



State of Connecticut

Reportable Disease Confidential Case Report Form

PD-23 Revised, 5/05/2023

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

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 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.

The PD-23 is the general disease reporting form and should be used if other specialized forms are not available. PD-23 forms may either be faxed to 860-920-3131 or submitted by hospital IPs directly into CTEDSS (where applicable). Copies must also be sent to the Director of Health of the city or town where the patient lives and kept in the patient's medical record. A fillable PDF of the PD-23 and contact information for the Directors of Health of all cities and towns in CT are available on the DPH website. For questions about entering PD-23s directly into CTEDSS, e-mail dph.ctedss@ct.gov.

Use of Other Forms and Methods to Report:

Epidemiology & Emerging Infections Program 860-509-7994
Hospitalized & Fatal Cases of Influenza FAX 860-920-3131
Healthcare-Associated Infections 860-509-7995
Use the CDC's National Healthcare Safety Network (NHSN)
HIV/AIDS 860-509-7900
Adult HIV Confidential Report FAX 860-509-8237
Injury and Violence Surveillance Unit 860-509-7805
E-cigarette or Vaping Product Use Associated Lung Injury Case Report Form FAX 860-706-1262

Immunization Program 860-509-7929
Chickenpox (Varicella) Report Form FAX 860-707-1905
Occupational Diseases 860-509-7740
Physician's Report Form FAX 860-730-8424
Sexually Transmitted Diseases 860-509-7920
STD-23 Form FAX 860-730-8380
Tuberculosis 860-509-7722
Tuberculosis Surveillance Report Form FAX 860-730-8271

Category 1 Diseases: For diseases marked with a ☎, report to DPH at 860-509-7994 on the day of recognition or strong suspicion. On evenings, weekends, and holidays call (860) 509-8000. A PD-23 must be submitted within 12 hours.

Category 2 Diseases: All other diseases do not require a phone call but must be reported electronically or by fax within 12 hours. A Hospital IP entering a case in CTEDSS (where applicable) satisfies the reporting requirement.

PART A: REPORTABLE DISEASES

Acquired Immunodeficiency Syndrome (1,2)	Hepatitis A	☎ Plague
Acute flaccid myelitis	Hepatitis B	Pneumococcal disease, invasive (3)
☎ HIV infection (Acute)	• acute infection (2)	☎ Poliomyelitis
☎ Anthrax	• HBsAg positive pregnant women	Powassan virus infection
Babesiosis	Hepatitis C	☎ Q fever
<i>Borrelia miyamotoi</i> disease	• acute infection (2)	☎ Rabies
☎ Botulism	• perinatal infection	☎ Ricin poisoning
☎ Brucellosis	• positive rapid antibody test result	Rocky Mountain spotted fever
California group arbovirus infection	HIV-1/HIV-2 infection in: (1)	Rubella (including congenital)
Campylobacteriosis	• persons with active tuberculosis disease	Salmonellosis
<i>Candida auris</i>	• persons with latent tuberculosis infection (history or tuberculin skin test >5mm induration by Mantoux technique)	☎ Severe Acute Respiratory Syndrome (SARS)
Chancroid	• persons of any age	Shiga toxin-related disease (gastroenteritis)
Chickenpox	• pregnant women	Shigellosis
Chickenpox-related death Chikungunya	HPV: biopsy proven CIN 2, CIN 3, or AIS or their equivalent (1)	Silicosis
Chlamydia (<i>C. trachomatis</i>) (all sites)	Influenza-associated death (6)	☎ Smallpox
☎ Cholera	Influenza-associated hospitalization (6)	St. Louis encephalitis virus infection
☎ Congenital Syphilis	Legionellosis	☎ Staphylococcal enterotoxin B pulmonary poisoning
COVID-19 (SARS-CoV-2 Coronavirus)	Listeriosis	☎ <i>Staphylococcus aureus</i> disease, reduced or resistant susceptibility to vancomycin (1)
COVID-19 Deaths	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 of vaping product use associated lung injury (EVALI)	Mpox disease	☎ Tularemia
Eastern equine encephalitis virus infection	Multisystem inflammatory syndrome in children	Typhoid fever
<i>Ehrlichia chaffeensis</i> infection	Mumps	Vaccinia disease
<i>Escherichia coli</i> O157:H7 infection	Neonatal bacterial sepsis (7)	☎ 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 West Nile virus infection
Group B Streptococcal disease, invasive (3)	• foodborne (involving ≥ 2 persons)	☎ Yellow fever
<i>Haemophilus influenzae</i> disease, invasive (3)	• institutional	Zika virus Infection
Hansen's disease (Leprosy)	• unusual disease or illness (8)	
Healthcare-associated infections (4)	Pertussis	
Hemolytic-uremic syndrome (5)		

On weekdays, for information or Category 1 disease reporting call 860-509-7994. For reporting on evenings, weekends and holidays call 860-509-8000.

FOOTNOTES:

- Report only to DPH.
- As described in the CDC case definition (<https://ndc.services.cdc.gov/>).
- Invasive disease: from sterile fluid (blood, CSF, pericardial, pleural, peritoneal, joint, or vitreous), bone, internal body sites, 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.
- On request from the DPH and if adequate serum is available, send serum from patients with HUS to the DPH Laboratory for antibody testing.
- Submit the Hospitalized and Fatal Cases of Influenza form as specified. For influenza Hospitalizations, Electronic Medical Record access is required.
- 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.

**State of Connecticut****Reportable Disease Confidential Case Report Form PD-23**

Revised, 04/20/2023

CT Department of Public Health (DPH)

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.

Disease Name**Patient Name** (Last, First, MI)**Date of Birth****Age****Parent/Guardian Name** (If patient is a minor)**Address** (Street, City, State, Zip Code)**Phone Number**

- ☐ Cell
☐ Home
☐ Work

Gender ☐ Male ☐ Female ☐ Intersex ☐ Unknown**Race** (check all that apply) ☐ White ☐ Black/African American ☐ Asian ☐ Native Hawaiian /Other Pacific Islander☐ American Indian/Alaska Native ☐ Other, specify: _____ ☐ Unknown**Hispanic/Latino** ☐ Yes ☐ No ☐ Unknown**Primary Language** ☐ English ☐ Spanish ☐ Other, specify: _____**Is Patient Pregnant?** ☐ No ☐ Unknown ☐ Yes Due date: _____**Is Condition Work-Related?** ☐ No ☐ Unknown ☐ Yes List occupation: _____**Is Patient a...** (check if category applies) ☐ Health Care Worker ☐ Day Care Worker ☐ Student/Day Care Attendee☐ Food Handler ☐ LTC Facility Resident ☐ Current or Former Jail or Prison Inmate

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

Has patient traveled internationally recently? ☐ No ☐ Unknown ☐ Yes Country visited _____

Dates 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**Ordering Healthcare Provider****Phone****Facility Name****Address****Person Completing Report****Phone****Report Date****Address** (if different from above)**Hospital/Facility Name****City****State****Date Admitted****Date Discharged****Viral Hepatitis**Perinatal:HBV: ☐ Yes ☐ No HCV: ☐ Yes ☐ NoSymptoms: ☐ 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: _____Anti-HCV: Method: ☐ Rapid ☐ Serology☐ Pos ☐ Neg Test Date: _____HCV confirmed by: ☐ RNA ☐ Value: _____ Test Date: _____☐ HCV negative antibody test within the last 12 monthsHBV Chronic/Carrier: ☐ Yes ☐ No ☐ UnknownRisk Factors: ☐ IDU ☐ Non-injection street drugs☐ Hemodialysis ☐ Multiple sex partners☐ Contact w/ infected person (☐ household ☐ sexual)☐ Blood Transfusion ☐ Incarcerated ☐ current ☐ past☐ MSM (men who have sex with men) ☐ Other: _____



Health Insurance Portability and Accountability Act (HIPAA) 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 submitted to DPH electronically through CTEDSS or faxed within 12 hours of recognition or strong suspicion and also faxed to the Local Director of Health of the town in which the patient lives. A copy of all reporting forms should also be kept in the 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.