



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Gaston Caperton
Governor

March 18, 1994

Gretchen O. Lewis
Secretary


Honorable Ken Hechler
Secretary of State
Capitol Building
Charleston, West Virginia 25305

Dear Secretary Hechler:

An ORDER revising West Virginia Administrative Rules, Reportable Diseases, 64 CSR 7, is enclosed.

Also enclosed are: 1) a copy of the rule with changes indicated by strikethrough and underlining; 2) a clean copy of the only page which is revised; and 3) a disk with a clean copy of the rule in Wordperfect format.

Very truly yours,


Kay Howard, Director
Regulatory Development

KH:js

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SECRETARY OF STATE



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Gaston Caperton
Governor

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Secretary

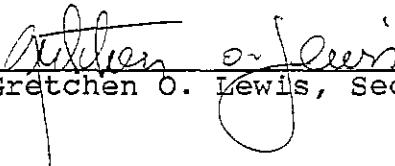
ORDER

March 18, 1994

Re: Reportable Diseases, 64 CSR 7

Section 5.5 of Reportable Diseases, 64 CSR 7, states that "The state director of health may by order add or delete a condition or disease to any category as deemed necessary."

I hereby order that the reportable diseases Category IV (Table 64-7C) be amended as indicated on the attached copy of the rule, in which changes are indicated by the strikethrough/underlining notation.


Gretchen O. Lewis, Secretary

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STATE OF WEST VIRGINIA

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TITLE 64
WEST VIRGINIA LEGISLATIVE RULES
BOARD OF HEALTH
REPORTABLE DISEASES
SERIES 7
1994

WEST VIRGINIA LEGISLATIVE RULES
BOARD OF HEALTH

REPORTABLE DISEASES

64 CSR 7

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TABLE 64-7C. Category IV - Illnesses of unusual prevalence or clusters of unexplained health occurrences to be reported by name, age, sex, and specific disease information to the State health department according to protocols specified by the director of the department.

Human Immunodeficiency Virus (HIV) infection, including persons with AIDS and with other illnesses falling in Clinical Categories A, B and C of the CDC HIV infection classification

Birth Defects

Cancer

Dengue

Hemophilia

Lead Poisoning

Occupational-related Illnesses

Unusual or Ill-Defined Conditions

Conditions (reportable by public and private laboratories, and by hospital laboratories):

Positive serologic test for Human Immunodeficiency Virus
CD4+ cell counts of two hundred per cubic millimeter
(200/mm³) or less

Chromosomal anomaly defining Down's syndrome

Blood lead greater than 25 micrograms per deciliter (dl)

Serologic tests diagnostic of dengue fever

TITLE 64
WEST VIRGINIA LEGISLATIVE RULES
DIVISION OF HEALTH

SERIES 7
REPORTABLE DISEASES

§64-7-1. General

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

1.2. Authority - W. Va. Code §16-1-7; and §16-3-1

1.3. Filing Date - March 24, 1994.

1.4. Effective Date - March 24, 1994.

§64-7-2. Supersession and Repeal of Former Regulations - These legislative rules amend and reenact Reportable Diseases, 64 CSR 7, 1992.

§64-7-3. Application and Enforcement

3.1. Application - These legislative rules apply to physicians, county health officers, primary care or public health providers, private or public laboratories, hospitals, nursing homes, administrators of sanitariums, schools, camps, vessels, state institutions, other licensed health practitioners, persons or facilities specifically mentioned within these regulations.

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

§64-7-4. Definitions

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

4.2. Department - The West Virginia department of health.

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

4.4. Quarantine - The limitation of freedom of movement of persons or animals who have been exposed to a communicable disease, for a period of time equal to the longest usual incubation

period of the disease, in such manner as to prevent effective contact with those not exposed.

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

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

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

§64-7-5. Diseases or Conditions Declared to be Reportable and Required to be Reported to the State Department of Health - When used in the public health law and in the regulation of the state board of health, the term reportable disease shall be held to include the following diseases or conditions plus any other diseases or conditions requested by the director of health. A report is required by the state board of health and in the manner specified by the state health director to be made to the county health department for Categories I, II and III, and to the state department of health for Category IV.

Reportable Diseases in West Virginia

5.1. Category I - Diseases or conditions to be reported immediately by telephone to the county health department, including case name, address, age and sex. Call within 24 hours to report:* (See Table 64-7A found at the end of this regulation.)

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

5.2. Category II - Diseases or conditions reported weekly by name, address, age, and sex to the county health department. (See Table 64-7B found at the end of this regulation.)

5.3. Category III - Diseases to be reported weekly by numerical totals to the county health department.

Chickenpox
Influenza-like illness

5.4. Category IV - Illnesses of unusual prevalence or clusters of unexplained health occurrences to be reported by name,

age, sex, and specific disease information to the state health department according to protocols specified by the director of the department. (See Table 64-7C found at the end of this regulation.)

5.5. The state director of health may by order add or delete a condition or disease to any Category as deemed necessary.

§64-7-6. Laboratories, Hospitals, Nursing Homes, and Other Institutions Who Diagnose or Treat Patients With Reportable Diseases or Conditions - It shall be the duty of every public and private laboratory, hospital, and administrator of nursing homes or other institutions to report immediately to the county health department, the reportable diseases as listed in Section 5, Categories I, II and III, and Category IV to the department.

§64-7-7. Physicians Who Treat Patients With Reportable Diseases or Conditions - It shall be the duty of every practicing physician or other person engaged in the treatment of the sick to follow a protocol as specified by the state health director for reporting to the county health department within whose jurisdiction they practice as designated in Section 5, Categories I, II and III, and Category IV to the department, unless the case is admitted to a hospital or nursing home at which time the regulation in Section 6 shall be followed.

§64-7-8. Physicians to Assist in Control of Suspected Reportable Diseases - It shall be the duty of the attending physician, upon suspecting a case of a reportable disease to follow a method of control as specified by the state health director. If the reported case should be communicable, such physician shall also advise other members of the household regarding the precautions to be taken to prevent further spread of the disease, (using caution where venereal disease is involved) and shall cooperate with the county health officer in seeing that the methods of the state director of health concerning the control of such reportable diseases are carried out by the patient and other members of the household.

§64-7-9. Physicians to Submit Specimens for Laboratory Examination in Suspected Reportable Diseases - It shall be the duty of each and every physician who shall be in attendance on any person suspected of suffering from any of the diseases or conditions specified in this regulation to make every reasonable effort to submit to an approved laboratory for examination suitable specimens as delineated in the protocol specified by the state health director to accurately establish the diagnosis of such reportable disease.

§64-7-10. Duties of Physicians and Others in Reference to the Prevention of Acute Infectious Conjunctivitis (Ophthalmia Neonatorum) - (See Chapter 16, Article 3, Sections 7, 8, 9, 10, 11, 12, of the West Virginia Code.)

§64-7-11. Others Who Treat or Come in Contact with Persons with Reportable or Suspected Reportable Diseases or Conditions - When

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

§64-7-12. Reporting of Rabid Animals and of Persons Bitten by such Animal

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

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

A reasonable attempt shall be made by the county health officer to determine the owner of a dog or cat if the animal is domestic, and shall direct the owner to confine the animal for a period of fourteen (14) days. If ownership cannot be determined, the county health officer shall direct the county humane officer, dog warden or sheriff to pick up the suspected dog or cat that has bitten a person and confine it in isolation for a period of fourteen (14) days. The county humane officer, dog warden or sheriff shall notify the county health officer immediately should the animal show symptoms of illness or die and the county health officer, county humane officer, dog warden or sheriff shall arrange for appropriate examination of the brain. Provided, however, that when a person is reported bitten by any wild animal, other than a dog or cat having or suspected of having rabies, the county health officer shall direct the county humane officer, dog warden or sheriff to have it immediately destroyed. The county health officer shall arrange for appropriate examination of the brain.

§64-7-13. Registrar of Vital Statistics to Notify County Health Officers When Birth Defects and Deaths From Reportable Diseases

are Reported.

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

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

13.3. It shall be the duty of every county health officer, upon receiving such death certificate to immediately ascertain whether such person has been reported during life as suffering with a reportable disease, as identified in Section 5 except those in Category III and IV. If the health officer shall ascertain that a physician has failed to report the case of reportable disease for which the death certificate has been issued, he shall notify the physician signing the death certificate of his failure to conform with the state law and require a satisfactory reason for such failure. The health officer shall report the name and address of the physician who failed to so report, together with his reason for failure to comply with the state requirements in such case to the state director of health.

§64-7-14. Reporting Cases of Communicable Diseases Diagnosed after Death - If a pathologist, coroner, medical examiner, physician or other person determines from examination of a corpse or from history of the events leading to death, that at the time of death this individual apparently was affected with a communicable disease, he shall report the case promptly to the proper health authority according to the manner indicated in Sections 6 and 7 of these regulations as if the diagnosis had been established prior to death.

§64-7-15. Reporting by County Health Officers to the Department - All cases of reportable diseases reported to or discovered by the county health officer shall be made a matter of record for a period of three years and he shall make a report in accordance with Section 5, Categories I, II and III all such reportable diseases to the department on forms supplied for that purpose. The record of reportable diseases is required to be kept by county health officers at the county health department, and shall be turned over by every health officer to their successor when such health officer's official duties are terminated.

§64-7-16. Duties of County Health Officers in Connection with Prevention and Control of Communicable Diseases - It shall be the duty of the county health officer, either personally or through a qualified representative, within a reasonable period of time

after receipt of report of a case of a communicable disease:

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

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

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

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

§64-7-17. County Health Officer to Act in Cases of Suspected Reportable Diseases - Whenever a county health officer shall know, suspect, or be informed of the existence of any reportable disease listed in Section 5 of these regulations and no licensed physician is in attendance; or, should the attending physician fail or refuse to report such case to the county health department, it shall be the duty of the county health officer or his designee to investigate such case or cases of alleged reportable diseases and to act in accordance with the protocols established by the state health director governing cases of reportable diseases if his investigation establishes the existence of such reportable disease.

§64-7-18. Case of Doubt or Disputed Diagnosis - Where doubt exists as to the diagnosis of a suspected case of a reportable disease, the county health officer shall enforce the methods of control and protocol for reporting provided for the suspected reportable disease and shall refer the matter to the state director of health, or his authorized representative, who if he deems necessary, will have an investigation made for final decision. Whenever a case of undetermined illness shall be reported to the health officer, which upon investigation, presents symptoms of communicable disease but in which, in the judgment of the county health officer, sufficient time has not elapsed to render a positive diagnosis possible, the county health officer shall enforce control methods applicable in actual cases of communicable diseases until such time as a positive diagnosis can be established; and if the disease proved not to be communicable, the temporary methods of control shall be terminated at once.

§64-7-19. Failure of County Health Officer to Investigate Case of Reportable Diseases Reported to Him Constitutes Neglect of Duty - Any county health officer who fails or neglects to investigate appropriate cases of reportable diseases reported to him by any physician or other person within a reasonable period of

time after the receipt of the report, shall be deemed guilty of neglect of duty and may, at the discretion of the state health director, be removed from office.

§64-7-20. Failure of County Health Officer to make Weekly Reports to the Department Constitutes Neglect of Duty - The failure on the part of any county health officer to make to the department the weekly report in the manner specified by the director of health of reportable diseases occurring within his jurisdiction, as required by law, shall be deemed guilty of neglect of duty and may, at the discretion of the state health director, be removed from office.

§64-7-21. Exclusion from School Due to a Communicable Disease; Readmission - When a pupil or school personnel in any school has suffered from a communicable disease and on account of such disease has been excluded from school, such pupil or school personnel shall be permitted to return to school subject to complying with all the requirements of the rules governing such cases, or has presented a certificate of health from a physician, county health officer, or his authorized representative stating that such pupil, or school personnel has entirely recovered from the disease and is no longer liable to communicate the disease to others.

§64-7-22. Isolation, Quarantine and Placarding - When any person or persons are suffering from a communicable disease in which isolation or quarantine should be required for the control of such disease, such isolation or quarantine shall be terminated only at the discretion of the county health officer, or his authorized representative, unless the case is in a hospital, nursing home, or other institution, in which case the attending physician or other appropriate official within the institution shall assume responsibility for isolation and when it should be terminated. No person shall interfere with or obstruct any health officer, or his authorized representative, in the posting of any placard stating the existence of a case of communicable disease in or on any place or premises; nor shall any person conceal, mutilate or remove any such placard except by permission of the county health officer. In the event any such placard is concealed, mutilated or torn down it shall be the duty of the occupant of the premises whereon such placard was posted to notify the county health officer of such fact immediately.

§64-7-23. Reports of Reportable Diseases to be Made on Forms Supplied by Department of Health - The reports required to be made by physicians, hospitals, primary care or public health providers, public or private laboratories, administrators, of a nursing home, state or other institution, a sanitarium, school, camp or vessel, to county health officers of reportable diseases coming under their observation shall be made upon forms supplied for that purpose through the county health officer by the department and such reports shall contain such information as may be required by the department.

§64-7-24. Failure to Report a Case of Reportable Disease as

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

§64-7-25. Examination and Training of Food Service Workers

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

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

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

§64-7-26. Administrative Due Process - Those persons adversely affected desiring a contested case hearing shall do so in a manner prescribed in and by Rules of Procedure for Contested Case Hearings and Declaratory Rulings, West Virginia Department of Health Procedural Rules, Series 1, 1983. The aforementioned rules of procedure are incorporated by reference.

§64-7-27. Severability - If any provisions of these regulations or the application thereof to any person or circumstance shall be held invalid, such invalidity thereof shall not affect the provisions or application of these regulations which can be given effect without the invalid provisions or application, and to this end the provisions of these regulations are declared to be severable.

TABLE 64-7A. Category I - Diseases or conditions to be reported immediately by telephone to the county health department, including case name, address, age and sex. Call within 24 hours to report¹:

Diseases (reportable by physicians and hospitals)

Botulism
 Cholera
 Diphtheria
 Foodborne Diseases
 Gonococcal Disease -- Pelvic Inflammatory Disease
 -- Drug-resistant
 -- Conjunctivitis in the newborn

 Meningitis, septicemia or other invasive disease due to
 Neisseria meningitidis or Hemophilus influenzae
 Plague
 Poliomyelitis
 Syphilis -- primary, secondary, early latent (less than one
 year) and congenital
 Waterborne Disease
 Yellow Fever

Conditions (reportable by public and private laboratories, and by hospital laboratories)

Isolation of drug-resistant Neisseria gonorrhoeae from any
 site
 Isolation of Neisseria gonorrhoeae from female upper genital
 tract
 Isolation of Neisseria gonorrhoeae from the eye of a newborn
 Isolation of Neisseria meningitidis from spinal fluid or
 blood
 Isolation of Hemophilus influenzae from spinal fluid, blood,
 or any other normally sterile body site
 Isolation of Corynebacterium diphtheriae from throat
 Isolation of Vibrio cholerae from stool
 Isolation of Yersinia pestis from any site
 Positive dark-field examination for Treponema pallidum

¹In some situations, such as potential epidemics, same day reporting may be appropriately requested by county health officers for categories II and III.

TABLE 64-7B. Category II - Diseases or conditions reported weekly by name, address, age and sex to the county health department.

Diseases (reportable by physicians and hospitals)

Amebiasis
 Anthrax
 Brucellosis
 Campylobacteriosis
 Chancroid**
 Chlamydia trachomatis
 Conjunctivitis in the newborn, other than gonococcal
 Encephalitis
 -- Post-infectious
 -- Primary and unspecified
 Giardiasis
 Gonorrhea (except those forms in category I)**
 Hepatitis
 -- Type A
 -- Type B
 -- Non-A, non-B
 -- Type C (non-A, non-B)
 -- Type D
 Herpes Simplex Virus, Type 2
 Leptospirosis
 Lyme Disease
 Malaria
 Meningitis, Other Bacterial
 Meningitis, Viral or Aseptic
 Mumps
 Pertussis
 Psittacosis
 Rabies in Animals and in Man
 Rheumatic Fever
 Rickettsial Diseases
 Typhus Group:
 Epidemic Typhus (louse borne)
 Murine Typhus (endemic - flea borne)
 Spotted Fever Group:
 Rocky Mountain Spotted Fever (RMSF) (tick borne)
 Rubella
 Rubella, Congenital Syndrome
 Rubeola
 Salmonellosis (except Typhoid Fever)
 Shigellosis
 Syphilis (late latent)**
 Tetanus
 Trichinosis
 Tuberculosis (All Forms)***
 Tularemia
 Typhoid Fever

(TABLE 64-7B CONTINUED)

Conditions (reportable by public and private laboratories, and by hospital laboratories):

- Identification of *Entameba histolytica* from stool or tissue
- Isolation of *Bacillus anthracis* from any site
- Isolation of any bacterium (e.g., *Streptococcus pneumoniae*) from spinal fluid
- Isolation of *Campylobacter jejuni* from stool
- Isolation of *Chlamydia trachomatis* by culture, or demonstration of *Chlamydia trachomatis* in a clinical specimen by antigen or DNA probe methods or procedures deemed reportable by the director of health
- Identification of *Giardia lamblia* in stool or intestinal contents or by biopsy
- Positive IgM serologic test for hepatitis A
- Positive anti-HBc IgM test (indicating recent hepatitis B infection)
- Isolation of Herpes simplex virus, type 2 from oral, cervical, urethral, or anogenital lesions, or demonstration of virus by antigen detection or DNA probe technique in clinical specimens from oral, cervical, urethral, or anogenital lesions or demonstration of cellular changes associated with herpes simplex virus or scrapings from an oral or anogenital lesion or other procedures deemed reportable by the director of health
- Isolation of *Borrelia burgdorferi* from any site and/or positive serology on well characterized late Lyme Disease case
- Identification of malaria organisms on smear of blood
- Isolation of *Bordetella pertussis* from sputum or nasopharynx
- Isolation of *Salmonella* (any species, including *S. typhi*) from stool, blood, or any other normally sterile body site
- Isolation of *Shigella* (any species) from stool
- Isolation of *Mycobacterium tuberculosis* from any site
- Virological or serological diagnosis of infection with arboviruses, brucellosis, leptospirosis, mumps, psittacosis, rubella, rubeola, toxoplasmosis, or tick-borne or flea-borne typhus (Rocky Mountain Spotted Fever or Murine Typhus)
- Isolation of *Neisseria gonorrhoeae* from sites not mentioned under Category I, and other positive laboratory tests for gonorrhoea infection**
- Positive serologic tests for syphilis**

**Use Venereal Disease Report Form

***Use Tuberculosis Report Form

TABLE 64-7C. Category IV - Illnesses of unusual prevalence or clusters of unexplained health occurrences to be reported by name, age, sex, and specific disease information to the State health department according to protocols specified by the director of the department.

~~Symptomatic-infection-with-the~~ Human Immunodeficiency Virus (HIV) infection, including persons with AIDS and with other illnesses falling in ~~Groups-I,-II-and-IV~~ Clinical Categories A, B and C of the CDC HIV infection classification

Birth Defects
 Cancer
 Dengue
 Hemophilia
 Lead Poisoning
 Occupational-related Illnesses
 Unusual or Ill-Defined Conditions

Conditions (reportable by public and private laboratories, and by hospital laboratories):

Positive serologic test for Human Immunodeficiency Virus ~~in the-presence-of-symptoms-attributable-to-the~~ infection

CD4+ cell counts of two hundred per cubic millimeter (200/mm³) or less

Chromosomal anomaly defining Down's syndrome

Blood lead greater than 25 micrograms per deciliter (dl)

Serologic tests diagnostic of dengue fever

KEN HECHLER
Secretary of State

MARY P. RATLIFF
Deputy Secretary of State

A. RENEE COE
Deputy Secretary of State

CATHERINE FREROTTE
Executive Assistant

Telephone: (304) 558-6000
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STATE OF WEST VIRGINIA

SECRETARY OF STATE

Building 1, Suite 157-K
1900 Kanawha Blvd., East
Charleston, WV 25305-0770

RECEIVED

APR - 4 1994

REGULATORY DEVELOPMENT
SECTION

WILLIAM H. HARRINGTON
Chief of Staff

JUDY COOPER
Director, Administrative Law

DONALD R. WILKES
Director, Corporations

(Plus all the volunteer
help we can get)

FAX: (304) 558-0900

TO: Kay Howard

AGENCY: Health

FROM: JUDY COOPER, DIRECTOR, ADMINISTRATIVE LAW DIVISION

DATE: April 1, 1994

THE ATTACHED RULE FILED BY YOUR AGENCY HAS BEEN ENTERED INTO OUR COMPUTER SYSTEM. PLEASE REVIEW, PROOF AND RETURN IT WITH ANY CORRECTIONS. IF THERE ARE NO CORRECTIONS, PLEASE SIGN THIS MEMO AND RETURN IT TO THIS OFFICE. YOU WILL BE SENT A FINAL VERSION OF THE RULE FOR YOUR RECORDS.

PLEASE RETURN EITHER THE CORRECTED RULE OR THIS FORM WITHIN TEN (10) WORKING DAYS OF THE DATE YOU RECEIVED THIS REQUEST. CALL IF YOU HAVE ANY QUESTIONS.

SERIES: 7 TITLE: 64 Health

* THE ATTACHED RULE HAS BEEN REVIEWED AND IS CORRECT.

SIGNED: _____

TITLE OF PERSON SIGNING: _____

DATE: _____

* THE ATTACHED RULE HAS BEEN REVIEWED AND NEEDS CORRECTING. THE CORRECTIONS HAVE BEEN MARKED.

SIGNED: Kay Howard

TITLE OF PERSON SIGNING: Director, Regulatory Development

DATE: 4/8/94

NOTE: IF YOU ARE NOT THE PERSON WHO HANDLES THIS RULE, PLEASE FORWARD TO THE CORRECT PERSON.

A new disk and a hard copy of the rule from the disk are enclosed. The corrections return the rule to its original numbering as filed, as we discussed. Thanks