

**WEST VIRGINIA
SECRETARY OF STATE
JOE MANCHIN, III
ADMINISTRATIVE LAW DIVISION**

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OFFICE 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: Bureau for Public Health TITLE NUMBER: 64

AMENDMENT TO AN EXISTING RULE: YES NO

IF YES, SERIES NUMBER OF RULE BEING AMENDED: 7

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

IF NO, SERIES NUMBER OF RULE BEING PROPOSED: _____

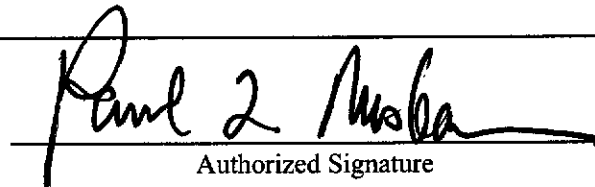
TITLE OF RULE BEING PROPOSED: _____

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

AUTHORIZATION IS CITED IN (house or senate bill number) HB 4205

SECTION 64-5-1(d), PASSED ON March 9, 2002

THIS RULE IS FILED WITH THE SECRETARY OF STATE. THIS RULE BECOMES EFFECTIVE ON THE
FOLLOWING DATE: July 1, 2002


Authorized Signature

SCANNED

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

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OFFICE WEST VIRGINIA
SECRETARY OF STATE

SERIES 7
REPORTABLE DISEASES, EVENTS AND CONDITIONS

§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 division of health. It also establishes the responsibility of various individuals and facilities in controlling communicable diseases. The W. Va. Code is available in public libraries and on the Legislature's web page, <http://www.legis.state.wv.us/>.

1.2. Authority. -- W. Va. Code §§16-3-1 and 16-1-4; related 16-3C-1 et seq. and 16-4-1 et seq.

1.3. Filing Date. -- April 17, 2002.

1.4. Effective Date. -- July 2, 2002.

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, and medical examiners; and any other person investigating or treating disease, health conditions, 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 lawful designee.

§64-7-2. Definitions.

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

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

2.3. 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.

2.4. Department - The department of health and human resources.

2.5. 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.

2.6. 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.

2.7. 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.

2.8. Hospital - A facility licensed as a hospital under W. Va. Division of Health Legislative Rule, Hospital Licensure, 64 CSR 12.

2.9. 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.

2.10. Laboratory - Any facility or place, however named, for the biologic, microbiologic, serologic, virologic, chemical, hematologic, immuno-hematologic, biophysical, cytologic, pathologic, 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 impairment of, or the assessment of the health of human beings. The term "laboratory" includes both public and private laboratories, free-standing laboratories, and hospital laboratories.

2.11. Local Board of Health - A board of health serving one (1) or more counties, one (1) or more municipalities, or a combination thereof.

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

2.13. 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.

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

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

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

2.17. 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.

2.18. 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.

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

2.20. STD - Sexually transmitted disease.

§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 (e.g., 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 that may be found in the West Virginia

Reportable Diseases Protocol Manual. 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 may be made electronically 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 subdivisions 3.3.b and 3.3.c of this section by telephone to the local health department in the patient's county of residence within twenty-four (24) hours of diagnosis. The reports shall include the patient's name, address, date of birth, sex, and any other information requested by the commissioner relevant to the purposes of this rule.

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

- 3.3.b.1. Anthrax;
- 3.3.b.2. Botulism;
- 3.3.b.3. Brucellosis;
- 3.3.b.4. Cholera;
- 3.3.b.5. Dengue Fever;
- 3.3.b.6. Diphtheria;
- 3.3.b.7. Enterohemorrhagic Escherichia coli (EHEC) including but not limited to E. coli O157:H7;
- 3.3.b.8. Foodborne Disease;
- 3.3.b.9. Haemophilus influenzae,
- Invasive Disease;
- 3.3.b.10. Hemolytic Uremic Syndrome, postdiarrheal;
- 3.3.b.11. Hepatitis A, Acute;
- 3.3.b.12. Hepatitis B, Acute or perinatal;
- 3.3.b.13. Hepatitis D;
- 3.3.b.14. Meningococcal Disease, Invasive;
- 3.3.b.15. An outbreak or cluster of any illness or condition - suspect or confirmed;
- 3.3.b.16. Pertussis (Whooping Cough);
- 3.3.b.17. Plague;
- 3.3.b.18. Poliomyelitis;
- 3.3.b.19. Rabies in Animals or in Humans;
- 3.3.b.20. Rubella (German Measles);
- 3.3.b.21. Rubeola (Measles);
- 3.3.b.22. Smallpox;
- 3.3.b.23. Staphylococcus aureus with Glycopeptide-Intermediate (GISA/VISA) or Glycopeptide-Resistant susceptibilities (GRSA/VRSA);
- 3.3.b.24. Tuberculosis (All Forms, include antibiotic susceptibility patterns)*;
- 3.3.b.25. Tularemia;
- 3.3.b.26. Typhoid Fever;
- 3.3.b.27. Waterborne Disease; and
- 3.3.b.28. Yellow Fever.

3.3.c. Reports of Category I.A diseases and conditions marked with one (1) asterisk (*) shall be made on the tuberculosis report form. Others should be submitted on standard reporting cards and supplemental forms.

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

3.3.d.1. Bacillus anthracis;

3.3.d.2. Bordetella pertussis, microbiologic evidence;

3.3.d.3. Brucellosis, microbiologic or serologic evidence;

3.3.d.4. Clostridium botulinum, microbiologic or toxicologic evidence;

3.3.d.5. Corynebacterium diphtheriae, microbiologic or histopathologic evidence;

3.3.d.6. Dengue Fever, serologic evidence;

3.3.d.7. 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;

3.3.d.8. Haemophilus influenzae from any normally sterile body site;

3.3.d.9. Hepatitis A, positive IgM;

3.3.d.10. Hepatitis B, positive anti-HBc IgM or HBsAg;

3.3.d.11. Hepatitis D, positive serology;

3.3.d.12. Neisseria meningitidis from a normally sterile site;

3.3.d.13. Outbreak or cluster of any illness or condition - suspect or confirmed;

3.3.d.14. Poliomyelitis, virologic or serologic evidence;

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

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

3.3.d.17. Rubeola, virologic or serologic evidence;

3.3.d.18. Salmonella typhi from any site;

3.3.d.19. Smallpox, virologic or serologic evidence;

3.3.d.20. Staphylococcus aureus with Glycopeptide-Intermediate (GISA/VISA) or Glycopeptide-Resistant (GRSA/VRSA) susceptibilities;

3.3.d.21. Tularemia, culture, antigen or serologic evidence;

3.3.d.22. Vibrio cholerae, microbiologic or serologic evidence;

3.3.d.23. Yellow Fever, virologic or serologic evidence;

3.3.d.24. Yersinia pestis, microbiologic or serologic evidence; and

3.3.d.25. 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 to the local health department in the patient's county of residence within one (1) week of diagnosis. The reports shall include the patient's name, address, date of birth, sex, and any other information requested by the commissioner relevant to the

purposes of this rule.

3.4.b. Category II.A diseases reportable by health care providers and health care facilities are:

3.4.b.1. Amebiasis;
3.4.b.2. Campylobacteriosis;
3.4.b.3. Chickenpox (numerical totals only);

3.4.b.4. Cryptosporidiosis;
3.4.b.5. Cyclospora;
3.4.b.6. Ehrlichiosis;
3.4.b.7. Encephalitis, Arboviral;
3.4.b.8. Encephalitis, Other primary and unspecified;

3.4.b.9. Giardiasis;
3.4.b.10. Hantavirus Disease;
3.4.b.11. Influenza-like Illness (numerical totals only);

3.4.b.12. Legionellosis;
3.4.b.13. Leptospirosis;
3.4.b.14. Listeria;
3.4.b.15. Lyme Disease;
3.4.b.16. Malaria;

3.4.b.17. Meningitis, Other Bacterial (cases not reported as other specific disease types);

3.4.b.18. Meningitis, Viral or Aseptic;

3.4.b.19. Mumps;

3.4.b.20. Psittacosis;

3.4.b.21. Rheumatic Fever;

3.4.b.22. Rocky Mountain Spotted Fever;

3.4.b.23. Rubella, Congenital Syndrome;

3.4.b.24. Salmonellosis (except Typhoid Fever);

3.4.b.25. Shigellosis;

3.4.b.26. Streptococcal Disease, Invasive Group A, (*Streptococcus pyogenes*);

3.4.b.27. Streptococcal Disease, Invasive Group B;

3.4.b.28. Streptococcal Toxic Shock Syndrome;

3.4.b.29. *Streptococcus pneumoniae*, invasive disease, (include antibiotic susceptibility patterns);

3.4.b.30. Tetanus;

3.4.b.31. Toxic Shock Syndrome

3.4.b.32. Trichinosis;

3.4.b.33. Tuberculosis, latent infection (limited to individuals with a positive Mantoux tuberculin skin test conversion in the last 2 years or any positive Mantoux tuberculin skin test in a child less than 5 years of age); and

3.4.b.34. Any unexplained or ill-defined illness, condition, or health occurrence of potential public health significance.

3.4.c. Reports of Category II.A diseases and conditions are reported on standard reporting cards and supplemental forms.

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

3.4.d.1. *Borrelia burgdorferi* from culture, or diagnostic levels of IgG or IgM, (preferably followed by a western blot);

3.4.d.2. *Campylobacter*;

3.4.d.3. *Cryptosporidium*;

3.4.d.4. *Cyclospora*;

3.4.d.5. Ehrlichiosis, serologic, microbiologic or other evidence;

3.4.d.6. Encephalitis, virologic, serologic, or other evidence of arboviral or other encephalitides;

3.4.d.7. *Entamoeba histolytica*;

3.4.d.8. *Giardia lamblia*, microscopic or immunodiagnostic evidence;

3.4.d.9. Hantavirus infection, serologic, PCR, immunohistochemistry, or other evidence;

3.4.d.10. Influenza, culture confirmed, (numerical totals only, by type and subtype as available);

3.4.d.11. *Legionella*, bacteriologic or serologic evidence;

3.4.d.12. Leptospirosis, virologic or serologic evidence;

3.4.d.13. *Listeria monocytogenes*;

3.4.d.14. Malaria organisms on smear of blood;

3.4.d.15. Meningitis, as indicated by bacterium in spinal fluid;

3.4.d.16. Meningitis, Viral, virologic or serologic evidence;

3.4.d.17. Mumps, virologic or serologic evidence;

3.4.d.18. Psittacosis, microbiologic or serologic evidence;

3.4.d.19. Rocky Mountain Spotted Fever, serologic evidence;

3.4.d.20. *Salmonella* (any species, excluding *Salmonella typhi*);

3.4.d.21. *Shigella* (any species);

3.4.d.22. *Streptococcus pyogenes* (Group A *Streptococcus*) from a normally sterile site;

3.4.d.23. *Streptococcus*, Group B, from a normally sterile site;

3.4.d.24. *Streptococcus pneumoniae*, from a normally sterile site (include antibiotic susceptibility patterns on all isolates);

3.4.d.25. Trichinosis, demonstration of cysts or serologic evidence;

3.4.d.26. Unexplained or ill-defined illness, condition, or health occurrence of potential public health significance; and

3.4.d.27. Any other laboratory evidence suggestive of current infection with any of the diseases or conditions listed in Category II.A.

3.5. Category III Diseases and Conditions.

3.5.a. Health care providers, health care facilities and laboratories shall report Category III diseases and conditions to the division within one (1) week of diagnosis unless otherwise indicated. Reports shall include the patient's name, address, date of birth, sex, and any other information requested by the commissioner relevant to the purposes of this rule.

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

3.5.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 for Public Health rule, "AIDS Related Medical Testing and Confidentiality," 64CSR64.

3.5.b.2. Autism Spectrum Disorder;

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

3.5.b.4. Cancer, including non-malignant brain tumors, in time frame noted in Bureau for Public Health rule, "Cancer Registry," 64CSR68;

3.5.b.5. Chancroid**;

3.5.b.6. Chlamydia trachomatis**;

3.5.b.7. Gonococcal Disease** -- Conjunctivitis in the newborn, Drug-resistant disease, or Pelvic Inflammatory Disease (within 24 hours);

3.5.b.8. Gonorrhea (all other)**;

3.5.b.9. Hemophilia;

3.5.b.10. Hepatitis C / Other non-A or non-B, acute or chronic;

3.5.b.11. Herpes, genital**;

3.5.b.12. HIV (Human Immunodeficiency Virus) according to the time frame in the Bureau for Public Health rule, "AIDS Related Medical Testing and Confidentiality," 64CSR64;

3.5.b.13. Lead, all blood lead test results;

3.5.b.14. Occupational Illnesses;

3.5.b.15. Syphilis (late latent, late symptomatic, or neurosyphilis)**;

3.5.b.16. Syphilis** -- Primary, Secondary, Early Latent (less than one (1) year),

or Congenital (all within 24 hours); and

3.5.b.17. Traumatic Brain Injury not reported to the Bureau according to the protocol in the West Virginia Reportable Diseases Protocol Manual.

3.5.c. Reports of Category III.A diseases and conditions marked with two asterisks (**) are made on the sexually transmitted disease report card (VD-91).

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

3.5.d.1. CD4+ T-lymphocyte counts of two hundred or less per cubic millimeter ($200/\text{mm}^3$) or a percentage less than fourteen (14) percent according to the time frame in the Bureau for Public Health rule, "AIDS Related Medical Testing and Confidentiality," 64CSR64.

3.5.d.2. Chlamydia trachomatis by culture, antigen, DNA probe methods, or other procedures declared reportable by the commissioner**;

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

3.5.d.4. Haemophilus ducreyi**;

3.5.d.5. Hepatitis C / Other non-A or non-B, virologic or serologic evidence;

3.5.d.6. Herpes simplex virus**, isolation of herpes simplex virus from cervix, urethra or anogenital lesion, or demonstration of virus by antigen detection technique in clinical specimens from cervix, urethra or anogenital lesion, or demonstration of multinucleated giant cells on a Tzanck smear of scrapings from an anogenital lesion;

3.5.d.7. 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 for Public Health rule, "AIDS Related Medical Testing and

Confidentiality," 64CSR64.

3.5.d.8. Lead, all blood lead test results;

3.5.d.9. Mycobacterium tuberculosis from any site (include drug susceptibility patterns) (within 24 hours);

3.5.d.10. Neisseria gonorrhoeae (drug resistant) from any site** (within 24 hours);

3.5.d.11. Neisseria gonorrhoeae from female upper genital tract** (within 24 hours);

3.5.d.12. Neisseria gonorrhoeae from the eye of a newborn** (within 24 hours);

3.5.d.13. Neisseria gonorrhoeae**, culture or other positive laboratory evidence, (all other);

3.5.d.14. Syphilis**, serologic evidence;

3.5.d.15. Treponema pallidum, positive dark-field examination** (within 24 hours); and

3.5.d.16. Any other laboratory evidence suggestive of current infection with any of the diseases or conditions listed in Category III.A.

3.5.e. Reports of Category III.B diseases and conditions marked with two (2) asterisks (**) are made on the appropriate sexually transmitted disease report forms provided by the division.

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

4.1. 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

division shall provide appropriate report forms for this reporting.

§64-7-5. Other Reportable Events: Potentially Rabid Animal Bites, Rabid Animals.

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 by the following individual:

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

5.1.b. 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.c. 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.d. 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 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 or cat, 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 (10) days. The owner of the dog or cat, 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.

5.4. If the local health officer cannot determine the owner of the domestic dog or cat, he or she shall direct the county humane officer, dog warden or sheriff to pick up the suspect dog or cat that has bitten a person and confine it in isolation for a period of ten (10) days. If the animal shows symptoms compatible with rabies, 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.

5.5. If a person is reported bitten by any animal having or suspected of having rabies other than a domestic dog or cat, the local health officer, if necessary, shall 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.

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.

§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, chicken pox, and any additional immunizations required by the commissioner for public health purposes as published by order filed with the secretary of state.

6.3. All immunizations administered to children of ages six (6) and under shall be reported to the immunization registry within two (2) weeks of the administration of the immunization.

6.4. Immunization reports shall contain the name of the child 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.

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

7.1. Upon receipt of any death certificate showing a reportable disease or condition, except a Category III disease or condition, the State registrar of vital statistics shall send a copy of the death certificate to the local health officer for the county in which the death occurred and to the county in which the decedent resided. The State registrar shall report Category III diseases to the division.

7.2. 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.

§64-7-8. Persons, Facilities, and Laboratories Required to Report; Other Related Responsibilities.

8.1. Health Care Providers;

8.1.a Any health care provider or health care facility who suspects, diagnoses, or cares for a patient with a disease or condition listed in Subdivisions 3.3.b., 3.4.b., 3.5.b., or elsewhere in this rule shall:

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

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

8.1.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;

8.1.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 division recommends that health care providers and health care facilities refer contact notification activities to the division for STD and HIV and local health departments for tuberculosis rather than attempt to accomplish the notification themselves;

8.1.a.5. Follow a method of control specified by the commissioner in established protocols in the West Virginia Reportable

Diseases Protocol Manual, or by methods developed in consultation with the commissioner; and

8.1.a.6. 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.

8.2. Laboratories.

8.2.a. All laboratories, whether public, private or hospital-based, shall report evidence of current infection with the diseases or conditions listed in Subdivisions 3.3.d., 3.4.d., and 3.5.d. of this rule and shall otherwise comply with the requirements of this rule.

8.2.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 (90) 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.

8.2.b.1. Clinical laboratories that isolate *Salmonella*, *Shigella*, or suspect or confirmed *E. coli* 0157:H7 from any patient specimen or *Neisseria meningitidis* or *Haemophilus influenzae* from a sterile site should submit the first isolate or a subculture of that

isolate to the Office of Laboratory Services.

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

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

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

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

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

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

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

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

8.3. Administrators of Schools, Camps, Vessels, and Department-Operated Health Care Facilities.

8.3.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:

8.3.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;

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

8.3.a.3. Follow a method of control

specified by the commissioner in established protocols in the West Virginia Reportable Diseases Protocol Manual or by recommendations developed in consultation with the commissioner;

8.3.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 division recommends that health care providers and health care facilities refer contact notification activities to the division for STD and HIV and local health departments for tuberculosis rather than attempt to accomplish the notification themselves; and

8.3.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.

§64-7-9. Distribution of Rule.

9.1. The division 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.

§64-7-10. Responsibilities of Local Health Officers.

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

10.2. 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.

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

10.3.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, or developed in consultation with the commissioner;

10.3.b. Act in accordance with the protocols established by the commissioner in the West Virginia Reportable Diseases Protocol Manual, or recommendations developed in consultation with the commissioner;

10.3.c. Determine if required specimens have been collected and submitted; and if not, arrange for collection and submission of 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;

10.3.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

10.3.e. Report any disease or condition listed in Subsections 3.3, 3.4, 3.5, or elsewhere in this rule to the division within the time frame specified in each category.

10.4. 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.

10.5. 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.

10.6. 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.

10.7. 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.

§64-7-11. Management of Undiagnosed Diseases or Conditions Suggesting a Reportable Disease or Condition.

11.1. 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 at once.

§64-7-12. Disputed Diagnoses of Reportable Diseases or Conditions.

12.1. 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.

§64-7-13. Designation of Diseases as Sexually Transmittable.

13.1. As allowed under W. Va. Code §16-4-1 and for the purposes of treatment under W. Va. 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.

§64-7-14. Confidentiality.

14.1. 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 for having a reportable disease or condition, or as having been identified in an epidemiologic investigation is confidential and exempt from disclosure as provided in W. Va. Code §29B-1-1 et seq., the Freedom of Information Act.

14.2. In the case of an individual, the commissioner or a local health officer may release confidential information identified in Subsection 14.1. of this rule to the following:

14.2.a. The patient;

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

14.2.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;

14.2.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;

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

14.2.f. Staff of a federal, State, or local health department or other local agency 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;

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

14.2.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:

14.2.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

14.2.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

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

14.3. 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.

§64-7-15. Isolation, Quarantine and Placarding.

15.1. 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.

15.2. 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.

15.3. 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.

15.4. 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.

§64-7-16. Exclusion from School Due to a Communicable Disease; Readmission.

16.1. 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 jointly developed Department of Education and Department rules and communicable disease policies.

16.2. 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 jointly developed Department and Department of Education rules and policies governing those cases.

§64-7-17. Examination and Training of Food Service Workers.

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

17.2. 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.

17.3. 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.

17.4. 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.

§64-7-18. Penalties.

18.1. Any person listed in Subsection 1.6. of this rule 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 W. Va. Code §16-1-18. Each violation is considered a separate offense.

18.2. 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 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 W. Va. Code §§16-2-4 or 16-2A-8.

18.3. 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 W. Va. Code §§16-2-4 or 16-2A-8.

§64-7-19. 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 Bureau for Public Health procedural rule, Rules of Procedure for Contested Case Hearings and Declaratory Rulings, 64 CSR 1.