

## 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

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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](mailto:DPH.eeip@ct.gov). Questions related to electronic laboratory reporting may be directed to [DPH.InformaticsLab@ct.gov](mailto:DPH.InformaticsLab@ct.gov).

#### CONTACT INFORMATION

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## 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.

Acquired Immunodeficiency Syndrome (1,2)	Hepatitis B:	Pneumococcal disease, invasive (3)
Acute flaccid myelitis	▪ acute infection (2)	☎ Poliomyelitis
☎ HIV infection (Acute)	▪ HBsAg positive pregnant women	Powassan virus infection
☎ Anthrax	Hepatitis C:	☎ Q fever
Babesiosis	▪ acute infection (2)	☎ Rabies
<i>Borrelia miyamotoi</i> disease	▪ perinatal infection	☎ Ricin poisoning
☎ Botulism	▪ positive rapid antibody test result	Rocky Mountain spotted fever
☎ Brucellosis	HIV-1 / HIV-2 infection in: (1)	Rubella (including congenital)
California group arbovirus infection	▪ persons with active tuberculosis disease	Salmonellosis
Campylobacteriosis	▪ persons with a latent tuberculous	Shiga toxin-related disease (gastroenteritis)
<i>Candida auris</i>	infection (history or tuberculin skin test	Shigellosis
Chancroid	≥5mm induration by Mantoux	Silicosis
Chickenpox	technique)	☎ Smallpox
Chickenpox-related death	▪ persons of any age	St. Louis encephalitis virus infection
Chikungunya	▪ pregnant women	☎ Staphylococcal enterotoxin B pulmonary
Chlamydia ( <i>C. trachomatis</i> ) (all sites)	HPV: biopsy proven CIN 2, CIN 3 or AIS	poisoning
☎ Cholera	or their equivalent (1)	☎ <i>Staphylococcus aureus</i> disease, reduced or
☎ Congenital Syphilis	Influenza-associated death (6)	resistant susceptibility to vancomycin (1)
COVID-19 (SARS-CoV-2 Coronavirus)	Influenza-associated hospitalization (6)	<i>Staphylococcus aureus</i> methicillin-
<b>COVID-19 Deaths</b>	Legionellosis	resistant disease, invasive, community
COVID-19 Hospitalizations	Listeriosis	acquired (3,9)
Cryptosporidiosis	Lyme disease	<i>Staphylococcus epidermidis</i> disease,
Cyclosporiasis	Malaria	reduced or resistant susceptibility
Dengue	☎ Measles	to vancomycin (1)
☎ Diphtheria	☎ Melioidosis	Syphilis
E-cigarette or vaping product use	☎ Meningococcal disease	Tetanus
associated lung injury (EVALI)	Mercury poisoning	Trichinosis
Eastern equine encephalitis virus infection	Mpox disease	☎ Tuberculosis
<i>Ehrlichia chaffeensis</i> infection	Multisystem inflammatory syndrome in	☎ Tularemia
<i>Escherichia coli</i> O157:H7 infection	children (MIS-C)	Typhoid fever
Gonorrhea	Mumps	Vaccinia disease
Group A Streptococcal disease, invasive (3)	Neonatal bacterial sepsis (7)	☎ Venezuelan equine encephalitis virus
Group B Streptococcal disease, invasive (3)	Occupational asthma	infection
<i>Haemophilus influenzae</i> disease, invasive (3)	☎ Outbreaks:	<i>Vibrio</i> infection ( <i>parahaemolyticus</i> ,
Hansen's disease (Leprosy)	▪ Foodborne (involving ≥ 2 persons)	<i>vulnificus</i> , other)
Healthcare-associated Infections (4)	▪ Institutional	☎ Viral hemorrhagic fever
Hemolytic-uremic syndrome (5)	▪ Unusual disease or illness (8)	West Nile virus infection
Hepatitis A	Pertussis	☎ Yellow fever
	☎ Plague	Zika virus infection

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

- Report only to DPH.
- As described in the CDC case definition (<https://ndc.services.cdc.gov/>).
- Invasive disease: from sterile fluid (blood, CSF, pericardial, pleural, peritoneal, joint, or vitreous), bone, internal body sites, or other normally sterile site including muscle.
- 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.
- On request from the DPH and if adequate serum is available, send serum from patients with HUS to the DPH Laboratory for antibody testing.
- Reporting requirements are satisfied by hospitals IPs entering cases into CTEDSS. Please email [dph.ctedss@ct.gov](mailto:dph.ctedss@ct.gov) with questions
- Clinical sepsis and blood or CSF isolate obtained from an infant ≤ 72 hours of age.
- Individual cases of "significant unusual illness" are also reportable.
- 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  IgM (titer) \_\_\_\_\_  IgG (titer) \_\_\_\_\_  
 Blood smear  PCR  Other \_\_\_\_\_  
 *microti*  *divergens*  *duncani*  Unspecified  
*Bordetella pertussis* (titer) \_\_\_\_\_  
 Culture (1)  Non-pertussis *Bordetella* (1) (specify) \_\_\_\_\_  
 DFA  PCR  
*Borrelia burgdorferi*  
*Borrelia miyamotoi*  
California group virus (2) spp \_\_\_\_\_  
*Campylobacter* (2) spp \_\_\_\_\_  Culture  PCR  EIA  
*Candida auris* [report samples from all sites] (1)  
*Candida* spp. [blood isolates only]: \_\_\_\_\_ (1,2)  
Carbapenem-resistant *Acinetobacter baumannii* (CRAB) (1,3)  
Carbapenem-resistant Enterobacteriaceae (CRE) (1,2,3)  
Genus \_\_\_\_\_ spp \_\_\_\_\_  
Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA) (1,3)  
Carboxyhemoglobin  $\geq$  5% \_\_\_\_\_% COHb  
Chikungunya virus  
*Chlamydia trachomatis* (test type) \_\_\_\_\_  
*Clostridium difficile* (4)  
*Corynebacterium diphtheria* (1)  
*Cryptosporidium* spp (2) \_\_\_\_\_  PCR  DFA  EIA  
 Microscopy  Other: \_\_\_\_\_  
*Cyclospora* spp (2) \_\_\_\_\_  PCR  Microscopy  Other: \_\_\_\_\_  
Dengue virus  
Eastern equine encephalitis virus  
*Ehrlichia chaffeensis*  PCR  IgG titers  $\geq$ 1:128 only  Culture  
Enterotoxigenic *Escherichia coli* (ETEC)  Culture  PCR  
*Escherichia coli* O157 (1)  Culture  PCR  
*Giardia* spp (2) \_\_\_\_\_  
Group A *Streptococcus*, invasive (1,3)  Culture  Other \_\_\_\_\_  
Group B *Streptococcus*, invasive (1,3)  Culture  Other \_\_\_\_\_  
*Haemophilus ducreyi*  
*Haemophilus influenzae*, invasive (1,3)  Culture  Other \_\_\_\_\_  
Hepatitis A virus (HAV):  IgM anti-HAV (7)  NAAT Positive (5)  
ALT \_\_\_\_\_ Total Bilirubin \_\_\_\_\_  Not Done  
Hepatitis B HBsAg  Positive  Negative (6)  
 IgM anti-HBc  HBsAg  HBV DNA  
anti-HBs (6)  Positive (titer) \_\_\_\_\_  Negative  
Hepatitis C virus (HCV) (7)  Antibody \_\_\_\_\_  
 PCR/NAAT/RNA  Genotype specify \_\_\_\_\_  
Herpes simplex virus (infants  $\leq$  60 days of age)  
 Culture  PCR  IFA  Ag detection  
HIV Related Testing (report only to the State) (8)  
 Detectable Screen (IA)  
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 results) (8) \_\_\_\_\_ copies/mL  
 HIV genotype (8)  
 CD4 count: \_\_\_\_\_ cells/uL; \_\_\_\_\_% (8)  
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  RT-PCR  
 Type A  Type B  Type Unknown  
 Subtype \_\_\_\_\_  
Lead poisoning (blood lead  $\geq$ 3.5  $\mu$ g/dL <48 hrs; 0-3.5  $\mu$ g/dL monthly) (11)  
 Finger stick level \_\_\_\_\_  $\mu$ g/dL  Venous level \_\_\_\_\_  $\mu$ g/dL  
*Legionella* spp (1) \_\_\_\_\_  
 Culture  DFA  Ag positive  
 Four-fold serologic change (titers) \_\_\_\_\_  
*Listeria monocytogenes* (1)  Culture  PCR  
Mercury poisoning  
 Urine  $\geq$  35  $\mu$ g/g creatinine \_\_\_\_\_  $\mu$ g/g  
 Blood  $\geq$  15  $\mu$ g/L \_\_\_\_\_  $\mu$ g/L  
 Monkeypox virus  PCR  IgM anti-MPVX  Sequencing  
 Orthopoxvirus  PCR  IHC  Sequencing  
 Non-variola orthopoxvirus  PCR  
Mumps virus (11) (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 (1,3)  
 Culture  Other \_\_\_\_\_  
Neonatal bacterial sepsis (3,12) Genus \_\_\_\_\_ spp \_\_\_\_\_  
*Plasmodium* (1,2) spp \_\_\_\_\_  
Poliovirus  
Powassan virus  
Rabies virus  
*Rickettsia rickettsia*  PCR  IgG titers  $\geq$ 1:128 only  Culture  
Respiratory syncytial virus  
Rubella virus (11) (titer) \_\_\_\_\_  
Rubeola virus (Measles) (11) (titer) \_\_\_\_\_  PCR  
St. Louis encephalitis virus  
*Salmonella* (1,2) (serogroup & type) \_\_\_\_\_  Culture  PCR  
SARS-CoV (1)  IgM/IgG  
 PCR  Other \_\_\_\_\_  
**SARS-CoV-2**  PCR  Antigen  
Shiga toxin (1)  Stx1  Stx2  Type Unknown  
 PCR  EIA  
*Shigella* (1,2) (serogroup/spp) \_\_\_\_\_  Culture  PCR  
*Staphylococcus aureus*, invasive (4)  Culture  Other \_\_\_\_\_  
 methicillin-resistant  methicillin-sensitive  
*Staphylococcus aureus*, vancomycin MIC  $\geq$  4  $\mu$ g/mL (1)  
MIC to vancomycin \_\_\_\_\_  $\mu$ g/mL  
*Staphylococcus epidermidis*, vancomycin MIC  $\geq$  32  $\mu$ g/mL (1)  
MIC to vancomycin \_\_\_\_\_  $\mu$ g/mL  
*Streptococcus pneumoniae*  
 Culture (1,3)  Urine antigen  Other (4) \_\_\_\_\_  
*Treponema pallidum*  RPR (titer) \_\_\_\_\_  FTA  EIA  
 VDRL (titer) \_\_\_\_\_  TPPA  
*Trichinella*  
Varicella-zoster virus  
 Culture  PCR  DFA  Other \_\_\_\_\_  
*Vibrio* (1,2) spp \_\_\_\_\_  Culture  PCR  
West Nile virus  
Yellow fever virus  
*Yersinia*, not *pestis* (1,2) spp \_\_\_\_\_  Culture  PCR  
Zika virus  
BIOTERRORISM AGENTS at first clinical suspicion (13)  
*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 *Yersinia pestis* (1)  
Viral agents of hemorrhagic fevers

- 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*, *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.
- Specify species/serogroup/serotype.
- 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, CRAB, and CRPA also include urine or sputum; for CRAB and CRPA also include wounds.
- Upon request from the DPH, report all *C. difficile* positive stool samples.
- Report peak ALT and Total Bilirubin results if conducted within one week of HAV positive test, if available. Otherwise, check "Not Done".
- Negative HBsAg and all anti-HBs results only reportable for children  $\leq$  2 years old.
- Report positive Antibody, and all RNA and Genotype results. Negative RNA results only reportable by electronic reporting.
- 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.
- Upon request from the DPH, send fixed tissue from the diagnostic specimen for HPV typing.
- Report results  $\geq$  3.5  $\mu$ g/dL within 48 hours to the Local Health Department and DPH; submit ALL lead results at least monthly to DPH only.
- Report all IgM positive titers, only report IgG titers considered significant by laboratory performing the test.
- Report all bacterial isolates from blood or CSF from infants  $\leq$  72 hours of age.
- Call the DPH, weekdays 860-509-7994; evenings, weekends, and holidays 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 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)

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