Connecticut Epidemiologist

Volume 34, No. 1 January 2014

Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings Changes for 2014

As required by Connecticut General Statutes Section 19a-2a and Section 19a-36-A2 of the Public Health Code, the lists of Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings are revised annually by the Department of Public Health (DPH). An advisory committee, consisting of public health officials, clinicians, and laboratorians, contribute to the process. There are 1 addition, 1 removal, and 1 modification to the healthcare provider list, and 2 additions, and 5 modifications to the laboratory list.

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

HIV-2 Infection

Reporting of HIV-2 infection has been added. Advances in testing technology allow for differentiation between HIV-1 and HIV-2 infection. Changes in national reporting and testing will allow for better identification of HIV infections.

Rheumatic Fever

Reporting of rheumatic fever has been removed. It ceased to be nationally reportable in 1995 and the DPH has not received a report of this syndrome in over 10 years. Rapid testing and antibiotic treatment has eliminated most of this disease. Surveillance is now focused on invasive Group A streptococcal infections.

Hepatitis C

Reporting of hepatitis C infection has been modified. It is now required to report all positive antibody test results when using the rapid HCV testing method.

Changes to the List of Reportable Laboratory Findings

Carbapenem-resistant Enterobacteriaceae (CRE)

Laboratory reporting of CRE from sterile sites, sputum, and urine has been added. CRE are gram-negative bacteria that are resistant to carbapenems, a class of broad spectrum antibiotics. CRE resistance is easily spread and associated with increased morbidity and mortality. Some CRE isolates are pan-resistant to antibiotics. In healthcare settings, CRE most often affect those receiving treatment for conditions that require devices like urinary catheters, intravenous catheters, or ventilators, and those taking long courses of certain antibiotics. Additional details will be sent in a separate correspondence to laboratories that will outline the specifics of this reporting requirement.

HIV/AIDS

Laboratory reporting of HIV EIA was added and significant modifications have been made. All CD4 test results are now required to be reported in an electronic file. There are a variety of supplemental reports published intermittently that address specific analyses using data from HIV surveillance. Some report on several national HIV prevention and care objectives that are measured using HIV surveillance data from states. Since some of these measures require all CD4 counts, Connecticut is not included in the analyses. The new testing algorithm will perform better in identifying HIV infections. Details for testing criteria can be found on page 3.

Hepatitis C (HCV)

Laboratory testing methods have been modified. The RIBA test method has been removed. Positive rapid antibody test results are reportable. Laboratories with automated electronic reporting to the DPH are now also required to report negative HCV RNA results.

Electronic reporting of positive rapid influenza tests

Laboratory influenza test methods have been modified. Only laboratories with automated electronic reporting to the DPH are required to report rapid influenza antigen results. Manual data entry of rapid tests does not provide timely information. Electronic syndromic surveillance systems monitor morbidity due to respiratory infections during influenza season. Because

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REPORTABLE DISEASES, EMERGENCY ILLNESSES and HEALTH CONDITIONS - 2014

The Commissioner of the Department of Public Health (DPH) is required to declare an annual list of Reportable Diseases, Emergency Illnesses and Health Conditions. The Reportable Disease Confidential Case Report form (PD-23) or other disease specific form should be used to report the disease, illness, or condition. Reports (mailed, faxed, or telephoned into the DPH) should include the full name and address of the person reporting, attending physician, disease, illness or condition, and full name, address, date of birth, race/ethnicity, sex and occupation of the person affected. Forms can be found on the DPH website. See page 4 for a list of persons required to report Reportable Diseases, Emergency Illnesses and Health Conditions. Mailed reports must be sent in envelopes marked "CONFIDENTIAL." Changes for 2014 are noted in **bold** and with an asterisk (*).

Category 1 Diseases: Report immediately by telephone on the day of recognition or strong suspicion of disease for those diseases marked with a telephone (☎). Also mail a report within 12 hours.

Category 2 Diseases: Diseases not marked with a telephone are Category 2 diseases. Report by mail within 12 hours of recognition or strong suspicion of disease.

Acquired Immunodeficiency Syndrome (1,2)
☎ Anthrax
Babesiosis
☎ Botulism
☎ Brucellosis
California group arbovirus infection
Campylobacteriosis
Carbon monoxide poisoning (3)
Chancroid
Chickenpox
Chickenpox-related death
Chlamydia (*C. trachomatis*) (all sites)
☎ Cholera
Cryptosporidiosis
Cyclosporiasis
Dengue
☎ Diphtheria
Eastern equine encephalitis virus infection
Ehrlichia chaffeensis infection
Escherichia coli O157:H7 gastroenteritis
Gonorrhea
Group A Streptococcal disease, invasive (4)
Group B Streptococcal disease, invasive (4)
Haemophilus influenzae disease, invasive all serotypes (4)
Hansen's disease (Leprosy)
Healthcare-associated Infections (5)
Hemolytic-uremic syndrome (6)
Hepatitis A
Hepatitis B
- acute infection (2)
- HBsAg positive pregnant women

Hepatitis C
- **acute infection (2)**
- **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
Influenza-associated hospitalization (7)
Lead toxicity (blood level ≥ 15 µg/dL)
Legionellosis
Listeriosis
Lyme disease
Malaria
☎ Measles
☎ Melioidosis
☎ Meningococcal disease
Mercury poisoning
Mumps
Neonatal herpes (≤ 60 days of age)
Neonatal bacterial sepsis (8)
Occupational asthma
☎ Outbreaks:
- Foodborne (involving ≥ 2 persons)
- Institutional
- Unusual disease or illness (9)

☎ Pertussis
☎ Plague
Pneumococcal disease, invasive (5)
☎ Poliomyelitis
☎ Q fever
☎ Rabies (human and animal)
☎ Ricin poisoning
Rocky Mountain spotted fever
Rotavirus
☎ Rubella (including congenital)
Salmonellosis
☎ SARS-CoV
☎ Septicemia or meningitis with growth of gram positive rods within 32 hours of inoculation
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 (5,10)
Staphylococcus epidermidis disease, reduced or resistant susceptibility to vancomycin (1)
Syphilis
Tetanus
Trichinosis
☎ Tuberculosis
☎ Tularemia
Typhoid fever
Vaccinia disease
☎ Venezuelan equine encephalitis
Vibrio infection (*parahaemolyticus, vulnificus*, other)
☎ Viral hemorrhagic fever
West Nile virus infection
☎ Yellow fever

FOOTNOTES:
1. Report only to State.
2. CDC case definition.
3. Includes persons being treated in hyperbaric chambers for suspect CO poisoning.
4. Invasive disease: confirmed by isolation from sterile fluid (blood, CSF,pericardial, pleural, peritoneal, joint, or vitreous) bone, internal body sites, or other normally sterile site including muscle.
5. **Report HAIs according to current CMS pay-for-reporting or pay-for-performance requirements: CLABSI and CAUTI in ICUs, inpatient colon surgery and abdominal hysterectomy SSIs, and MRSA bacteremia and *C. difficile* LabID Event data from acute care hospitals; CLABSIs and CAUTIs from LTACHs; CAUTI from IRFs; and Dialysis Event measures from outpatient hemodialysis centers. Use CDC's National Healthcare Safety Network (NHSN) surveillance protocols and software. ***
6. On request from the DPH and if adequate serum is available, send serum from patients with HUS to the DPH Laboratory for antibody testing.
7. Reporting requirements are satisfied by submitting the Hospitalized and Fatal Cases of Influenza—Case Report Form to the DPH in a manner specified by the DPH.
8. Clinical sepsis and blood or CSF isolate obtained from an infant ≤ 72 hours of age.
9. Individual cases of "significant unusual illness" are also reportable.
10. 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. Specialized reporting forms from the following programs are available: on the website or by calling the following telephone numbers HIV/AIDS Surveillance (860-509-7900), Sexually Transmitted Disease Program (860-509-7920), Tuberculosis Control Program (860-509-7722), Occupational Health Surveillance Program (860-509-7740), or Epidemiology and Emerging Infections Program for the PD-23 or Hospitalized and Fatal Cases of Influenza—Case Report Form (860-509-7994). The PD-23 can be found on the DPH website or by writing the Department of Public Health, 410 Capitol Ave., MS#11EPI, P.O. Box 340308, Hartford, CT 06134-0308 (860-509-7994); or by calling the individual program.

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, an epidemiologist can be reached evenings, weekends, and holidays through the DPH emergency number (860-509-8000).**

REPORTABLE LABORATORY FINDINGS 2014

The director of a clinical laboratory must report laboratory evidence suggestive of reportable diseases. The Laboratory Report of Significant Findings form (OL-15C) can be obtained from the Connecticut Department of Public Health (DPH), 410 Capitol Ave., MS#11EPI, P.O. Box 340308, Hartford, CT 06134-0308; telephone: 860-509-7994 or on the DPH website. The OL-15Cs are not substitutes for physician reports; they are supplements to physician reports, which allow verification of diagnosis. A listing of possible bioterrorism diseases is highlighted at the end of this list. Changes for 2014 are noted in **bold** and with an asterisk (*).

Anaplasma phagocytophilum* by PCR
Babesiosis: ❑ IFA IgM (titer) _____ IgG (titer)_____
❑ Blood smear (1) ❑ PCR ❑ Other _____
❑ *microti* ❑ *divergens* ❑ *duncani* ❑ Unspeciated
California group virus (species) (2) _____
Carbapenem-resistant enterobacteriaceae
Genus: _____ Species:_____(3) *
Campylobacteriosis (species) _____
❑ Culture ❑ EIA ❑ Other: _____
Carboxyhemoglobin ≥ 5%: _____% COHb*
Chancroid
Chickenpox, acute ❑ Culture ❑ PCR ❑ DFA ❑ Other _____
Chlamydia (*C. trachomatis)* (test type) _____
Cryptosporidiosis (method of ID): _____
Cyclosporiasis (method of ID): _____
Dengue
Diphtheria (1)
Eastern equine encephalitis virus
***Ehrlichia chaffeensis* (2) ***
❑ IFA IgM titer _____ IgG titer _____
❑ Blood smear ❑ PCR ❑ Other _____
Enterococcal infection, vancomycin-resistant (2,3)_____
Escherichia coli O157 infection (1)
Giardiasis
Gonorrhea (test type) _____
Group A streptococcal disease, invasive (3)
Group B streptococcal disease, invasive (3)
Haemophilus influenzae disease, invasive, all serotypes (1,3)
Hansen's disease (Leprosy)
Hepatitis A IgM anti-HAV ALT_____ AST _____ ❑ Not Done(4)
Hepatitis B ❑ HBsAg ❑ IgM anti-HBc
Hepatitis C (anti-HCV) Ratio: _____ ❑ Rapid antibody ❑ RNA (5)*
Herpes simplex virus (infants ≤ 60 days of age) (specify type) _____
❑ Culture ❑ PCR ❑ IFA ❑ Ag detection
HIV Related Testing (report only to the State) (6) *
❑ Detectable Antibody Screen (EIA/CIA)
Detectable Antibody Confirmation (WB/IFA/Multispot) (1,6)
❑ HIV 1 ❑ HIV 2 ❑ HIV 1/HIV 2
❑ HIV Viral Load:_____copies/mL ❑ Not Detectable
❑ HIV genotype (electronic file)
❑ CD4 count: _____cells/µL; _____ % (electronic file)
HPV (report only to the State) (7)
Biopsy proven ❑ CIN 2 ❑ CIN 3 ❑ AIS
or their equivalent (specify) _____
Influenza: **❑ Rapid antigen (8)*** ❑ RT-PCR ❑ Culture
❑ A ❑ B ❑ Unk. ❑ Subtype _____
Lead Poisoning (blood lead ≥10 µg/dL) (9)
❑ Finger Stick: _____ µg/dL ❑ Venous: _____ µg/dL
Legionellosis
❑ Culture ❑ DFA ❑ Ag positive
❑ Four-fold serologic change (titers) _____
Listeriosis (1)
Lyme disease (8)
Malaria/blood parasites (1,2) _____
Measles (Rubeola) (10) (titer) _____
Meningococcal disease, invasive (1,3)
Mercury poisoning
❑ Urine ≥ 35 µg/g creatinine: _____ µg/g
❑ Blood ≥ 15 µg/L: _____ µg/L
Mumps (10) (titer): _____
Neonatal bacterial sepsis (11) spp: _____
Pertussis (titer) _____
❑ Culture (1)❑ Non-pertussis Bordetella (specify) _____(1)
❑ DFA ❑ PCR
Pneumococcal disease, invasive (1,3)
Poliomyelitis
Rabies
Rocky Mountain spotted fever
Rotavirus
Rubella (10) (titer): _____
St. Louis encephalitis virus
Salmonellosis (1,2) (serogroup/serotype): _____
SARS-CoV infection (1) ❑ IgM/IgG
❑ PCR: _____ (specimen) ❑ Other: _____
Shiga toxin-related disease (1)
Shigellosis (1,2) (serogroup/species): _____
Staphylococcus aureus infection with MIC to
vancomycin ≥ 4 µg/mL (1) MIC to vancomycin: _____ µg/mL
Staphylococcus aureus disease, invasive (3)
methicillin-resistant Date pt. Admitted: _____/_____/_____
Staphylococcus epidermidis infection with MIC to vancomycin
≥ 32 µg/mL (1) MIC to vancomycin: _____ µg/mL
Syphilis ❑ RPR (titer): _____ ❑ FTA
❑ VDRL (titer): _____ ❑ TPPA
Trichinosis
Tuberculosis (1)
AFB Smear: ❑ Positive ❑ Negative
If positive: ❑ Rare ❑ Few ❑ Numerous
NAAT: ❑ Positive ❑ Negative ❑ Indeterminate
Culture: ❑ *Mycobacterium tuberculosis*
❑ Non-tuberculosis mycobact. (specify: *M.* _____)
Vibrio infection (1) (species): _____
West Nile virus
Yellow fever
Yersiniosis (species): _____

Diseases that are possible indicators of bioterrorism
Anthrax (1,12)
Botulism (12)
Brucellosis (1,12)
Glanders (1,12)
Melioidosis (1,12)
Plague (1,12)
Q fever (12)
Ricin poisoning (12)
Smallpox (1,12)
Staphylococcal enterotoxin B pulmonary poisoning (12)
Tularemia (12)
Venezuelan equine encephalitis (12)
Viral hemorrhagic fever (12)

1. Send isolate, culture, or slide to the DPH Laboratory for confirmation. **For Shiga-toxin, send positive broth or stool in transport media.*** For positive HIV, send ≥ 0.5mL residual serum.
2. Specify species/serogroup.
3. Sterile site isolates: defined as 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 also include urine or sputum but not stool.***
4. Report the peak liver function tests (ALT, AST) conducted within one week of patient's HAV IgM positive test, if available. Check "Not Done" when appropriate.
5. **Report all RNA results, but negative RNA results are required only by laboratories with automated electronic reporting to the DPH.***
6. **Report all positive HIV antibody, antigen, and all viral load results (including not detectable values). Laboratories conducting HIV genotype or CD4 testing should report HIV DNA sequence and all CD4 test results in an electronic file.***
7. On request from the DPH, and if adequate tissue is available, send fixed tissue from the specimen used to diagnose CIN2, 3 or cervical AIS or their equivalent for HPV typing according to instructions from the DPH.
8. **Only laboratories with automated electronic reporting to the DPH are required to report positive results.***
9. Report lead results ≥10µg/dL within 48 hours to the Local Health Director and the DPH; submit ALL lead results at least monthly to the DPH.
10. Report all IgM positive titers, but only IgG titers that are considered significant by the laboratory performing the test.
11. Report all bacterial isolates from blood or CSF obtained from an infant ≤72 hours of age.
12. Report by telephone to the DPH, weekdays 860-509-7994; evenings, weekends, and holidays 860-509-8000.

PCR tests can also be considered rapid, the test name will be changed to "rapid antigen" test.

Anaplasmosis

Laboratory reporting of anaplasmosis has been modified. Only positive PCR results are required to be reported to the DPH.

Carboxyhemoglobin levels

Laboratory reporting of the carboxyhemoglobin (COHb) levels has been modified. The Council of State and Territorial Epidemiologists revised the national surveillance criteria to include laboratory reporting of COHb levels ≥5%. Interest in carbon monoxide (CO) has increased in Connecticut due to recent poisoning "outbreaks" resulting from storm power outages. To bring the state's reporting requirements in line with the national recommendation, reporting COHb levels ≥5% as measured by either blood sample or pulse CO-oximetry is now required for all laboratories.

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

Reporting forms are available electronically on the Department of Public Health (DPH) website. Persons required to report reportable diseases must use the Reportable Disease Confidential Case Report Form PD-23 to report any diseases found on the current list of reportable diseases, emergency illnesses and health conditions unless there is a specialized reporting form 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 method specified by the DPH. Reporting forms can be obtained by writing or calling the Connecticut Department of Public Health, 410 Capitol Ave., MS#11EPI, P.O. Box 340308, Hartford, CT 06134-0308; telephone: (860-509-7994), or from the DPH website. Please follow these guidelines when submitting reports:

- Complete all required information (at minimum: full name and address of the person reporting and/or attending physician, disease/test result being reported, onset of illness date, and full name, address, date of birth, race/ethnicity, sex and occupation of the person affected if known).
- Make 2 copies of the report:
  - ► Send one copy to the DPH via fax (860-509-7910), or mail to the State of Connecticut, Department of Public Health, 410 Capitol Ave., MS#11EPI, P.O. Box 340308, Hartford, CT 06134-0308. Any mailed documents should have "CONFIDENTIAL" marked on the envelope.
  - ► Send a copy of the report to the local health department of the town in which the patient resides.
  - ► Keep a copy for the patient's medical record.

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Connecticut Epidemiologist

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