State of Connecticut
Health Insurance Portability and Accountability Act (HIPPA) Guidelines

Pursuant to Connecticut General Statutes (CGS) § 19a-2a and § 19a-215 and to the Regulations of Connecticut State Agencies Section 19a-36-A3 and Section 19a-36-A4, the requested information is required to be provided to the Department of Public Health (DPH)

Please note that CGS § 52-146o(b)(1) authorizes the release of these records to the Department without the patient's consent. Additionally, the federal Privacy Regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) also authorize you, as a provider, to release this information without an authorization, consent, release, opportunity to object by the patient, as information (i) required by law to be disclosed [HIPAA Privacy regulation, 45 CFR § 164.512(a)] and (ii) as part of the Department's public health activities (HIPAA Privacy regulation, 45 CFR § 165.512(b)(1)(i)]. The requested information is what is minimally necessary to achieve the purpose of the disclosure, and you may rely upon this representation in releasing the requested information, pursuant to 45 CFR § 164.514(d)(3)(iii)(A) of the HIPAA Privacy regulations.

PHC Section 19a-36-A4 - Content of report and reporting of reportable diseases and laboratory findings.

Each report should include: 1) name, address, and phone number of the person reporting and of the physician attending; 2) name, address, date of birth, age, sex, race/ethnicity, and occupation of person affected; and 3) the diagnosed or suspected disease, and date of onset. Reports must be mailed in envelopes marked "CONFIDENTIAL" within 12 hours of recognition or strong suspicion to the:

1. Local Director of Health of the town in which the patient resides (Canary copy)

AND

2. Connecticut Department of Public Health
410 Capitol Avenue, MS#11FDS
P.O. Box 340308
Hartford, CT 06134-0308
(White copy)

(Retain Pink copy for patient's medical record.)

PHC Section 19a-36-A3 - Persons required to report reportable diseases and laboratory findings.

1. Every health care provider who treats or examines any person who has or is suspected to have a reportable disease shall report the case to the local director of health or other health authority within whose jurisdiction the patient resides and to the DPH.
2. If the case or suspected case of reportable disease 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 DPH. 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 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 diseases shall be made to the local director of health or other health authority within whose jurisdiction the patient lives and DPH 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;
   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

December
2018

State of Connecticut

Reportable Disease Confidential Case Report Form PD-23

(rev. 01/01/2018)

Department of Public Health
410 Capitol Avenue, MS#11FDS
P.O. Box 340308
Hartford, CT 06134-0308

For information or weekday disease reporting call 860-509-7994. For reporting on evenings, weekends, and holidays call 860-509-8000.

Instructions for Submitting the PD-23

The Commissioner of the Department of Public Health (DPH) is required to declare an annual list of Reportable Diseases, Emergency Illnesses and Health Conditions, which has two parts: (A) reportable diseases; and (B) reportable emergency illnesses and conditions. This three-part form is to be used for reporting of the reportable diseases in Part A, as required under Sections 19a-36-A3 and 19a-36-A4 (see back of form) of the Public Health Code and Sections 19a-2a and 19a-215 of the Connecticut General Statutes. Mail the white copy to the Connecticut Department of Public Health, Epidemiology and Emerging Infections Program at the address above. Mail the canary copy to the Director of Health of the patient's town of residence. Retain the pink copy in the patient's medical record. Mail reports in envelopes marked "Confidential."

Use Other Forms or Methods to Report

- **Epidemiology and Emerging Infections Program** 860-509-7994
  Confidential Case Report Form PD-23 FAX 860-509-7910
  Hospitalized and Fatal Cases of Influenza Case Report Form
- **Healthcare-associated Infections** 860-509-7995
  Use the National Healthcare Safety Network (NHSN)
- **HIV/AIDS** 860-509-7900
  Adult HIV Confidential Case Report Form
- **Immunization Program** 860-509-7929
  Chickenpox (Varicella) Case Report Form
- **Occupational Diseases** 860-509-7740
  Physician's Report Form
- **Sexually Transmitted Diseases** 860-509-7920
  STD-23 Form
- **Tuberculosis** 860-509-7722
  Tuberculosis Surveillance Report Form

Category 1 Diseases: Report immediately by telephone (860-509-7994) on the day of recognition or strong suspicion of disease for those diseases marked with a telephone (☎). On evenings, weekends, and holidays call 860-509-8000. These diseases must also be reported by mail within 12 hours.

Category 2 Diseases: All other diseases not marked with a telephone must be reported by mail within 12 hours of recognition or strong suspicion.

PART A: REPORTABLE DISEASES

Acquired Immunodeficiency Syndrome (1,2)
Acute flaccid myelitis
☎ Anthrax
Babesiosis
☎ Botulism
☎ Brucellosis
California group arbovirus infection
Campylobacteriosis
Candida auris
Carbon monoxide poisoning (3)
Chancroid
Chickenpox
Chickenpox-related death
Chikungunya
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 (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 tuberculosis 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 (7)
Influenza-associated hospitalization (7)
Legionellosis
Listeriosis
Lyme disease
Malaria
☎ Measles
☎ Melioidosis
☎ Meningococcal disease
Mercury poisoning
Mumps
Neonatal bacterial sepsis (8)
Neonatal herpes (≤ 60 days of age)
Occupational asthma
☎ Outbreaks:
- foodborne (involving ≥ 2 persons)
- institutional
- unusual disease or illness (9)

Pertussis
☎ Plague
Pneumococcal disease, invasive (4)
☎ Poliomyelitis
☎ Q fever
☎ Rabies
☎ Ricin poisoning
Rocky Mountain spotted fever
Rubella (including congenital)
Salmonellosis
☎ SARS-CoV
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 (4, 10)
Staphylococcus epidermidis disease, reduced or resistant susceptibility to vancomycin (1)
Syphilis
Tetanus
Trichinosis
☎ Tuberculosis
☎ Tularemia
Typhoid fever
Vaccinia disease
☎ Venezuelan equine encephalitis virus infection
Vibrio infection (*parahaemolyticus*, *vulnificus*, other)
☎ Viral hemorrhagic fever
West Nile virus infection
☎ Yellow fever
Zika virus infection

FOOTNOTES

1. Report only to State.
2. As described in the CDC case definition.
3. Includes persons being treated in hyperbaric chambers for suspect CO poisoning.
4. Invasive disease: 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. Detailed instructions on the types of HAIs, facility types and locations, and methods of reporting are available on the DPH website: http://portal.ct.gov/dph/Infectious-Diseases/HAI/Healthcare-Associated-Infections-HAIs.
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 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.

State of Connecticut

Reportable Disease Confidential Case Report Form PD-23

(rev. 01/01/2018)

Department of Public Health
410 Capitol Avenue, MS#11FDS
P.O. Box 340308
Hartford, CT 06134-0308

Date Completed:

☐ **Check for additional PD-23 forms, or call 860-509-7994.**

For information or weekday disease reporting, call 860-509-7994.
For reporting on evenings, weekends, and holidays, call 860-509-8000.

PLEASE PRINT

Disease & Patient Information

Disease Name ____ **Patient Name** (Last, First, MI) ____ **Age** ____ **Date of Birth** ____ **Parent or Guardian Name** ____

Address (Street, City, State, Zip Code) ____ **Phone** ____ ☐ Cell ☐ Home ☐ Work

Gender
☐ Male
☐ Female
☐ Other specify: ____
☐ Unknown

Race
☐ White ☐ Black/African American
☐ Asian ☐ American Indian/Alaska Native
☐ Native Hawaiian/Other Pacific Islander
☐ Unknown ☐ Other specify: ____

Hispanic/Latino
☐ Yes
☐ No
☐ Unknown

Primary Language Spoken
☐ English
☐ Spanish
☐ Other: ____

Is Patient Pregnant
☐ Yes – Due date: ____
☐ No
☐ Unknown

Did Patient Die of Illness
☐ Yes
☐ No
☐ Unknown

Is Condition Work Related
☐ Yes – Occupation: ____
☐ No
☐ Unknown

Is patient a (please check)
☐ Health care worker ☐ Student/Day care attendee
☐ Day care worker ☐ Food handler ☐ LTC Facility resident

Name and address of workplace, school, day care or other facility: ____

Did patient have recent international travel
☐ Yes ☐ No ☐ Unknown
Country visited: ____
Dates visited from: ____
to: ____

Clinical & Laboratory Information

Onset Date ____ **Diagnosis Date** ____

Confirmatory information, include laboratory data, immunization status, dates, and specific comments:

If specimen obtained, collection date: ____

Provider/Reporter & Hospital Information

Healthcare Provider ____ **Phone** ____ **Facility Name** ____ **Address** ____

Person Completing Report ____ **Phone** ____ **Fax** ____ **Report Date** ____ **Address** (if different from above) ____

Hospital Name ____ **City** ____ **State** ____ **Date Admitted** ____ **Date Discharged** ____ **Patient ID#** ____

Viral Hepatitis

Symptoms: ☐ Yes ☐ No Onset date: ____
Jaundice: ☐ Yes ☐ No Onset date: ____
ALT Result: ____ ALT date: ____
AST Result: ____ AST date: ____
IgM anti-HAV: ☐ Positive ☐ Negative ☐ Not Done
HBsAg: ☐ Positive ☐ Negative ☐ Not Done
IgM anti-HBc: ☐ Positive ☐ Negative ☐ Not Done
Anti-HCV: Method: ☐ Rapid ☐ Serology
☐ Positive ☐ Negative ☐ Not Done
HCV confirmed by: ☐ RNA ☐ Value: ____
HBV Chronic/Carrier: ☐ Yes ☐ No ☐ Unknown
Risk Factors: ☐ IDU ☐ Non-injection street drugs
☐ Hemodialysis ☐ Multiple sex partners
☐ Perinatal (infected mom to baby)
☐ Contact w/ infected person (☐ household ☐ sexual)
☐ Blood Transfusion ☐ Incarcerated (☐ present ☐ past)
☐ MSM (men who have sex with men) ☐ Other: ____

Lyme disease surveillance case definition signs and symptoms

Physician diagnosed EM rash ≥ 5cm	☐ Yes	☐ No	☐ Unknown
Arthritis (objective joint swelling)	☐ Yes	☐ No	☐ Unknown
Bell's palsy or other cranial neuritis	☐ Yes	☐ No	☐ Unknown
Radiculoneuropathy	☐ Yes	☐ No	☐ Unknown
Lymphocytic meningitis	☐ Yes	☐ No	☐ Unknown
Encephalomyelitis	☐ Yes	☐ No	☐ Unknown
If yes, is antibody to *B. burgdorferi* higher in CSF than serum	☐ Yes	☐ No	☐ Unknown
Myocarditis	☐ Yes	☐ No	☐ Unknown
2nd or 3rd degree atrioventricular block	☐ Yes	☐ No	☐ Unknown
Was patient diagnosed with Lyme disease in current year?	☐ Yes	☐ No	☐ Unknown

Lyme disease laboratory results

EIA/IFA
☐ Positive ☐ Negative ☐ Unknown

Culture
☐ Positive ☐ Negative ☐ Unknown

Western Blot: IgM
☐ Positive ☐ Negative ☐ Unknown

Western Blot: IgG
☐ Positive ☐ Negative ☐ Unknown