



State of Connecticut
Reportable Disease Confidential Case Report Form PD-23
 (rev. 01/01/2021)

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." Fillable PDF forms are found at: <https://portal.ct.gov/DPH/Communications/Forms/Forms>.

Use Other Forms or Methods to Report

Epidemiology and Emerging Infections Program	860-509-7994	Immunization Program	860-509-7929
Confidential Case Report Form PD-23	FAX 860-509-7910	Chickenpox (Varicella) Case Report Form	
Hospitalized and Fatal Cases of Influenza Case Report Form		Occupational Diseases	860-509-7740
Healthcare-associated Infections	860-509-7995	Physician's Report Form	
Use the National Healthcare Safety Network (NHSN)		Sexually Transmitted Diseases	860-509-7920
HIV/AIDS	860-509-7900	STD-23 Form	FAX 860-509-7275
Adult HIV Confidential Case Report Form	FAX 860-509-8237	Tuberculosis	860-509-7722
Injury and Violence Surveillance Unit	860-509-8251	Tuberculosis Surveillance Report Form	FAX 860-509-7743
E-cigarette or vaping product use associated lung injury (EVALI) Case Report Form	FAX 860-509-7910		

- 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)	Hepatitis B	Pneumococcal disease, invasive (3)
Acute flaccid myelitis	• acute infection (2)	☎ Poliomyelitis
☎ Acute HIV infection	• 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 latent tuberculosis infection	☎ SARS-CoV
<i>Candida auris</i>	• persons of any age	Shiga toxin-related disease (gastroenteritis)
Chancroid	• pregnant women	Shigellosis
Chickenpox	HPV: biopsy proven CIN 2, CIN 3, or AIS or their equivalent (1)	Silicosis
Chickenpox-related death	Influenza-associated death (6)	☎ Smallpox
Chikungunya	Influenza-associated hospitalization (6)	☎ St. Louis encephalitis virus infection
Chlamydia (<i>C. trachomatis</i>)(all sites)	Legionellosis	☎ Staphylococcal enterotoxin B pulmonary poisoning
☎ Cholera	Listeriosis	☎ <i>Staphylococcus aureus</i> disease, reduced or resistant susceptibility to vancomycin (1)
Coronavirus disease 2019 (COVID-19)	Lyme disease	<i>Staphylococcus aureus</i> methicillin-resistant disease, invasive, community acquired (3, 9)
COVID-19 Hospitalizations	Malaria	<i>Staphylococcus epidermidis</i> disease, reduced or resistant susceptibility to vancomycin (1)
☎ Cryptosporidiosis	☎ Measles	Syphilis
Cyclosporiasis	☎ Melioidosis	Tetanus
Dengue	☎ Meningococcal disease	Trichinosis
☎ Diphtheria	Mercury poisoning	☎ Tuberculosis
E-cigarette or vaping product use associated lung injury (EVALI)	Multisystem inflammatory syndrome in children	☎ Tularemia
Eastern equine encephalitis virus infection	Mumps	Typhoid fever
<i>Ehrlichia chaffeensis</i> infection	Neonatal bacterial sepsis (7)	Vaccinia disease
<i>Escherichia coli</i> O157:H7 gastroenteritis	Neonatal herpes (≤ 60 days of age)	☎ Venezuelan equine encephalitis virus infection
Gonorrhea	Occupational asthma	<i>Vibrio</i> infection (<i>parahaemolyticus</i> , <i>vulnificus</i> , other)
Group A Streptococcal disease, invasive (3)	☎ Outbreaks:	☎ Viral hemorrhagic fever
Group B Streptococcal disease, invasive (3)	• foodborne (involving ≥ 2 persons)	West Nile virus infection
<i>Haemophilus influenzae</i> disease, invasive (3)	• institutional	☎ Yellow fever
Hansen's disease (Leprosy)	• unusual disease or illness (8)	Zika virus infection
Healthcare-associated infections (4)	Pertussis	
Hemolytic-uremic syndrome (5)	☎ Plague	
Hepatitis A		

FOOTNOTES

- Report only to State.
- As described in the CDC case definition.
- Invasive disease: from sterile fluid (blood, CSF, pericardial, pleural, peritoneal, joint or vitreous), bone, internal body site, 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: <http://www.portal.ct.gov/DPH/Infectious-Diseases/HAI/Healthcare-Associated-Infections-HAIs>.
- 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 submitting the Hospitalized and Fatal Cases of Influenza-Case Report Form in a manner specified by the DPH.
- 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.



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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.

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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
				<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Gender	Race (check all that apply)		Hispanic/Latino	
<input type="checkbox"/> Male	<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Yes	
<input type="checkbox"/> Female	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> No	
<input type="checkbox"/> Other specify: _____	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Other specify: _____	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown			
Primary Language Spoken	Is Patient Pregnant	Did Patient Die of Illness	Is Condition Work Related	
<input type="checkbox"/> English	<input type="checkbox"/> Yes – Due date: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes – Occupation: _____	
<input type="checkbox"/> Spanish	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	
Is patient a (please check)			Did patient have recent international travel	
<input type="checkbox"/> Health care worker	<input type="checkbox"/> Student/Day care attendee		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<input type="checkbox"/> Day care worker	<input type="checkbox"/> Food handler <input type="checkbox"/> LTC Facility resident		Country visited: _____	
Name and address of workplace, school, day care or other facility: _____			Dates visited from: _____	
			to: _____	

Clinical & Laboratory Information

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

Onset Date **Diagnosis Date**

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

Perinatal:

HBV: Yes No
 HCV: Yes No

Symptoms: Yes No Onset Date: _____

Jaundice: Yes No Onset Date: _____

ALT Result: _____ Test Date: _____

Bilirubin Result: _____ Test Date: _____

IgM anti-HAV: Pos Neg Test Date: _____

HBSAg: Pos Neg Test Date: _____

IgM anti-HBc: Pos Neg Test Date: _____

Anti-HCV: Method: Rapid Serology
 Pos Neg Test Date: _____

HCV confirmed by: RNA Value: _____ Test Date: _____

HCV negative antibody test within the last 12 months

HBV Chronic/Carrier: Yes No Unknown

Risk Factors: IDU Non-injection street drugs

- Hemodialysis Multiple sex partners
- 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

When testing for Lyme disease consider testing for other tick-borne diseases.

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

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

Western Blot: IgM

Positive Negative Unknown

Culture

Positive Negative Unknown

Western Blot: IgG

Positive Negative Unknown



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