

# Connecticut Epidemiologist



## Reportable Diseases and Laboratory Findings - 2024

As required by Connecticut General Statutes § 19a-2a and Conn. Agencies Regs. § 19a-36-A2, the Reportable Disease Case Report Form (PD-23) and the Reportable Laboratory Findings Form (OL-15C) are revised annually by the Department of Public Health (DPH). There are four additions, one removal, and two modifications to the lists effective January 1, 2024.

Forms for reporting disease and laboratory findings can be found on the [DPH "Forms" webpage](#).

### Changes to the Lists of Reportable Diseases, Emergency Illnesses and Health Conditions, and Laboratory Findings

#### Escherichia coli – invasive disease in infants

Invasive *Escherichia coli* (iEC) is a significant cause of morbidity and mortality in infants with antibiotic resistant *E. coli* emerging as a serious public health threat. The addition of iEC reporting in infants (<1 year of age) will allow the DPH to characterize the epidemiology and prevalence of infant iEC in Connecticut. Identification of *E. coli* in a sterile body site from an infant <1 year of age has been added as a Category 2 disease and as a reportable laboratory finding. Laboratories should submit infant (<1 year of age) iEC isolates to the State Public Health Laboratory for subsequent typing and susceptibility testing. An expansion of surveillance to include all age groups with collection of a sample of adult isolates from select laboratories is planned for July 2024 with further instructions forthcoming.

#### Anaplasmosis

Anaplasmosis is a tick-borne disease caused by the bacterium *Anaplasma phagocytophilum* and is the third most reported tick-borne disease in CT. The addition of clinical reporting and laboratory finding of anaplasmosis will allow the DPH to better describe the epidemiology of anaplasmosis, determine temporal and geographic distribution, and facilitate its prevention and control. The addition of anaplasmosis as a Category 2 disease and as a reportable laboratory finding to include IgG ≥1:128 will facilitate appropriate case classification.

#### Lyme Disease

Lyme disease is a tick-borne disease caused by the bacterium *Borrelia burgdorferi* and is the most common tick-borne disease in CT. Another bacterium, *Borrelia mayonii*, is also known to cause Lyme disease although rare. The removal of Lyme disease as a Category 2 disease and the addition of *Borrelia mayonii* as a reportable laboratory finding will allow the DPH to continue to monitor the burden and trends for Lyme disease in a population already known to be at high risk of infection and align with surveillance efforts among other high incidence jurisdictions.

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## Changes at a Glance...

Effective January 1, 2024

Disease	Provider	Laboratory
Anaplasmosis	Added	Modified
<i>B. mayonii</i>	N/A	Added
COVID-19	Modified	No change
<i>Cronobacter species</i>	Added	Added
Invasive <i>E. coli</i> (Infant)	Added	Added
Lyme Disease	Removed	No change

## Contact Connecticut Epidemiologist

[Connecticut Department of Public Health](#)

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## Changes to the Lists of Reportable Diseases, Emergency Illnesses and Health Conditions, and Laboratory Findings (continued)

### Cronobacter

*Cronobacter* spp. can cause systemic infections in neonates with a reported case fatality rate of approximately 40%. *Cronobacter* are ubiquitous in the environment and can survive in many different environments; this includes having been detected in reconstituted powdered infant formula (PIF), which is not a sterile product and has been recognized as a primary vehicle for *Cronobacter* transmission and implicated in outbreaks. Most recently, *Cronobacter* contamination of PIF led to an FDA investigation and a major PIF manufacturer recall. *Cronobacter* spp. are being added to both lists to facilitate detection of outbreaks related to sources that could lead to the implication of a contaminated food product.

### COVID-19

The current Council of State and Territorial Epidemiologists (CSTE) case definition for COVID-19 requires a positive test result to meet criteria for a confirmed or probable case. DPH has done extensive work with hospital and clinical laboratories to implement electronic reporting of positive SARS-CoV-2 laboratory results. The purpose of this change is to reduce burden on healthcare providers and staff by focusing continued reporting on cases that would not be captured by laboratory surveillance for SARS-CoV-2. This change limits provider reporting of COVID-19 to only those cases where a diagnostic test (e.g., rapid test) was performed on-site in a healthcare facility including provider's office, urgent care clinic, or long-term care facility.

## Health Care Provider Reportable Diseases, Emergency Illnesses and Health Conditions: Category 1

Physicians and other health care providers are required to report using the Reportable Disease Case Report form (PD-23) or other disease specific form.

Diseases with specialized reporting forms are asterisked (\*) in the disease list below. Links to reporting forms are available in the lower left column. All forms can be found on the [DPH "Forms" webpage](#).

### Reporting Category 1 Diseases

- Report to DPH by phone on the day of diagnosis or suspicion.
  - Business hours: (860) 509-7994
  - Evenings, weekends, holidays: (860) 509-8000
- Complete and submit a PD-23 within 12 hours.
- Report to the local [Director of Health](#) for the town where the patient resides.

- Acute HIV Infection\* <sup>1, 2</sup>
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Measles
- Melioidosis
- Meningococcal disease
- Outbreaks
  - foodborne (involving  $\geq 2$  persons)
  - institutional
  - unusual disease or illness <sup>3</sup>
- Plague
- Poliomyelitis
- Q fever
- Rabies
- Ricin poisoning
- Severe Acute Respiratory Syndrome (SARS)
- Smallpox
- Staphylococcal enterotoxin B pulmonary poisoning
- Staphylococcus aureus* disease, reduced or resistant susceptibility to vancomycin <sup>1</sup>
- Syphilis, congenital\*
- Tuberculosis\*
- Tularemia
- Venezuelan equine encephalitis virus infection
- Viral hemorrhagic fever
- Yellow fever

#### Footnotes

##### Category 1 Diseases

- Report only to DPH.
- As described in the [CDC case definition](#).
- Individual cases of "significant unusual illness" are also reportable.

#### Specialized Reporting Forms

Report Type	Fax to:
<a href="#">HIV Case Report Form</a>	(860) 509-8237
<a href="#">Sexually Transmitted Diseases</a>	(860) 730-8380
<a href="#">Tuberculosis Report Form</a>	(860) 730-8271

## Health Care Provider Reportable Diseases, Emergency Illnesses and Health Conditions: Category 2

### Reporting Category 2 Diseases

1. Complete and submit a PD-23 within 12 hours.
2. A Hospital IP entering a case in CTEDSS (when applicable) satisfies the reporting requirement.

3. Diseases with specialized reporting forms are asterisked (\*) in the list below.

Note: Reporting changes for 2024 are in **bold font**.

- |   |   |  |
|---|---|--|
| <ul style="list-style-type: none"> <li>• Acquired Immunodeficiency Syndrome (AIDS)* <sup>1, 2</sup></li> <li>• Acute flaccid myelitis</li> <li>• <b>Anaplasmosis</b></li> <li>• Babesiosis</li> <li>• <i>Borrelia miyamotoi</i> disease</li> <li>• California group arbovirus infection</li> <li>• Campylobacteriosis</li> <li>• <i>Candida auris</i></li> <li>• Chancroid</li> <li>• Chickenpox (Varicella)*</li> <li>• Chickenpox-related death*</li> <li>• Chikungunya</li> <li>• Chlamydia (<i>C. trachomatis</i>) (all sites)*</li> <li>• <b>COVID-19 (SARS-CoV-2 infection)</b> <sup>4</sup></li> <li>• COVID-19 death</li> <li>• COVID-19 hospitalization</li> <li>• <b><i>Cronobacter</i></b></li> <li>• Cryptosporidiosis</li> <li>• Cyclosporiasis</li> <li>• Dengue</li> <li>• E-cigarette or vaping product use associated lung injury (EVALI)*</li> <li>• Eastern equine encephalitis virus infection</li> <li>• <i>Ehrlichia chaffeensis</i> infection</li> <li>• <i>Escherichia coli</i> O157:H7 infection <sup>4</sup></li> <li>• <b><i>Escherichia coli</i>, invasive in infants &lt;1 year of age</b> <sup>5</sup></li> <li>• Gonorrhea*</li> <li>• Group A Streptococcal disease, invasive <sup>5</sup></li> </ul> | <ul style="list-style-type: none"> <li>• Group B Streptococcal disease, invasive <sup>5</sup></li> <li>• <i>Haemophilus influenzae</i> disease, invasive <sup>5</sup></li> <li>• Hansen's disease (Leprosy)</li> <li>• Healthcare-associated infections <sup>6</sup></li> <li>• Hemolytic-uremic syndrome <sup>7</sup></li> <li>• Hepatitis A</li> <li>• Hepatitis B           <ul style="list-style-type: none"> <li>▪ acute infection <sup>2</sup></li> <li>▪ HBsAg positive pregnant women</li> </ul> </li> <li>• Hepatitis C           <ul style="list-style-type: none"> <li>▪ acute infection <sup>2</sup></li> <li>▪ perinatal infection</li> <li>▪ positive rapid antibody test result</li> </ul> </li> <li>• HIV-1/HIV-2 infection* <sup>1, 2</sup></li> <li>• HPV: biopsy proven CIN 2, CIN 3, or AIS or their equivalent <sup>1</sup></li> <li>• Influenza-associated death</li> <li>• Influenza-associated hospitalization</li> <li>• Legionellosis</li> <li>• Listeriosis</li> <li>• Malaria</li> <li>• Mercury poisoning</li> <li>• Mpox</li> <li>• Multisystem inflammatory syndrome in children (MIS-C)</li> <li>• Mumps</li> <li>• Neonatal bacterial sepsis <sup>8</sup></li> <li>• Occupational asthma*</li> </ul> | <ul style="list-style-type: none"> <li>• Pertussis</li> <li>• Pneumococcal disease, invasive <sup>5</sup></li> <li>• Powassan virus infection</li> <li>• Respiratory Syncytial Virus (RSV) associated death</li> <li>• RSV-associated hospitalization</li> <li>• Rocky Mountain spotted fever</li> <li>• Rubella (including congenital)</li> <li>• Salmonellosis</li> <li>• Shiga toxin-related diseases (gastroenteritis)</li> <li>• Shigellosis</li> <li>• Silicosis</li> <li>• St. Louis encephalitis virus infection</li> <li>• <i>Staphylococcus aureus</i> methicillin-resistant disease, invasive, community acquired <sup>5, 9</sup></li> <li>• <i>Staphylococcus epidermidis</i> disease, reduced or resistant susceptibility to vancomycin <sup>1</sup></li> <li>• Syphilis*</li> <li>• Tetanus</li> <li>• Trichinosis</li> <li>• Typhoid fever</li> <li>• <i>Vaccinia</i> disease</li> <li>• <i>Vibrio</i> infection (<i>V. parahaemolyticus</i>, <i>V. vulnificus</i>, others)</li> <li>• West Nile virus infection</li> <li>• Zika virus infection</li> </ul> |
|---|---|--|

### Footnotes

#### Category 2 Diseases

1. Report only to DPH.
2. As described in the [CDC case definition](#).
3. Individual cases of "significant unusual illness" are also reportable.
4. Report COVID-19 cases only when a diagnostic test was performed on-site in a healthcare facility (provider's office, urgent care clinic, long-term care facility, etc.).
5. Invasive disease: from sterile fluid (blood, CSF, pericardial, pleural, peritoneal, joint, or vitreous), bone, internal body sites, or other normally sterile site, including muscle.
6. 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](#).
7. On request from the DPH and if adequate serum is available, send serum from patients with HUS to the State Public Health Laboratory for antibody testing.
8. Clinical sepsis and blood or CSF isolate obtained from an infant < 3 days of age.
9. Community-acquired: infection present on admission to hospital, and person has no previous hospitalizations or regular contact with the health-care setting.

### Specialized Reporting Forms

Report Type	Fax to:
<a href="#">Chickenpox (Varicella) Report</a>	(860) 707-1905
<a href="#">HIV Case Report Form</a>	(860) 509-8237
<a href="#">Occupational Diseases Report</a>	(860) 730-8424
<a href="#">Sexually Transmitted Diseases</a>	(860) 730-8380
<a href="#">Vaping Lung Injury Case Report</a>	(860) 706-1262

### Contact DPH Infectious Disease Programs

Program	Phone:
<a href="#">Epidemiology &amp; Emerging Infections</a>	(860) 509-7994
<a href="#">Healthcare Associated Infections</a>	(860) 509-7995
<a href="#">HIV/HCV Surveillance Program</a>	(860) 509-7900
<a href="#">Immunization Program</a>	(860) 509-7929
<a href="#">STD Control Program</a>	(860) 509-7920
<a href="#">Tuberculosis Control Program</a>	(860) 509-7722



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

1. Health care providers who treat or examine 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 Significant 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**

1. 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.
2. The Laboratory Report of Significant Findings form OL-15C can be used by staff of clinical laboratories to report evidence suggestive of reportable diseases.
3. Reporting forms can be found at: (<https://portal.ct.gov/DPH/Communications/Forms/Forms>).
4. Please follow these guidelines when submitting paper 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.
  - Fax completed PD-23 forms to DPH via fax number (860) 629-6962.
  - Fax completed OL-15C forms to DPH via fax number (860) 920-3131.

**Connecticut Department of Public Health**



**Manisha Juthani, MD**

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**Lynn Sosa, MD**

**State Epidemiologist**

**Infectious Diseases Section Programs**

<u>Epidemiology &amp; Emerging Infections</u>	(860) 509-7994	<u>HIV Healthcare and Support Services</u>	(860) 509-7801
<u>Healthcare Associated Infections</u>	(860) 509-7995	<u>Immunization Program</u>	(860) 509-7929
<u>HIV/HCV Prevention Program</u>	(860) 509-7797	<u>STD Control Program</u>	(860) 509-7920
<u>HIV/HCV Surveillance Program</u>	(860) 509-7900	<u>Tuberculosis Control Program</u>	(860) 509-7722

**Connecticut Epidemiologist Newsletter**

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