

**WEST VIRGINIA
SECRETARY OF STATE
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WEST VIRGINIA
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Form #6

**NOTICE OF FINAL FILING AND ADOPTION OF A LEGISLATIVE RULE AUTHORIZED
BY THE WEST VIRGINIA LEGISLATURE**

AGENCY: Department of Health and Human Resources TITLE NUMBER: 64

AMENDMENT TO AN EXISTING RULE: YES X NO

IF YES, SERIES NUMBER OF RULE BEING AMENDED: 7

TITLE OF RULE BEING AMENDED: Title 64 - Bureau for Public Health
Department of Health and Human Resources
Series 7 - Reportable Diseases, Events and Conditions

IF NO, SERIES NUMBER OF RULE BEING PROPOSED: 7

TITLE OF RULE BEING PROPOSED: Reportable Diseases, Events and Conditions

THE ABOVE RULE HAS BEEN AUTHORIZED BY THE WEST VIRGINIA LEGISLATURE.

AUTHORIZATION IS CITED IN (house or senate bill number) 350

SECTION 64-5-1(h), PASSED ON 3/9/2006

THIS RULE IS FILED WITH THE SECRETARY OF STATE. THIS RULE BECOMES EFFECTIVE ON THE
FOLLOWING DATE: 5/8/2006

Martha Yeager Walker
Authorized Signature

64CSR7
TITLE 64
LEGISLATIVE RULE
BUREAU FOR PUBLIC HEALTH
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

SERIES 7
REPORTABLE DISEASES, EVENTS AND CONDITIONS

2007-07-18 27

WEST VIRGINIA
DEPARTMENT OF STATE

§64-7-1. General.

1.1. Scope -- This legislative rule establishes procedures governing the reporting of certain diseases and conditions, unusual health events, and clusters or outbreaks of diseases to the bureau for public health. It also establishes the responsibility of various individuals and facilities in controlling communicable diseases. The WV Code is available in public libraries and on the Legislature's web page, <http://www.legis.state.wv.us/>.

1.2. Authority. -- WV Code §§16-3-1, 16-1-4; related 16-3C-1 et seq., 16-4-1 et seq., 16-22-3, 16-35-4 and 16-40-7.

1.3. Filing Date. -- December 22, 2005

1.4. Effective Date. -- May , 2006

1.5. Applicability. -- This rule applies to physicians and other licensed health practitioners; local health officers; other public health providers; private or public laboratories; all health care facilities; the bureau; health care professional licensing boards and agencies; any individual administering immunizations; administrators of schools, camps, and vessels; administrators of health care facilities operated by the department; the State registrar of vital statistics; county humane officers, dog wardens, sheriffs, pathologists, coroners, veterinarians and other animal health care providers, and medical examiners; and any other person investigating or treating disease, health conditions, exposure or alleged exposure to infectious agents, or cause of death.

1.6. Enforcement. - This rule is enforced by the commissioner of the West Virginia bureau for public health or his or her designee.

§64-7-2. Definitions.

2.1. Animal health care providers -

Veterinarians or veterinary technicians or other individuals providing health care to animals.

2.2 Automatic reporting capability -- The ability of an electronic laboratory reporting system to report laboratory findings through an electronic interface such that data is automatically transferred from a laboratory database to WVEDSS without human intervention.

2.3 Biological toxin - Toxin produced by microorganisms, including botulinum toxin or toxins of *Staphylococcus aureus* or *Clostridium perfringens*; or toxic products or byproducts of higher plants or animals, such as ricin.

2.4. Bioterrorism Agent - Infectious agent or biological toxin deliberately introduced into the food, air, water or other part of the environment; or directly into an animal or human with the criminal intent of causing disease in animals or humans.

2.5. Bioterrorist event - The occurrence of a case of disease or a disease outbreak due to a bioterrorism agent; or attempted exposure of one or more individuals to a bioterrorism agent.

2.6. Bureau - The bureau for public health of the West Virginia department of health and human resources.

2.7. Case - An occurrence of disease in a human or animal which meets a specific case definition listed in the West Virginia Reportable Diseases Protocol Manual or a case definition approved by the commissioner. (Manual is available online at <http://www.wvdhhr.org/idep>)

2.8. Cluster - An aggregation of cases of disease in time and place with or without exceeding the expected number of cases; frequently the expected number of cases is not known.

2.9. Commissioner - The commissioner of the bureau for public health of the West Virginia department of health and human resources or his or her designee.

2.10. Communicable Disease - A disease caused by an infectious agent or its toxic products, which is transmitted, directly or indirectly, to a susceptible host from an infected person, animal, arthropod, environmental exposure or other source.

2.11. Department - The West Virginia department of health and human resources.

2.12. Epidemic - An outbreak or the occurrence of more cases of disease than expected in a given area among a specific group of people over a particular period of time.

2.13. Epidemiologic Information - Medical data or other information, interviews, investigative reports, other records and notes collected during the course of an epidemiologic investigation of a disease, condition, or outbreak.

2.14. Epidemiologic Investigation - An investigation to determine the distribution, determinants and risk factors for disease in a specified population, for the purpose of prevention or control of the disease in the population; or to evaluate prevention and control efforts; or for increased understanding of the effects of the disease on the population.

2.15. Foodborne outbreak - An incident in which two or more persons experience a similar illness after ingestion of a common food, and epidemiologic analysis implicates the food as the source of the illness.

2.16. Health care provider - Any physician, dentist, nurse, or other individual who provides medical, dental, nursing, or other health care services of any kind to individuals.

2.17. Health care facility - Any hospital, nursing home, clinic, cancer treatment center, laboratory, or other facility which provides health care or diagnostic services to individuals, whether public or privately owned.

2.18. Hospital - A facility licensed as a hospital under WV Division of Health Legislative

Rule, Hospital Licensure, 64 CSR 12.

2.19. Infectious Agent - A biological organism such as a bacteria, parasite or virus; or a bacterial toxin; or a prion capable of causing disease in animals or man when introduced into the individual through water, air, food, the environment or by the percutaneous or other route.

2.20. Intentional Exposure - The deliberate introduction of a harmful agent into the air, water, food or environment of an individual or group of individuals with the intent of causing disease.

2.21. Isolation - The separation of infected persons or animals from other persons or animals, under the necessary time frame and conditions to prevent the direct or indirect transmission of the infectious agent from the infected persons or animals to other persons or animals who are susceptible or who may spread the disease to others.

2.22. Laboratory - Any licensed facility or place, however named, for the biologic, microbiologic, serologic, virologic, chemical, hematologic, immuno-hematologic, biophysical, cytologic, pathologic, genetic, molecular or other examination of materials for the purpose of providing medical or epidemiologic information for the diagnosis, prevention or treatment of any disease, or the assessment of the health of human beings. The term "laboratory" includes both public and private laboratories, free-standing laboratories, and hospital laboratories.

2.23. Law Enforcement Personnel - Any person who is employed by a local, county, state or federal agency with law enforcement responsibilities.

2.24. Local Board of Health - A board of health serving one or more counties, one or more municipalities, or a combination thereof.

2.25. Local Health Department - The staff of the local board of health.

2.26. Local Health Officer - The individual who fulfills the duties and responsibilities of the health officer for a local board of health, or his or her designee.

2.27. Medical Information - Data or other information regarding the history, examination, radiological or laboratory findings, diagnosis, treatment, or other clinical care for a person examined or treated for a suspected or actual disease.

2.28. Nursing Home - Any facility licensed as a nursing home under WV Legislative Rule, Nursing Home Licensure, 64 CSR 13, or any extended care facility operated in conjunction with a hospital.

2.29. Outbreak - The occurrence of more cases of disease than expected in a given area among a specific group of people over a particular period of time or an epidemic.

2.30. OLS - The office of laboratory services in the bureau.

2.31. Physician - An individual licensed to practice medicine by either the board of medicine or the board of osteopathy.

2.32. Placarding - The posting on a home, building or other structure of a sign or notice warning of the presence of a communicable disease or other health hazard and the danger of the disease or hazard within or beyond the placarded home, building or structure.

2.33. Quarantine - The limitation of freedom of movement of persons or animals in a time frame and manner to prevent contacts that could lead to spread of disease.

2.34. Reportable Disease or Condition - Any disease or condition required to be reported by this rule.

2.35. STD - Sexually transmitted disease.

2.36. Surveillance - The systematic collection, analysis, interpretation and dissemination of health data on an ongoing basis, to gain knowledge of the pattern of disease occurrence and potential in a community; or to understand the disease patterns in the community in order to control and prevent disease in the community, or to evaluate prevention and control efforts.

2.37. Veterinarian - A doctor of veterinary

medicine.

2.38. Waterborne outbreak - An incident in which two or more persons experience a similar illness after consumption or use of water and epidemiologic evidence implicates the water as the source of the illness.

2.39. WVEDSS - West Virginia Electronic Disease Surveillance System - An electronic data system for reporting and tracking cases and outbreaks of infectious diseases with simultaneous reporting of the disease to the bureau and local health departments.

§64-7-3. Selection, Categorization, and Required Reporting.

3.1. Selection and Categorization of Required Reportable Diseases and Conditions.

3.1.a. The commissioner may, by order filed with the Secretary of State, add or delete a disease or condition in any category. The commissioner shall select and categorize diseases and conditions for inclusion in this rule based on whether the disease or condition constitutes or has the potential to constitute a public health emergency, whether it requires public health follow up, or whether the collection of data or other information on the disease or condition can assist in either determining the need for or effectively implementing public health programs or other projects to protect and promote the health of the people of West Virginia.

3.1.b. In emergency situations, such as potential epidemics, the commissioner may require same day reporting for diseases and conditions in any of the categories listed in this rule.

3.2. Reporting of Diseases and Conditions.

3.2.a. The commissioner shall establish specific protocols for reporting diseases and conditions. These may be found in the West Virginia Reportable Diseases Protocol Manual (available online at <http://www.wvdhhr.org/idcp>). The protocols shall include any information to be reported beyond that listed in this rule and any additional information necessary regarding reporting or appropriate public health management.

3.2.b. The reports required by this rule shall be reported electronically to WVEDSS in a manner approved by the commissioner or on forms supplied by the commissioner.

3.3. Category I Reportable Diseases and Conditions.

3.3.a. Health care providers, health care facilities and laboratories shall report cases of Category I diseases or conditions listed in this section by telephone to the local health department serving the patient's county of residence immediately; and also shall immediately file an electronic report with WVEDSS. All local health departments shall report the case to the bureau immediately upon receipt of the report (toll free at 1 800 423 1271). When WVEDSS is certified as operational by the commissioner, the local health department shall use WVEDSS to file the report. Reports from health care providers and health care facilities shall include the patient's name, address, telephone number, date of birth, sex, race and the patient's physician's name, office address, office phone and fax numbers, and any other information requested by the commissioner relevant to the purposes of this rule. Reports from laboratories shall include the patient's name, address, telephone number, date of birth, sex, race; and the physician's name, office address, office phone and fax numbers; name of person or agency submitting the specimen for testing, specimen source, date of specimen collection, date of result, name of the test, test result, normal value or range; and name, address, phone and fax number of the laboratory.

3.3.b. Category I.A diseases and conditions reportable by health care providers and health care facilities are:

3.3.b.1. Anthrax;

3.3.b.2. Bioterrorist event, suspect or confirmed;

3.3.b.3. Botulism;

3.3.b.4. Foodborne outbreak, suspect or confirmed;

3.3.b.5. Intentional exposure to an infectious agent or biological toxin, suspect or confirmed;

3.3.b.6. Orthopox infection, including smallpox and monkeypox;

3.3.b.7. An outbreak or cluster of any illness or condition - suspect or confirmed;

3.3.b.8. Plague;

3.3.b.9. Rubeola (Measles);

3.3.b.10. SARS coronavirus infection, suspect or confirmed;

3.3.b.11. Smallpox;

3.3.b.12. Tularemia;

3.3.b.13. Viral hemorrhagic fevers, including filoviruses such as ebola and Marburg and arenaviruses such as lassa fever; and

3.3.b.14. Waterborne outbreak, suspect or confirmed.

3.3.c. Reports of Category I.A diseases and conditions should be submitted on standard reporting cards and supplemental forms or preferably by filing an electronic report with WVEDSS, in accordance with the West Virginia Reportable Diseases Protocol Manual (available online at <http://www.wvdhhr.org/idep>).

3.3.d. Category I.B diseases and conditions reportable by laboratories are:

3.3.d.1. Bacillus anthracis;

3.3.d.2. Bioterrorist event, suspect or confirmed;

3.3.d.3. Clostridium botulinum, microbiologic or toxicologic evidence;

3.3.d.4. Foodborne outbreak, suspect or confirmed;

3.3.d.5. Francisella tularensis;

3.3.d.6. Intentional exposure to an infectious agent; suspect or confirmed;

3.3.d.7. Orthopox infection, virologic,

electron microscopic or molecular evidence;

3.3.d.8. Outbreak or cluster of any illness or condition - suspect or confirmed;

3.3.d.9. Rubeola (measles), virologic or serologic evidence;

3.3.d.10. SARS coronavirus infection, serologic evidence or PCR;

3.3.d.11. Smallpox, virologic or serologic evidence;

3.3.d.12. Viral hemorrhagic fever;

3.3.d.13. Waterborne outbreak, suspect or confirmed;

3.3.d.14. *Yersinia pestis*, microbiologic or serologic evidence; and

3.3.d.15. Any other laboratory evidence suggestive of current infection with any of the diseases or conditions listed in Category I.A.

3.4. Category II Reportable Diseases and Conditions.

3.4.a. Health care providers, health care facilities and laboratories shall report cases of Category II diseases or conditions listed in this section by telephone to the local health department serving the patient's county of residence within twenty-four hours of diagnosis, preferably by filing an electronic report with WVEDSS. When WVEDSS is certified as operational by the commissioner, the local health department shall use WVEDSS to file the report. Reports from providers shall include the patient's name, address, telephone number, date of birth, sex, race and the patient's physician's name, office address, office phone and fax numbers, and any other information requested by the commissioner relevant to the purposes of this rule. Reports from laboratories shall include the patient's name, address, telephone number, date of birth, sex, race; and the physician's name, office address, office phone and fax numbers; name of person or agency submitting the specimen for testing, specimen source, date of specimen collection, date of result, name of the test, test result, normal value or range; and name, address, phone and fax number of the laboratory.

3.4.b. Category IIA diseases and conditions reportable by health care providers and health care facilities are:

3.4.b.1. Animal bites;

3.4.b.2. Brucellosis;

3.4.b.3. Cholera;

3.4.b.4. Dengue Fever;

3.4.b.5. Diphtheria;

3.4.b.6. Enterohemorrhagic *Escherichia coli* (EHEC) including but not limited to *E. coli* O157:H7;

3.4.b.7. *Haemophilus influenzae*, Invasive Disease;

3.4.b.8. Hemolytic Uremic Syndrome, postdiarrheal;

3.4.b.9. Hepatitis A, acute, including results of hepatitis serologies, transaminase levels and bilirubin;

3.4.b.10. Hepatitis B, acute, chronic or perinatal, including results of hepatitis A and B serologies, transaminase levels and bilirubin;

3.4.b.11. Hepatitis D including results of hepatitis A and B serologies, transaminase levels and bilirubin;

3.4.b.12. Meningococcal Disease, invasive;

3.4.b.13. Pertussis (whooping cough);

3.4.b.14. Poliomyelitis;

3.4.b.15. Q-fever (*coxiella burnetii*);

3.4.b.16. Rabies; human or animal;

3.4.b.17. Rubella;

3.4.b.18. Rubella, Congenital

Syndrome;

3.4.b.19. *Staphylococcus aureus* with glycopeptide-intermediate (GISA/VISA) or glycopeptide-resistant (GRSA/VRSA) susceptibilities, including results of susceptibility testing;

3.4.b.20. Tuberculosis all forms, including antibiotic susceptibility patterns;

3.4.b.21. Typhoid fever (*salmonella typhi*);

3.4.b.22. Yellow fever; and

3.4.b.24. Any other unusual condition or emerging infectious disease of potential public health importance;

3.4.c. Reports of Category II.A diseases and conditions shall be submitted on reporting cards and supplemental forms as listed in the West Virginia Reportable Diseases Protocol Manual (available online at <http://www.wvdhhr.org/idep>) or preferably by filing an electronic report with WVEDSS.

3.4.d. Category II.B diseases and conditions reportable by laboratories are:

3.4.d.1. *Bordetella pertussis*, microbiologic or molecular evidence;

3.4.d.2. Brucellosis, microbiologic or serologic evidence;

3.4.d.3. *Corynebacterium diphtheriae*, microbiologic or histopathologic evidence;

3.4.d.4. *Coxiella burnetii*;

3.4.d.5. Dengue Fever, serologic evidence;

3.4.d.6. Enterohemorrhagic *Escherichia coli* (EHEC) including but not limited to E. coli O157:H7 and Shiga-like toxin-producing E. coli O157:NM, from any clinical specimen;

3.4.d.7. *Haemophilus influenzae* from any normally sterile body site, including results of susceptibility testing;

3.4.d.8. Hepatitis A, positive IgM, including transaminase and bilirubin levels;

3.4.d.9. Hepatitis B, positive anti-HBc IgM or HBsAg, including hepatitis A serologies and transaminase and bilirubin levels;

3.4.d.10. Hepatitis D, positive serology, including hepatitis A and B serologies and transaminase and bilirubin levels;

3.4.d.11 *Mycobacterium tuberculosis* from any site (include drug susceptibility patterns);

3.4.d.12. *Neisseria meningitidis* from a normally sterile site;

3.4.d.13. Poliomyelitis, virologic or serologic evidence;

3.4.d.15. Rabies, animal or human;

3.4.d.16. Rubella, virologic or serologic evidence;

3.4.d.17. *Salmonella typhi* from any site;

3.4.d.18. *Staphylococcus aureus* with glycopeptide-intermediate (GISA/VISA) or glycopeptide-resistant (GRSA/VRSA) susceptibilities, including the results of susceptibility testing;

3.4.d.19. *Vibrio cholerae*, microbiologic or serologic evidence;

3.4.d.20. Yellow Fever, virologic or serologic evidence;

3.4.d.21. Any other unusual condition or emerging infectious disease of public health importance; and

3.4.d.22. Any other laboratory evidence suggestive of current infection with any of the diseases or conditions listed in Category IIA.

3.5. Category III Reportable Diseases and Conditions.

3.5.a. Health care providers, health care

facilities and laboratories shall report cases of Category III diseases and conditions to the local health department serving the patient's county of residence within seventy-two hours of diagnosis, preferably by filing an electronic record in WVEDSS. The local health department shall report the case to the bureau within seventy-two hours of receiving the report. When WVEDSS is certified as operational by the commissioner, the local health department shall use WVEDSS to file the report and when electronic laboratory reporting is certified as operational, laboratories with automatic reporting capability shall report Category III diseases and conditions daily. Reports from health care providers and health care facilities shall include the patient's name, address, telephone number, date of birth, sex, race and the patient's physician's name, office address, and office phone and fax numbers, and any other information requested by the commissioner relevant to the purposes of this rule.

Reports from laboratories shall include the patient's name, address, telephone number, date of birth, sex, race; and the physician's name, office address, office phone and fax numbers; name of person or agency submitting the specimen for testing, specimen source, date of specimen collection, date of result, name of the test, test result, normal value or range; and name, address, phone and fax number of the laboratory.

3.5.b. Category III.A diseases and conditions reportable by health care providers and health care facilities are:

3.5.b.1. Amebiasis;

3.5.b.2. Campylobacteriosis;

3.5.b.3. Cryptosporidiosis;

3.5.b.4. Cyclospora;

3.5.b.5. Giardiasis;

3.5.b.6. Listeria;

3.5.b.7. Salmonellosis (except Typhoid Fever), including results of susceptibility testing;

3.5.b.8. Shigellosis, including the results of susceptibility testing;

3.5.b.9. Trichinosis; and

3.5.b.10. Yersiniosis.

3.5.c. Reports of Category III.A diseases and conditions are reported on reporting cards and supplemental forms as listed in the West Virginia Reportable Diseases Protocol Manual (available online at <http://www.wvdhhr.org/idep>). When WVEDSS is certified as operational by the commissioner, all reporters shall use WVEDSS to file their reports.

3.5.d. Category III.B diseases and conditions reportable by laboratories are:

3.5.d.1. Campylobacter species;

3.5.d.2. Cryptosporidium;

3.5.d.3. Cyclospora;

3.5.d.4. Entamoeba histolytica;

3.5.d.5. Giardia lamblia, microscopic or immunodiagnostic evidence;

3.5.d.6. Listeria monocytogenes;

3.5.d.7. Salmonella (any species, excluding Salmonella typhi), including the results of susceptibility testing;

3.5.d.8. Shigella (any species), including the results of susceptibility testing;

3.5.d.9. Trichinosis, demonstration of cysts or serologic evidence;

3.5.d.10. Yersinia enterocolitica, microbiologic evidence; and

3.5.d.11. Any other laboratory evidence suggestive of current infection with any of the diseases or conditions listed in Category III.A.

3.6. Category IV Reportable Diseases and Conditions.

3.6.a. Health care providers, health care facilities and laboratories shall report cases of Category IV diseases or conditions to the local

health department serving the patient's county of residence within one week of diagnosis, preferably by filing an electronic report with WVEDSS. The local health department shall report the case to the bureau within one week of receiving the report. When WVEDSS is certified as operational by the commissioner, the local health department shall use WVEDSS to file the report.

Reports from health care providers and health care facilities shall include the patient's name, address, telephone number, date of birth, sex, race, the patient's physician's name, office address and office phone and fax, and any other information requested by the commissioner relevant to the purposes of this rule.

Reports from laboratories shall include the patient's name, address, telephone number, date of birth, sex, race; and the physician's name, office address, office phone and fax numbers; name of person or agency submitting the specimen for testing, specimen source, date of specimen collection, date of result, name of the test, test result, normal value or range; and name, address, phone and fax number of the laboratory. When electronic laboratory reporting is certified as operational by the commissioner, laboratories with automatic reporting capability shall report Category IV diseases on a daily basis.

3.6.b. Category IV.A diseases reportable by health care providers and health care facilities are:

- 3.6.b.1. Arboviral infection;
- 3.6.b.2. Chickenpox (numerical totals only);
- 3.6.b.3. Community-acquired methicillin-resistant *Staphylococcus aureus*, invasive, include susceptibility patterns;
- 3.6.b.4. Ehrlichiosis;
- 3.6.b.5. Hantavirus Pulmonary Syndrome;
- 3.6.b.6. Influenza-like illness (numerical totals only);
- 3.6.b.7. Influenza-related death in an individual less than 18 years of age;

- 3.6.b.8. Legionellosis;
- 3.6.b.9. Leptospirosis;
- 3.6.b.10. Lyme Disease;
- 3.6.b.11. Malaria;
- 3.6.b.12. Mumps;
- 3.6.b.13. Psittacosis;
- 3.6.b.14. Rocky Mountain Spotted Fever;
- 3.6.b.15. Streptococcal Disease, invasive Group A, (*Streptococcus pyogenes*), including results of susceptibility testing;
- 3.6.b.16. Streptococcal Disease, invasive Group B;
- 3.6.b.17. Streptococcal Toxic Shock Syndrome;
- 3.6.b.18. Streptococcus pneumoniae, invasive disease, (include antibiotic susceptibility patterns);
- 3.6.b.19. Tetanus;
- 3.6.b.20. Toxic Shock Syndrome;
- and
- 3.6.b.21. Tuberculosis, latent infection (limited to individuals with a positive Mantoux tuberculin skin test conversion in the last two years or any positive Mantoux tuberculin skin test in a child less than five years of age).

3.6.c. Reports of Category IV.A diseases and conditions are reported on reporting cards and supplemental forms as listed in the West Virginia Reportable Diseases Protocol Manual (available online at <http://www.wvdhhr.org/idep>). When WVEDSS is certified as operational by the commissioner, all reporters shall use WVEDSS to file their reports.

3.6.d. Category IV.B conditions reportable by laboratories are:

- 3.6.d.1. Arboviral infection, virologic, serologic, or other evidence;

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3.6.d.2. *Borrelia burgdorferi* from culture, or diagnostic levels of IgG or IgM, (with Western blot confirmation);

3.6.d.3. Ehrlichiosis, serologic, microbiologic or other evidence;

3.6.d.4. Hantavirus infection, serologic, PCR, immunohistochemistry, or other evidence;

3.6.d.5. *Legionella*, bacteriologic or serologic evidence;

3.6.d.6. Leptospirosis, virologic or serologic evidence;

3.6.d.7. Malaria organisms on smear of blood;

3.6.d.8. Mumps, virologic or serologic evidence;

3.6.d.9. Psittacosis, microbiologic or serologic evidence;

3.6.d.10. Rocky Mountain Spotted Fever, serologic evidence;

3.6.d.11. *Streptococcus pyogenes* (Group A *Streptococcus*) from a normally sterile site;

3.6.d.12. *Streptococcus*, Group B, from a normally sterile site;

3.6.d.13. *Streptococcus pneumoniae*, from a normally sterile site (include antibiotic susceptibility patterns on all isolates); and

3.6.d.14. Any other laboratory evidence suggestive of current infection with any of the diseases or conditions listed in Category IV.A.

3.7. Category V Reportable Diseases and Conditions.

3.7.a. Health care providers, health care facilities and laboratories shall report Category V diseases and conditions, preferably by WVEDSS to the bureau within one week of

diagnosis unless otherwise indicated. Reports shall include the patient's name, address, telephone number, date of birth, sex, race, the patient's physician's name, office address, and office phone and fax, and any other information requested by the commissioner relevant to the purposes of this rule.

3.7.b. Category V.A diseases and conditions reportable by health care providers and health care facilities are:

3.7.b.1. AIDS diagnosed from the presence of AIDS defining diseases or conditions (including previously reported HIV positive individuals), according to the time frame in the bureau rule, "AIDS Related Medical Testing and Confidentiality", 64CSR64 **.

3.7.b.2. Autism Spectrum Disorder; reportable to researchers at <http://www.marshall.edu/wvasdr/>

3.7.b.3. Birth Defects, including Down's Syndrome;

3.7.b.4. Cancer, including non-malignant intracranial and central nervous system tumors, in time frame noted in the bureau rule, "Cancer Registry," 64CSR68;

3.7.b.5. Chancroid;**

3.7.b.6. Chlamydia;**

3.7.b.7. Enterovirus (non-polio), culture confirmed, (numerical totals only, by serotype as available, and including echovirus, coxsackievirus, and parechovirus);

3.7.b.8. Gonococcal Disease** -- conjunctivitis in the newborn or drug-resistant disease (within 24 hours);

3.7.b.9. Gonorrhea (all other sites);**

3.7.b.10. Hemophilia;

3.7.b.11. Hepatitis C / Other non-A or non-B, acute or chronic, including results of hepatitis A and B serologies and transaminase and bilirubin levels;

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3.7.b.12. HIV (Human Immunodeficiency Virus) according to the time frame in the bureau rule, "AIDS Related Medical Testing and Confidentiality", 64CSR64;**

3.7.b.13. Influenza, culture confirmed, (numerical totals only, by type and subtype, as available);

3.7.b.14. Lead, all blood lead test results;

3.7.b.15. Occupational illnesses;

3.7.b.16. Pelvic inflammatory disease;**

3.7.b.17. Syphilis (late latent, late symptomatic, or neurosyphilis);**

3.7.b.18. Syphilis** -- primary, secondary, early latent (less than one (1) year), or congenital (all within 24 hours); and

3.7.b.19. Traumatic Brain Injury, reportable to researchers at the WV Department of Vocational Rehabilitation through the bureau's website at <http://www.wvdhhr.org/idep>.

3.7.c. Reports of Category V.A. diseases and conditions are submitted on forms as specified in the West Virginia Reportable Diseases Protocol Manual (available online at <http://www.wvdhhr.org/idep>).

3.7.d. Category V.B. diseases and conditions reportable by laboratories are:

3.7.d.1. All CD4+ T-lymphocyte or percentages according to the time frame in the bureau rule, "AIDS Related Medical Testing and Confidentiality", 64CSR64.

3.7.d.2. *Chlamydia trachomatis* by culture, antigen, DNA probe methods, or other positive laboratory evidence;*;

3.7.d.3. Down's Syndrome chromosomal anomaly;

3.7.d.4. *Haemophilus ducreyi***

3.7.d.5. Hepatitis C / Other non-A or non-B, virologic or serologic evidence, including results of hepatitis A and B serologies and transaminase and bilirubin levels;

3.7.d.6. HIV (Human Immunodeficiency Virus) Type 1 or 2, confirmed antibody or virus detection test (serology, culture, antigen, PCR, DNA, RNA probe, etc.), according to the time frame in the bureau rule, "AIDS Related Medical Testing and Confidentiality", 64CSR64;**

3.7.d.7. Lead, all blood lead test results;

3.7.d.8. *Mycobacterium tuberculosis* from any site** (include drug susceptibility patterns) (within 24 hours);

3.7.d.9. *Neisseria gonorrhoeae* (drug resistant) from any site** (within 24 hours);

3.7.d.10. *Neisseria gonorrhoeae* from female upper genital tract** (within 24 hours);

3.7.d.11. *Neisseria gonorrhoeae* from the eye of a newborn** (within 24 hours);

3.7.d.12. *Neisseria gonorrhoeae***, culture or other positive laboratory evidence, (all other);

3.7.d.13. Syphilis**, serologic evidence;

3.7.d.14. *Treponema pallidum*, positive dark-field examination** (within 24 hours); and

3.7.d.15. Any other laboratory evidence suggestive of current infection with any of the diseases or conditions listed in Category V.A.

3.7.e. Reports of Category V diseases and conditions marked with two (2) asterisks (**) shall be made on the appropriate STD/HIV/AIDS and TB report forms provided by the bureau, until such time as these diseases can be reported electronically using the WVFDSS.

§64-7-4. Other Reportable Events: Birth Defects.

The commissioner shall arrange for the reporting of birth defects as soon as detected by pediatric health care providers or human genetic services providers. Birth defects are also identified from birth certificates and health care facility medical records. After case review, evaluation and referrals, reports are consolidated in the Maternal and Child Health database. The bureau shall provide appropriate report forms for this reporting.

§64-7-5. Other Reportable Events: Potentially Rabid Animal Bites, Rabid Animals, Rabies Pre-Exposure Vaccinations and Post-Exposure Prophylaxis.

5.1. If a person is bitten, scratched, or otherwise exposed (gets saliva, neural tissue, or other potentially infectious fluid into an open cut, wound, or mucous membrane) to an animal which has or is suspected of having rabies, then the incident, including the person's full name, date of birth, and address, shall be reported to the local health officer within twenty-four hours, by phone, or preferably by WVEDSS, by the following individuals:

5.1.a. The physician or other health care provider caring for or observing the person;

5.1.b. The veterinarian or animal health care provider;

5.1.c. The person bitten, scratched, or otherwise exposed, if no physician or other health care provider is in attendance and the person bitten, scratched or otherwise exposed is an adult;

5.1.d. Whoever is caring for the person, if no physician or other health care provider is in attendance and the person bitten, scratched, or otherwise exposed is incapacitated; or

5.1.e. The parent or guardian, if no physician or other health care provider is in attendance and the person bitten, scratched or otherwise exposed is a child.

5.2. The local health officer shall report within twenty-four hours to the commissioner the name, date of birth, address, circumstances of the

exposure, and action taken for every person bitten, scratched, or otherwise exposed to an animal which has or is suspected of having rabies.

5.3. If the animal is a domestic dog, cat or ferret, the local health officer shall make a reasonable attempt to determine the animal's owner, and, if successful, shall direct the owner to confine the animal for a period of ten days. The owner of the dog cat or ferret, county humane officer, dog warden or sheriff shall notify the local health officer immediately if the animal shows symptoms compatible with rabies or dies, and the local health officer, county humane officer, dog warden or sheriff shall arrange for appropriate examination of the animal's brain at the office of laboratory services.

5.4. If the local health officer cannot determine the owner of the domestic dog cat or ferret, he or she shall direct the county humane officer, dog warden or sheriff to pick up the suspect dog cat or ferret, that has bitten a person and confine it in isolation for a period of ten days. If the animal shows symptoms compatible with rabies, including if the animal bit someone without provocation, or if the animal demonstrates aggressive behavior toward human beings such that the animal may pose a continuing risk to other people, the local health officer shall direct the county humane officer, dog warden, sheriff, or other designee to humanely destroy the animal and arrange for appropriate examination of the animal's brain. If the animal dies, the local health officer shall arrange for appropriate examination of the animal's brain at the office of laboratory services.

5.5. If a person is reported bitten by any animal having or suspected of having rabies other than a domestic dog cat or ferret, especially a wild mammal or hybrid, the local health officer may direct the county humane officer, dog warden, sheriff, or other designee to have the animal humanely destroyed immediately and to arrange for appropriate examination of the animal's brain at the office of laboratory services.

5.6. Any person who becomes aware of the existence of an animal apparently afflicted with rabies shall report the existence of the animal, the place where it was last seen, the owner's name, if known, and the symptoms suggesting rabies to the local health officer immediately.

5.7. Health care providers, health care facilities, local health officers and other facilities administering rabies pre-exposure vaccination or post-exposure prophylaxis shall report vaccinations and treatment administered to WVEDSS.

§64-7-6. Other Reportable Events: Administration of Immunizations.

6.1. The commissioner shall establish and maintain a centralized registry for tracking compliance with nationally recommended immunization schedules and for monitoring vaccine use.

6.2. Health care providers, health care facilities, local health officers, and any other provider or facility administering immunizations shall report immunizations administered to the centralized immunization registry as required by this rule. Administration of immunization against the following diseases are reportable: diphtheria, whooping cough, tetanus, polio, measles, mumps, rubella, hepatitis-B, Haemophilus influenzae type b disease, chickenpox, pneumococcal diseases, meningococcal diseases and any additional immunizations required by the commissioner for public health purposes as published by an order filed with the secretary of state.

6.3. All immunizations administered to persons eighteen years of age and under shall be reported to the immunization registry within two weeks of the administration of the immunization. Immunizations of adults may also be reported to maintain an accurate and useful database of all immunization information.

6.4. Immunization reports shall contain the name of the person receiving the immunization, his or her address, date of birth, mother's maiden name, information on the immunization administered, and any other information required by the commissioner for development, maintenance, and use of the immunization registry and vaccine tracking system.

6.5. Immunization data that must be reported to the department is confidential, except it may be shared with other health care providers, or other entities with a legally defined access to the data, who are enrolled in the system, without the specific

consent of the parent or patient. The data shall only be used for the ongoing care of the patient to assess immunization status, to determine immunization coverage rates, to assist in outbreak investigations or for other purposes determined by the commissioner.

6.6. Local health officers and other health care providers identified by the state health officer as smallpox vaccination clinics and charged with the responsibility of providing and administering smallpox vaccinations shall report smallpox vaccine administration information to the state health officer through the first responder immunization tracking system within twenty-four hours.

6.7. In the event of an influenza or other pandemic or a bioterrorist event or intentional exposure to an infectious agent, local health departments or other health care providers charged with administering prophylactic medication or vaccinations shall report administration to the commissioner via an electronic database within 24 hours of the administration of the prophylactic medication or vaccination.

§64-7-7. Other Reportable Events: Disease Outbreaks.

7.1. When a health care facility, health care provider or laboratory becomes aware of an outbreak, the outbreak shall be reported to the local health officer immediately.

7.2. When the local health officer becomes aware of an outbreak in his or her jurisdiction, he or she shall notify the bureau immediately.

7.3. As appropriate, the local health officer shall collaborate in investigation of the outbreak with:

7.3.a. Other local health officers if cases from other local health jurisdictions are identified;

7.3.b. Public health officials from other states if cases from those states are identified;

7.3.c. The department; and

7.3.d. Federal public health officials.

7.4. An appropriate investigation generally includes:

7.4.a. Establishment of the existence of the outbreak;

7.4.b. Confirmation of the diagnosis, including obtaining appropriate laboratory examinations of cases;

7.4.c. Formulation of an appropriate case definition;

7.4.d. Notification of laboratories and providers in the jurisdiction to identify and report additional cases;

7.4.e. Systematic collection of demographic and epidemiological information on the cases;

7.4.f. Formulation and implementation of control measures to stem the spread of the outbreak;

7.4.g. Formulation and implementation of special studies to determine the source of the outbreak; and

7.4.h. Summarization of the findings of the outbreak investigation in written form.

7.5. In the process of outbreak investigation, the commissioner, in collaboration with the local health officer, may perform epidemiological studies, including case-control, cross-sectional and cohort studies which involve interviews and evaluations of ill persons and well persons. Interviews and evaluations of ill and well persons are confidential and not discoverable under the state freedom of information act, WV Code §29B-1-1, et seq. Information may only be released in aggregate for the purpose of informing the public of the conclusions of the investigation.

7.6. In the process of outbreak investigation, the commissioner, in collaboration with the local health officer, may request laboratory studies on ill persons and/or well persons. Laboratory results obtained on ill and well persons are confidential and not discoverable under the state freedom of information act, WV Code 29B-1-1 et seq. Information may only be released in aggregate for

the purposes of informing the public of the conclusions of the investigation.

§64-7-8. Other Reportable Events: Surveillance program evaluation and special studies.

8.1. As necessary, the commissioner may conduct special studies to evaluate the completeness, timeliness and accuracy of the surveillance and epidemiological information reported under this rule. In the process of conducting program evaluation, the commissioner may request any of the following information from providers, facilities, laboratories, or other individuals named in this rule:

8.1.a. Computerized or paper reports of cases diagnosed during a limited timeframe, usually during a one year interval, but not more than five years;

8.1.b. Specified laboratory results collected over a limited timeframe, usually during a one year interval, but not more than five years;

8.1.c. Access to records to perform audits for completeness, accuracy and timeliness of reporting, or

8.1.d. Any other information required to verify the completeness and accuracy of reporting.

8.2. In addition, the commissioner may conduct special studies on the health of the population for the purposes of quantifying the risk to the population or access to appropriate prevention and control services or validating information collected through surveillance data. Studies may include cross-sectional studies, case-control studies, cohort studies or other similar study designs where ill and well persons are evaluated or interviewed or information is collected on these individuals. All information collected in these studies, whether on ill or well persons is confidential and not discoverable under the state freedom of information act, WV Code 29B-1-1, et seq. Information may be released in aggregate for the purposes of informing the public about the health risk or the quality of the surveillance system.

§64-7-9. Other Reportable Events: Bioterrorism response.

9.1. All health care providers, health care facilities, animal health care providers, laboratories and law enforcement personnel shall report suspected or confirmed disease due to a bioterrorism agent immediately by telephone with follow up by other rapid means of notification (fax or WVEDSS) to the local health department in the jurisdiction where the bioterrorist event is identified.

9.2. Suspect disease due to bioterrorism agents may be identified by the following epidemiological findings:

9.2.a. Unusual temporal or geographic clustering of illness. This might include persons who attended the same public event or gathering, or patients presenting with clinical signs and symptoms that suggest an infectious disease outbreak. More than two persons presenting with an unexplained febrile illness associated with sepsis, pneumonia, respiratory failure, rash or a botulism-like syndrome with flaccid paralysis, especially if occurring in otherwise healthy persons;

9.2.b. An unusual age distribution for common diseases, such as an increase in what appears to be a chickenpox like illness among adult patients, but which might be smallpox;

9.2.c. A large number of cases of acute flaccid paralysis with prominent bulbar palsies, suggestive of a release of botulinum toxin;

9.2.d. A laboratory finding characteristic of one of the known bioterrorism agents;

9.2.e. An unusually high number of laboratory samples, particularly from the same biologic medium, such as blood or stool cultures;

9.2.f. Unusual requests for testing or culturing; or

9.2.g. Any other unusual medical, laboratory or epidemiological findings not consistent with known patterns of transmission of naturally-occurring infectious agents.

9.3. Bioterrorism agents may include, but are not limited to:

9.3.a. Anthrax (*Bacillus anthracis*);

9.3.b. Botulism (*Clostridium botulinum* toxin);

9.3.c. Brucellosis (*Brucella* species);

9.3.d. Epsilon toxin of *Clostridium perfringens*;

9.3.e. Food safety threats (e.g., *Salmonella* species, *Escherichia coli* O157:H7, *Shigella*);

9.3.f. Glanders (*Burkholderia mallei*);

9.3.g. Melioidosis (*Burkholderia pseudomallei*);

9.3.h. Plague (*Yersinia pestis*);

9.3.i. Psittacosis (*Chlamydia psittaci*);

9.3.j. Q fever (*Coxiella burnetii*);

9.3.k. Ricin toxin from *Ricinus communis* (castor beans);

9.3.l. Smallpox (*variola major*);

9.3.m. Staphylococcal enterotoxin B;

9.3.n. Tularemia (*Francisella tularensis*);

9.3.o. Typhus fever (*Rickettsia prowazekii*);

9.3.p. Viral encephalitis (alphaviruses [e.g., Venezuelan equine encephalitis, eastern equine encephalitis, western equine encephalitis]);

9.3.q. Viral hemorrhagic fevers (filoviruses [e.g., Ebola, Marburg] and arenaviruses [e.g., Lassa, Machupo]); and

9.3.r. Water safety threats, such as *Vibrio cholerae*, *Cryptosporidium parvum*.

9.4. In the event of a suspected or confirmed bioterrorist event, the commissioner may designate a disease or condition as immediately reportable by direct notification of local health departments and/or health care providers by any rapid means available. In that situation, the commissioner may

request the reporting of cases by phone or by filing an electronic report with WVEDSS.

9.5. The local health officer, on notification of a suspected or confirmed bioterrorist event shall immediately notify the bureau by phone 1-800-423-1271 or (304) 558-5358. When WVEDSS is certified as operational by the commissioner, reports shall also be filed with WVEDSS.

9.6. As appropriate, the local health officer shall collaborate in an investigation of the bioterrorist event with:

9.6.a. Other local health officers if cases from other local health jurisdictions are identified;

9.6.b. Public health officials from other states if cases from those states are identified;

9.6.c. The department;

9.6.d. Federal public health officials; and

9.6.e. Law enforcement personnel.

9.7. The local health officer shall collaborate in an epidemiological investigation of the bioterrorist event, usually to include a complete outbreak investigation as described in section seven (7) of this rule.

9.8 The commissioner shall collaborate with the Federal Bureau of Investigation and other federal, state and local law enforcement, emergency responders and other public safety representatives to develop and use a protocol for sharing information on an investigation.

9.8.a. Information may only be shared if the commissioner determines that sharing such information is critical to protecting the public's health.

9.8.b. Any information shared shall be protected from further disclosure in a manner consistent with state and federal law and regulations and in accordance with the protocol agreed upon by all parties.

§64-7-10. Syndromic surveillance and electronic laboratory reporting.

10.1 As a part of outbreak and bioterrorism surveillance, the commissioner may establish syndromic surveillance under this rule. The commissioner may create a list of clinical syndromes to be reported by publishing the list in the West Virginia Protocol Manual (available online at www.wvdhhr.org/idep). Once established, the commissioner may request health care facilities to submit daily reports on the total number of new patients with each syndrome identified within the last 24 hours. The commissioner may request reporting of syndromes from health care facilities, either on an ongoing basis; or for a limited time frame such as during a period of heightened awareness of possible disease outbreaks. Reports may be made by fax, telephone or electronic means. Reports from health care facilities shall include the timeframe of report, the name of the facility reporting, the number of new admissions during that timeframe, the number of new admissions with each clinical syndrome and any other information requested by the commissioner. Reports from emergency rooms shall include the timeframe of the report, the name of the facility reporting, the number of patient visits during the timeframe, the number of patients with each clinical syndrome, and any other information requested by the commissioner.

10.2 Clinical syndromes reportable may include:

10.2.a. Acute neurological illness;

10.2.b. Acute vomiting and/or diarrhea;

10.2.c. Death in the emergency room;

10.2.d. Febrile illness with flu-like symptoms;

10.2.e. Febrile illness with flu-like symptoms and rash;

10.2.f. Pneumonia;

10.2.g. Septicemia of unknown etiology;
or

10.2.h. Other syndromes defined by the commissioner.

10.3 When electronic laboratory reporting is

certified as operational by the commissioner, laboratories with automatic reporting capability shall report the conditions listed in this subsection on a daily basis. These conditions are in addition to conditions reportable in this rule. Reports from laboratories shall include the patient's name, address, telephone number, date of birth, sex and race; the name of the person or agency submitting the specimen for testing; the specimen source and date of specimen collection; the date of result, name of the test, test result, normal value or range; and the name, address, phone and fax number of the laboratory. Conditions to be reported include:

10.3.a. Adenovirus, by culture or PCR;

10.3.b. Enterovirus (non-polio), by culture or PCR; by serotype;

10.3.c. Influenza, by culture, including type and subtype, as available;

10.3.d. Parainfluenza virus, by antigen detection or culture;

10.3.e. Respiratory syncytial virus, by antigen detection or viral isolation; and

10.3.f. Rotavirus, by antigen detection or electron microscopy.

§64-7-11. Deaths from Reportable Diseases and Conditions; Reportable Diseases and Conditions Diagnosed After Death.

11.1. Upon receipt of any death certificate showing a reportable disease or condition, the State registrar of vital statistics shall send a copy of the death certificate to WVEDSS. The State registrar shall report all deaths due to diseases listed in this rule to the bureau.

11.2. If a pathologist, coroner, medical examiner, physician, other health care provider, or other individual investigating the cause of death determines from the examination of a corpse or from a history of the events leading to death, that at the time of death, the decedent had a disease or condition required to be reported by this rule, he or she shall report the case promptly as required by this rule as if the diagnosis had been established prior to death.

§64-7-12. Persons, Facilities, and Laboratories Required to Report; Other Related Responsibilities.

12.1. Health Care Providers and health care facilities.

12.1.a. Any health care provider who or health care facility which suspects, diagnoses, or cares for a patient with a disease or condition listed in this rule shall:

12.1.a.1. Report the disease or condition as required by this rule;

12.1.a.2. Assist public health officials in appropriate case and outbreak investigation and management and in any necessary contact investigation and management;

12.1.a.3. Make every effort to submit the specimens identified in protocols specified by the commissioner to establish an accurate diagnosis of the disease or condition to a laboratory approved by the commissioner;

12.1.a.4. If the disease or condition is communicable, advise, in consultation with State and local public health officials, the patient, and as necessary, members of the patient's household and other patient contacts regarding the precautions to be taken to prevent further spread of the disease. In cases of sexually transmitted diseases, HIV, and tuberculosis, the bureau recommends that health care providers and health care facilities refer contact notification activities to the STD/HIV/TB program and local health departments for tuberculosis rather than attempt to accomplish the notification themselves;

12.1.a.5. Follow a method of control specified by the commissioner in established protocols in the West Virginia Reportable Diseases Protocol Manual (available online at <http://www.wvdhhr.org/idep>), or by methods developed in consultation with the commissioner;

12.1.a.6. Assist the commissioner or the local health officer by promoting implementation of the control method for the disease or condition specified in the protocol with the patient, and, as applicable, members of the patient's household, facility staff, and other

involved individuals; and

12.1.a.7. Assist the commissioner or local health officer in ruling out reported suspect cases of infectious diseases by submitting copies of negative laboratory tests or medical evaluations.

12.2. Laboratories.

12.2.a. All laboratories, whether public, private or hospital-based, shall report evidence of current infection with the diseases or conditions listed in this rule and shall otherwise comply with the requirements of this rule.

12.2.b. A laboratory which receives a specimen yielding *Mycobacterium tuberculosis* shall submit the first isolate to the office of laboratory services, bureau for public health. Additionally, any isolate of *M. tuberculosis* from a patient collected ninety or more days after the initial specimen shall also be forwarded to the office of laboratory services. The laboratory shall perform or arrange for drug susceptibility testing on the initial isolate from each patient from whom *M. tuberculosis* was isolated and report the results of that drug susceptibility testing to the local health department in the county where the patient resides, within one working day from the time the person or agency who submitted the specimen is notified. If any subsequent culture of *M. tuberculosis* is found to have developed new patterns of resistance, an additional culture or subculture of the resistant isolate shall be submitted to the office of laboratory services. Clinical laboratories that identify acid fast bacillus (AFB) on a smear from a patient shall culture and identify the AFB, or refer these to another laboratory for those purposes.

12.2.b.1. Clinical laboratories that isolate *Bacillus anthracis*, *Clostridium botulinum*, Community-acquired *Staphylococcus aureus*, *Corynebacterium diphtheriae*, *Tularemia*, *Salmonella*, *Shigella*, *Campylobacter*, *Listeria monocytogenes*, or suspect or confirmed *E. coli* O157:H7 or *Yersinia pestis* from any patient specimen or *Neisseria meningitidis*, *Streptococcus pneumoniae*, or *Haemophilus influenzae* from a sterile site should submit the first isolate or a subculture of that isolate to the office of laboratory services. In addition, the commissioner may request routine submission of other bacterial isolates by inclusion in the West Virginia

Reportable Diseases Protocol Manual (available online at <http://www.wvdhhr.org/idep>) and by written notification of laboratories of the specific requirement. During outbreak or other special investigations, the commissioner may request submission of isolates from persons with disease during a timeframe specified by the commissioner.

12.2.b.2. Information that shall be included in any of the specimens listed in this section includes:

12.2.b.2.A. The name, address, and date of birth of the patient;

12.2.b.2.B. The specimen accession number or other unique identifier;

12.2.b.2.C. The date the specimen was obtained from the patient;

12.2.b.2.D. The source of the specimen;

12.2.b.2.E. The type of test performed;

12.2.b.2.F. The name, address, telephone and fax number of the submitting laboratory; and

12.2.b.2.G. The name, office address, office telephone and fax number of the physician or health care provider for whom the examination or test was performed.

12.2.b.3. Clinical laboratories that identify virological, serological, electron microscopic or molecular evidence of acute infection with LaCrosse, West Nile, Eastern Equine or St Louis encephalitis; orthopox virus (including smallpox and monkeypox); poliomyelitis; rabies; rubella; rubeola; or SARS coronavirus shall submit an acute specimen to the office of laboratory services for confirmation. In addition, the commissioner may request routine submission of laboratory specimens for confirmation of other diseases by documentation of the request in the West Virginia Reportable Diseases Protocol Manual (available online at <http://www.wvdhhr.org/idep>) and by written notification of laboratory directors. During an outbreak or other special investigations, the

commissioner may request submission of isolates from persons with disease during a timeframe specified by the commissioner.

12.2.b.4. In addition, the laboratory shall assist the commissioner or local health officer in ruling out reported suspect cases of infectious diseases by submitting copies of negative laboratory tests for the condition under evaluation.

12.3. Administrators of schools, camps, vessels, and department-operated health care facilities.

12.3.a. When no physician or other responsible health care provider is in attendance, the administrator of any school, camp, vessel or department-operated health care facility shall:

12.3.a.1. Report any reportable disease or condition occurring in the school, camp, vessel or department-operated health care facility as required by this rule;

12.3.a.2. Assist public health officials in appropriate case and outbreak investigation or management and in any necessary contact investigation and management;

12.3.a.3. Follow a method of control specified by the commissioner in established protocols in the West Virginia Reportable Diseases Protocol Manual (available online at <http://www.wvdhhr.org/idep>) or by recommendations developed in consultation with the commissioner;

12.3.a.4. If the disease or condition is communicable, advise, in consultation with state and local public health officials, the patient, and as necessary, members of the patient's household and other patient contacts regarding the precautions to be taken to prevent further spread of the disease. In cases of sexually transmitted diseases, HIV, and tuberculosis the bureau recommends that health care providers and health care facilities refer contact notification activities to the STD/HIV/AIDS program and local health departments for tuberculosis rather than attempt to accomplish the notification themselves; and

12.3.a.5. Assist the local health officer by promoting implementation of the

control method for the disease or condition specified in the protocol with the patient, and, as applicable, members of the patient's household, facility staff, and other involved individuals.

§64-7-13. Distribution of Rule.

The bureau and health care professional licensing boards and agencies may distribute this rule to licensed health care professionals who have a duty under this rule. Local health departments may copy and distribute this rule to local health care providers at no cost. The rule is also available online from the Secretary of State's office at www.wvsos.com.

§64-7-14. Responsibilities of Local Health Officers.

14.1. Local health officers shall comply with the requirements of this rule.

14.2. Local health officers shall maintain a record of the information they collect and the reports they make pursuant to this rule according to the record retention schedule for the local health department. They shall give the information and reports to their successor.

14.3. Upon receipt of a reportable disease or condition report, a local health officer shall:

14.3.a. As circumstances require, investigate the source of the disease or condition, identify contacts, look for undetected and unreported cases, and implement the prevention and control methods specified by the protocols in the West Virginia Reportable Diseases Protocol Manual (available online at <http://www.wvdhhr.org/idep>), or developed in consultation with the commissioner;

14.3.b. Act in accordance with the protocols established by the commissioner in the West Virginia Reportable Diseases Protocol Manual (available online at <http://www.wvdhhr.org/idep>), or recommendations developed in consultation with the commissioner;

14.3.c. Determine if required specimens have been collected and submitted; and if not, arrange for collection and submission of the necessary specimens to investigate the case,

determine the source of the infection, and identify infection of contacts, as necessary. Local health officers shall submit specimens to the bureau laboratory or other laboratory approved by the commissioner;

14.3.d. Give the patient, those persons caring for the patient, household members, and other contacts instructions and advice necessary to prevent the spread of the disease or condition; and

14.3.e. Report any disease or condition listed in this rule to the bureau within the time frame specified in each category.

14.4. If the report received is a death certificate listing a reportable disease or condition, the local health officer shall ascertain whether the disease or condition was reported according to the requirements of this rule prior to the individual's death. As with any other report, the local health officer shall investigate the source of the disease or condition, identify contacts, and look for undetected and unreported cases and implement prevention and control measures as circumstances require.

14.5. Whenever a local health officer knows of or suspects the existence of any reportable disease or condition, and either no health care provider is in attendance, or the health care provider has failed or refused to comply with this rule, the local health officer shall investigate the alleged reportable disease or condition. If the investigation establishes the existence of a reportable disease or condition, the local health officer shall further investigate, manage, and report the disease or condition as required by this rule.

14.6. If the local health officer determines that a health care provider, health care facility, laboratory, or other individual named in this rule as responsible for reporting failed to report a reportable disease or condition, the local health officer shall notify the responsible individual or facility and shall request an explanation for the failure to report the disease as required by this rule.

14.7. The local health officer shall report to the commissioner the name and address of the health care provider, health care facility, laboratory, or other responsible individual named in this rule and his or her reason for failure to comply with the

requirements of this rule.

§64-7-15. Management of Undiagnosed Diseases or Conditions Suggesting a Reportable Disease or Condition.

When presenting symptoms of an undiagnosed disease or condition suggest a reportable disease or condition, the local health officer may initiate and enforce control methods appropriate for the reportable suggested disease or condition until a definitive diagnosis is established. If the disease diagnosed does not require the control measures initiated, then these measures shall be terminated immediately.

§64-7-16. Disputed Diagnoses of Reportable Diseases or Conditions.

When doubt exists as to the diagnosis of a submitted reportable disease or condition, the local health officer may enforce the protocol and methods of control established by the commissioner for the suspected disease or condition and shall simultaneously notify the commissioner of the case. If the commissioner judges it necessary, he or she shall consult or assist with any investigation needed to make a final decision.

§64-7-17. Designation of Diseases as Sexually Transmittable.

As allowed under WV Code §16-4-1 and for the purposes of treatment under WV Code §16-4-10, the following diseases are designated as potentially sexually transmittable: chlamydia trachomatis, gonorrhea, herpes simplex virus type 2, syphilis (all stages), chancroid, lymphogranuloma venereum, human immunodeficiency virus, hepatitis B virus, and any other diseases the commissioner determines sexually transmittable, by order filed with the Secretary of State. The commissioner may, by order filed with the Secretary of State, also remove the designation of diseases he or she has, by order, previously designated.

§64-7-18. Confidentiality.

18.1. Any epidemiologic information collected and maintained pursuant to this rule by local health officers or the commissioner which identifies an

individual or facility as having or suspected of having a reportable disease or condition, or as having been identified in an epidemiologic investigation is confidential and exempt from disclosure as provided in WV Code §29B-1-1 et seq., the freedom of information act.

18.2. In the case of an individual, the commissioner or a local health officer may release confidential information identified in Subsection 18.1. of this rule to the following:

18.2.a. The patient;

18.2.b. The patient's legal representative whose authority encompasses the authority to access the patient's confidential information;

18.2.c. Individuals who maintain and operate the data and medical record systems used for the purposes of this rule, if the systems are protected from access by persons not otherwise authorized to receive the information;

18.2.d. The patient's physician or other medical care provider when the request is for information concerning the patient's medical records and is, in the determination of the commissioner or the local health officer, to be used solely for the purpose of medical evaluation or treatment of the patient;

18.2.e. Any individual with the written consent of the patient and of all other individuals identified, if applicable, in the information requested;

18.2.f. Staff of a federal, State, or local health department or other agencies with the responsibility for the control and treatment of disease, to the extent necessary for the agency to enforce specific relevant provisions of federal, State and local law, rules and regulations concerning the control and treatment of disease;

18.2.g. Medical personnel caring for a potentially exposed individual to the extent necessary to protect the health or life of the exposed individual;

18.2.h. The manager of a licensed facility employing the case or suspected case if determined absolutely necessary by the commissioner for

protection of the public's health under the following provisions:

18.2.h.1. Disclosed information is limited to the name of the individual, the name of the disease, laboratory test results associated with the reportable disease and steps the manager shall take to assure protection of the health of the public; and

18.2.h.2. The personal identity of the employee shall be kept confidential by the manager of the licensed facility to whom a disclosure was made; and

18.2.i. The persons to whom reports are required to be filed under WV Code §49-6A-1 et seq. regarding children suspected to be abused or neglected, subject to the confidentiality protections of WV Code §§16-4-10, 16-29-1, 16-3C-3, or any other applicable confidentiality code section.

18.3. In the case of a licensed facility, the commissioner or a local health officer may release confidential information to the public when there is a clear and convincing need to protect the public's health as determined necessary by the commissioner.

§64-7-19. Isolation, Quarantine and Placarding.

19.1. The authority to implement and terminate quarantine or placarding to prevent spread of a communicable disease or to protect the public from other health hazards rests with the commissioner. This authority extends to local health officers when they are following protocols established by the commissioner for management of reportable diseases and conditions, or established following consultation with the commissioner for these or other health risks.

19.2. When an individual or a group of individuals is suffering from a communicable disease for which isolation is required for the control of the disease, the local health officer may initiate and terminate the necessary isolation, unless the person is in a hospital, nursing home, or other institution. In these cases, the attending physician or other responsible health care provider within the institution shall assume responsibility for isolation and its termination.

19.3. No person shall interfere with or obstruct any local health officer in the posting of any placard used to prevent transmission of a communicable disease or exposure to another health hazard. In addition, no person shall conceal, mutilate or remove any placard, except by permission of the local health officer.

19.4. In the event a placard is concealed, mutilated or torn down, the occupant or, if there is no occupant, the owner of the premises where the placard was posted shall notify the local health officer of the fact immediately upon discovery.

§64-7-20. Exclusion from School Due to a Communicable Disease; Readmission.

20.1. When a pupil or school personnel member suffers from a communicable disease potentially placing other students or school personnel at risk of disease, the individual may be excluded from school by the local health officer, the individual's physician, or the school administrator acting in accordance with the Department of Education rule, "Communicable Disease Control Policy", 126CSR51.

20.2. When a pupil or school personnel member has been excluded from school due to a communicable disease, the individual may return upon presentation of a certificate of health to school officials from a physician, local health officer or his or her authorized representative stating that the individual is no longer liable to transmit the disease to others. The return is subject to compliance with the Department of Education rule, "Communicable Disease Control Policy", 126CSR51.

§64-7-21. Examination and Training of Food Service Workers.

21.1. Food service management training or workers' training may be provided by the local health departments at the discretion of the local health officer.

21.2. Food service management training courses shall satisfy the local health officer that the training of management personnel will result in suitable training for the other food service workers within that particular food service establishment.

21.3. For the protection of the public, the local health officer may advise a medical examination of a food service worker by a physician approved by the local health officer. In addition, the local health officer may exclude the individual from specific work activities until the exam is completed and the individual no longer presents a threat to public health.

21.4. The local health officer may require any laboratory examinations necessary to detect any condition in the food service worker or in the food service facility in which the worker is working, whether or not for compensation, which might constitute a hazard to the public's health.

§64-7-22. Penalties.

22.1. Any person who is subject to the provisions of this rule who fails to report a disease or condition as required by this rule or otherwise fails to act in accordance with this rule is guilty of a misdemeanor, and, upon conviction thereof, shall be fined not more than five hundred dollars (\$500), as provided under WV Code §16-1-18. Each violation is considered a separate offense.

22.2. Any local health officer who fails or neglects to appropriately investigate cases or suspected cases of reportable diseases or other public health threats reported to him or her by any physician, health care provider or other person, within a reasonable period of time after the receipt of the report, is guilty of neglect of duty and may, at the discretion of the commissioner, be removed from office in accordance with WV Code §§16-2-4 or 16-2A-8.

22.3. A local health officer who fails to make the immediate or weekly reports required by this rule in the manner specified by the commissioner is guilty of neglect of duty and may at the discretion of the commissioner, be removed from his or her office according to the provisions of WV Code §16-2-12.

§64-7-23. Administrative Due Process.

Those persons adversely affected by the enforcement of this rule desiring a contested case hearing to determine any rights, duties, interests or privileges shall do so in a manner prescribed in the



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH

Joe Manchin III
Governor

Commissioner's Office
350 Capitol Street, Room 702
Charleston, West Virginia 25301-3712
Telephone: (304) 558-2971 Fax: (304) 558-1035

Martha Yeager Walker
Secretary

MEMORANDUM

DATE: January 11, 2007
TO: Judy Cooper
Secretary of State's Office
FROM: Chris Curtis, M.P.H., Acting Commissioner
Bureau for Public Health
RE: Reportable Disease Rule (64CSR7)

Chris Curtis

OFFICE WEST VIRGINIA
SECRETARY OF STATE

2007 JAN 16 AM 10:21

FILED

Please find attached an Order requesting additions and deletions to Legislative Rule 64CSR7, Reportable Diseases, Events and Conditions.

If you have questions or need additional information, please feel free to contact me.

CC/ks

Attachments

cc: Martha Yeager Walker
Joe Barker
Loretta Haddy, Ph.D., M.S.
Danae Bixler, M.D., M.P.H.



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH

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Martha Yeager Walker
Secretary

ORDER

In accordance with the provisions of Legislative Rule 64CSR7, Reportable Diseases, Events and Conditions, section 3.1.a., the Commissioner of the Bureau for Public Health hereby approves and files with the Secretary of State the attached list of additions and deletions from the Reportable Disease rule. The attached Memorandum, dated December 6, 2006, was prepared by the Director of the Infectious Disease Epidemiology program in the Division of Surveillance and Disease Control. For each recommended addition or deletion, the exact location of the change to the rule is noted and the rationale for making the change. These changes are in effect from filing and shall be incorporated as an Appendix to the Rule until such time as the Legislature enacts a revision to adopt these additions and deletions.


Chris Curtis, Acting Commissioner
Bureau for Public Health

Date submitted: 1/10/07

OFFICE OF WEST VIRGINIA
SECRETARY OF STATE

2007 JAN 16 AM 10:21

FILED



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Joe Manchin III
Governor

Martha Yeager Walker
Secretary

MEMORANDUM

TO: Loretta Haddy, MS, PhD
State Epidemiologist

FROM: Danae Bixler, MD, MPH
Director, Infectious Disease Epidemiology

DATE: December 6, 2006

RE: Recommended changes to the reportable disease rule, 64CSR7

The following changes are recommended to the reportable disease rule:

Recommended change:	Rationale
ADD, to category IA: 'novel influenza infection, suspect or confirmed, animal or human'	Requires immediate notification of infection with an influenza virus such as H5N1. Notification will allow public health officials to carry out immediate containment and public education efforts to stop or delay spread of the novel strain.
ADD, to category IB: 'novel influenza infection, suspect or confirmed, animal or human'	Requires immediate notification of infection with an influenza virus such as H5N1. Notification will allow public health officials to carry out immediate containment and public education efforts to stop or delay spread of the novel strain.
DELETE section 3.4.b.6.	This removes out-of-date language from the reportable disease list. Enterohemorrhagic <i>E coli</i> is now referred to as Shiga toxin-producing <i>E coli</i> .
DELETE section 3.4.d.6.	This removes out-of-date language from the reportable disease list. Enterohemorrhagic <i>E coli</i> is now referred to as Shiga toxin-producing <i>E coli</i> .

Bureau for Public Health
Division of Surveillance and Disease Control
350 Capitol Street, Room 125
Charleston, West Virginia 25301
(304) 558-5358

ADD to Category IIA: Shiga toxin-producing <i>Escherichia coli</i> (STEC) including but not limited to <i>E.Coli</i> 0157:H7	This pathogen causes severe bloody diarrhea, hemolytic uremic syndrome (a potentially fatal condition characterized by kidney and other organ failure). This pathogen recently caused an outbreak associated with fresh spinach from California and is currently associated with a multi-state outbreak on the east coast of the US.
ADD to Category IIB: Shiga toxin-producing <i>Escherichia coli</i> (STEC) including but not limited to <i>E.Coli</i> 0157:H7 from any clinical specimen	This pathogen causes severe bloody diarrhea, hemolytic uremic syndrome (a potentially fatal condition characterized by kidney and other organ failure). This pathogen recently caused an outbreak associated with fresh spinach from California and is currently associated with a multi-state outbreak on the east coast of the US.
ADD, to category IVA: 'death from chickenpox.'	The Centers for Disease Control and Prevention has recommended making this condition reportable because death from this vaccine preventable disease should be completely preventable. This condition is rare and reporting should not be a burden on providers.
DELETE the following language from 3.7.b.10: "Other non-A or non-B," DELETE the following language from 3.7.b.10: 'or chronic' NOTE: 3.7.b.10 should read as follows: 'Hepatitis C, acute, including results of hepatitis A and B serologies and transaminase and bilirubin levels.,'	This effectively eliminates the requirement for providers to report chronic hepatitis C. This should eliminate a large reporting burden for providers without compromising surveillance because the reporting is obtained in duplicate from laboratories. This will make surveillance and reporting more efficient. In addition, reporting of non-A, non-B hepatitis is eliminated. Prior to its discovery, hepatitis C was referred to as non-A, non-B hepatitis. This eliminates out-of-date language from the rule.
DELETE: 3.7.b.13 Occupational illness	Occupational illness is a very broad category, including everything from carpal tunnel to pneumoconiosis to black lung to on-the-job accidents. It is not feasible to do surveillance for all these syndromes with existing staff. While this condition has been in the rule for years, no surveillance for occupational illness has ever been achieved.

2.24. Local Board of Health - A board of health serving one or more counties, one or more municipalities, or a combination thereof.

2.25. Local Health Department - The staff of the local board of health.

2.26. Local Health Officer - The individual who fulfills the duties and responsibilities of the health officer for a local board of health, or his or her designee.

2.27. Medical Information - Data or other information regarding the history, examination, radiological or laboratory findings, diagnosis, treatment, or other clinical care for a person examined or treated for a suspected or actual disease.

2.28. Nursing Home - Any facility licensed as a nursing home under WV Legislative Rule, Nursing Home Licensure, 64 CSR 13, or any extended care facility operated in conjunction with a hospital.

2.29. Outbreak - The occurrence of more cases of disease than expected in a given area among a specific group of people over a particular period of time or an epidemic.

2.30. OLS - The office of laboratory services in the bureau.

2.31. Physician - An individual licensed to practice medicine by either the board of medicine or the board of osteopathy.

2.32. Placarding - The posting on a home, building or other structure of a sign or notice warning of the presence of a communicable disease or other health hazard and the danger of the disease or hazard within or beyond the placarded home, building or structure.

2.33. Quarantine - The limitation of freedom of movement of persons or animals in a time frame and manner to prevent contacts that could lead to spread of disease.

2.34. Reportable Disease or Condition - Any disease or condition required to be reported by this rule.

2.35. STD - Sexually transmitted disease.

2.36. Surveillance - The systematic collection, analysis, interpretation and dissemination of health data on an ongoing basis, to gain knowledge of the pattern of disease occurrence and potential in a community; or to understand the disease patterns in the community in order to control and prevent disease in the community, or to evaluate prevention and control efforts.

2.37. Veterinarian - A doctor of veterinary medicine.

2.38. Waterborne outbreak - An incident in which two or more persons experience a similar illness after consumption or use of water and epidemiologic evidence implicates the water as the source of the illness.

2.39. WVEDSS - West Virginia Electronic Disease Surveillance System - An electronic data system for reporting and tracking cases and outbreaks of infectious diseases with simultaneous reporting of the disease to the bureau and local health departments.

§64-7-3. Selection, Categorization, and Required Reporting.

3.1. Selection and Categorization of Required Reportable Diseases and Conditions.

3.1.a. The commissioner may, by order filed with the Secretary of State, add or delete a disease or condition in any category. The commissioner shall select and categorize diseases and conditions for inclusion in this rule based on whether the disease or condition constitutes or has the potential to constitute a public health emergency, whether it requires public health follow up, or whether the collection of data or other information on the disease or condition can assist in either determining the need for or effectively implementing public health programs or other projects to protect and promote the health of the people of West Virginia.

3.1.b. In emergency situations, such as potential epidemics, the commissioner may require same day reporting for diseases and conditions in any of the categories listed in this rule.

bureau procedural rule, Rules of Procedure for
Contested Case Hearings and Declaratory Rulings,
64CSR1.



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH

Joe Manchin III
Governor

Commissioner's Office
350 Capitol Street, Room 702
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Martha Yeager Walker
Secretary

June 3, 2009

Natalie E. Tennant
Secretary of State
Bldg. 1, Suite 157K
1900 Kanawha Blvd. E
Charleston, West Virginia 25305-0770

OFFICE WEST VIRGINIA
SECRETARY OF STATE

2009 JUN -8 AM 10:23

FILED

Dear Secretary of State Tennant:

As the Acting Commissioner for the Bureau for Public Health, I have the ability to add and delete items in the legislative rule, Reportable Diseases, Events and Conditions, 64CSR07, in accordance with section 3.1.a. by the mechanism of sending the changes to you in the form of an ORDER.

Due to our need to receive the best scientific laboratory results possible in response to the advent of H1N1 influenza, we have prepared an ORDER to change one paragraph of the rule, namely; §3.7.d.8, which establishes the method and testing requirements for laboratories to report influenza.

Please publish this ORDER in the next edition of the State Register. Thank you for your assistance.

Sincerely,

Chris Curtis, M.P.H.
Acting Commissioner

cc: Martha Yeager Walker, Secretary, DHHR
Cathy Slemple, M.D., M.P.H., Acting State Health Officer
Loretta Haddy, PhD., State Epidemiologist



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH

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Martha Yeager Walker
Secretary

MEMORANDUM

TO: Secretary Martha Y. Walker
Department of Health and Human Resources

Commissioner Chris Curtis
Bureau for Public Health

FROM: Dr. Loretta Haddy, State Epidemiologist *LH*
Dr. Danae Bixler, Director, Division of Infectious Disease Epidemiology *DB*

DATE: June 3, 2009

RE: Filing with the Secretary of State, Reportable Disease Rule, 64CSR7

OFFICE OF WEST VIRGINIA
SECRETARY OF STATE

2009 JUN -8 AM 10:23

FILED

We are writing to advise you of the need to take administrative action in accordance with legislative rule, Reportable Diseases, Events and Conditions, 64CSR7. As you know, there is a provision in the rule which allows the Commissioner of the Bureau for Public Health to add or delete disease(s) or condition(s) in any category through the simple administrative procedure of filing an **Order** with the Secretary of State. (see section 3.1.a.) The attached **ORDER** may be signed to effectuate the proposed changes.

Influenza results in approximately 36,000 deaths and 226,000 hospitalizations annually in the United States. There is an urgent and substantial public demand for timely and accurate data on influenza during a typical influenza season and even more so when there is an unknown and potentially greater threat of a novel virus.

The science and technology of disease reporting is a rapidly changing landscape. New diseases require new and sophisticated testing and verification. To allow the state Bureau for Public Health to conduct surveillance of emerging diseases it is now necessary that we submit a change to address the rule requirements for laboratory reports of influenza in response to the appearance of a novel strain of swine flu influenza, H1N1.

The proposal has been reviewed by Dr. Cathy Slemp, State Health Officer, and she agrees with the changes.



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH

Joe Manchin III
Governor

Commissioner's Office
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Charleston, West Virginia 25301-3712
Telephone: (304) 558-2971 Fax: (304) 558-1035

Martha Yeager Walker
Secretary

ORDER

In accordance with the provisions of Legislative Rule 64CSR7, Reportable Diseases, Events and Conditions, section 3.1.a., the Commissioner of the Bureau for Public Health does hereby approve and file the following deletion and addition from/to the Reportable Disease rule:

DELETE: 3.7.d.8. Influenza, culture confirmed, (numerical totals only, by type and subtype, as available);

ADD: 3.7.d.8. Influenza, confirmed by culture, PCR or immunofluorescence, (numerical totals only, by type of test performed, and by influenza type and subtype);

This filing with the Secretary of State includes a Memorandum, dated May 29, 2009, from the State Epidemiologist and the Director of the Infectious Disease Epidemiology program explaining the background and the need for this change.

This change shall take effect on the date submitted for filing and shall be incorporated as an Appendix to the Rule until such time as the Legislature enacts a revision to the rule which will incorporate all additions and deletions that have been filed with the Secretary of State since the last legislative amendment.

A handwritten signature in cursive script, reading "Chris Curtis".

Chris Curtis, MPH, Acting Commissioner
Bureau for Public Health

Date submitted: 6/3/09



FILED

2010 DEC 16 AM 11:51

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH

Earl Ray Tomblin
Governor

Commissioner's Office
350 Capitol Street, Room 702
Charleston, West Virginia 25301-3712
Telephone: (304) 558-2971 Fax: (304) 558-1035

Michael J. Lewis, M.D., Ph.D.
Cabinet Secretary

MEMORANDUM

DATE: December 8, 2010

TO: Michael J. Lewis, M.D., Ph.D., Cabinet Secretary
Department of Health and Human Resources
[Signature: Michael J. Lewis]
Chris Curtis, M.P.H., Acting Commissioner
Bureau for Public Health
[Signature: Chris Curtis]

FROM: Catherine Slemple, M.D., M.P.H., State Health Officer *CS*
Loretta Haddy, Ph.D., State Epidemiologist *LEH/DB*
Danae Bixler, M.D., Director – Infectious Disease Epidemiology *[Signature: Danae Bixler]*
Bureau for Public Health

RE: Filing changes to the BPH Legislative rule, Reportable Diseases, Events and Conditions, 64CSR7, with the Secretary of State

We are writing to advise you of our recommendation that the Commissioner of the Bureau for Public Health take administrative action to add or delete diseases in accordance with the provisions of §3.1.a of the above-mentioned rule.

Section 3.1.a. of the rule states, in pertinent part: "The commissioner may, by order filed with the Secretary of State, add or delete a disease or condition in any category. ..."

The changes in the proposed Order are necessary both to update our reportable disease list in accordance with current science and national surveillance efforts and as part of our agency's preparation for transition to the NEDSS (National Electronic Disease Surveillance System) Base System, effective January 1, 2011.

The precise diseases to be added or deleted within categories and the rationale for each are set forth in the attached Order. Once you have reviewed the attached Order and received appropriate approval, please sign and date the Order and deliver it to the Secretary of State's Office.

Attachment

cc: Susan Perry
John Law
Ann Goldberg



FILE

2010 DEC 16 AM 11:21

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH

OFFICE OF THE SECRETARY OF STATE

Earl Ray Tomblin
Governor

Commissioner's Office
350 Capitol Street, Room 702
Charleston, West Virginia 25301-3712
Telephone: (304) 558-2971 Fax: (304) 558-1035

Michael J. Lewis, M.D., Ph.D.
Cabinet Secretary

ORDER

In accordance with the provisions of **Legislative Rule 64CSR7, Reportable Disease, Events and Conditions**, section 3.1.a, the Commissioner of the Bureau for Public Health (BPH) does hereby approve and file the following changes to the Reportable Disease rule:

Category IIIA: Section 3.5.b

DELETE: § 3.5.b.1 Amebiasis

Rationale: BPH receives very few reports of this disease and local health departments do not do significant follow up of individual cases. The disease is not nationally notifiable. Outbreaks would still be reportable under 64CSR7-3.3.b.7.

DELETE: § 3.5.b.10 Yersiniosis

Rationale: BPH receives very few reports of this disease and local health departments do not do significant follow up of individual cases. The disease is not nationally notifiable. Outbreaks would still be reportable under 64CSR7-3.3.b.7.

ADD: Vibriosis

Rationale: This disease is now nationally notifiable. The burden of reporting and investigation is likely to be very small. Since the West Virginia food code now allows serving of raw oysters in restaurants in our state, cases of this disease may occur in West Virginia residents and visitors. This disease results in vomiting, diarrhea and abdominal pain and is particularly severe in persons with liver disease or other underlying diseases. Some non-cholera vibrios are responsible for skin infections.

Category IIIB; Section 3.5.d

DELETE: § 3.5.d.4 *Entamoeba histolytica*

Rationale: This is the agent that causes amebiasis. Outbreaks would still be reportable under 64CSR7-3.3.d.9.

DELETE: § 3-5.d.10 *Yersinia enterocolitica*

Rationale: This is the agent that causes yersiniosis. Outbreaks would still be reportable under 64CSR7-3.3.d.9.

ADD: Non-cholera *Vibrio* species, laboratory evidence.

Rationale: This disease is now nationally notifiable. This is the infectious agent that causes vibriosis.

Category IVA: Section 3.6.b

DELETE: § 3.6.b.16 Streptococcal disease, invasive Group A, (*Streptococcus pyogenes*), including results of susceptibility testing.

Rationale: BPH will continue to do surveillance for this condition, but will drop the requirement for reporting of susceptibility testing, thus simplifying the process of reporting. Group A *Streptococcus* has retained susceptibility to penicillins, although some resistance to second-line agents has been reported.

DELETE: § 3.6.b.3 Community-acquired methicillin-resistant *Staphylococcus aureus*, invasive, include susceptibility patterns.

Rationale: CDC and the Council of State and Territorial Epidemiologists (CSTE) are evaluating electronic laboratory reporting (ELR) of methicillin-resistant *Staphylococcus aureus*. ELR is likely to be more efficient and less labor-intensive for providers and laboratories. Currently, this condition is greatly underreported in West Virginia making the data almost entirely useless.

ADD: Anaplasmosis.

Rationale: This bacterial tick-borne disease is nationally notifiable. Investigation is similar to investigation of Rocky Mountain Spotted Fever. Symptoms include headaches, fever, chills, and muscle aches beginning within 3 weeks after a tick bite. The symptoms tend to be most severe in aged and immune-suppressed people.

ADD: Babesiosis.

Rationale: This disease, which shares the same vector as lyme disease and anaplasmosis, is now nationally notifiable. Cases of this disease appear to be increasing and endemic range may be expanding. Additionally, states and CDC have identified transfusion-related cases of this condition. Reporting this disease would assist public health departments and CDC in learning more about the epidemiology and association with transfusion-related cases. Many persons with babesiosis are asymptomatic; however persons with underlying conditions can have severe illness.

ADD: Streptococcal disease, invasive Group A (*Streptococcus pyogenes*)

Rationale: Addition of this condition in this format effectively removes the requirement to report susceptibility test results for this pathogen. This will simplify reporting of this condition for providers and focus investigation efforts on more important aspects of the epidemiology of this disease. This disease can also be associated with streptococcal toxic shock syndrome.

ADD: Hansen's disease.

Rationale: Hansen's disease, also known as leprosy, is a nationally notifiable condition. Reporting will allow local health departments to educate and refer patients and family members appropriately. Hansen's disease causes skin lesions, and decreased sensation and paralysis due to nerve injury. The disease is most commonly found in foreign-born individuals in the United States.

Category IVB: Section 3.6.d.

DELETE: § 3.6.d.6 Leptospirosis, virologic or serologic evidence.

Rationale: Leptospirosis is caused by a bacteria; not a virus.

DELETE: § 3.6.d.3 Ehrlichiosis, serologic, microbiologic or other evidence.

Rationale: This condition is being deleted to be replaced with the specific names of the organisms that cause ehrlichiosis and anaplasmosis.

ADD: *Anaplasmosis phagocytophilum*, laboratory evidence.

Rationale: This is the specific term for the agent that causes anaplasmosis.

ADD: *Babesia* species, laboratory evidence.

Rationale: This is the agent that causes babesiosis.

ADD: *Ehrlichia* species, serologic or other laboratory evidence.

Rationale: This is the specific term for the agent that causes Ehrlichiosis.

ADD: *Leptospira*, laboratory evidence.

Rationale: This addition of *Leptospira* as a reportable condition by laboratories corrects a mistake in the rule. Leptospirosis is caused by a bacteria; not a virus. Symptoms of leptospirosis include fever, headache, chills, muscle aches, vomiting, jaundice, anemia, and sometimes a rash. Without treatment, complications include kidney and liver failure, meningitis, respiratory distress, and death. The disease is spread by exposure to urine, either from the animal or from contaminated soil and water.

ADD: *Mycobacterium leprae*, laboratory evidence, include antibiotic susceptibility results.

Rationale: *Mycobacterium leprae* is the agent that causes Hansen's disease.

This filing with the Secretary of State includes a Memorandum, dated December 8, 2010, from the State Health Officer, the State Epidemiologist and the Director of the Infectious Disease Epidemiology program explaining the background and the need for this change.

This change shall take effect on the date submitted for filing and shall be incorporated as an Appendix to the Rule until such time as the Legislature enacts a revision to the rule which will incorporate all additions and deletions that have been filed with the Secretary of State since the last legislative amendment.



Chris Curtis, M.P.H., Acting Commissioner
Bureau for Public Health

Date submitted: 12/8/2010