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May 8, 1982 to June 30, 1985

WEST VIRGINIA LEGISLATIVE RULES  
BOARD OF HEALTH

Reportable Diseases

WEST VIRGINIA LEGISLATIVE RULES  
BOARD OF HEALTH

Reportable Diseases  
Chapter 16-1  
Series VII  
(1983)

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WEST VIRGINIA LEGISLATIVE RULES  
BOARD OF HEALTH

Chapter 16-1  
Series VII  
(1983)

Subject: Reportable Diseases

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Section 1. General

1.1. Scope - These legislative rules establish procedures governing reportable diseases required to be reported to the West Virginia department of health.

1.2. Authority - These legislative rules are issued under the authority of Chapter 16, Article 1, Section 7, and are related to Chapter 16, Article 3, Section 1 of the West Virginia Code of 1931, as amended.

1.3. Filing Date - These legislative rules were promulgated on the 15th day of December, 1980, filed and certified on the 7th day of April, 1982, in the Secretary of State's office.

1.4. Effective Date - These legislative rules became effective on the 8th day of May, 1982.

1.5. Refiling Date - These legislative rules were refiled pursuant to Chapter 29A, Article 2, Section 5 of the West Virginia Code of 1931, as amended on the 30th day of December 1982, in the Secretary of State's office.

Section 2. Supersession and Repeal of Former Regulations

These legislative rules supercede and repeal State Board of Health Administrative Regulations Chapter 2, Article 1 "General Regulations."

Section 3. Application and Enforcement

3.1. Application - These legislative rules apply to physicians, county health officers, primary care or public health providers, private or public

laboratories, hospitals, nursing homes, administrators of sanitariums, schools, camps, vessels, state institutions, other licensed health practitioners, persons or facilities specifically mentioned within these regulations.

3.2. Enforcement - The enforcement of these legislative rules is vested with the director of the West Virginia department of health or his lawful designee.

Section 4. Definitions

4.1. Communicable Disease - An illness due to an infectious agent or its toxic products which is transmitted, directly or indirectly, to a susceptible host from an infected person, animal, or arthropod, or through the agency of an intermediate host or a vector or through the inanimate environment.

4.2. Department - The West Virginia department of health.

4.3. Isolation - The separation for the period of communicability of infected persons or animals from other persons or animals, in places and under conditions that shall prevent the direct or indirect transmission of the infectious agent from infected persons or animals to other persons or animals who are susceptible or who may spread the disease to others.

4.4. Quarantine - The limitation of freedom of movement of persons or animals who have been exposed to a communicable disease, for a period of time equal to the longest usual incubation period of the disease, in such manner as to prevent effective contact with those not exposed.

4.5. Placarding - The posting on any home or other building of a sign or notice warning of the presence of communicable disease within and the danger of infection therefrom.

4.6. Reportable Disease - Any communicable disease declared reportable by regulations; any unusual prevalence or clusters of illness which, in the opinion of the state board of health, may be a public health emergency; noncommunicable diseases and conditions for which the state health director may authorize reporting to provide data and information which are needed to effectively carry out those programs of the department designed to protect and promote the health of the people of West Virginia, or in order to determine the need for the establishment of such programs.

4.7. Surveillance - The close supervision of persons and animals exposed to a communicable disease without restriction of movement.

Section 5. Diseases or Conditions Declared to be Reportable and Required to be Reported to the State Department of Health - When used in the public health law and in the regulation of the state board of health, the term reportable disease shall be held to include the following diseases or conditions plus any other diseases or conditions requested by the director of health. A report is required by the state board of health and in the manner specified by the state health director to be made to the county health department.

Reportable Diseases in West Virginia

5.1. Category I. Diseases or conditions to be reported immediately by telephone to the county health department, including case name, address and sex. Call within 24 hours to report:\*

Botulism  
Cholera  
Diphtheria  
Foodborne Diseases  
Plaque

Poliomyelitis  
Smallpox  
Yellow Fever  
Waterborne Diseases

\* Note: In some situations, such as potential epidemics, same day reporting may be appropriately requested by county health officers for categories II, III, and IV.

5.2. Category II. Diseases or conditions reported weekly by name, address, age, and sex to the county health department.

Amebiasis	Leprosy
Animal Bites	Leptospirosis
Anthrax	Pertussis
Brucellosis	Psittacosis
Chancroid**	Rabies in Animals and Man
Conjunctivitis, acute infectious (Ophthalmia Neonatorum)	Rheumatic Fever
Encephalitis	Rubella
Primary and Unspecified	Rubella, Congenital Syndrome
Post-infectious	Rubeola
Giardiasis	Salmonellosis (Excluding typhoid)
Gonorrhoea**	Shigellosis
Hepatitis	Syphilis**
Type A	Tetanus
Type B	Toxoplasmosis
Non A, Non B	Trichinosis
Malaria	Tuberculosis (All Forms)***
Meningitis	Tularemia
Viral	Typhoid Fever
Bacterial	Typhus Fever
Mumps	Tick-Borne, RMSF
	Flea-Borne, Murine

\*\* Use Venereal Disease Report Form

\*\*\* Use Tuberculosis Report Form

5.3. Category III. Illnesses of unusual prevalence or clusters of unexplained health occurrences to be reported weekly by name, address, age, sex, and specific disease information to the county health department.

Birth Defects	Reyes Syndrome
Dengue	Toxic Shock Syndrome
Gillian-Barre Syndrome	Unusual or Ill-Defined Conditions
Lead Poisoning	*Other
Occupational Related Illnesses	

\* The state director of health may by order add or delete a condition or disease to the list as deemed necessary.

5.4. Category IV. - Diseases to be reported weekly by numerical totals to the county health department.

Cancer  
Chickenpox  
Influenza and flu-like illness

Section 6. Laboratories, Hospitals, Nursing Homes, and other Institutions Who Diagnose or Treat Patients With Reportable Diseases or Conditions

It shall be the duty of every public and private laboratory, hospital, and administrator of nursing homes or other institutions to report immediately to the county health department, the reportable diseases as listed in Section 5, Categories I, II, III, and IV.

Section 7. Physicians Who Treat Patients With Reportable Diseases or Conditions

It shall be the duty of every practicing physician or other person engaged in the treatment of the sick to follow a protocol as specified by the state health director for reporting to the county health department within whose jurisdiction they practice as designated in Section 5, Categories I, II, III, and IV, unless the case is admitted to a hospital or nursing home at which time the regulation in Section 6 shall be followed.

Section 8. Physicians to Assist in Control of Suspected Reportable Diseases

It shall be the duty of the attending physician, upon suspecting a case of a reportable disease to follow a method of control as specified by the state health director. If the reported case should be communicable, such

physician shall also advise other members of the household regarding the precautions to be taken to prevent further spread of the disease, (using caution where Venereal Disease is involved) and shall cooperate with the county health officer in seeing that the methods of the state director of health concerning the control of such reportable diseases are carried out by the patient and other members of the household.

Section 9. Physicians to Submit Specimens for Laboratory Examination in Suspected Reportable Diseases

It shall be the duty of each and every physician who shall be in attendance on any person suspected of suffering from any of the diseases or conditions specified in this regulation to make every reasonable effort to submit to an approved laboratory for examination suitable specimens as delineated in the protocol specified by the state health director to accurately establish the diagnosis of such reportable disease.

Section 10. Duties of Physicians and Others in Reference to the Prevention of Acute Infectious Conjunctivitis (Ophthalmia Neonatorum)

(See Chapter 16, Article 3, Sections 7, 8, 9, 10, 11, 12, of the West Virginia Code of 1931, as amended.)

Section 11. Others Who Treat or Come in Contact with Persons with Reportable or Suspected Reportable Diseases or Conditions

When no physician is in attendance, it shall be the duty of any primary care or public health provider or administrator of any sanitarium, school, camp, vessel or state institution to follow a protocol as specified by the state health director and report immediately the reportable diseases as listed in Section 5, Categories I, II, III, and IV to the county health department.

Section 12. Reporting of Rabid Animals and of Persons Bitten by such Animal

12.1. For the purposes of this section the term bitten shall also include direct contact with an animal which causes a breaking of the skin on the person by the animal, such as a scratching or clawing.

12.2. It shall be the duty of every physician or other attending licensed health practitioner to report immediately to the county health officer the full name, age, and address of any person under his care or observation who has been bitten by an animal having or suspected of having rabies. If no physician is in attendance and the person is a child, it shall be the duty of the parent or guardian to make such report immediately. If the person bitten is an adult, such person shall make the report, or if incapacitated, it shall be made by whomever is caring for the person bitten. It shall be the duty of every person having knowledge of the existence of an animal apparently afflicted with rabies to report immediately to the county health officer the existence of such animal, the place where seen, the owner's name if known, and the symptoms suggesting rabies. The county health officer shall forthwith report to the department the name, age, and address of every person bitten by an animal having or suspected of having rabies, together with the action taken in each individual case.

A reasonable attempt shall be made by the county health officer to determine the owner of a dog or cat if the animal is domestic, and shall direct the owner to confine the animal for a period of fourteen (14) days. If ownership cannot be determined, the county health officer shall direct the county humane officer, dog warden or sheriff to pick up the suspected dog or cat that has bitten a person and confine it in isolation for a period of

fourteen (14) days. The county humane officer, dog warden or sheriff shall notify the county health officer immediately should the animal show symptoms of illness or die and the county health officer, county humane officer, dog warden or sheriff shall arrange for appropriate examination of the brain. Provided, however, that when a person is reported bitten by any wild animal, other than a dog or cat having or suspected of having rabies, the county health officer shall direct the county humane officer, dog warden or sheriff to have it immediately destroyed. The county health officer shall arrange for appropriate examination of the brain.

Section 13. Registrar of Vital Statistics to Notify County Health Officers When Birth Defects and Deaths From Reportable Diseases are Reported

13.1. It shall be the duty of the state registrar of vital statistics whenever a certificate of birth has been received, to send a copy of birth certificates which indicate a birth defect to Maternal and Child Health's Birth Registrar, who immediately will send a copy of such birth certificate to the county health officer having jurisdiction in the county of residence of the mother.

13.2. It shall be the duty of the state registrar of vital statistics whenever a certificate of death from a reportable disease has been received to send a copy of the death certificate immediately to the county health officer having jurisdiction in the county in which the death occurred and the county of residence of the decedent.

13.3. It shall be the duty of every county health officer, upon receiving such death certificate to immediately ascertain whether such person has been reported during life as suffering with a reportable disease, as

identified in Section 5 except those in Category IV. If the health officer shall ascertain that a physician has failed to report the case of reportable disease for which the death certificate has been issued, he shall notify the physician signing the death certificate of his failure to conform with the state law and require a satisfactory reason for such failure. The health officer shall report the name and address of the physician who failed to so report, together with his reason for failure to comply with the state requirements in such case to the state director of health.

Section 14. Reporting Cases of Communicable Diseases Diagnosed after Death

If a pathologist, coroner, medical examiner, physician or other person determines from examination of a corpse or from history of the events leading to death, that at the time of death this individual apparently was affected with a communicable disease, he shall report the case promptly to the proper health authority according to the manner indicated in Section 6 and 7 of these regulations as if the diagnosis had been established prior to death.

Section 15. Reporting by County Health Officers to the Department

All cases of reportable diseases reported to or discovered by the county health officer shall be made a matter of record for a period of three years and he shall make a report in accordance with Section 5, Categories I, II, III, and IV all such reportable diseases to the department on forms supplied for that purpose. The record of reportable diseases is required to be kept by county health officers at the county health department, and shall be turned over by every health officer to their successor when such health officer's official duties are terminated.

Section 16. Duties of County Health Officers in Connection with Prevention and Control of Communicable Diseases

It shall be the duty of the county health officer, either personally or through a qualified representative, within a reasonable period of time after receipt of report of a case of a communicable disease.

16.1. To make such an investigation as the circumstances may require for the purpose of ascertaining the source of the infection and discovering contacts and unreported cases.

16.2. To determine if required specimens have been collected and submitted, or cause to be collected and submitted, to the State Hygienic Laboratory or other approved laboratory such specimens as may be required to supply necessary or desirable information in determining the source of the infection and the possible infection of contacts.

16.3. To give to the patient, his attendants, members of the household and contacts with the infected person such instructions and advice as may be necessary to prevent the spread of the disease.

16.4. Make the appropriate report in accordance with Section 5, Categories I, II, III, and IV.

Section 17. County Health Officer to Act in Cases of Suspected Reportable Disease

Whenever a county health officer shall know, suspect, or be informed of the existence of any reportable disease listed in Section 5 of these regulations and no licensed physician is in attendance; or, should the attending physician fail or refuse to report such case to the county health department, it shall be the duty of the county health officer or his designee to investigate such case or cases of alleged reportable diseases and to act in accordance with the protocols established by the state health director

governing cases of reportable diseases if his investigation establishes the existence of such reportable disease.

Section 18. Case of Doubt or Disputed Diagnosis

Where doubt exists as to the diagnosis of a suspected case of a reportable disease, the county health officer shall enforce the methods of control and protocol for reporting provided for the suspected reportable disease and shall refer the matter to the state director of health, or his authorized representative, who if he deems necessary, will have an investigation made for final decision. Whenever a case of undetermined illness shall be reported to the health officer, which upon investigation, presents symptoms of communicable disease but in which, in the judgment of the county health officer, sufficient time has not elapsed to render a positive diagnosis possible, the county health officer shall enforce control methods applicable in actual cases of communicable diseases until such time as a positive diagnosis can be established; and if the disease proved not to be communicable, the temporary methods of control shall be terminated at once.

Section 19. Failure of County Health Officer to Investigate Case of Reportable Diseases Reported to Him Constitutes Neglect of Duty

Any county health officer who fails or neglects to investigate appropriate cases of reportable disease reported to him by any physician or other person within a reasonable period of time after the receipt of the report, shall be deemed guilty of neglect of duty and may, at the discretion of the state health director, be removed from office.

Section 20. Failure of County Health Officer to make Weekly Reports to the Department Constitutes Neglect of Duty

The failure on the part of any county health officer to make to the department the weekly report in the manner specified by the director of health of reportable diseases occurring within his jurisdiction, as required by law, shall be deemed guilty of neglect of duty and may, at the discretion of the state health director, be removed from office.

Section 21. Exclusion from School Due to a Communicable Disease; Readmission

When a pupil or school personnel in any school has suffered from a communicable disease and on account of such disease has been excluded from school, such pupil or school personnel shall be permitted to return to school subject to complying with all the requirements of the rules governing such cases, or has presented a certificate of health from a physician, county health officer, or his authorized representative stating that such pupil, or school personnel has entirely recovered from the disease and is no longer liable to communicate the disease to others.

Section 22. Isolation, Quarantine and Placarding

When any person or persons are suffering from a communicable disease in which isolation or quarantine should be required for the control of such disease, such isolation or quarantine shall be terminated only at the discretion of the county health officer, or his authorized representative, unless the case is in a hospital, nursing home, or other institution, in which case the attending physician or other appropriate official within the institution shall assume responsibility for isolation and when it should be terminated. No person shall interfere with or obstruct any health officer, or his authorized representative, in the posting of any placard stating the

existence of a case of communicable disease in or on any place or premises; nor shall any person conceal, mutilate or remove any such placard except by permission of the county health officer. In the event any such placard is concealed, mutilated or torn down it shall be the duty of the occupant of the premises whereon such placard was posted to notify the county health officer of such fact immediately.

Section 23. Reports of Reportable Diseases to be Made on Forms Supplied by Department of Health

The reports required to be made by physicians, hospitals, primary care or public health providers, public or private laboratories, administrators, of a nursing home, state or other institution, a sanitarium, school, camp or vessel, to county health officers of reportable diseases coming under their observation shall be made upon forms supplied for that purpose through the county health officer by the department and such reports shall contain such information as may be required by the department.

Section 24. Failure to Report a Case of Reportable Disease as Required by the State Board of Health

Any physician, hospital, primary care or public health provider; private or public laboratory, administrator of a nursing home, state institution or other institution, or a sanitarium, school, camp, or vessel who fails to report a reportable disease according to Section 5, Categories I, II, III, and IV, shall be guilty of a misdemeanor, and, upon conviction thereof, shall be fined not more than two hundred dollars or by imprisonment for not more than thirty days or both. Violations of each such provision shall be considered a separate offense.

Section 25. Examination and Training of Food Service Workers

25.1. Food service management training or food service workers' training may be provided by the county health departments at the discretion of the county health officer.

Food service management training courses, when conducted, must be approved by the state director of health. Such training by the county health departments in lieu of food service workers' training, must satisfy the county health officer that such training of management personnel will result in suitable training for the other food service workers within that particular food service establishment.

25.2. If at any time, for the protection of the public, the county health officer considers an examination advisable, the food service worker must be examined by a physician approved by the county health officer. The county health officer may require such laboratory examinations as are necessary to detect any conditions in the food service worker which might constitute a hazard to the public's health.

Section 26. Administrative Due Process - Those persons adversely affected desiring a Contested Case Hearing shall do so in a manner prescribed in and by the West Virginia Rules of Procedure, West Virginia Board of Health, Chapter 16-1, Series I and further identified as Rules of Procedure for Contested Case Hearings and Declaratory Rulings. The aforementioned rules of procedure are incorporated by reference.

Section 27. Severability - If any provisions of these regulations or the application thereof to any person or circumstance shall be held invalid, such invalidity thereof shall not affect the provisions or application of

these regulations which can be given effect without the invalid provisions or application, and to this end the provisions of these regulations are declared to be severable.

John D. Rockefeller IV  
Governor



L. Clark Hansbarger, M.D.  
Director

# State of West Virginia

DEPARTMENT OF HEALTH  
CHARLESTON 25305

April 7, 1982

Title: Reportable Diseases Regulations

I hereby certify that the above titled legislative rules constitute the official rules adopted by the State Board of Health on the 14th day of November, 1981 and filed pursuant to law in the Office of Secretary of State, State of West Virginia on the 7th day of April, 1982.

FILED IN THE OFFICE OF  
A. JAMES MANCHIN  
SECRETARY OF STATE

THIS DATE \_\_\_\_\_

*L. Clark Hansbarger*  
L. Clark Hansbarger, M. D.  
Secretary, WV State Board of Health

Entered April 7, 1982

FILED IN THE OFFICE OF  
A. JAMES MANCHIN  
SECRETARY OF STATE  
THIS DATE 4/7/82

John D. Rockefeller IV  
Governor



L. Clark Hansbarger, M.D.  
Director

# State of West Virginia

DEPARTMENT OF HEALTH

CHARLESTON 25305

## Memorandum of Findings and Determinations

In the matter of: Reportable Diseases Regulations

The authority to file Reportable Diseases Regulations is in Chapter Sixteen, Article one, Section ten of the West Virginia Code of 1931, as amended. Pursuant to Chapter twenty-nine A, Article three, Section six of the West Virginia Code of 1931, as amended, the West Virginia Board of Health does hereby publish and declare the Memorandum of Findings and Determinations regarding comments received and public hearings held on Friday, January 16, 1981 at 2:00 P.M. and Monday, February 23, 1981 at 2:00 P.M. in the State Department of Health 5th Floor Conference Room, Building #3, 1800 Washington Street, East, Charleston, West Virginia.

Written and oral evidence pertaining to the filing of these Reportable Diseases Regulations was received up to and on the dates of the public hearings.

These regulations are intended to effectuate the purpose of Chapter 16, Article 1, Section 10, Subsection 8 of the West

FILED IN THE OFFICE OF  
A. JAMES MANCHIN  
SECRETARY OF STATE  
THIS DATE 4/7/82

Virginia Code of 1931, as amended. The primary purpose of these regulations is to establish procedures governing reportable diseases required to be reported to the West Virginia Department of Health.

On November 19, 1980, the West Virginia Board of Health reviewed the proposed rules and regulations. Doctor Alex T. Portz made a motion that these regulations, as amended, be approved and advanced for public hearing. Mrs. Christine Dickerson seconded the motion and it met with unanimous approval.

On December 15, 1980 and again on January 20, 1981 a notice of intent to conduct public hearings on January 16, 1981 and February 23, 1981 was sent to the Honorable A. James Manchin, Secretary of State.

In addition to filing notice of public hearing with the Secretary of State's office, notices went out to the following:

1. All 55 county health departments for posting.
2. Publication in the West Virginia Department of Health Communicable Disease Office's Epi-Log Newsletter - circulated to approximately 1800 health professionals in West Virginia.

Copies of the notice and the proposed regulations were made available to all interested persons through all 55 county health departments, state, medical, osteopathic, pharmacy, nursing,

hospital and nursing home associations, associations of practitioners in infection control, all state hospitals and the State Department of Education.

Public hearings were held as scheduled on January 16, 1981 and February 23, 1981 in Charleston, West Virginia. Reviews and comments were received up to and on the above dates. Thirty-two individuals, associations, hospitals and departments outside of the West Virginia Department of Health submitted comments, the majority of which were incorporated into the final draft on April 14, 1981.

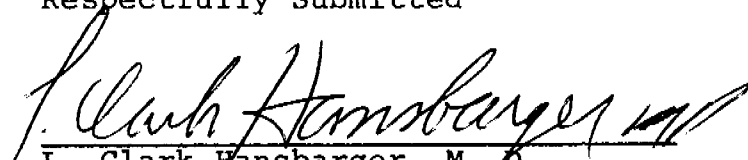
The final draft was submitted to the West Virginia Board of Health on May 20, 1981. Lacking a quorum, the meeting was deemed a Committee Meeting until such time a quorum is present to vote on the Reportable Diseases Regulations. Doctor Alex Portz made a motion that this Committee recommend to the Board the approval of the Reportable Diseases Regulations. The motion was seconded and approved.

On November 14, 1981 the Board of Health met, established a quorum and unanimously approved for final filing of the Reportable Diseases Regulations.

Said regulations were submitted and accepted by the Legislative Rule Making Review Committee on December 8, 1981 and final approval

April 5, 1982. These regulations were final filed with the Secretary of State April 7, 1982 and became effective May 8, 1982.

Respectfully Submitted

  
L. Clark Hansbarger, M. D.  
Director of Health

WEST VIRGINIA ADMINISTRATIVE REGULATIONS  
BOARD OF HEALTH

REPORTABLE DISEASES

FILED IN THE OFFICE OF  
A. JAMES MANCHIN  
SECRETARY OF STATE  
THIS DATE 4/7/82

## Reportable Diseases

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BOARD OF HEALTH

Chapter 16-1  
Series VII  
(1982)

FILED IN THE OFFICE OF  
A. JAMES MANCHIN  
SECRETARY OF STATE  
THIS DATE 4/7/82

Subject: Reportable Diseases

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Section 1. General

1.01. Scope - These regulations establish procedures governing reportable diseases required to be reported to the West Virginia Department of Health.

1.02. Authority - These regulations are issued under the authority of Chapter 16, Article 1, Section 7, Subsection (5); Subsection (6); and Chapter 16, Article 3, Section 1 of the West Virginia Code of 1931, as amended.

1.03. Filing Date - These regulations are promulgated on the 15th day of December, 1980, filed and certified on the 7th day of April, 1982, in the Secretary of State's office.

1.04. Effective Date - These regulations become effective on the 8th day of May, 1982.

Section 2. Supersession and Repeal of Former Regulations

These regulations supercede and repeal State Board of Health Administrative Regulations Chapter 2, Article 1 "General Regulations."

Section 3. Application and Enforcement

3.01. Application - These regulations apply to physicians, county health officers, primary care or public health providers, private or public laboratories, hospitals, nursing homes, administrators of sanitariums, schools, camps, vessels, state institutions, other licensed health

practitioners, persons or facilities specifically mentioned within these regulations.

3.02. Enforcement - Enforcement of these regulations is vested in the Director of the West Virginia State Department of Health or his designee.

Section 4. Definitions

4.01. Communicable Disease - An illness due to an infectious agent or its toxic products which is transmitted, directly or indirectly, to a susceptible host from an infected person, animal, or arthropod, or through the agency of an intermediate host or a vector or through the inanimate environment.

4.02. Department - The West Virginia Department of Health.

4.03. Isolation - The separation for the period of communicability of infected persons or animals from other persons or animals, in places and under conditions that shall prevent the direct or indirect transmission of the infectious agent from infected persons or animals to other persons or animals who are susceptible or who may spread the disease to others.

4.04. Quarantine - The limitation of freedom of movement of persons or animals who have been exposed to a communicable disease, for a period of time equal to the longest usual incubation period of the disease, in such manner as to prevent effective contact with those not exposed.

4.05. Placarding - The posting on any home or other building of a sign or notice warning of the presence of communicable disease within and the danger of infection therefrom.

4.06. Reportable Disease - Any communicable disease declared reportable by regulations; any unusual prevalence or clusters of illness which, in

the opinion of the State Board of Health, may be a public health emergency; noncommunicable diseases and conditions for which the State Health Director may authorize reporting to provide data and information which are needed to effectively carry out those programs of the Department designed to protect and promote the health of the people of West Virginia, or in order to determine the need for the establishment of such programs.

4.07. Surveillance - The close supervision of persons and animals exposed to a communicable disease without restriction of movement.

Section 5. Diseases or Conditions Declared to be Reportable and Required to be Reported to the State Department of Health - When used in the public health law and in the regulation of the State Board of Health, the term reportable disease shall be held to include the following diseases or conditions plus any other diseases or conditions requested by the Director of Health. A report is required by the State Board of Health and in the manner specified by the State Health Director to be made to the county health department.

Reportable Diseases in West Virginia

5.01. Category I. Diseases or conditions to be reported immediately by telephone to the county health department, including case name, address and sex. Call within 24 hours to report:\*

Botulism	Polioomyelitis
Cholera	Smallpox
Diphtheria	Yellow Fever
Foodborne Diseases	Waterborne Diseases
Plague	

\* Note: In some situations, such as potential epidemics, same day reporting may be appropriately requested by county health officers for categories II, III, and IV.

5.02. Category II. Diseases or conditions reported weekly by name, address, age, and sex to the county health department.

Amebiasis	Leprosy
Animal Bites	Leptospirosis
Anthrax	Pertussis
Brucellosis	Psittacosis
Chancroid**	Rabies in Animals and Man
Conjunctivitis, acute infectious (Ophthalmia Neonatorum)	Rheumatic Fever
Encephalitis	Rubella
Primary and Unspecified	Rubella, Congenital Syndrome
Post-infectious	Rubeola
Giardiasis	Salmonellosis (Excluding typhoid)
Gonorrhea**	Shigellosis
Hepatitis	Syphilis**
Type A	Tentanus
Type B	Toxoplasmosis
Non A, Non B	Trichinosis
Malaria	Tuberculosis (All Forms)***
Meningitis	Tularemia
Viral	Typhoid Fever
Bacterial	Typhus Fever
Mumps	Tick-Borne, RMSF
	Flea-Borne, Murine

\*\* Use Venereal Disease Report Form

\*\*\* Use Tuberculosis Report Form

5.03. Category III. Illnesses of unusual prevalence or clusters of unexplained health occurrences to be reported weekly by name, address, age, sex, and specific disease information to the county health department.

Birth Defects	Reyes Syndrome
Dengue	Toxic Shock Syndrome
Gillian-Barre Syndrome	Unusual or Ill-Defined Conditions
Lead Poisoning	*Other
Occupational Related Illnesses	

\* The State Director of Health may by order add or delete a condition or disease to the list as deemed necessary.

5.04. Category IV. - Diseases to be reported weekly by numerical

totals to the county health department.

Cancer  
Chickenpox  
Influenza and flu-like illness

Section 6. Laboratories, Hospital, Nursing Homes, and other Institutions  
Who Diagnose or Treat Patients With Reportable Diseases or Conditions

It shall be the duty of every public and private laboratory, hospital, and administrator of nursing homes or other institutions to report immediately to the county health department, the reportable diseases as listed in Section 5, Categories I, II, III, and IV.

Section 7. Physicians Who Treat Patients With Reportable Diseases or Con-  
ditions

It shall be the duty of every practicing physician or other person engaged in the treatment of the sick to follow a protocol as specified by the State Health Director for reporting to the county health department within whose jurisdiction they practice as designated in Section 5, Categories I, II, III, and IV, unless the case is admitted to a hospital or nursing home at which time the regulation in Section 6 shall be followed.

Section 8. Physicians to Assist in Control of Suspected Reportable Diseases

It shall be the duty of the attending physician, upon suspecting a case of a reportable disease to follow a method of control as specified by the State Health Director. If the reported case should be communicable, such physician shall also advise other members of the household regarding the precautions to be taken to prevent further spread of the disease, (using caution where Venereal Disease is involved) and shall cooperate with the

county health officer in seeing that the methods of the State Director of Health concerning the control of such reportable diseases are carried out by the patient and other members of the household.

Section 9. Physicians to Submit Specimens for Laboratory Examination in Suspected Reportable Diseases

It shall be the duty of each and every physician who shall be in attendance on any person suspected of suffering from any of the diseases or conditions specified in this regulation to make every reasonable effort to submit to an approved laboratory for examination suitable specimens as delineated in the protocol specified by the State Health Director to accurately establish the diagnosis of such reportable disease.

Section 10. Duties of Physicians and Others in Reference to the Prevention of Acute Infectious Conjunctivitis (Ophthalmia Neonatorum)

(See Chapter 16, Article 3, Sections 7, 8, 9, 10, 11, 12, of the West Virginia of 1931, as amended.)

Section 11. Others Who Treat or Come in Contact with Persons with Reportable or Suspected Reportable Diseases or Conditions

When no physician is in attendance, it shall be the duty of any primary care or public health provider or administrator of any sanitarium, school, camp, vessel or state institution to follow a protocol as specified by the State Health Director and report immediately the reportable diseases as listed in Section 5, Categories I, II, III, and IV to the county health department.

Section 12. Reporting of Rabid Animals and of Persons Bitten by such Animal

12.01. For the purposes of this section the term bitten shall also

include direct contact with an animal which causes a breaking of the skin on the person by the animal, such as a scratching or clawing.

12.02. It shall be the duty of every physician or other attending licensed health practitioner to report immediately to the county health officer the full name, age, and address of any person under his care or observation who has been bitten by an animal having or suspected of having rabies. If no physician is in attendance and the person is a child, it shall be the duty of the parent or guardian to make such report immediately. If the person bitten is an adult, such person shall make the report, or if incapacitated, it shall be made by whomever is caring for the person bitten. It shall be the duty of every person having knowledge of the existence of an animal apparently afflicted with rabies to report immediately to the county health officer the existence of such animal, the place where seen, the owner's name if known, and the symptoms suggesting rabies. The county health officer shall forthwith report to the Department the name, age, and address of every person bitten by an animal having or suspected of having rabies, together with the action taken in each individual case.

A reasonable attempt shall be made by the county health officer to determine the owner of a dog or cat if the animal is domestic, and shall direct the owner to confine the animal for a period of fourteen (14) days. If ownership cannot be determined, the county health officer shall direct the county humane officer, dog warden or sheriff to pick up the suspected dog or cat that has bitten a person and confine it in isolation for a period of fourteen (14) days. The county humane officer, dog warden or sheriff shall notify the county health officer immediately should the animal show

symptoms of illness or die and the county health officer, county humane officer, dog warden or sheriff shall arrange for appropriate examination of the brain. Provided, however, that when a person is reported bitten by any wild animal, other than a dog or cat having or suspected of having rabies, the county health officer shall direct the county humane officer, dog warden or sheriff to have it immediately destroyed. The county health officer shall arrange for appropriate examination of the brain.

Section 13. Registrar of Vital Statistics to Notify County Health Officers When Birth Defects and Deaths From Reportable Diseases are Reported

13.01. It shall be the duty of the state registrar of vital statistics whenever a certificate of birth has been received, to send a copy of birth certificates which indicate a birth defect to Maternal and Child Health's Birth Registrar, who immediately will send a copy of such birth certificate to the county health officer having jurisdiction in the county of residence of the mother.

13.02. It shall be the duty of the state registrar of vital statistics whenever a certificate of death from a reportable disease has been received to send a copy of the death certificate immediately to the county health officer having jurisdiction in the county in which the death occurred and the county of residence of the decedent.

13.03. It shall be the duty of every county health officer, upon receiving such death certificate to immediately ascertain whether such person has been reported during life as suffering with a reportable disease, as identified in Section 5 except those in category IV. If the health officer shall ascertain that a physician has failed to report the case of

reportable disease for which the death certificate has been issued, he shall notify the physician signing the death certificate of his failure to conform with the state law and require a satisfactory reason for such failure. The health officer shall report the name and address of the physician who failed to so report, together with his reason for failure to comply with the state requirements in such case to the State Director of Health.

Section 14. Reporting Cases of Communicable Diseases Diagnosed after Death

If a pathologist, coroner, medical examiner, physician or other person determines from examination of a corpse or from history of the events leading to death, that at the time of death this individual apparently was affected with a communicable disease, he shall report the case promptly to the proper health authority according to the manner indicated in Section 6 and 7 of these regulations as if the diagnosis had been established prior to death.

Section 15. Reporting by County Health Officers to the Department

All cases of reportable diseases reported to or discovered by the county health officer shall be made a matter of record for a period of three years and he shall make a report in accordance with Section 5, Categories I, II, III, and IV all such reportable diseases to the Department on forms supplied for that purpose. The record of reportable diseases is required to be kept by county health officers at the county health department, and shall be turned over by every health officer to their successor when such health officer's official duties are terminated.

Section 16. Duties of County Health Officers in Connection with Prevention and Control of Communicable Diseases

It shall be the duty of the county health officer, either personally or through a qualified representative, within a reasonable period of time after receipt of report of a case of a communicable disease.

16.01. To make such an investigation as the circumstances may require for the purpose of ascertaining the source of the infection and discovering contacts and unreported cases.

16.02. To determine if required specimens have been collected and submitted, or cause to be collected and submitted, to the State Hygienic Laboratory or other approved laboratory such specimens as may be required to supply necessary or desirable information in determining the source of the infection and the possible infection of contacts.

16.03. To give to the patient, his attendants, members of the household and contacts with the infected person such instructions and advice as may be necessary to prevent the spread of the disease.

16.04. Make the appropriate report in accordance with Section 5, Categories I, II, III, and IV.

Section 17. County Health Officer to Act in Cases of Suspected Reportable Disease

Whenever a county health officer shall know, suspect, or be informed of the existence of any reportable disease listed in Section 5 of these regulations and no licensed physician is in attendance; or, should the attending physician fail or refuse to report such case to the county health department, it shall be the duty of the county health officer or his designee to investigate such case or cases of alleged reportable diseases and to act in accordance with the protocols established by the State Health

Director governing cases of reportable diseases if his investigation establishes the existence of such reportable disease.

Section 18. Case of Doubt or Disputed Diagnosis

Where doubt exists as to the diagnosis of a suspected case of a reportable disease, the county health officer shall enforce the methods of control and protocol for reporting provided for the suspected reportable disease and shall refer the matter to the State Director of Health, or his authorized representative, who if he deems necessary, will have an investigation made for final decision. Whenever a case of undetermined illness shall be reported to the health officer, which upon investigation, presents symptoms of communicable disease but in which, in the judgment of the county health officer, sufficient time has not elapsed to render a positive diagnosis possible, the county health officer shall enforce control methods applicable in actual cases of communicable diseases until such time as a positive diagnosis can be established; and if the disease proved not to be communicable, the temporary methods of control shall be terminated at once.

Section 19. Failure of County Health Officer to Investigate Case of Reportable Diseases Reported to Him Constitutes Neglect of Duty

Any county health officer who fails or neglects to investigate appropriate cases of reportable disease reported to him by any physician or other person within a reasonable period of time after the receipt of the report, shall be deemed guilty of neglect of duty and may, at the discretion of the State Health Director, be removed from office.

Section 20. Failure of County Health Officer to make Weekly Reports to the Department Constitutes Neglect of Duty

The failure on the part of any county health officer to make to the Department the weekly report in the manner specified by the Director of Health of reportable diseases occurring within his jurisdiction, as required by law, shall be deemed guilty of neglect of duty and may, at the discretion of the State Health Director, be removed from office.

Section 21. Exclusion from School Due to a Communicable Disease; Readmission

When a pupil or school personnel in any school has suffered from a communicable disease and on account of such disease has been excluded from school, such pupil or school personnel shall be permitted to return to school subject to complying with all the requirements of the rules governing such cases, or has presented a certificate of health from a physician, county health officer, or his authorized representative stating that such pupil, or school personnel has entirely recovered from the disease and is no longer liable to communicate the disease to others.

Section 22. Isolation, Quarantine and Placarding

When any person or persons are suffering from a communicable disease in which isolation or quarantine should be required for the control of such disease, such isolation or quarantine shall be terminated only at the discretion of the county health officer, or his authorized representative, unless the case is in a hospital, nursing home, or other institution, in which case the attending physician or other appropriate official within the institution shall assume responsibility for isolation and when it should be terminated. No person shall interfere with or obstruct any health officer, or his authorized representative, in the posting of any placard stating the

existence of a case of communicable disease in or on any place or premises; nor shall any person conceal, mutilate or remove any such placard except by permission of the county health officer. In the event any such placard is concealed, mutilated or torn down it shall be the duty of the occupant of the premises whereon such placard was posted to notify the county health officer of such fact immediately.

Section 23. Reports of Reportable Diseases to be Made on Forms Supplied by Department of Health

The reports required to be made by physicians, hospitals, primary care or public health providers, public or private laboratories, administrators, of a nursing home, state or other institution, a sanitarium, school, camp or vessel, to county health officers of reportable diseases coming under their observation shall be made upon forms supplied for that purpose through the county health officer by the Department and such reports shall contain such information as may be required by the Department.

Section 24. Failure to Report a Case of Reportable Disease as Required by the State Board of Health

Any physician, hospital, primary care or public health provider; private or public laboratory, administrator of a nursing home, state institution or other institution, or a sanitarium, school, camp, or vessel who fails to report a reportable disease according to Section 5, Categories I, II, III, and IV, shall be guilty of a misdemeanor, and, upon conviction thereof, shall be fined not more than two hundred dollars or by imprisonment for not more than thirty days or both. Violations of each such provision shall be considered a separate offense.

Section 25. Examination and Training of Food Service Workers

25.01. Food service management training or food service workers' training may be provided by the county health departments at the discretion of the county health officer.

Food service management training courses, when conducted, must be approved by the State Director of Health. Such training by the county health departments in lieu of food service workers' training, must satisfy the county health officer that such training of management personnel will result in suitable training for the other food service workers within that particular food service establishment.

25.02. If at any time, for the protection of the public, the county health officer considers an examination advisable, the food service worker must be examined by a physician approved by the county health officer. The county health officer may require such laboratory examinations as are necessary to detect any conditions in the food service worker which might constitute a hazard to the public's health.

Section 26. Administrative Due Process - Those persons adversely affected desiring a Contested Case Hearing shall do so in a manner prescribed in and by the West Virginia Rules of Procedure, West Virginia Board of Health, Chapter 16-1, Series I and further identified as Rules of Procedure for Contested Case Hearings and Declaratory Rulings. The aforementioned rules of procedure are incorporated by reference.

Section 27. Severability - If any provisions of these regulations or the application thereof to any person or circumstance shall be held invalid, such invalidity thereof shall not affect the provisions or application of

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these regulations which can be given effect without the invalid provisions or application, and to this end the provisions of these regulations are declared to be severable.