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**Testimony Against Proposed Bill No.5747: An Act Requiring Notification to the
Department of Public Health of Positive Lyme Disease Results
February 26, 2007**

My name is Dr. Patricia Checko. I am the Director of Health for the Bristol-Burlington Health District and a member of the Commissioner of Health's Reportable Diseases Advisory Committee. I am opposed to this bill for two reasons. Laboratory reporting of blood testing positive for Lyme is not appropriate at this time. More importantly, state statute gives the authority to create an annual list of reportable diseases and laboratory findings to the Commissioner of Health. It is not a legislative function.

I joined the Epidemiology Section of the State Department of Public Health in 1976. At that time the Department had been collecting information on communicable diseases for 60 years. Confidential disease information was reported to the Department by Local Health Directors using special postcards for that purpose. All of the reportable diseases and laboratory findings were codified in health regulations that could only be modified through a tedious and time consuming process. Diseases like glanders (a disease of horses, mules and donkeys) and ringworm were still reportable, and it was nearly impossible to add new diseases or delete those that were no longer of public health importance. At that time there was a major overhaul of the reporting system, with laboratories and physicians reporting simultaneously to the Department of Health and to the Director of Health in the community where the person resided. Health officials use both laboratory and morbidity information to determine if a disease or condition really exists.

This is the system that remains in place today. It is a paper system that requires the reporter (frequently the Infection Control Practitioner at a hospital), and laboratory personnel to fill out, by hand, a report form that is subsequently mailed to the state and local health departments. There are a number of diseases (Category 1) that are so important that they require a telephone report within 12 hours of suspecting the disease.

Surveillance through disease reporting is a fundamental component of monitoring the status of the public's health. New diseases and conditions arise that must be evaluated, while others become less important from a public health perspective. Diseases and conditions are made reportable for one of three reasons:

1. To direct case-specific public health intervention - assure Rx, investigate exposure to others. (e.g. tuberculosis, sexually transmitted diseases)
2. To plan and/or evaluate public health programs to prevent disease occurrence/spread, by monitoring the epidemiology of diseases for which public health intervention is currently possible. (e.g., immunizable diseases, HIV/AIDS)

3. To gain information on diseases of possible public health importance for which a better understanding of epidemiology, risk factors for occurrence and public health impact is necessary before prevention can be attempted. (newly identified diseases such as SARS, toxic shock syndrome and West Nile Virus)

In 1985, the legislature added the authority to set an annual list of reportable diseases and laboratory findings to the powers of the Commissioner of Health (19a-2a). As part of this process, the Commissioner convenes an Advisory Group to review proposed changes to the annual Lists of Reportable Diseases and Laboratory Findings and to make recommendations regarding the content of the lists. The list becomes official on January 1st of each year.

Laboratory reporting of Lyme disease was removed from the list in 2004 in order to focus solely on provider reporting. It was on the list of proposed changes for 2007. In his report to the Commissioner, Dr. Hadler stated "Committee members noted that Lyme disease surveillance has been discussed annually since 2004. They further noted that they have previously endorsed the concept of laboratory reporting once automated laboratory reporting became possible. There was no further discussion once these points were made." "The Committee voted unanimously to endorse conditionally adding Lyme disease to the List of Laboratory Reportable Significant Findings for those laboratories that can report by automated Electronic Laboratory Reporting (ELR)."

I believe the public's health is best served by using the statutory process that currently exists to determine what diseases and laboratory findings should be made reportable. Thank you.