REPORTABLE INFECTIOUS DISEASES REFERENCE MANUAL

Reportable Infectious Disease Follow-up For the State and Local Health Departments

Connecticut Department of Public Health
Infectious Diseases Section

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Connecticut Department of Public Health
Public Health Initiatives Branch
Infectious Diseases Section

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Introduction

PURPOSE OF REPORTABLE INFECTIOUS DISEASES REFERENCE MANUAL

The *Connecticut* R*eportable Infectious Diseases Reference Manual* contains the recommendations of the Infectious Diseases Section, Connecticut Department of Public Health (DPH) regarding the responsibilities of DPH and local health departments (LHDs) for reportable infectious disease case investigation and follow-up. Intended primary users are health directors, public health nurses, sanitarians, and other LHD personnel in Connecticut.

The DPH and LHDs each play significant and complementary roles in the control and prevention of infectious diseases. Rapid response to disease reports is enhanced by knowledge of current investigative and follow-up resources. This reference manual gives local health department staff ready access to information on infectious disease agents, reporting requirements, and control measures.

In the reference manual, diseases are categorized into the following sections: those indicative of bioterrorism, foodborne, sexually transmitted, vaccine-preventable, vectorborne, and other diseases of public health significance. Within each section, diseases are listed alphabetically. Within each disease topic, the user will find information essential to disease case follow-up and control measures, and a fact sheet. This information is derived from the following resources outlining the gold standards of public health practice: the Control of Communicable Diseases Manual, 20th Edition (American Public Health Association, David L. Heymann, MD, Editor); the Red Book: 2012 Report of the Committee on Infectious Diseases, 29th Edition (American Academy of Pediatrics, Larry K. Pickering, MD, FAAP, Editor); and the following Centers for Disease Control and Prevention (CDC) website: http://www.cdc.gov/. Section 7 contains forms and questionnaires for standardizing disease follow-up.

REPORTABLE DISEASE FOLLOW-UP IN CONNECTICUT

Reportable Diseases Listing

Connecticut General Statutes (CGS) § 19a-2A and §s 19a-36-A2 of the Connecticut Public Health Code mandate the Commissioner of DPH to issue a list of reportable diseases and reportable laboratory findings on an annual basis. An advisory committee of public health officials, clinicians, and laboratorians contribute to the process.

Mandated Reporting

CGS § 19a-215b and §s 19a-36-A3 of the Public Health Code require that health care providers, including administrators of health care facilities, report the diseases listed in the *List of Reportable Diseases* (Attachment A). These reports are confidential (pursuant to CGS § 19a-25 and § 19a-215d,e) and fall into two categories:

- **Category 1**: These diseases are reportable immediately by telephone on the day of recognition or strong suspicion. On weekdays, reports must be made to the DPH and LHD; on evenings and weekends, these reports must be made to the DPH. A Confidential Disease Report (PD-23) (Attachment B) or a disease-specific report form should be mailed to both the DPH and LHD within 12 hours.

- **Category 2**: These diseases are reportable by mail within 12 hours of recognition or strong suspicion to both the DPH and LHD.

Section 19a-36-A3 of the Public Health Code also requires that directors of clinical laboratories must report to DPH any laboratory evidence suggestive of diseases listed in the Laboratory Report of Significant Findings (Attachment C). A completed Form OL-15C (Attachment D) should be mailed to both the DPH and LHD of the town in which the patient resides.

Authority to Conduct Case Follow-up

CGS §19a-215d grants authority to the DPH and the LHD director or his/her authorized personnel to contact the reporting physician (if able to be located) and the person with a reportable condition for the purposes of disease control. All information collected, as part of this follow-up investigation, is considered confidential, pursuant to § 19a-25.

Reportable Disease Follow-up by the State and Local Health Departments

The following reflects the recommendations of the Infectious Diseases Section of the Department of Public Health (DPH) regarding responsibility for follow-up of reportable infectious diseases to obtain additional surveillance data and to implement control measures.

***Diseases for which the* DPH *takes primary responsibility for obtaining surveillance and additional case information*.**

The DPH is responsible for obtaining additional case data for a number of diseases that are reportable to the CDC. For some diseases, federal funding has been awarded to enable follow-up specifically for surveillance purposes.

The additional information is usually obtained by either calling the reporting source or mailing a more detailed report form. The assistance of the local health department is usually not required, *unless there is an urgent need to simultaneously initiate control measures* for the following diseases.

Anaplasma	Healthcare-associated infections	Salmonellosis
AIDS	Hemolytic-uremic syndrome	SARS-CoV
Anthrax	Hepatitis B in Pregnant women	Shiga toxin-related disease (gastroenteritis)
Babesiosis	HIV	Silicosis
Botulism	HPV	Smallpox
Brucellosis	Influenza-associated death	St. Louis encephalitis virus infection
California Group arbovirus infection	Influenza-associated hospital	Staph enterotoxin B pulmonary poisoning
Carbapenem-resistant enterobacteriaceae	Lead toxicity	*Staph aureus* disease
Carbon monoxide poisoning	Legionellosis	*Staph aureus* Methicillin resistant
Chickenpox-related death	Listeriosis	*Staph epidermidis* disease
Chikungunya virus	Lyme disease	Syphilis
Cholera	Malaria	Tetanus
Cyclosporiasis	Melioidosis	Trichinosis
Dengue	Mercury poisoning	Tularemia
EEE virus infection	Neonatal herpes	Vaccinia disease
Ehrlichia chaffeensis i	Neonatal bacterial sepsis	Venezuelan equine encephalitis
E. coli O157:H7	Occupational asthma	Viral hemorrhagic fever
Glanders	Plague	West Nile virus infection
Group A Streptococcal disease	Pneumococcal disease	Yellow fever
Group B Streptococcal disease	Q fever	
Haemophilus influenzae disease	Rabies	
Hansen's disease (Leprosy)	Ricin poisoning	
	Rocky Mountain spotted fever	
	Rotavirus	

Diseases for which the* LHD *takes primary responsibility for obtaining additional surveillance data and case information.

The following diseases are those for which the local health department has primary responsibility for obtaining surveillance data, including completing state and/or CDC case report forms if indicated, and assuring that appropriate control measures are being taken independently of any assistance from the DPH.

Campylobacteriosis	Hepatitis B
Chancroid	Hepatitis C
Chlamydia	Shigellosis
Cryptosporidiosis	Typhoid fever
Giardiasis	*Vibrio* infection, non-cholera
Gonorrhea	Yersiniosis

Diseases for which the* DPH *assumes responsibility for follow-up and control. The following diseases are ones for which DPH staff actively do the necessary follow-up.

Botulism
Activities include ensuring that appropriate diagnostic evaluation is done, interviewing suspect cases for possible exposures, and coordinating shipment of antitoxins from the CDC.

Dengue Fever
Activities include determining if and where the diagnosed individual travelled during incubation. If the case is determined to be locally acquired (within the United States), detailed clinical history is obtained and shared with CDC.

Hepatitis B in Pregnant Women
The DPH hepatitis B perinatal prevention staff perform surveillance (contact providers of all HBsAg+ women aged 12 – 45 years) to identify pregnant HBsAg carriers and initiate the following prevention measures to assure that: the prospective mothers receive prenatal education; information on the mother's carrier status is transferred to hospital-based providers and pediatricians; the infant is vaccinated and tested in a timely manner; and household contacts are educated, tested, and vaccinated if needed.

HIV
Activities include interviewing selected referrals for contacts and counseling them.

Syphilis
Activities include interviewing primary, secondary, and early latent cases for contacts and performing partner clinic referrals. They also include follow-up of

selected positive laboratory results to ensure that appropriate therapy has been given.

Diseases with joint responsibility for follow-up and control.

For some diseases, follow-up for both investigation and control is a joint responsibility. In general, the primary role of the DPH is to assure that appropriate investigative/control action is being taken on each case. The role of the local health department is to take the necessary action. If local health departments do not have the resources, DPH may perform the necessary investigation and control actions.

Foodborne Outbreak Investigations
Foodborne outbreak investigations provide an opportunity to determine the epidemiology of foodborne illness and identify the etiologic agent. The DPH Epidemiology Program Staff will work with the LHD to assure that an appropriate epidemiologic investigation is conducted.

Foodborne outbreak investigations can also result in the identification of specific contributing factors that lead to control of the immediate situation and development of practical and effective methods of preventing future outbreaks. The Food Protection Program will work with the LHD to assess food handling practices and implement control measures.

Chickenpox/Measles/Mumps/Pertussis/Polio/Rubella/Diphtheria
The DPH Immunization Program staff assures that appropriate diagnostic work has been done and works with local health department staff to assure that contacts to each case have been identified and that appropriate recommendations for vaccination, exclusion, etc., have been made.

***Haemophilus influenzae* disease/Meningococcal disease**
The DPH Epidemiology Program staff assures that appropriate diagnostic work has been done and works with local health department staff to assure that close contacts have been identified and referred to their physicians for prophylactic treatment.

Hepatitis A
The DPH Field Epidemiology staff conduct follow-up with the clinical lab or physician to ascertain if the report meets the hepatitis A surveillance case definition (http://www.cdc.gov/osels/ph_surveillance/nndss/phs/infdis.htm#top). If not a case, the local health department is notified that there is no need for further follow-up. If case is confirmed local health department staff completes the case investigation and assist with appropriate prophylaxis when necessary.

Tuberculosis

The DPH Tuberculosis Control Program staff work with LHD staff to ensure that a treatment plan is developed, a contact investigation is done on each case, those infected are offered preventive therapy, and progress with completing therapy is monitored.

What is Maven CTEDSS?

Maven is Connecticut's electronic disease surveillance system (CTEDSS). Maven is web-based system that can be used to share information between local health departments and the DPH. Interview data for foodborne disease follow-up can be directly entered into Maven, and LHDs can complete follow-up forms online without sending the hardcopies to DPH. With Maven, local health staff are also able to generate reports of case data for their jurisdiction.

The CT DPH continues to expand disease reporting in Maven. One of the system's main benefits is that it is able to receive electronic disease reports. Local health departments will be able to access all of their disease reports in Maven when electronic laboratory reporting is fully implemented. Although most diseases are still reported to DPH on paper-based forms, we anticipate transitioning to electronic laboratory reporting over the next several years.

WHAT IS FOODNET?

The Foodborne Diseases Active Surveillance Network (FoodNet) is a collaborative project between the DPH, CDC, and Yale University. It is the principle foodborne disease component of the CDC Emerging Infections Program (EIP). The objectives of FoodNet are to describe the epidemiology of emerging foodborne pathogens, estimate the frequency and severity of foodborne diseases that occur in the United States each year, and determine the proportion of specific foodborne diseases associated with certain contaminated foods.

Currently, FoodNet conducts active surveillance for nine foodborne pathogens: campylobacteriosis, cryptosporidiosis, cyclosporiasis, *Escherichia coli* O157:H7 and other shiga toxin-producing *E. coli*, listeriosis, salmonellosis, shigellosis, yersiniosis, and *Vibrio* infections. Data from FoodNet is also used to assist in the evaluation of new food safety programs and regulations.

Each year, as part of multi-site foodborne disease research studies, FoodNet staff may interview cases of specific types of foodborne disease to determine risk factors for acquiring infection. The DPH notifies directors of health of these

activities each year to request continued collaboration on follow-up interviews of cases to minimize the potential for duplication of efforts.

What is FoodCORE?

Beginning in 2012, the DPH was awarded CDC funding to join the Foodborne Diseases Centers for Outbreak Response Enhancement (FoodCORE), which focuses on developing new and better methods to detect, investigate, respond to, and control local and multistate foodborne disease outbreaks. A primary focus of FoodCORE is to conduct rapid interviews of all cases of *Salmonella*, Shiga-toxin producing *Escherichia coli* (STEC), and Listeria (SSL).

CONFIDENTIALITY

The information that public health officials collect as part of disease follow-up contains identifiable health data. Identifiable health data is any item, collection, or grouping of health data that makes the individual or organization supplying it or described in it identifiable. Identifiable health data cannot be disclosed unless it is:

- Needed to protect the health, life, well being of the person with a reportable disease or condition pursuant to CGS §19a-215;
- Needed for disease prevention and control pursuant to CGS §19a-215 or for the purpose of reducing morbidity and mortality from any cause or condition;
- Needed for bona fide medical and scientific research;

Both state and local public health officials are required to make every effort to limit the disclosure of identifiable health data to the minimal amount necessary to accomplish the public health purpose. Administrative and support staff, interns, and local board of health members who may be aware of personal information on a case should be familiar with maintaining confidentiality.

We encourage all LHDs to have on file a written confidentiality policy and standard confidentiality agreement form for all LHD staff involved in infectious disease follow-up and control including clerical staff who open mail and information technology (IT) staff with system administrator privileges. Please see Attachment F for the confidentiality statement that DPH uses.

The DPH also encourages you to utilize a confidential fax machine for infectious disease reporting, investigation, and control. This machine should be located in a secured area where disease control staff work and should not be accessible to the general public.

All confidential disease records should be stored in a locked file cabinet and, when possible, in a room that can be locked. If confidential case information is being entered into electronic databases or other computer programs, all computers should be password protected to ensure confidentiality.

Important Points Regarding Confidentiality

- The information that public health officials collect as part of disease follow-up contains identifiable health data.
- Limit the disclosure of identifiable health data to the minimal amount necessary to accomplish the public health purpose.
- Confidential information can be released only to those who "need to know" to accomplish the public health purpose. Those to whom it is released must maintain confidentiality.
- When mailing case report forms, stamp envelopes "CONFIDENTIAL." If reporting by fax, be certain that the receiving number is a confidential fax.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

Background

The privacy provisions of the federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), apply to health information created or maintained by health care providers who engage in certain electronic transactions, health plans, and health care clearinghouses. The Department of Health and Human Services (HHS) has issued regulations, "Standards for Privacy of Individually Identifiable Health Information," applicable to entities covered by HIPAA. The intent of HIPAA, which went into effect on April 14, 2003, was to establish national standards for consumer privacy protection and insurance market reform. In some instances, confusion about the intent and implementation of the rules has resulted in health care providers refusing public health officials access to patient records and is having unintended consequences on some of the core functions of public health.

Connecticut General Statutes

Hospitals and providers must be compliant with HIPAA requirements. Due to the importance of protecting the public's health, state and local health departments are authorized by law to collect personal information as part of such activities. However, because of HIPPA, hospitals and providers may question our ability to collect this information. The following statement, developed by DPH attorneys, can be used with hospitals or providers who question our ability to collect personal information from medicals records for patients with reportable diseases without their consent.

"Pursuant to Connecticut General Statutes §19a-2a and §19a-215 and the Regulations of Connecticut State Agencies §s19a-36-A3-4, the requested information is required to the Department of Public Health."

Please note that Connecticut General Statutes § 52-146(b) (1) authorizes the release of these records to the Department without the patient's consent. Additionally, HIPAA also authorizes you 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 42 CFR §164, 512 (a)] and (ii) as part of the Department's public health activities [HIPPA Privacy regulation §164.512(b)]. 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 42 CFR § 64.514(d)(3)(iii)(A) of the HIPAA Privacy regulations.

ADDITIONAL RESOURCES FOR CONTROL RELATED FOLLOW-UP

Control Measures

- American Public Health Association. Chin J, ed. *Control of Communicable Diseases Manual*. 20th ed. Washington, DC: American Public Health Association, 2014.
- American Academy of Pediatrics. Pickering LK, ed. *Red Book: 2012 Report of the Committee on Infectious Diseases*. 29th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2012.
- Nationally Notifiable Infectious Diseases case definition website: http://www.cdc.gov/epo/dphsi/phs/infdis.htm

Educational Resources

- Centers for Disease Control and Prevention online: http://www.cdc.gov
- Connecticut Department of Public Health online: http://www.ct.gov/dph
- Center for Food Safety & Applied Nutrition "Bad Bug Book" online: http://vm.cfsan.fda.gov/~mow/intro.html