

APA-1
11/96

TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control 420 Alabama Department of Public Health

Rule Number 420-4-1-.04

Rule Title Reporting

 New XXXX Amend Repeal Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare or safety? Yes

Is there a reasonable relationship between the state's police power and the protection of the public health, safety or welfare? Yes

Is there another, less restrictive method of regulation available that could adequately protect the public? No

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? No

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? n/a

Are all facts of the rulemaking process designed solely for the purpose of and so they have as their primary effect, the protection of the public? Yes

Does the proposed rule have an economic impact? No

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of §41-22-23, Code of Alabama, 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama, 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of Certifying Officer Jahmicia Dine Date 6/16/2014



FORM APA2
11/96

STATE BOARD OF HEALTH
NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Department of Public Health

RULE NUMBER AND TITLE: 420-4-1-.04, Reporting

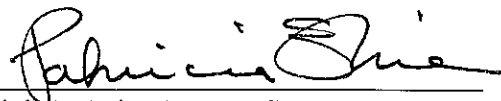
INTENDED ACTION: Revision of Rule 420-4-1-.04.

SUBSTANCE OF PROPOSED ACTION: To amend reporting requirements in the Notifiable Diseases Chapter 420-4-1 of the Alabama Administrative Code.

TIME, PLACE, AND MANNER OF PRESENTING VIEWS: A public hearing will be held at 9:00 a.m. July 29, 2014, at the Alabama Department of Public Health, RSA Tower, Suite 1540, 201 Monroe Street, Montgomery, AL 36104.

FINAL DATE FOR COMMENTS AND COMPLETION OF NOTICE: Written or oral comments will be received until the close of the record at 5:00 p.m. on August 4, 2014. All comments and requests for copies of the proposed amendments should be addressed to the contact person listed below.

CONTACT PERSON AT AGENCY: Sherri Davidson, Analysis and Reporting Branch Manager, Epidemiology Division of the Bureau of Communicable Disease, Department of Public Health, 201 Monroe Street, Suite 1460, Montgomery, Alabama 36104. Telephone number (334) 206-2050.



Patricia E. Ivie, Agency Secretary

420-4-1-.04 Reporting.

(1) Responsibility for Reporting. Each physician, dentist, nurse, medical examiner, hospital administrator, nursing home administrator, laboratory director, school principal, and ~~day~~ child care center/Head Start director shall be responsible to report cases or suspected cases of notifiable diseases and health conditions. Reports by laboratories as outlined in 420-4-1-.04(3) shall not substitute for reports by persons responsible for reporting cases or suspected cases of notifiable diseases and health conditions. Said report shall contain such data as may be required by the rules of the State Board of Health. Said report shall be in the manner designated in Rule 420-4-1-.04(3)-(7).

(2) Reports by Pharmacists. Pharmacists shall report to the State Health Officer or designee in the manner designated in Rule 420-4-1-.04(4)-(7) the dispensing of:

(a) Any pharmacist-dispensing anti-tuberculosis medication; and shall report this information to the State Health Officer, to the County Health Officer, or their designee in the manner designated in Rule 420-4-1-.04(3)-(7).

(b) Any antiretroviral (ARV) medication to an infant <18 months of age.

(3) Reports by Laboratories. Any laboratory testing for diseases that are notifiable to the Department shall report by electronic means as specified by the Department to the State Health Officer within the designated time required by disease categories under 420-4-1-.03. All HIV viral loads and CD4 counts shall be reported regardless of the result.

(34) Report of Immediate, Extremely Urgent Diseases. Diseases designated as immediate, extremely urgent shall be reported to the State Health Officer or the County Health Officer within four hours of presumptive diagnosis by telephone ~~or in person~~. If reported to the County Health Officer, County Health Officer shall report to the State Health Officer or designee at the state public health office within the same four hours.

(45) Report of Immediate, Urgent Diseases. Diseases designated as immediate, urgent shall be reported to the State Health Officer or the County Health Officer within 24 hours of presumptive diagnosis either electronically by electronic means as specified by the Department, or by telephone, facsimile, or in person. If reported to the County Health Officer, County Health Officer shall report to the State Health Officer or designee at the state public health office within the same 24 hours.

(56) Report of Standard Notification Diseases. Diseases and health conditions designated as standard notification diseases shall require notification by electronic means as specified by the Department, electronically or in writing, or by telephone to either the County Health Officer or the State Health Officer within seventhree days of diagnosis. If reported to the County Health Officer, County Health Officer shall report to the State Health Officer or designee at the state public health office within the same time frame.

(67) Minimum information to be reported - Said reports shall include, at a minimum: the name of the disease or health condition; the name, date of birth, gender, race, ethnicity, address, ~~and~~ phone number, and payor source of the person having said disease or health condition; ~~7~~ the date of onset, date of laboratory result, and/or date of diagnosis of said disease or health condition; and name, ~~and~~ phone number, and facility affiliated with ~~of~~ the reporter.

~~(7) Notification of suspected presence of Bacillus anthracis or other agent suspected to be related to an act of bioterrorism. All hospital laboratories, independent clinical laboratories, laboratories in rehabilitation hospitals or ambulatory surgical centers, any other clinical laboratories licensed by the State Board of Health, and all physicians or other practitioners operating in office laboratories shall immediately notify the State Board of Health in the manner specified below of the existence of, and forward a sample of, any of the following to the Department's Bureau of Clinical Laboratories:~~

~~(a) isolates or suspected isolates of Bacillus anthracis regardless of clinical source;~~

~~(b) isolates of all bacillus species obtained from normally sterile clinical sites including, but not limited to cerebral spinal fluid, blood, pleural fluid; or~~

~~(c) clinical or environmental isolates of any organism suspected of being related to an act of bioterrorism.~~

~~(8) Manner of notification. The laboratories identified in (7), above, shall immediately telephone the director of the Department's Bureau of Clinical Laboratories, or his or her designee, in Montgomery at (334)260-3400 to report isolates identified in (6), above, and shall follow the directions of the laboratory director or designee for the transportation of the sample to the state laboratory.~~

(98) Supplemental Case Report Information. The State Health Officer may require additional information concerning any of the notifiable diseases or health conditions in order to properly investigate and control said disease or health condition. For this purpose, the State Health Officer may designate supplemental forms for various notifiable diseases for collecting the required information. Physicians, hospitals, nurses, and others as required by law shall, in addition to the basic information required on the initial report, provide such information as required on the supplemental report for those diseases so designated. Such case report information is confidential and shall not be subject to public inspection or admission into evidence in any court except via proceedings brought under this chapter to compel the examination, testing, commitment or quarantine of any person or upon the written consent of the patient, provided that other persons are not so identified.

(109) Epidemiologic Study Information. The State Health Officer, or his or her designee, may require additional investigation of confirmed or suspected (a) outbreaks or any kind, (b) cases of notifiable diseases and conditions, (c) exposures to notifiable diseases or conditions, (d) cases of diseases of potential public health importance, or (e) exposures to environmental hazards, by collecting information from the individuals suspected of being part of the outbreak, from individuals with the suspected or confirmed notifiable disease or condition, from close contacts, from others who may have the disease or condition based on symptoms, exposure or other factors, from controls, and from others with information relevant to the investigation. For this purpose, the State Health Officer, or his or her designees, may design questionnaire instruments that permit the recordings of information such as, but not limited to, personal identifiers, medical facts such as symptoms and laboratory test results, and exposure histories. Such questionnaires may be voluntarily completed by persons identified by Department staff conducting the investigation. In addition to such questionnaires, all working documents, including, but not limited to, written notes and computer records, and documents and records relating to the investigation and received from outside parties, including, but not limited to, medical records and laboratory records, are confidential and shall not be subject to the inspection, subpoena, or admission into evidence in any court, except via proceedings brought under this chapter by the Department to compel the examination, testing, commitment or quarantine of any person. A record generated by the Department dealing with the symptoms, condition, or other information concerning only one individual or entity is releasable upon the written consent of the individual or entity, or if the individual is a minor, his or her parent or legal guardian. Any individual providing information to the Department as

part of the investigation shall be immune from any civil or criminal liability. Nothing in this paragraph is meant to supersede other rules in this chapter.

Author: Donald E. Williamson, M.D., Charles Woernle, M.D., M.P.H., Sherri L. Davidson, M.P.H., P. Brian Hale, -J.D.

Statutory Authority: Code of Ala. 1975, §§22-2-2(6); 22-11A-1, et seq.; 22-21-28

History: Filed September 1, 1982. **Emergency repeal and adoption of new rule** filed September 23, 1987. **Repealed and new rule adopted:** Filed November 19, 1987. **Amended:** Filed January 20, 1999; effective February 24, 1999. **Amended:** Filed January 15, 2002; effective February 19, 2002. **Repealed and Replaced:** Filed May 26, 2011, effective date June 30, 2011. **Repealed and Replaced:** Filed XXXX XX, 2014, effective date XXXX XX, 2014.