

**WEST VIRGINIA  
SECRETARY OF STATE  
KEN HECHLER  
ADMINISTRATIVE LAW DIVISION**

Form #4

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OFFICE OF THE WEST VIRGINIA  
SECRETARY OF STATE

**NOTICE OF RULE MODIFICATION OF A PROPOSED RULE**

AGENCY: Division of Health, Department of Health & Human Resources TITLE NUMBER: 64

CITE AUTHORITY W. Va. Code §§16-1-7 and 16-3-1

AMENDMENT TO AN EXISTING RULE: YES  NO

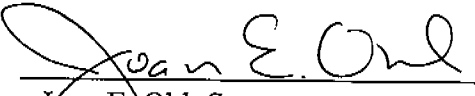
IF YES, SERIES NUMBER OF RULE BEING AMENDED: \_\_\_\_\_

TITLE OF RULE BEING AMENDED: \_\_\_\_\_

IF NO, SERIES NUMBER OF NEW RULE BEING PROPOSED: 7

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

THE ABOVE PROPOSED LEGISLATIVE RULE, FOLLOWING REVIEW BY THE LEGISLATIVE RULE MAKING REVIEW COMMITTEE IS HEREBY MODIFIED AS A RESULT OF REVIEW AND COMMENT BY THE LEGISLATIVE RULE-MAKING REVIEW COMMITTEE. THE ATTACHED MODIFICATIONS ARE FILED WITH THE SECRETARY OF STATE.

  
\_\_\_\_\_  
Joan E. Ohl, Secretary

\$7.00

**TITLE 64  
LEGISLATIVE RULES  
DIVISION OF HEALTH  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES**

**SERIES 7  
REPORTABLE DISEASES, EVENTS AND CONDITIONS**

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**MODIFIED PROPOSED RULE  
AFTER REVIEW BY THE  
LEGISLATIVE RULE-MAKING REVIEW COMMITTEE**

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TITLE 64  
LEGISLATIVE RULES  
DIVISION OF HEALTH  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

SERIES 7  
REPORTABLE DISEASES, EVENTS AND CONDITIONS

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**TITLE 64  
LEGISLATIVE RULES  
DIVISION OF HEALTH  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES**

OFFICE OF 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.

1.2. Authority - W. Va. Code §§16-3-1 and 16-1-7; related §§16-3C-1 *et seq.* and 16-4-1 *et seq.*

1.3. Filing Date -

1.4. Effective Date -

1.5. Repeal and Replacement of Former Rule - This rule repeals and replaces West Virginia Division of Health Legislative Rule, Reportable Diseases, 64 CSR 7, effective March 24, 1994.

1.6. 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 division; 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.

1.7. Enforcement - This rule is enforced by the director of the West Virginia division of health or his or her lawful designee.

**§64-7-2. Definitions.**

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2.1. 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.

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

2.3. Director - The director of the division of health<sup>1</sup> of the West Virginia department of health and human resources or his or her designee.

2.4. Division - The division of health of the West Virginia 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

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<sup>1</sup>The Department of Health and Human Resources (DHHR) was created by the Legislature's reorganization of the executive branch of State government in 1989, and the Department of Health was renamed the Division of Health and made a part of the DHHR (W. Va. Code §5F-1-1 *et seq.*). Administratively within the DHHR, the Bureau for Public Health through its Commissioner carries out the public health functions of the Division of Health.

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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 county, municipal, or combined 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 said 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 director may, by order filed with the Secretary of State, add or delete a disease or condition in any category. The director 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 director 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 director shall establish specific protocols<sup>2</sup> for reporting diseases and conditions. 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 director or on forms supplied by the director (See Footnote 2).

### 3.3. Category I Reportable Diseases and Conditions.

3.3.a. Cases of Category I diseases or conditions listed in subdivisions 3.3.b and 3.3.c of this section are reported 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 director relevant to the purposes of this rule.

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

3.3.b.1. Botulism;

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<sup>2</sup>Protocols can be found in the West Virginia Reportable Diseases Protocol Manual. This manual, standard disease report cards, and disease-specific supplemental forms necessary for the division or for the Centers for Disease Control and Prevention (CDC) can be obtained from the West Virginia Bureau for Public Health, Division of Surveillance and Disease Control through the local health department. Protocols and report forms are developed/updated as necessary to accomplish the purposes of this rule.

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- 3.3.b.2. Cholera;
- 3.3.b.3. Dengue Fever;
- 3.3.b.4. Diphtheria;
- 3.3.b.5. E. Coli O157:H7 Disease;
- 3.3.b.6. Foodborne Disease;
- 3.3.b.7. *Haemophilus influenzae*, Invasive Disease;
- 3.3.b.8. Hemolytic Uremic Syndrome, postdiarrheal;
- 3.3.b.9. Hepatitis A, Acute;
- 3.3.b.10. Hepatitis B, Acute or perinatal;
- 3.3.b.11. Hepatitis D;
- 3.3.b.12. Meningococcal Disease, Invasive;
- 3.3.b.13. An outbreak or cluster of any illness or condition -  
suspect or confirmed;
- 3.3.b.14. Pertussis (Whooping Cough);
- 3.3.b.15. Plague;
- 3.3.b.16. Poliomyelitis;
- 3.3.b.17. Rabies in Animals or in Humans;
- 3.3.b.18. Rubella (German Measles);
- 3.3.b.19. Rubeola (Measles);
- 3.3.b.20. Tuberculosis (All Forms, include antibiotic susceptibility  
patterns)\*;
- 3.3.b.21. Typhoid Fever;
- 3.3.b.22. Waterborne Disease; and
- 3.3.b.23. 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. (See Footnote 2.)

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

- 3.3.d.1. *Bordetella pertussis*, microbiologic evidence;
- 3.3.d.2. *Clostridium botulinum*, microbiologic or toxicologic  
evidence;
- 3.3.d.3. *Corynebacterium diphtheriae*, microbiologic or  
histopathologic evidence;
- 3.3.d.4. Dengue Fever, serologic evidence;
- 3.3.d.5. *E. Coli* O157:H7 from any site;

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- clinical specimen;
- 3.3.d.6. *E. Coli* O157:NM, Shiga-like toxin-producing, from any site;
- 3.3.d.7. *Haemophilus influenzae* from any normally sterile body site;
- 3.3.d.8. Hepatitis A, positive IgM;
- 3.3.d.9. Hepatitis B, positive anti-HBc IgM or HBsAg;
- 3.3.d.10. Hepatitis D, positive serology;
- 3.3.d.11. *Neisseria meningitidis* from a normally sterile site;
- 3.3.d.12. Outbreak or cluster of any illness or condition - suspect or confirmed;
- 3.3.d.13. Poliomyelitis, virologic or serologic evidence;
- 3.3.d.14. Rabies, animal or human;
- 3.3.d.15. Rubella, virologic or serologic evidence;
- 3.3.d.16. Rubeola, virologic or serologic evidence;
- 3.3.d.17. *Salmonella typhi* from any site;
- 3.3.d.18. *Vibrio cholerae*, microbiologic or serologic evidence;
- 3.3.d.19. Yellow Fever, virologic or serologic evidence;
- 3.3.d.20. *Yersinia pestis*, microbiologic or serologic evidence; and
- 3.3.d.21. 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. Cases of Category II diseases or conditions are reported 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 director 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. Anthrax;
- 3.4.b.3. Brucellosis;
- 3.4.b.4. Campylobacteriosis;
- 3.4.b.5. Chickenpox (numerical totals only);
- 3.4.b.6. Cryptosporidiosis;
- 3.4.b.7. Cyclospora;
- 3.4.b.8. Encephalitis, Arboviral;
- 3.4.b.9. Encephalitis, Other primary and unspecified;
- 3.4.b.10. Giardiasis;

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- 3.4.b.11. Hantavirus Disease;
- 3.4.b.12. Hepatitis C / Other non-A or non-B, acute;
- 3.4.b.13. Influenza-like Illness (numerical totals only);
- 3.4.b.14. Leptospirosis;
- 3.4.b.15. Listeria;
- 3.4.b.16. Lyme Disease;
- 3.4.b.17. Malaria;
- 3.4.b.18. Meningitis, Other Bacterial (cases not reported as other specific disease types);
- 3.4.b.19. Meningitis, Viral or Aseptic;
- 3.4.b.20. Mumps;
- 3.4.b.21. Psittacosis;
- 3.4.b.22. Rheumatic Fever;
- 3.4.b.23. Rocky Mountain Spotted Fever;
- 3.4.b.24. Rubella, Congenital Syndrome;
- 3.4.b.25. Salmonellosis (except Typhoid Fever);
- 3.4.b.26. Shigellosis;
- 3.4.b.27. Streptococcal Disease, Invasive Group A, (*Streptococcus pyogenes*);
- 3.4.b.28. Streptococcal Toxic Shock Syndrome;
- 3.4.b.29. *Streptococcus pneumoniae*, drug resistant invasive disease, (include antibiotic susceptibility patterns);
- 3.4.b.30. Tetanus;
- 3.4.b.31. Trichinosis;
- 3.4.b.32. Tularemia; and
- 3.4.b.33. 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 (See Footnote 2).

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

- 3.4.d.1. *Bacillus anthracis*;
- 3.4.d.2. *Borrelia burgdorferi* from culture, or diagnostic levels of IgG or IgM, (preferably followed by a western blot);
- 3.4.d.3. Brucellosis, microbiologic or serologic evidence;
- 3.4.d.4. *Campylobacter*;
- 3.4.d.5. *Cryptosporidium*;
- 3.4.d.6. Cyclospora;
- 3.4.d.7. Encephalitis, virologic, serologic, or other evidence of

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arboviral or other encephalitides;

3.4.d.8. *Entamoeba histolytica*;

3.4.d.9. *Giardia lamblia*, microscopic or immunodiagnostic

evidence;

3.4.d.10. Hantavirus infection, serologic, PCR, immunohistochemistry, or other evidence;

3.4.d.11. Hepatitis C, positive HCV antibody confirmed with approved supplemental test (e.g. RIBA);

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 pneumoniae*, from a normally sterile site (include antibiotic susceptibility patterns on all isolates);

3.4.d.24. Trichinosis, demonstration of cysts or serologic evidence;

3.4.d.25. Tularemia, culture, antigen 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. 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. Category III diseases and conditions are reported 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 director 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) (in time

frame noted in HIV legislative rules)<sup>4</sup>;

- 3.5.b.2. Birth Defects, including Down's Syndrome;
- 3.5.b.3. Cancer (in time frame noted in cancer legislative rules)<sup>3</sup>;
- 3.5.b.4. Chancroid\*\*;
- 3.5.b.5. Chlamydia trachomatis\*\*;
- 3.5.b.6. Gonococcal Disease\*\* -- Conjunctivitis in the newborn, Drug-resistant disease, or Pelvic Inflammatory Disease (within 24 hours);
- 3.5.b.7. Gonorrhea (all other)\*\*;
- 3.5.b.8. Hemophilia;
- 3.5.b.9. Herpes, genital\*\*;
- 3.5.b.10. HIV (Human Immunodeficiency Virus) (in time frame noted in HIV legislative rules)<sup>4</sup>;
- 3.5.b.11. Lead Poisoning (blood lead concentration equal to or greater than 10 micrograms per deciliter);
- 3.5.b.12. Occupational Illnesses;
- 3.5.b.13. Syphilis (late latent, late symptomatic, or neurosyphilis)\*\*;
- 3.5.b.14. Syphilis\*\* -- Primary, Secondary, Early Latent (less than one (1) year), or Congenital (all within 24 hours); and
- 3.5.b.15. Traumatic Brain Injury.

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/mm<sup>3</sup>) or a percentage less than fourteen (14) percent (in time frame noted in HIV legislative rules)<sup>4</sup>;
- 3.5.d.2. *Chlamydia trachomatis* by culture, antigen, DNA probe methods, or other procedures declared reportable by the director of health\*\*;
- 3.5.d.3. Down's Syndrome chromosomal anomaly;
- 3.5.d.4. *Haemophilus ducreyi*\*\*;
- 3.5.d.5. *Herpes simplex virus*\*\*<sup>4</sup>, isolation of herpes simplex virus from cervix, urethra or anogenital lesion, or demonstration of virus by antigen detection

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<sup>3</sup>Reporting of cancer is further delineated in West Virginia Division of Health Legislative Rules, Title 64, Series 68, Cancer Registry.

<sup>4</sup>Reporting of HIV infection is further delineated in West Virginia Division of Health Legislative Rules Title 64, Series 64, AIDS Related Medical Testing and Confidentiality.

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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.6. HIV (Human Immunodeficiency Virus) Type 1 or 2, confirmed antibody or virus detection test (serology, culture, antigen, PCR, DNA, RNA probe, etc.) (in time frame noted in HIV legislative rules)<sup>4</sup>;

3.5.d.7. Lead poisoning (blood concentration greater than or equal to 10 micrograms per deciliter);

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

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

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

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

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

3.5.d.13. Syphilis\*\*, serologic evidence;

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

3.5.d.15. 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 director 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

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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, are 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 director 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 or dies, 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.

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

6.2. Physicians and other health care providers, hospitals and other 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 director 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 are reported to the immunization registry within one (1) week 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 director for development, maintenance, and use of the immunization registry and vaccine tracking system.

**§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, 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, except a Category III disease or condition. 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. Physicians and Other Health Care Providers; Hospitals and Other Health Care Facilities.

8.1.a. Any physician, other health care provider, hospital, 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 director (See Footnote 2) to establish an accurate diagnosis of the disease or condition to a laboratory approved by the director;

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 director in established protocols (See Footnote 2) or by methods developed in consultation with the director; 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. The laboratory shall submit which receives a specimen yielding *Mycobacterium tuberculosis* the first isolate to the Office of Laboratory Services, Division of 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 director in established protocols (See Footnote 2) or by recommendations developed in consultation with the director;

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.

**§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 (See Footnote 2) or developed in consultation with the director;

10.3.b. Act in accordance with the protocols established by the director (See Footnote 2) or recommendations developed in consultation with the director;

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. Specimens are submitted to the division laboratory or other laboratory approved by the director;

10.3.d. Give the patient, those 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 licensed physician or other health care provider is in attendance, or the physician or other 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 director 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 are 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 director for the suspect disease or condition and shall simultaneously notify the director of the case. If the director 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 director determines sexually transmittable, by order filed with the Secretary of State. The director 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 director which identifies an individual or facility as having or suspect 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 director 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 director 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 facility employing the case or suspect case if determined absolutely necessary by the director 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 facility, the director 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 director.

**§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 director. This authority extends to local health officers when they are following protocols established by the director for management of reportable diseases and conditions, or established following consultation with the director 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 case 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 when it should be terminated.

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 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 such 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.**

## 64CSR7

18.1. Any physician or other licensed health practitioner; local health officer; other public health provider; private, public, or hospital laboratory; hospital or health care facility; individual administering immunizations; administrator of school, camp, or vessel; administrator of a health care facility operated by the department; the State registrar of vital statistics; county humane officer, dog warden, sheriff, pathologist, coroner, or medical examiner; and any other person investigating or treating disease, health conditions, or cause of death 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 two hundred dollars (\$200) or be imprisoned for not more than thirty (30) days or both. Violations of each provision are considered a separate offense.

18.2. Any local health officer who fails or neglects to appropriately investigate cases or suspect 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 Director, 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 director is guilty of neglect of duty and may at the discretion of the Director, 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 Division of Health procedural rule, Rules of Procedure for Contested Case Hearings and Declaratory Rulings, 64 CSR 1.

ANALYSIS OF PROPOSED LEGISLATIVE RULES

**Agency:** Division of Health, Department of Health and Human Resources

**Subject:** Reportable Diseases, Events and Conditions, 64CSR7

PERTINENT DATES

Filed for public comment: July 1, 1998  
Public comment period ended: July 31, 1998  
Filed following public comment period: August 3, 1998  
Filed LRMRC: August 3, 1998  
Filed as emergency: July 1, 1998

Fiscal Impact: None

OFFICE OF THE SECRETARY OF STATE

Nov 20 10 16 AM '98

FILED

ABSTRACT

The proposed rule repeals and replaces a current legislative rule. The following is a section by section synopsis of the proposed rule.

Section 1 is the standard general section, setting forth the scope, authority, filing date and effective date of the proposed rule.

Section 2 defines terms.

Section 3 provides that the Director of the Division of Health is to select and categorize diseases and conditions for inclusion in the proposed rule and that the Director may add or delete any disease or condition by an order filed with the Secretary of State.

It sets forth Category I.A and I.B diseases which must be reported by telephone to the local health department by health care providers, health care facilities and laboratories within 24 hours of diagnosis. It sets forth Category II.A and I.B diseases which must be reported to the local health department by health care providers, health care facilities and laboratories within one week of diagnosis. It also sets forth Category III.A and I.B diseases

which must be reported to the local health department by health care providers, health care facilities and laboratories within one week of diagnosis unless otherwise indicated in disease specific legislation.

Section 4 requires the Director to arrange for the timely reporting of birth defects from birth certificates, health care facility medical records, pediatric health care providers or human genetic services providers.

Section 5 requires certain specified persons to report the exposure of a person to rabies to the local health officer who in turn is to report to the Director. The local health officer is also charged with quarantining the animal if it is a domestic cat or dog.

Section 6 requires the Director to establish and maintain a centralized registry for tracking compliance with nationally recognized immunization schedules and for monitoring vaccine use. It requires that the administration of specified immunizations be reported.

Section 7 requires the State Registrar of Vital Statistics to send a copy of a death certificate showing a reportable disease or condition, other than a Category III disease or condition, to the local health officer of the county in which the death occurred and to the county in which the decedent resided.

Section 8 requires physicians and other health care providers and hospitals and other health care facilities who suspect, diagnose or care for a patient with a reportable disease or condition to report the disease or condition, to assist public health officials, to submit specimens and to follow the method of control specified by the Director.

This section also requires all laboratories, whether public, private or hospital-based to comply with the reporting provisions of the proposed rule. Specific provisions are set forth for M. tuberculosis, acid fast bacillus, salmonella, shigella, E. coli, Neisseria meningitis and Hemophilus influenza.

This section also requires the administrator of any school, camp, vessel or department-operated health care facility to comply with the provisions of the proposed rule when no physician or other responsible health care provider is in attendance.

Section 9 requires managed care providers to notify any contracted providers, facilities or laboratories of their responsibilities under the proposed rule and to annually provide

them with a current list of reportable diseases and conditions.

Section 10 sets forth the responsibilities of local health officers.

Section 11 allows the local health officer to initiate and enforce control methods appropriate for a suggested reportable disease or condition until a definitive diagnosis is established.

Section 12 allows the local health officer, where doubt exists as to the diagnosis of a submitted reportable disease or condition, to enforce the protocol and methods of control established by the Director, while simultaneously notifying the Director of the disputed diagnosis.

Section 13 designates certain diseases as potentially sexually transmittable.

Section 14 provides that information collected and maintained pursuant to the proposed rule is confidential. It sets forth those persons to whom the confidential information may be released.

Section 15 authorizes the Director to implement and terminate quarantines or placarding to prevent the spread of communicable diseases. It also gives this authority to local health officers under certain conditions.

Section 16 provides for the exclusion of pupils or school personnel from school if the individual has a communicable disease. The individual must present a certificate of health in order to be able to return to school.

Section 17 states that local health departments may provide food service management training or workers' training.

Section 18 provides the penalties for failure to comply with the provisions of the proposed rule.

Section 19 references the appropriate Division of Health rule relating to administrative due process.

Section 20 is an unnecessary severability section.

AUTHORITY

Statutory authority: W.Va. Code, §27-5-9, which provides, in part, as follows:

...(g) The board of health shall promulgate rules and regulations to protect the personal rights of patients not inconsistent with this section.

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ANALYSIS

I. HAS THE AGENCY EXCEEDED THE SCOPE OF ITS STATUTORY AUTHORITY IN APPROVING THE PROPOSED LEGISLATIVE RULE?

Possibly. The proposed rule would allow the Director to amend the proposed rule through an order filed with the Secretary of State. A legislative rule has the force and effect of law and may only be amended with authorization of the Legislature. However, a similar provision is in the legislative rule which is being repealed and replaced and therefor has been previously approved by the Legislature.

II. IS THE PROPOSED LEGISLATIVE RULE IN CONFORMITY WITH THE INTENT OF THE STATUTE WHICH THE RULE IS INTENDED TO IMPLEMENT, EXTEND, APPLY, INTERPRET OR MAKE SPECIFIC?

Yes.

III. DOES THE PROPOSED LEGISLATIVE RULE CONFLICT WITH OTHER CODE PROVISIONS OR WITH ANY OTHER RULE ADOPTED BY THE SAME OR A DIFFERENT AGENCY?

No.

IV. IS THE PROPOSED LEGISLATIVE RULE NECESSARY TO FULLY ACCOMPLISH THE OBJECTIVES OF THE STATUTE UNDER WHICH THE PROPOSED RULE WAS PROMULGATED?

Yes.

V. IS THE PROPOSED LEGISLATIVE RULE REASONABLE, ESPECIALLY AS IT AFFECTS THE CONVENIENCE OF THE GENERAL PUBLIC OR OF PERSONS AFFECTED BY IT?

Yes.

VI. CAN THE PROPOSED LEGISLATIVE RULE BE MADE LESS COMPLEX OR MORE READILY UNDERSTANDABLE BY THE GENERAL PUBLIC?

No.

VII. WAS THE PROPOSED LEGISLATIVE RULE PROMULGATED IN COMPLIANCE WITH THE REQUIREMENTS OF CHAPTER 29A, ARTICLE 3 AND WITH ANY REQUIREMENTS IMPOSED BY ANY OTHER PROVISION OF THE CODE?

Yes.

VIII. OTHER.

Counsel has technical modifications to suggest.



FILED  
JAN 15 9 39 AM '99  
OFFICE OF THE SECRETARY OF STATE  
WEST VIRGINIA

**WEST VIRGINIA LEGISLATURE**  
**Legislative Rule-Making Review Committee**

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January 12, 1999

NOTICE OF ACTION TAKEN BY LEGISLATIVE RULE-MAKING REVIEW COMMITTEE

TO: Ken Hechler, Secretary of State, State Register

TO: Loretta Haddy  
Surveillance and Disease Control  
1422 Washington Street, East  
Charleston, WV 25301

FROM: Legislative Rule-Making Review Committee

Proposed Rule: **Reportable Diseases, Events and Conditions, 64CSR7**

The Legislative Rule-Making Review Committee recommends that the West Virginia Legislature:

1. Authorize the agency to promulgate the Legislative Rule
  - (a) as originally filed
  - (b) as modified by the agency
2. Authorize the agency to promulgate part of the Legislative rule; a statement of reasons for such recommendation is attached.
3. Authorize the agency to promulgate the Legislative rule with certain amendments; amendments and a statement of reasons for such recommendation is attached.
4. Authorize the agency to promulgate the Legislative rule as modified with certain amendments; amendments and a statement of reasons for such recommendation is attached.

11 (b) The legislative rule filed in the state register on the  
12 third day of August, one thousand nine hundred ninety-  
13 eight, authorized under the authority of section one, article  
14 three, chapter sixteen, of this code, modified by the  
15 division of health to meet the objections of the legislative  
16 rule-making review committee and refiled in the state  
17 register on the twentieth day of January, one thousand  
18 nine hundred ninety-nine, relating to the division of health  
19 (reportable diseases, events and conditions, 64 CSR 7), is  
20 authorized with the amendments set forth below:

21 On page four, section 3.3.b., by striking out everything  
22 after the words "Category I.A diseases and conditions  
23 reportable by health care providers and health care  
24 facilities are:" and inserting in lieu thereof the following:

- 25 3.3.b.1. Anthrax;
- 26 3.3.b.2. Botulism;
- 27 3.3.b.3. Brucellosis;
- 28 3.3.b.4. Cholera;
- 29 3.3.b.5. Dengue Fever;
- 30 3.3.b.6. Diphtheria;
- 31 3.3.b.7. E. Coli O157:H7 Disease;
- 32 3.3.b.8. Foodborne Disease;
- 33 3.3.b.9. Haemophilus influenzae, Invasive Disease;
- 34 3.3.b.10. Hemolytic Uremic Syndrome, postdiarrheal;
- 35 3.3.b.11. Hepatitis A, Acute;
- 36 3.3.b.12. Hepatitis B, Acute or perinatal;
- 37 3.3.b.13. Hepatitis D;
- 38 3.3.b.14. Meningococcal Disease, Invasive;
- 39 3.3.b.15. An outbreak or cluster of any illness or condi-  
40 tion - suspect or confirmed;

- 41 3.3.b.16. Pertussis (Whooping Cough);
  - 42 3.3.b.17. Plague;
  - 43 3.3.b.18. Poliomyelitis;
  - 44 3.3.b.19. Rabies in Animals or in Humans;
  - 45 3.3.b.20. Rubella (German Measles);
  - 46 3.3.b.21. Rubeola (Measles);
  - 47 3.3.b.22. Tuberculosis (All Forms, include antibiotic
  - 48 susceptibility patterns)\*;
  - 49 3.3.b.23. Tularemia;
  - 50 3.3.b.24. Typhoid Fever;
  - 51 3.3.b.25. Waterborne Disease; and
  - 52 3.3.b.26. Yellow Fever.
- 53 On page five, section 3.3.d., by striking out everything
- 54 after the words "Category I.B diseases and conditions
- 55 reportable by laboratories are:" and inserting in lieu
- 56 thereof the following:
- 57 3.3.d.1. Bacillus anthracis;
  - 58 3.3.d.2. Bordatella pertussis, microbiologic evidence;
  - 59 3.3.d.3. Brucellosis, microbiologic or serologic evidence;
  - 60 3.3.d.4. Clostridium botulinum, microbiologic or
  - 61 toxicologic evidence;
  - 62 3.3.d.5. Corynebacterium diphtheriae, microbiologic or
  - 63 histopathologic evidence;
  - 64 3.3.d.6. Dengue Fever, serologic evidence;
  - 65 3.3.d.7. E. Coli O157:H7 from any site;
  - 66 3.3.d.8. E. Coli O157:NM, Shiga-like toxin-producing,
  - 67 from any clinical specimen;
  - 68 3.3.d.9. Haemophilus influenzae from any normally
  - 69 sterile body site;

- 70 3.3.d.10. Hepatitis A, positive IgM;
  - 71 3.3.d.11. Hepatitis B, positive anti-HBc IgM or HBsAg;
  - 72 3.3.d.12. Hepatitis D, positive serology;
  - 73 3.3.d.13. Neisseria meningitidis from a normally sterile
  - 74 site;
  - 75 3.3.d.14. Outbreak or cluster of any illness or condition -
  - 76 suspect or confirmed;
  - 77 3.3.d.15. Poliomyelitis, virologic or serologic evidence;
  - 78 3.3.d.16. Rabies, animal or human;
  - 79 3.3.d.17. Rubella, virologic or serologic evidence;
  - 80 3.3.d.18. Rubeola, virologic or serologic evidence;
  - 81 3.3.d.19. Salmonella typhi from any site;
  - 82 3.3.d.20. Tularemia, culture, antigen or serologic evi-
  - 83 dence;
  - 84 3.3.d.21. Vibrio cholerae, microbiologic or serologic
  - 85 evidence;
  - 86 3.3.d.22. Yellow Fever, virologic or serologic evidence;
  - 87 3.3.d.23. Yersinia pestis, microbiologic or serologic
  - 88 evidence; and
  - 89 3.3.d.24 Other laboratory evidence suggestive of current
  - 90 infection with any of the diseases or conditions listed in
  - 91 Category I.A.
- 92 On page 6, section 3.4.b., by striking out everything after
- 93 the words "Category II.A diseases reportable by health
- 94 care providers and health care facilities are:" and inserting
- 95 in lieu thereof the following:
- 96 3.4.b.1. Amebiasis;
  - 97 3.4.b.2. Campylobacteriosis;
  - 98 3.4.b.3. Chickenpox (numerical totals only);
  - 99 3.4.b.4. Cryptosporidiosis;

- 100 3.4.b.5. Cyclospora;
- 101 3.4.b.6. Encephalitis, Arboviral;
- 102 3.4.b.7. Encephalitis, Other primary and unspecified;
- 103 3.4.b.8. Giardiasis;
- 104 3.4.b.9. Hantavirus Disease;
- 105 3.4.b.10. Hepatitis C / Other non-A or non-B, acute;
- 106 3.4.b.11. Influenza-like Illness (numerical totals only);
- 107 3.4.b.12. Leptospirosis;
- 108 3.4.b.13. Listeria;
- 109 3.4.b.14. Lyme Disease;
- 110 3.4.b.15. Malaria;
- 111 3.4.b.16. Meningitis, Other Bacterial (cases not reported  
112 as other specific disease types);
- 113 3.4.b.17. Meningitis, Viral or Aseptic;
- 114 3.4.b.18. Mumps;
- 115 3.4.b.19. Psittacosis;
- 116 3.4.b.20. Rheumatic Fever;
- 117 3.4.b.21. Rocky Mountain Spotted Fever;
- 118 3.4.b.22. Rubella, Congenital Syndrome;
- 119 3.4.b.23. Salmonellosis (except Typhoid Fever);
- 120 3.4.b.24. Shigellosis;
- 121 3.4.b.25. Streptococcal Disease, Invasive Group A,  
122 (Streptococcus pyogenes);
- 123 3.4.b.26. Streptococcal Toxic Shock Syndrome;
- 124 3.4.b.27. Streptococcus pneumoniae, drug resistant  
125 invasive disease, (include antibiotic susceptibility pat-  
126 terns);
- 127 3.4.b.28. Tetanus;

- 128 3.4.b.29. Trichinosis; and
- 129 3.4.b.30. Unexplained or ill-defined illness, condition, or  
130 health occurrence of potential public health significance.
- 131 On page 7, section 3.4.d., by striking everything after the  
132 words "Category II.B condition reportable by laboratories  
133 are:" and inserting in lieu thereof the following:
- 134 3.4.d.1. *Borrelia burgdorferi* from culture, or diagnostic  
135 levels of IgG or IgM, (preferably followed by a western  
136 blot);
- 137 3.4.d.2. *Campylobacter*;
- 138 3.4.d.3. *Cryptosporidium*;
- 139 3.4.d.4. *Cyclospora*;
- 140 3.4.d.5. Encephalitis, virologic, serologic, or other  
141 evidence of arboviral or other encephalitides;
- 142 3.4.d.6. *Entamoeba histolytica*;
- 143 3.4.d.7. *Giardia lamblia*, microscopic or  
144 immunodiagnostic evidence;
- 145 3.4.d.8. Hantavirus infection, serologic, PCR,  
146 immunohistochemistry, or other evidence;
- 147 3.4.d.9. Hepatitis C, positive HCV antibody confirmed  
148 with approved supplemental test (e.g. RIBA);
- 149 3.4.d.10. Leptospirosis, virologic or serologic evidence;
- 150 3.4.d.11. *Listeria monocytogenes*;
- 151 3.4.d.12. Malaria organisms on smear of blood;
- 152 3.4.d.13. Meningitis, as indicated by bacterium in spinal  
153 fluid;
- 154 3.4.d.14. Meningitis, Viral, virologic or serologic evi-  
155 dence;
- 156 3.4.d.15. Mumps, virologic or serologic evidence;
- 157 3.4.d.16. Psittacosis, microbiologic or serologic evidence;

158 3.4.d.17. Rocky Mountain Spotted Fever, serologic  
159 evidence;

160 3.4.d.18. Salmonella (any species, excluding Salmonella  
161 typhi);

162 3.4.d.19. Shigella (any species);

163 3.4.d.20. Streptococcus pyogenes (Group A Streptococ-  
164 cus) from a normally sterile site;

165 3.4.d.21. Streptococcus pneumoniae, from a normally  
166 sterile site (include antibiotic susceptibility patterns on all  
167 isolates);

168 3.4.d.22. Trichinosis, demonstration of cysts or serologic  
169 evidence;

170 3.4.d.23. Tularemia, culture, antigen or serologic evi-  
171 dence;

172 3.4.d.24. Unexplained or ill-defined illness, condition, or  
173 health occurrence of potential public health significance;  
174 and

175 3.4.d.25. Other laboratory evidence suggestive of current  
176 infection with any of the diseases or conditions listed in  
177 Category II.A.

178 And,

179 On page 15, section 9.1, by adding the following after the  
180 first sentence: "Local health departments may copy and  
181 distribute this rule to local health care providers at no  
182 cost."

183 (c) The legislative rule filed in the state register on the  
184 thirty-first day of July, one thousand nine hundred ninety-  
185 eight, authorized under the authority of section seven,  
186 article one, chapter sixteen, of this code, modified by the  
187 division of health to meet the objections of the legislative  
188 rule-making review committee and refiled in the state  
189 register on the twentieth day of November, one thousand  
190 nine hundred ninety-eight, relating to the division of  
191 health (general sanitation, 64 CSR 18), is authorized.