CONNECTICUT HOSPITAL ASSOCIATION

TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
MONDAY, FEBRUARY 23, 2015

SB 252, An Act Concerning Reports Of Infectious Disease At Hospitals

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 252, An Act Concerning Reports Of Infectious Disease At Hospitals**.

Before commenting on the bill, it's important to point out that Connecticut hospitals treat everyone who comes through their doors 24 hours a day, regardless of ability to pay.

This is a time of unprecedented change in healthcare, and Connecticut hospitals are leading the charge to transform the way care is provided. They are focused on providing safe, accessible, equitable, affordable, patient-centered care for all, and they are finding innovative solutions to integrate and coordinate care to better serve their patients and communities.

SB 252 would require hospitals to report annually to the Department of Public Health (DPH) on all cases of infectious disease. It would require DPH to publish a summary of the information received on its website and provide a summary report to the Public Health Committee.

CHA appreciates the goal of SB 252, but the information the bill would require collecting is already reported by hospitals pursuant to section 19a-215 of the Connecticut General Statutes. Specifically, all care providers and labs in Connecticut have extensive reporting requirements for *any* disease that DPH lists as reportable, as well as all emergency illnesses and other health conditions. DPH adds diseases to the list as warranted by science and evidence-based practices.

In 2015, Connecticut hospitals are reporting the following Reportable Diseases, Emergency Illnesses and Health Conditions, and Reportable Laboratory Findings:

1. Acquired Immunodeficiency Syndrome
2. Anthrax
3. Babesiosis
4. Botulism

5. Brucellosis
6. California group arbovirus infection
7. Campylobacteriosis
8. Carbon monoxide poisoning
9. Chancroid
10. Chickenpox
11. Chickenpox-related death
12. Chikungunya
13. Chlamydia (C. trachomatis)
14. Cholera
15. Cryptosporidiosis
16. Cyclosporiasis
17. Dengue
18. Diphtheria
19. Eastern equine encephalitis virus infection
20. Ehrlichia chaffeensis infection
21. Escherichia coli (O157:H7 gastroenteritis)
22. Gonorrhea
23. Group A Streptococcal disease, invasive
24. Group B Streptococcal disease, invasive
25. Haemophilus influenzae disease, invasive all serotypes
26. Hansen's disease (Leprosy)
27. Healthcare-associated Infections (HAIs)
28. Hemolytic-uremic syndrome
29. Hepatitis A
30. Hepatitis B
31. Hepatitis C
32. HIV-1 / HIV-2 infection
33. HPV: biopsy proven CIN 2, CIN 3 or AIS or their equivalent
34. Influenza-associated death
35. Influenza-associated hospitalization
36. Lead toxicity (blood level > 15 μg/dL)
37. Legionellosis
38. Listeriosis
39. Lyme disease
40. Malaria
41. Measles
42. Melioidosis
43. Meningococcal disease
44. Mercury poisoning
45. Mumps
46. Neonatal bacterial sepsis
47. Neonatal herpes (< 60 days of age)
48. Occupational asthma
49. Outbreaks: Foodborne (involving > 2 persons); Institutional; Unusual disease or illness

50. Pertussis
51. Plague
52. Pneumococcal disease, invasive
53. Poliomyelitis
54. Q fever
55. Rabies
56. Ricin poisoning
57. Rocky Mountain spotted fever
58. Rotavirus
59. Rubella (including congenital)
60. Salmonellosis
61. SARS-CoV
62. Shiga toxin-related disease (gastroenteritis)
63. Shigellosis
64. Silicosis
65. Smallpox
66. St. Louis encephalitis virus infection
67. Staphylococcal enterotoxin B pulmonary poisoning
68. Staphylococcus aureus disease, reduced or resistant susceptibility to vancomycin
69. Staphylococcus aureus methicillin- resistant disease, invasive, community acquired
70. Staphylococcus epidermidis disease, reduced or resistant susceptibility to vancomycin
71. Syphilis
72. Tetanus
73. Trichinosis
74. Tuberculosis
75. Tularemia
76. Typhoid fever
77. Vaccinia disease
78. Venezuelan equine encephalitis
79. Vibrio infection (parahaemolyticus, vulnificus, other)
80. Viral hemorrhagic fever
81. West Nile virus infection
82. Yellow fever

DPH has very specific rules for hospitals regarding reporting. This system, which is overseen by trained epidemiologists, is quite robust and has worked well in Connecticut for years. We are not aware of any issues in the current system that indicate a need for statutory revision.

In addition to the well-organized and science-based communicable disease reporting system, Connecticut has a number of other ways to identify and track infectious disease including, but not limited to, an Advisory Committee on Healthcare Associated Infections, which was formed to advise and assist DPH on the development, implementation, and reporting of infectious diseases and hospital-acquired infections. The Committee supports the collection of infection data that are valid, reliable, and based on nationally recommended standards, and reports annually to the Joint Standing Committee of the General Assembly.

CHA supports the transparent sharing of infectious disease and HAI data utilizing the current processes in place under existing Connecticut law. The processes that are in place provide a method by which new infection measures are evaluated by key stakeholders for collection and reporting. The current process ensures that the measures are valid and the data are reliable, useful to consumers, and actionable by hospitals.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.