaths shall be a Category 2 condition and must be reported electronically or by fax within 12 hours. A hospital infection preventionist entering a case in CTEDSS (where applicable) satisfies the reporting requirement. The DPH Reportable Disease Confidential Case Report Form PD-23 shall be used to collect initial information on cases where COVID-19 is certified as the cause of death. Providers should continue using CDC guidance for Certifying Deaths due to COVID-19 when evaluating if COVID-19 is the cause of death in patients infected with SARS-CoV-2 virus. DPH will share the report with the local health department for the town where the case patient resides and will follow up with the provider as needed to collect additional information. Completed PD-23 Case Report Forms may be reported by fax to (860) 920-3131.

2. Removing ‘Negative SARS-CoV-2’ results from List of Reportable Laboratory Findings

On June 4, 2020, the US Department of Health and Human Services issued guidance requiring the reporting of positive and negative test results for SARS-CoV-2; this guidance will expire with the end of the federal PHE on May 11. Negative SARS-CoV-2 results will be removed from the List of Reportable Laboratory Findings. No change will be made to the reporting of positive SARS-CoV-2 results. Positive antigen and PCR/NAAT results will continue to be reportable. Locations testing for SARS-CoV-2 are encouraged to use electronic reporting methods to send positive results to DPH.

Healthcare providers can refer questions about COVID-19 reporting to the DPH Epidemiology and Emerging Infections Program at (860) 509-7994 or DPH.eeip@ct.gov. Questions related to electronic laboratory reporting may be directed to DPH.InformaticsLab@ct.gov.

CONTACT INFORMATION

Connecticut Department of Public Health
Infectious Diseases Section
410 Capitol Avenue/MS#11FDS
Hartford, CT 06134
Phone: 860-509-7995
Fax: 860-509-7910

INSIDE

Updated Reportable Diseases and Laboratory Significant Findings Changes for 2023
Updated List of Reportable Diseases, Emergency Illnesses and Health Conditions—2023
Updated List of Reportable Laboratory Findings—2023
Persons Required to Report Significant Findings

Page
10
12
13
14
REPORTABLE DISEASES, EMERGENCY ILLNESSES and HEALTH CONDITIONS – 2023
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. Changes for 2023 are in bold font.

**Category 1 Diseases:** For diseases marked with a ( ) report to DPH at 860-509-7994 the day of recognition or strong suspicion. On evenings, weekends, and holidays call (860) 509-8000. A PD-23 must also be submitted within 12 hours.

**Category 2 Diseases:** All other diseases do not require a phone call but must be reported electronically or by fax within 12 hours.

<table>
<thead>
<tr>
<th>Category</th>
<th>Disease</th>
<th>Reporting Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 1</td>
<td>Acquired Immunodeficiency Syndrome</td>
<td>Report only to DPH.</td>
</tr>
<tr>
<td></td>
<td>HIV infection (Acute)</td>
<td>As described in the CDC case definition (<a href="https://ndc.services.cdc.gov/">https://ndc.services.cdc.gov/</a>).</td>
</tr>
<tr>
<td></td>
<td>Anthrax</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Babesiosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Borrelia miyamotoi disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Botulism</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Brucellosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>California group arbovirus infection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Campylobacteriosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Candida auris</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chancroid</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chickenpox</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chickenpox-related death</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chickenunguia Chlamydia (C. trachomatis)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cholera</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Congenital Syphilis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>COVID-19 Deaths</td>
<td></td>
</tr>
<tr>
<td></td>
<td>COVID-19 Hospitalizations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cryptosporidiosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cyclosporiasis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dengue</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diphtheria</td>
<td>E-cigarette or vaping product use associated lung injury (EVALI)</td>
</tr>
<tr>
<td></td>
<td>Ehrlichia chaffeensis infection</td>
<td>eastern equine encephalitis virus infection</td>
</tr>
<tr>
<td></td>
<td>Escherichia coli O157:H7 infection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gonorrhea</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group A Streptococcal disease, invasive (3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group B Streptococcal disease, invasive (3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Haemophilus influenzae disease, invasive (3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hansen’s disease (Leprosy)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Healthcare-associated Infections</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hemolytic-uremic syndrome (5)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hepatitis A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hepatitis B:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acute flaccid myelitis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acute flaccid paralysis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HIV infection (Acute)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anthrax</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Babesiosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Borrelia miyamotoi disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Botulism</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Brucellosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>California group arbovirus infection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Campylobacteriosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Candida auris</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chancroid</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chickenpox</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chickenpox-related death</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chickenunguia</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chlamydia (C. trachomatis)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cholera</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Congenital Syphilis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>COVID-19 Deaths</td>
<td></td>
</tr>
<tr>
<td></td>
<td>COVID-19 Hospitalizations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cryptosporidiosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cyclosporiasis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dengue</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diphtheria</td>
<td>E-cigarette or vaping product use associated lung injury (EVALI)</td>
</tr>
<tr>
<td></td>
<td>Eastern equine encephalitis virus infection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ehrlichia chaffeensis infection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Escherichia coli O157:H7 infection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gonorrhea</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group A Streptococcal disease, invasive (3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group B Streptococcal disease, invasive (3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Haemophilus influenzae disease, invasive (3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hansen’s disease (Leprosy)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Healthcare-associated Infections</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hemolytic-uremic syndrome (5)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hepatitis A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hepatitis B:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acute infection (2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HBsAg positive pregnant women</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hepatitis C:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acute infection (2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Perinatal infection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Positive rapid antibody test result</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HIV-1 / HIV-2 infection: (1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Persons with active tuberculosis disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Persons with a latent tuberculosis infection (history or tuberculin skin test ≥5 mm induration by Mantoux technique)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Persons of any age</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pregnant women</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HPV: biopsy proven CIN 2, CIN 3 or AIS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Or their equivalent (1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Influenza-associated death (6)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Influenza-associated hospitalization (6)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Legionellosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Listeriosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lyme disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Malaria</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Measles</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Meningococcal disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Meningococcal pneumonia</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mumps</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neonatal bacterial sepsis (7)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Occupational asthma</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outbreaks:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Foodborne (involved ≥ 2 persons)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Institutional</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unusual disease or illness (8)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pertussis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Plague</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pneumococcal disease, invasive (3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Poliomyelitis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Powassan virus infection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Q fever</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rabies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ricin poisoning</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rocky Mountain spotted fever</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rubella (including congenital)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Salmonellosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shiga toxin-related disease (gastroenteritis)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shigellosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Silicosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Smallpox</td>
<td></td>
</tr>
<tr>
<td></td>
<td>St. Louis encephalitis virus infection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Staphylococcal enterotoxin B pulmonary poisoning</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Staphylococcus aureus disease, reduced or resistant susceptibility to vancomycin (1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Staphylococcus aureus methicillin-resistant disease, invasive, community acquired (3,9)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Staphylococcus epidermidis disease, reduced or resistant susceptibility to vancomycin (1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Syphilis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tetanus</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trichinosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tuberculosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tularemia</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Typhoid fever</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vaccinia disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Venezuelan equine encephalitis virus infection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vibrio infection (parahaemolyticus, vulnificus, other)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Viral hemorrhagic fever</td>
<td></td>
</tr>
<tr>
<td></td>
<td>West Nile virus infection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yellow fever</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Zika virus infection</td>
<td></td>
</tr>
</tbody>
</table>

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

1. Report only to DPH.
2. As described in the CDC case definition (https://ndc.services.cdc.gov/).
3. Invasive disease: from sterile fluid (blood, CSF, pericardial, pleural, peritoneal, joint, or vitreous), bone, internal body sites, or other normally sterile sites 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.
5. On request from the DPH and if adequate serum is available, send serum from patients with HIV to the DPH Laboratory for antibody testing.
6. Reporting requirements are satisfied by hospitals IPs entering cases into CTEDESS. Please email dph.ctedss@ct.gov with questions.
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). Specialized reporting forms are also available on the DPH "Forms" webpage and should be used for the following: Hospitalized and Fatal Cases of Influenza, National Healthcare Safety Network, Adult HIV Confidential Case Report, Chickenpox (Varicella) Case Report, Physician’s Report of Occupational Disease, Sexually Transmitted Diseases (STD-23), Tuberculosis Surveillance Report, and the E-cigarette or Vaping Product Associated Lung Injury Case Report.

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 – 2023

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. Changes for 2023 are in bold font.

**Anaplasma phagocytophilum** by PCR only

- Babesia: IFA
  - microi
  - Blood smear: PCR or Other
  - culture
  - PCR
  - DFA
  - EIA

**Bordetella pertussis**

- culture
  - Non-pertussis Bordetella (1)
  - PCR
  - DFA

**Borreli a burgdorferi**

- Borrelia miyamotoi
  - California group virus (2) spp
  - Borrelia burgdorferi
  - Borrelia burgdorferi
  - Borrelia burgdorferi
  - Borrelia burgdorferi
  - Borrelia burgdorferi

**Campylobacter**

- Campylobacter (2) spp
  - culture
  - PCR
  - DFA
  - EIA

**Candida auris**

- Candida spp. [Blood isolates only]: (1, 2)

**Carbenapen-resistant Acinetobacter baumannii (CRAB)**

- Carbenapen-resistant Enterobacteriaceae (CRE) (1, 2, 3)
  - Genus
  - spp

**Carbenapen-resistant Pseudomonas aeruginosa (CRPA)**

- California group virus (2) spp
  - Carbapenem
  - Carbapenem
  - Carbapenem

**Chlamydia trachomatis** (test type)

**Clostridium difficile** (4)

**Corynebacterium diphtheriae** (1)

**Cryptopsporidium** (2)

- Microscopy
  - Other
  - PCR
  - DFA
  - EIA

**Cyclospora**

- Cyclospora (2)
  - PCR
  - Microscopy
  - Other

**Enterovirus**

- Eastern equine encephalitis virus
  - Ehrlichia chaffensis
  - PCR
  - IgG titers ≥1:128 only
  - PCR
  - Enterotoxigenic Escherichia coli (ETEC)

**Escherichia coli**

- O157
  - PCR
  - Other

**Giardia spp**

- Group A Streptococcus, invasive (1, 3)
  - Group B Streptococcus, invasive (1, 3)
  - Haemophilus ducreyi
  - Haemophilus influenzae, invasive (1, 3)
  - Culture
  - Culture
  - Culture

**Hepatitis A virus (HAV):**

- IgM anti-HAV (7)
  - NAAT Positive (5)
  - ALT
    - Total Bilirubin
      - Not Done

**Hepatitis B virus (HBV):**

- HBsAg
  - Positive
  - Negative (6)
  - IgM anti-HBe
  - IgM anti-HBe
  - HBV DNA
  - Positive (6)
  - Other

**Hepatitis C virus (HCV):**

- Antibody
  - PCR/NAAT/RNA
  - Genotype specify

**Herpes simplex virus (infants ≤ 60 days of age):**

- Culture
  - Culture
  - IFA
  - Ag detection

**HIV Related Testing (report only to the State):**

- Detectable Screen (EI) (8)
  - Antibody Confirmation (WB/IFA/Type-diff) (8)
  - HIV 1
    - Positive
    - Neg/Ind
  - HIV 2
    - Positive
    - Neg/Ind
  - HIV NAAT (or qualitative RNA)
    - Detectable
    - Not Detectable
  - HIV Viral Load (all tests) (8)
    - copies/mL
  - HIV genotype (8)
  - CD4 count (cells/µL; % (8)

**HPV (report only to the State):**

- Biopsy proven
  - CIN 2
  - CIN 3
  - AIS
  - or their equivalent, (specify)

**Influenza virus: (report only to State):**

- Rapid antigen
  - RT-PCR
  - Type A
  - Type B
  - Type Unknown
  - Subtype

**Legionella spp**

- Phenotyping
  - DFA
  - Subtyping
  - PCR

**Listeria monocytogenes**

- Culture
  - Ag positive
  - Four-fold serologic change (titers)

**Mercury poisoning:**

- Urine ≥ 35 µg/dL
  - Creatinine
  - µg/g
  - Blood ≥ 15 µg/L
  - µg/L

**Monkeypox**

- PCR
  - IgM anti-MPXV
  - Sequencing

**Orthopoxivirus**

- PCR
  - IHC
  - Sequencing

**Non-variola orthopoxivirus**

- PCR

**Mumps virus (11)**

- PCR

**Mycobacterium leprae**

**Mycobacterium tuberculosis Related Testing (1)**

- AFB Smear
  - Positive
  - Negative
  - If positive
  - Rare
  - Few
  - Numerous
  - NAAT
  - Positive
  - Negative
  - Indeterminate

**Culture**

- Non-TB mycobacterium. (specify M.)

**Neisseria gonorrhoeae**

- Chlamydia trachomatis
  - Test type

**Neisseria meningitidis**

- Culture
  - Other

**Neonatal bacterial sepsis (3,12)**

- Group B Streptococcus, invasive (1, 3)
  - Poliovirus
  - Powassan virus
  - Rabies virus

**Rickettsia rickettsia**

- PCR
  - IgG titers ≥1:128 only
  - Culture

**Respiratory syncytial virus**

- Culture

**Rubella virus**

- PCR
  - Rubeola virus (Measles) (11)
  - PCR

**Salmonella**

- SARS-CoV (1)
  - IgM/IgG
  - Other

**SARS-CoV-2**

- PCR
  - Other
  - Antibody
  - PCR
  - Other

**Shiga toxin (1)**

- PCR
  - Other
  - Type Unknown

**Staphylococcus aureus**

- Stx1
  - Stx2
  - Type Unknown
  - PCR
  - DFA
  - EIA

**Streptococcus pneumoniae**

- Culture
  - Urine
  - Antigen
  - Other

**Trichinella**

- Trichinella
  - Varicella-zoster virus
  - PCR
  - DFA
  - Other
  - Vihrio (1, 2) spp
  - PCR
  - PCR
  - West Nile virus

**Yellow fever virus**

- Yellow fever virus

**T. gondii**

- T. gondii
  - PCR
  - Other

**T. cruzi**

- PCR
  - Other

**T. pallidum (1)**

- RPR (titer)
  - FTA
  - EIA
  - TPHA

**V. cholerae**

- Brucella spp (1)
  - Burkholderia pseudomallei (1)
  - Coxella burnetii
  - Ricin
  - Venezuelan equine encephalitis virus
  - Variola virus (1)
  - Ternisia pestis (1)

**V. parahaemolyticus**

**V. cholerae**

**V. vulnificus**

- PCR
  - Other

**V. vulnificus**

- V. vulnificus
  - PCR
  - Other

**V. vulnificus**

- PCR
  - Other

**V. vulnificus**

- PCR
  - Other

**V. vulnificus**

- PCR
  - Other

Other

1. Send isolate/specimen to DPH Laboratory. Send laboratory report (electronic or paper) on first identification of an organism. For CRE/CRAB, and CRPA, send laboratory report if carbapenem resistance is suggested by laboratory antimicrobial testing; include antimicrobial test results with report. For GBS, send isolate for cases ≤1 year of age. For Salmonella, Shigella, V. Cholera, and T. gondii (not tested) report by non-culture methods, send isolate if available; for stool specimen if no isolate available. For Shiga toxin related disease, send positive broth or stool specimen.

2. Species specificity/serogroup/serotype.

3. Sterile site: sterile fluids (blood, CSF, pericardial, pleural, peritoneal, joint, or uterine), bone, internal body site (lymph node, brain, heart, liver, spleen, kidney, pancreas, or ovary), or other normally sterile site including muscle. For CRE, CRAB, and CRPA also include urine or sputum; for CRAB and CRPA also include wounds.

4. Upon request from the DPH, report all C difficile positive stool samples.

5. Report peak ALT and Total Bilirubin results if conducted within one week of HAV positive test, if available. Otherwise, check “Non Done”.

6. Negative HBsAg and all anti-HBs results only reportable for children ≤ 2 years old.

7. Shiga toxin positive Antibody, and all RNA and Genotype results. Negative RNA results not reportable by electronic reporting.

8. Report all positive HIV antibody, antigen, viral load, and qualitative NAAT results. HIV genotype (DNA sequence) and all CD4 results are only reportable by electronic file reporting.

9. Upon request from the DPH, send fixed tissue from the diagnostic specimen for HPV typing.

10. Report results ≥ 3.5 µg/dL within 48 hours to the Local Health Department and DPH; submit ALL lead results at least monthly to DPH only.

11. Report all IgM positive titers, only report IgG titers considered significant by laboratory performing the test.

12. Report all bacterial isolates from blood or CSF from infants ≤ 72 hours of age.

13. Call the DPH, weekdays 860-509-7994; evenings, weekends, and holidays 860-509-8000.
IMPORTANT NOTICE

The Reportable Disease Confidential Case Report Form PD-23 can be used to report conditions on the current list, unless there is a specialized form or other authorized method. The Laboratory Report of Significant Findings form OL-15C can be used by staff of clinical laboratories to report evidence suggestive of reportable diseases or other approved format by DPH. Reporting forms can be found at: (https://portal.ct.gov/DPH/Communications/Forms/Forms). Please follow these guidelines when submitting written reports:

• Forms must include 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.

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 the 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. Reports must include name, address, contact phone number, date of birth, race, ethnicity, gender, and occupation of patient.

IMPORTANT NOTICE

The Reportable Disease Confidential Case Report Form PD-23 can be used to report conditions on the current list, unless there is a specialized form or other authorized method. The Laboratory Report of Significant Findings form OL-15C can be used by staff of clinical laboratories to report evidence suggestive of reportable diseases or other approved format by DPH. Reporting forms can be found at: (https://portal.ct.gov/DPH/Communications/Forms/Forms). Please follow these guidelines when submitting written reports:

• Forms must include 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 the completed form to DPH via fax (860-920-3131)