Connecticut Epidemiologist

CONNECTICUT PUBLIC HEALTH

Reportable Diseases and Laboratory Findings – 2025

As required by Connecticut General Statutes § 19a-2a and Conn. Agencies Regs. § 19a-36-A2, the List of Reportable Diseases, Emergency Illnesses and Health Conditions and the List of 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 3 additions, 3 removals and 2 modifications to provider reporting; 5 additions and 3 modifications to laboratory reporting; and 3 additions, 1 removal and 1 modification to laboratory specimen or isolate submission.

Revised reporting forms can be found on the DPH "Forms" webpage.

In this issue...

Changes at a Glance

Effective January 1, 2025

Disease	Provider Reporting	Laboratory Reporting	Specimen or Isolate Submission
Blood lead ≥3.5 µg/dL in pregnant persons	**Added**	No change	—
COVID-19	**Removed**	**Modified**	—
Campylobacter	No change	No change	**Added**
Cronobacter	**Modified**	**Modified**	**Added**
Cyclospora	No change	No change	**Added**
Oropouche	**Added**	**Added**	—
Shigella	No change	No change	**Modified**
Spotted Fever Rickettsiosis • *Rickettsia akari* • *Rickettsia parkeri* • *Rickettsia rickettsii* (subspecies *californica*)	**Modified** **Added** **Added** **Added**	**Modified** **Added** **Added** **Added**	—
Staphylococcus aureus methicillin-resistant disease, invasive, community acquired	**Removed**	No change	—
Staphylococcus epidermidis disease, reduced or resistant susceptibility to vancomycin	**Removed**	No change	No change
Syphillis: Negative TP-PA/TPPA or FTA-ABS results	—	**Added**	—
Yersinia (non-pestis)	No change	No change	**Removed**

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

Provider Reporting Changes

1. Blood Lead ≥3.5µg/dL in pregnant persons - Added

According to the CDC, no level of lead is safe for children. Even minimal lead exposure can cause irreversible neurological damage, developmental delays, and behavioral issues, including cases where exposure occurs perinatally. To address this, Public Act No. 23-31, effective January 1, 2024, mandated that prenatal healthcare providers assess lead exposure risk in pregnant persons at the initial prenatal visit. Providers must screen or refer for blood lead testing any pregnant person identified as at risk and notify the local health director if blood lead levels reach or exceed 3.5 µg/dL. Upon notification, local health directors are required to conduct an epidemiological investigation to identify the source of the exposure. Designating lead poisoning in pregnant persons as a Category 2 reportable disease ensures prompt identification and response to mitigate exposure risks.

2. COVID-19 - Removed

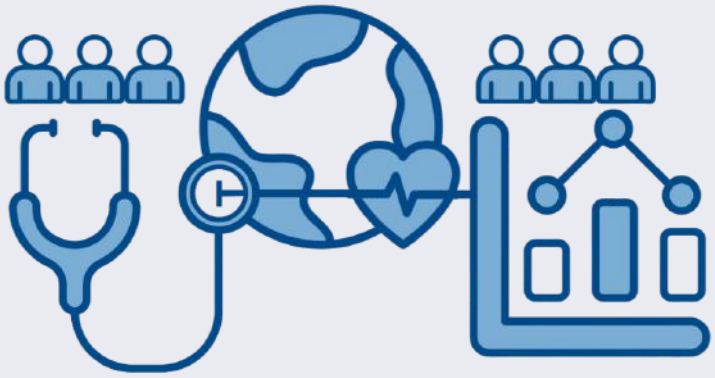
COVID-19 has been removed from the List of Reportable Diseases, Emergency Illnesses and Health Conditions. Due to the availability of home testing, the focus is no longer on counting every case of COVID-19, but instead understanding disease trends and monitoring disease severity. COVID-19 hospitalizations and deaths will continue to be reportable.

3. *Cronobacter* - Modified

Provider reporting of *Cronobacter* infection has been modified to specify that reporting is only required for infants (<1 year). This change makes reporting in CT consistent with nationally notifiable conditions. Surveillance is conducted using the 2024 national case definition for invasive *Cronobacter* infection among infants.

4. Oropouche - Added

Oropouche is an emerging arboviral disease in the Americas. The Oropouche virus (OROV) is spread to people by the bite of infected biting midges (*Culicoides paraensis*) and possibly some mosquitoes (*Culex quinquefasciatus*). Since late 2023, outbreaks have been identified in previously impacted areas and new areas of South America and the Caribbean. Travel-associated cases have been reported in the U.S., but local transmission has not been detected. The purpose of surveillance for Oropouche is to identify suspected OROV disease cases, facilitate testing at the Centers of Disease Control and Prevention, and to determine potential exposures. Providers are expected to notify DPH upon suspicion of Oropouche virus, allowing DPH to facilitate testing.



5. Spotted Fever Rickettsiosis - Modified

Spotted fever rickettsioses (SFR) are a group of tick-borne rickettsial diseases caused by spotted fever group Rickettsiae (SFGR) which include Rocky Mountain spotted fever (RMSF) and other spotted fever group (SFG) rickettsioses caused by *Rickettsia parkeri* (*Rickettsia parkeri* rickettsiosis), *Rickettsia rickettsii* (subspecies *californica*) (Pacific Coast tick fever), and *Rickettsia akari* (Rickettsialpox). Surveillance for RMSF and other spotted fevers will describe the epidemiology and overall disease burden of SFR in the state. These modifications align with the national surveillance case definitions.

6. *Staphylococcus aureus* methicillin-resistant disease, invasive, community acquired - Removed

Community-acquired, invasive, methicillin-resistant *Staphylococcus aureus* (MRSA) is being removed from the List of Reportable Diseases, Emergency Illnesses, and Health Conditions since surveillance objectives now focus on all invasive MRSA disease rather than just community-acquired disease. However, invasive SA, including both methicillin-resistant and sensitive disease, will remain on the List of Reportable Laboratory Findings. Statewide surveillance for all invasive SA will continue with case identification occurring solely through clinical laboratory reporting.

7. *Staphylococcus epidermidis* disease, reduced or resistant susceptibility to vancomycin - Removed

Staphylococcus epidermidis (SE) disease with reduced susceptibility to vancomycin is being removed from the List of Reportable Diseases, Emergency Illnesses and Health Conditions given the rarity of this disease during the 25 years in which it has been reportable. However, due to ongoing concerns about the potential for development of vancomycin resistance, it will remain on the List of Reportable Laboratory Findings along with required submission of isolates to the State Public Health Laboratory (SPHL).

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

Laboratory Reporting Changes

1. SARS-CoV-2 - Modified

SARS-CoV-2 will continue to be reportable for all commercial and hospital laboratories. For other data submitters, SARS-CoV-2 is only reportable electronically (e.g., ELR or other electronic file submission as determined by DPH). The purpose of this surveillance change is to reduce the reporting burden for data submitters and administrative data entry burden for DPH staff.

2. *Cronobacter* - Modified

Laboratory reporting of *Cronobacter* infection is modified to specify that reporting is only required for infants (<1 year). This change makes reporting in CT consistent with nationally notifiable conditions reporting.

3. Oropouche - Added

Oropouche virus has been added to the List of Reportable Laboratory Findings. The purpose of surveillance for Oropouche is to identify suspected cases, facilitate CDC testing, and determine potential exposures. Initially, DPH will facilitate testing. As testing technology becomes available, laboratories will be required to report findings of Oropouche virus to DPH, preferably by electronic reporting.

4. *Rickettsia akari, Rickettsia parkeri, Rickettsia rickettsii* (subspecies *californica*)) - Added

Rickettsia akari, *Rickettsia parkeri*, *Rickettsia rickettsii* (subspecies *californica*) have been added to the List of Reportable Laboratory Findings. The additions will allow DPH to classify cases of Spotted Fever Rickettsiosis according to updated national surveillance case definitions.

5. Syphilis: Negative TP-PA/TPPA or FTA-ABS results - Added

The traditional syphilis testing algorithm begins with a nontreponemal screening test. If this test is reactive, a confirmatory test which detects specific antibodies to *T. pallidum* is conducted. Previously, only positive treponemal test findings were reportable, leaving STD Control Program staff to telephone laboratories and health care providers to assure case detection among populations of special concern (e.g., persons who may be pregnant, youth). Reports of non-reactive treponemal tests make the full results of the syphilis testing algorithm available. This will decrease delays in syphilis case detection and facilitate disease intervention.

Laboratory Specimen or Isolate Submission

1. *Campylobacter* - Added

Campylobacter isolates are required for submission to the SPHL. DPH participates in the Emerging Infections Program and National Antimicrobial Resistance Monitoring System (NARMS). *Campylobacter* isolates are submitted to NARMS for antimicrobial susceptibility testing to better understand and monitor trends in antimicrobial resistance.

2. *Cronobacter* - Added

Cronobacter isolates in infants (<1 year) are required for submission to the SPHL for further characterization.

3. *Cyclospora* - Added

Cyclospora-positive stools are required for submission to the SPHL. Stool specimens will be forwarded to CDC for genotyping to support national outbreak detection and investigations.

4. *Shigella* - Modified

Submission of *Shigella*-positive stools are no longer required for submission to the SPHL. Continue to submit Shigella isolates to the SPHL. *Shigella* isolates recovered at clinical laboratories should continue to be submitted to the SPHL.

5. *Yersinia* - Removed

Specimen or isolate submission of *Yersinia* is no longer required. Removing the requirement for specimen submission to the SPHL will ease the burden on clinical laboratories as well as the SPHL.

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

1. Report to DPH by phone on the day of diagnosis or suspicion.
Business hours: (860) 509-7994
Evenings, weekends, holidays: (860) 509-8000

2. Complete and submit a PD-23 within 12 hours.
3. Report to the local Director of Health for the town where the patient resides.

- Acute HIV Infection* (1,2)
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Measles
- Melioidosis
- Meningococcal disease
- Outbreaks
  - foodborne (involving ≥ 2 persons)
  - institutional
  - unusual disease or illness (3)
- 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 (1)
- Syphilis, congenital*
- Tuberculosis*
- Tularemia
- Venezuelan equine encephalitis virus infection
- Viral hemorrhagic fever
- Yellow fever

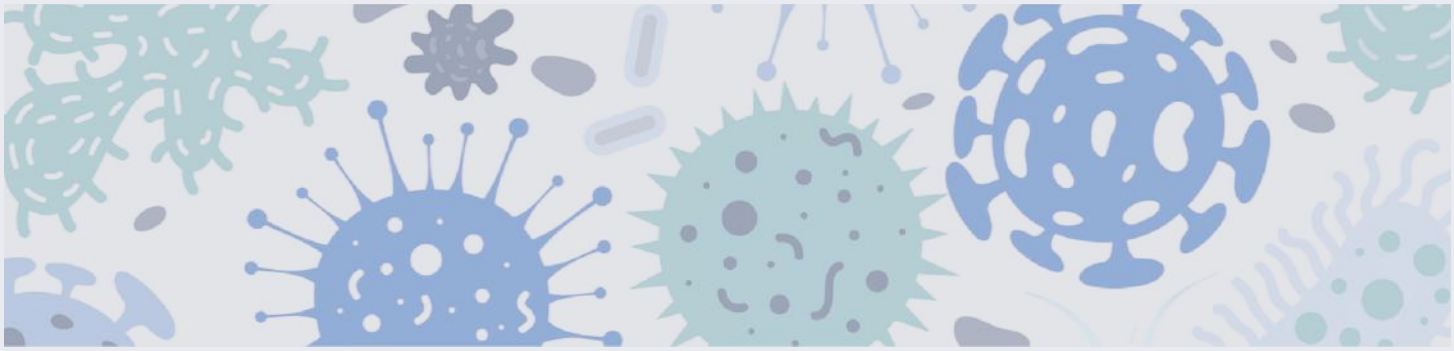
Footnotes

Category 1 Diseases

1. Report only to DPH.
2. As described in the CDC case definition.
3. Individual cases of "significant unusual illness" are also reportable.

Specialized Reporting Forms

Report Type	Fax to:
HIV Case Report Form	(860) 509-8237
Sexually Transmitted Diseases	(860) 730-8380
Tuberculosis Report Form	(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 January 2025 are in **bold font**.

- Acquired Immunodeficiency Syndrome (AIDS)* (1, 2)
- Acute flaccid myelitis
- Anaplasmosis
- Babesiosis
- Blastomycosis
- **Blood lead ≥ 3.5µg/dL in pregnant persons (4)**
- *Borrelia miyamotoi* disease
- California group arbovirus infection
- Campylobacteriosis
- *Candida auris*
- Chancroid
- Chickenpox (Varicella)*
- Chickenpox-related death*
- Chikungunya
- Chlamydia (*C. trachomatis*) (all sites)*
- COVID-19 death
- COVID-19 hospitalization
- ***Cronobacter* in infants (<1 year)**
- Cryptosporidiosis
- Cyclosporiasis
- Dengue
- E-cigarette or vaping product use associated lung injury (EVALI)*
- Eastern equine encephalitis virus infection
- *Ehrlichia chaffeensis* infection
- *Escherichia coli* O157:H7 infection
- *Escherichia coli*, invasive, in infants (<1 year)
- Gonorrhea*
- Group A Streptococcal disease, invasive (5)
- Group B Streptococcal disease, invasive (5)
- *Haemophilus influenzae* disease, invasive (5)
- Hansen's disease (Leprosy)
- Healthcare-associated infections (6)
- Hemolytic-uremic syndrome (7)
- Hepatitis A
- Hepatitis B
  - acute infection (2)
  - HBsAg positive pregnant women
- Hepatitis C
  - acute infection (2)
  - perinatal infection
  - positive rapid antibody test result
- Histoplasmosis
- HIV-1/HIV-2 infection* (1, 2)
- HPV: biopsy proven CIN 2, CIN 3, or AIS or their equivalent (1)
- Influenza-associated death
- Influenza-associated hospitalization
- Legionellosis
- Listeriosis
- Malaria
- Mercury poisoning
- Mpox
- Multisystem inflammatory syndrome in children (MIS-C)
- Mumps
- Neonatal bacterial sepsis (8)
- Occupational asthma*
- **Oropouche virus infection**
- Pertussis
- Pneumococcal disease, invasive (5)
- Powassan virus infection
- Respiratory Syncytial Virus (RSV) associated death
- RSV-associated hospitalization
- Rubella (including congenital)
- Salmonellosis
- Shiga toxin-related diseases (gasteroenteritis)
- Shigellosis
- Silicosis
- **Spotted fever rickettsiosis**
- St. Louis encephalitis virus infection
- Syphilis*
- Tetanus
- Trichinosis
- Typhoid fever
- *Vaccinia* disease
- *Vibrio* infection (*V. parahaemolyticus*, *V. vulnificus*, others)
- West Nile virus infection
- Zika virus infection

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. **Fax PD-23 to (959) 200-4751.**
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 Healthcare Associated Infections (HAIs) as required by Conn. Gen. Stat. §§ 19a-490o and 19a-215. Detailed instructions on the types of HAIs, facility types, 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.

Specialized Reporting Forms

Report Type	Fax to:
Chickenpox (Varicella) Report	(860) 707-1905
HIV Case Report Form	(860) 509-8237
Occupational Diseases Report	(860) 730-8424
Sexually Transmitted Diseases	(860) 730-8380
Vaping Lung Injury Case Report	(860) 706-1262

Contact DPH Infectious Disease Programs

Program	Phone:
Epidemiology & Emerging Infections	(860) 509-7994
Healthcare Associated Infections	(860) 509-7995
HIV/HCV Surveillance Program	(860) 509-7900
Immunization Program	(860) 509-7929
STD Control Program	(860) 509-7920
Tuberculosis Control Program	(860) 509-7722

Reportable Laboratory Findings

The director of a clinical laboratory must report laboratory evidence suggestive of reportable diseases. The Reportable Laboratory Findings Form (OL-15C) can be found on the DPH "Forms" webpage. **Note:** Reporting changes for January 2025 are in **bold font**.

- *Anaplasma phagocytophilum* PCR IgG ≥1:128 only
- *Babesia* IFA IgM (titer) IgG (titer)
  - Blood smear PCR Other:
  - *microti* *divergens* *duncani* Unspeciated
- *Blastomyces spp*
- *Bordetella pertussis* (titer)
  - Culture (1) DFA PCR
  - Non-pertussis Bordetella (1) spp
- *Borrelia burgdorferi* (2)
- *Borrelia mayonii*
- *Borrelia miyamotoi*
- California group virus (3) spp
- ***Campylobacter* (1,3)** 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 Enterobacterales (CRE) (1,3,4)
- Genus spp
- Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA) (1, 4)
- Carboxyhemoglobin > 5% (2) % COHb
- Chikungunya virus
- *Chlamydia trachomatis* (test type) PCR or other NAAT method
- *Clostridium difficile* (5)
- *Corynebacterium diphtheria* (1)
- ***Cronobacter* in infants <1 year (1,3)** spp
- *Cryptosporidium* (3) spp PCR DFA
  - EIA Microscopy Other:
- ***Cyclospora* (1,3)** spp PCR Microscopy Other:
- Dengue virus
- Eastern equine encephalitis virus
- *Ehrlichia chaffeensis* PCR IgG ≥1:128 only Culture
- Enterotoxigenic *Escherichia coli* (ETEC) PCR Culture
- *Escherichia coli* O157 (1) PCR Culture
- *Escherichia coli*, invasive (1,4)
- *Giardia* (3) spp
- 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: IgM anti-HAV (6) NAAT Positive (6)
  - ALT Total Bilirubin Not Done
- Hepatitis B:
  - HBsAg (7) Pos Neg IgM anti-HBc Pos Neg
  - HBeAg (2) Pos Neg HBV DNA (2)
  - anti-HBs (7) Pos (titer) Neg
- Hepatitis C (8):
  - Anti-HCV Pos Neg
  - PCR TMA Genotype
- Herpes simplex virus (infants < 60 days of age)
  - Culture PCR IFA Ag detection
- *Histoplasma capsulatum* PCR HSTQU Titer
- HIV Related Testing (Report only to the State) (9)
  - HIV screen (IA) Pos Neg
  - Antibody Confirmation (WB/IFA/Type-diff)
  - HIV-1: Pos Neg/Ind HIV-2: Pos Neg/Ind
  - HIV NAAT (or qualitative RNA) Det Not Det
  - HIV Viral Load (all results) copies/mL
  - HIV Genotype CD4 count: cells/uL; %
- HPV (Report only to the State) (1)
  - Biopsy proven CIN 2 CIN 3 AIS
  - or their equivalent, (specify)
- Influenza virus (report only to the State)
  - Rapid antigen (2) RT-PCR Type A Type B
  - Type Unknown Subtype:
- Lead poisoning (blood lead ≥3.5 µg/dL within 48 hrs; <3.5 µg/dL monthly)(10)
  - Fingerstick µg/dL Venous µg/dL
- Legionella spp
  - Culture (1) 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
- Monkeypox virus PCR IgM anti-MPXV 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* (spp)
- *Neisseria gonorrhoeae* (test type)
- *Neisseria meningitidis*, invasive (1,4) Culture Other:
- Neonatal bacterial sepsis (3,12) Genus spp
- **Oropouche virus**
- *Plasmodium* (1,3) spp
- Poliovirus
- Powassan virus
- Rabies virus
- ***Rickettsia*** PCR IgG ≥1:128 only Culture
  - ***akari*** ***parkeri*** *rickettsii* ***rickettsii* (sub-spp *californica*)**
- Respiratory syncytial virus
- Rubella virus (11) (titer)
- Rubeola virus (Measles) (11) (titer) PCR
- St. Louis encephalitis virus
- *Salmonella* (1,3) (serogroup & type)
  - Culture PCR
- SARS-CoV (1) IgM/IgG PCR Other
- SARS-CoV-2 (13) NAAT Antigen
- Shiga toxin (1) Stx1 Stx2 Type Unkn 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* (14)**
  - RPR (titer) FTA EIA
  - VDRL (titer) **TP-PA/TPPA** **FTA-ABS**
- *Trichinella*
- Varicella-zoster virus
  - Culture PCR DFA Other
- *Vibrio* (1,3) spp Culture PCR
- West Nile virus
- Yellow fever virus
- *Yersinia*, not pestis (3) spp Culture PCR
- Zika virus
- BIOTERRORISM AGENTS (15)
  - *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)
  - Viral agents of hemorrhagic fevers
  - Venezuelan equine encephalitis virus
  - *Yersinia pestis* (1)

Footnotes

1. Isolate/specimen submission to the State Public Health Laboratory required. See page two for submission requirements by pathogen.
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 (lymphnode, 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.
5. Report all *C. difficile* positive stool samples by electronic reporting or upon request from DPH.
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 in children ≤ 2 years old.
8. Report positive antibody, and all RNA and genotype results.
9. Report all HIV antibody, antigen, viral load, and qualitative NAAT results. Negative HIV 1/2 Ab/Ag, HIV genotype (DNA sequence) and all CD4 results are only reportable by electronic file reporting.
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. Electronic reporting preferred.
11. Report all IgM positive titers; only report IgG titers considered significant by the lab that performed the test.
12. Report all bacterial isolates from blood or CSF from infants <3 days of age.
13. Hospital laboratories and other providers with electronic reporting only.
14. Report negative TP-PA/TPPA or FTA-ABS via electronic file.
15. Call DPH:
    Weekdays (860) 509-7994
    Evenings, weekends, holidays (860) 509-8000

Supplemental Information for Isolate or Specimen Submission to the Connecticut State Public Health Laboratory

Reportable Finding	Which specimens should be submitted?
Bordetella pertussis and non-pertussis *Bordetella* spp.	Submit all isolates.
Campylobacter	Submit all isolates.
Candida auris	Submit first isolate/specimen from any source. Submit upon first identification of colonization and first identification of clinical infection. Submit additional isolates once every 30 days; additional susceptibility testing for clinical management may be requested. See *Candida* spp. for *C. auris* isolated from blood.
Candida spp.	Blood isolates only. Submit all *C. glabrata* and *C. auris* isolates. For other species, submit isolate upon identification of new species and every 30 calendar days for each species identified.
CRAB	See detailed guidance for multidrug resistant organisms.
CRE	See detailed guidance for multidrug resistant organisms.
Cronobacter in infants (<1 year)	Submit all isolates.
CRPA	See detailed guidance for multidrug resistant organisms.
Corynebacterium diphtheria	Submit all isolates.
Cyclospora	Submit positive stool.
Escherichia coli O157	Submit first isolate per specimen source. If tested by non-culture methods, send isolate if available from reflex culture; send stool/broth specimen if no isolate available.
E. coli, invasive	Cases < 1 year of age or upon request from DPH; from sterile sites.[1] Submit one isolate per specimen source per collection date.
Group A *Streptococcus*, invasive	From sterile sites.[1] Submit one isolate per specimen source per collection date.
Group B *Streptococcus*, invasive	Cases < 1 year of age only; from sterile sites.[1] Submit one isolate per specimen source per collection date.
Human papilloma virus	Upon request from DPH, submit fixed issue from the diagnostic specimen for HPV typing.
Haemophilus influenzae, invasive	From sterile sites.[1] Submit one isolate per specimen source per collection date.
Legionella spp.	Submit all isolates.
Listeria monocytogenes	Submit all isolates.
Mycobacterium tuberculosis Related Testing	Submit first isolate, unless otherwise specified by DPH.
Neisseria meningitidis, invasive	From sterile sites.[1] Submit one isolate per specimen source per collection date.
Plasmodium spp.	Submit first specimen.
Salmonella spp.	Submit first isolate per specimen source. If tested by non-culture methods, send isolate if available from reflex culture; send stool specimen if no isolate available.
SARS-CoV	Submit all positive specimens.
Shiga toxin	Submit first positive broth or stool specimen.
Shigella spp.	Submit first isolate per specimen source.
Staphylococcus aureus, vancomycin MIC ≥4 µg/mL	Submit one isolate per specimen source per collection date. *May require discussion with DPH if multiple positives identified depending upon stability of MIC values at clinical lab.*
Staphylococcus epidermidis, vancomycin MIC ≥32 µg/mL	Submit one isolate per specimen source per collection date. *May require discussion with DPH if multiple positives identified depending upon stability of MIC values at clinical lab.*
Streptococcus pneumoniae	From sterile sites.[1] Submit one isolate per specimen source per collection date.
Vibrio spp.	Submit first isolate per specimen source. If tested by non-culture methods, send isolate if available from reflex culture; send stool specimen if no isolate available.
Bioterrorism Agents	
Bacillus anthracis *Brucella* spp. *Burkholderia mallei* *Burkholderia pseudomallei* Variola virus *Yersinia pestis*	**Call DPH immediately** Weekdays: (860) 509-7994 Evenings, weekends, holidays: (860) 509-8000 Submit all specimens.

1 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.

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 REPORTING INFORMATION

1. The Reportable Disease 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.

Infectious Diseases Section Programs

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

Connecticut Epidemiologist Newsletter

Editor: Susan Petit, MPH Assistant Editor: Amanda Durante, PhD, MSc Content Design/Production: Heather Linardos, MPH