

**TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 515. COMMUNICABLE DISEASE AND INJURY REPORTING**

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking.

PROPOSED RULES:

310:515-1-3 [AMENDED]

310:515-1-4 [AMENDED]

SUMMARY:

The amendments modernize certain language related to reportable diseases and, clarifies Orthopox viruses (i.e., smallpox and monkeypox) and COVID-19 as reportable diseases.

AUTHORITY:

Commissioner of Health, Title 63 O.S. §§ 1-104, 1-106, 1-502, and 1-503.

COMMENT PERIOD:

January 17, 2023 through the close of the Department's normal business hours, 5 PM, on February 17, 2023. Interested persons may informally discuss the proposed rules with the contact person identified below; or may, through the close of the Department's normal business hours, 5 PM, on February 17, 2023 submit written comments to the contact person identified below, or may, at the hearing, ask to present written or oral views.

PUBLIC HEARING:

Pursuant to 75 O.S. § 303(A), the public hearing for the proposed rulemaking in this chapter shall be on February 17, 2023 at the Oklahoma State Department of Health Auditorium, 123 Robert S. Kerr Avenue, Oklahoma City, Oklahoma 73102 from 9:30 AM to 12:30 PM. The meeting may adjourn earlier if all attendees who signed up to comment have completed giving their comments. The alternate date and time in the event of an office closure due to inclement weather is February 21, 2023 in the Auditorium, from 9:30 AM to 12:30 PM. Those wishing to present oral comments should be present at that time to register to speak. The hearing will close at the conclusion of those registering to speak. Interested persons may attend for the purpose of submitting data, views or concerns, orally or in writing, about the rule proposal described and summarized in this Notice. Validated parking will be provided for the parking lot located at the east corner of Broadway and Robert S. Kerr Avenue, subject to availability.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:

Business entities affected by these proposed rules are requested to provide the agency with information, in dollar amounts if possible, on the increase in the level of direct costs such as fees, and indirect costs such as reporting, recordkeeping, equipment, construction, labor, professional services, revenue loss, or other costs expected to be incurred by a particular entity due to compliance with the proposed rule. Business entities may submit this information in writing through February 17, 2023, to the contact person identified below.

COPIES OF PROPOSED RULES:

The proposed rules may be obtained for review from the contact person identified below or via the agency website at www.ok.gov/health.

RULE IMPACT STATEMENT:

Pursuant to 75 O.S., § 303(D), a rule impact statement is available through the contact person identified below or via the agency website at www.ok.gov/health.

CONTACT PERSON:

Audrey C. Talley, Agency Rule Liaison, Oklahoma State Department of Health, 123 Robert S. Kerr Avenue, Oklahoma City, OK 73102, phone (405) 426-8563, e-mail AudreyT@health.ok.gov.

INITIAL RULE IMPACT STATEMENT

(This document may be revised based on comment received during the public comment period.)

**TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 515. COMMUNICABLE DISEASE AND INJURY REPORTING**

1. DESCRIPTION:

The amendments modernize certain language related to reportable diseases and, clarifies Orthopox viruses (i.e., smallpox and monkeypox) and COVID-19 as reportable diseases.

2. DESCRIPTION OF PERSONS AFFECTED AND COST IMPACT RESPONSE:

These modifications may increase some of the burden of disease reporting and investigation with both internal and external partners (healthcare providers, hospitals, epidemiologists, county health department personnel). These additions may increase need for personnel cost of reporting and investigation.

3. DESCRIPTION OF PERSONS BENEFITING, VALUE OF BENEFIT AND EXPECTED HEALTH OUTCOMES:

All Oklahomans will benefit. These additions will allow OSDH to gather information on new diseases that are of public health importance to guide prevention, treatment and control of these diseases within Oklahoma. Health outcomes of Oklahomans will improve as OSDH understands burden of disease from these pathogens within our population.

4. ECONOMIC IMPACT, COST OF COMPLIANCE, AND FEE CHANGES:

No economic impact expected from compliance with the proposed changes..

5. COST AND BENEFITS OF IMPLEMENTATION AND ENFORCEMENT TO THE AGENCY:

There will be some increased personnel costs associated with reporting and investigation; however, it will provide us information to understand burden of disease and provide recommendations regarding prevention, treatment, and control.

6. IMPACT ON POLITICAL SUBDIVISIONS:

There will be limited or no impact on political subdivisions.

7. ADVERSE EFFECT ON SMALL BUSINESS:

The increase in number of reportable diseases to the health department may be difficult for some smaller clinics during the initial implementation. This impact is expected to be minimal and, over time, may result in increased efficiency for these clinics.

8. EFFORTS TO MINIMIZE COSTS OF THE RULE:

There are no less costly means currently identified.

9. **EFFECT ON PUBLIC HEALTH AND SAFETY:**

Knowledge of burden of disease within Oklahoma will allow OSDH to provide guidance to citizens and healthcare providers on prevention and treatment of disease based upon accurate Oklahoma data.

10. **DETRIMENTAL EFFECTS ON PUBLIC HEALTH AND SAFETY WITHOUT ADOPTION:**

Without this data, it will be challenging to effectively determine certain public health and safety needs in Oklahoma. The ability for the health department to make recommendations regarding the prevention, treatment, and control of diseases would be less effective.

11. **PREPARATION AND MODIFICATION DATES:**

This rule impact statement was prepared on October 3, 2022.

**TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 515. COMMUNICABLE DISEASE AND INJURY REPORTING**

310:515-1-3. Diseases and conditions to be reported immediately

The following diseases/conditions associated with humans must be reported by any health practitioner or laboratory personnel to the OSDH electronically via secure electronic data transmission and by telephone (405 426-8710) immediately upon suspicion, diagnosis, or testing.

- (1) Anthrax (*Bacillus anthracis*).
- (2) Bioterrorism - suspected disease.
- (3) Botulism (*Clostridium botulinum*).
- (4) Diphtheria (*Corynebacterium diphtheriae*).
- (5) Free-living amebae infections causing primary amebic meningoencephalitis (*Naegleria fowleri*).
- (6) Hepatitis B during pregnancy (HBsAg+).
- (7) Measles (Rubeola).
- (8) Meningococcal invasive disease (*Neisseria meningitidis*).
- (9) Novel coronavirus.
- (10) Novel influenza A.
- (11) Outbreaks of apparent infectious disease.
- (12) ~~Plague (*Yersinia pestis*)~~ Orthopox viruses (i.e., Smallpox, Monkeypox).
- (13) ~~Poliomyelitis~~ Plague.
- (14) ~~Rabies~~ Poliomyelitis.
- (15) ~~Smallpox~~ Rabies.
- (16) Typhoid fever (*Salmonella Typhi*).
- (17) Viral hemorrhagic fever.

310:515-1-4. Additional diseases, conditions, and injuries to be reported

The following diseases, conditions and injuries must be reported by physicians, laboratories, and hospitals (by infection control practitioners, medical records personnel, and other designees) to the OSDH as dictated in the following subsections:

- (1) Infectious diseases. Reports of infectious diseases and conditions listed in this subsection must be submitted electronically via secure electronic data transmission to the OSDH within one (1) working day (Monday through Friday, state holidays excepted) of diagnosis or positive test.
 - (A) Acid Fast Bacillus (AFB) positive smear. Report only if no additional testing is performed or subsequent testing is indicative of *Mycobacterium tuberculosis* Complex.
 - (B) AIDS.
 - (C) *Anaplasma phagocytophilum* infection.
 - (D) Arboviral infections (West Nile virus, St. Louis encephalitis virus, Eastern equine encephalitis virus, Western equine encephalitis virus, Powassan virus, California serogroup virus, chikungunya virus, Zika virus).
 - (E) Brucellosis (*Brucella* spp.).
 - (F) Campylobacteriosis (*Campylobacter* spp.).
 - (G) Congenital rubella syndrome.
 - (H) Cryptosporidiosis (*Cryptosporidium* spp.).
 - (I) Cyclosporiasis (*Cyclospora cayetanensis*).
 - (J) Dengue Fever.
 - (K) *E. coli* O157, O157:H7, or a Shiga toxin producing *E. coli*. (STEC)
 - (L) Ehrlichiosis (*Ehrlichia* spp.).
 - (M) *Haemophilus influenzae* invasive disease.
 - (N) Hantavirus infection, without pulmonary syndrome.

- (O) Hantavirus pulmonary syndrome.
- (P) Hemolytic uremic syndrome, postdiarrheal.
- (Q) Hepatitis A infection (Anti-HAV-IgM+).
- (R) Hepatitis B infection. If any of the following are positive, then all test results on the hepatitis panel must be reported: HBsAg+, anti-HBc-IgM+, HBeAg+, or HBV DNA+. For infants < or = 18 months, all hepatitis B related tests ordered, regardless of test result, must be reported.
- (S) Hepatitis C infection in persons having jaundice or ALT > or = 200 with laboratory confirmation. If hepatitis C EIA is confirmed by NAT for HCV RNA, or s/co ratio or index is predictive of a true positive then report results of the entire hepatitis panel. For infants < or = 18 months, all hepatitis C related tests ordered, regardless of test result, must be reported. Positive HCV RNA are reportable by both laboratories and providers. Negative test results for HCV RNA tests are reportable by laboratories only.
- (T) HIV.
- (i) All tests indicative of HIV infection are reportable by laboratories and providers. If any HIV test is positive, then all HIV test results on the panel must be reported by laboratories. For infants < or = 18 months, all HIV tests ordered, regardless of test result must be reported ~~by laboratories.~~
- (ii) All HIV nucleotide sequences and negative HIV test results are only reportable by laboratories.
- (U) Influenza-associated hospitalization or death.
- (V) Legionellosis (*Legionella* spp.)
- (W) Leptospirosis (*Leptospira interrogans*).
- (X) Listeriosis (*Listeria monocytogenes*).
- (Y) Lyme disease (*Borrelia burgdorferi*).
- (Z) Malaria (*Plasmodium* spp.).
- (AA) Mumps.
- (BB) Pertussis (*Bordetella pertussis*).
- (CC) Psittacosis (*Chlamydomphila psittaci*).
- (DD) Q fever (*Coxiella burnetii*).
- (EE) Rubella.
- (FF) Salmonellosis (*Salmonella* spp.).
- (GG) ~~Shigellosis (*Shigella* spp.)~~ SARS-CoV-2 (COVID 19).
- (HH) ~~Spotted Fever Rickettsiosis (*Rickettsia* spp.) hospitalization or death.~~ Shigellosis (*Shigella* spp.).
- (II) ~~Streptococcal disease, invasive, Group A (GAS) (*Streptococcus pyogenes*).~~ Spotted Fever Rickettsiosis (*Rickettsia* spp.) hospitalization or death.
- (JJ) ~~*Streptococcus pneumoniae* invasive disease, in persons less than 5 years of age. Streptococcal disease, invasive, Group A (GAS) (*Streptococcus pyogenes*).~~
- (KK) ~~Syphilis (*Treponema pallidum*). Nontreponemal and treponemal tests are reportable. If any syphilis test is positive, then all syphilis test results on the panel must be reported. For infants < or = 18 months, all syphilis tests ordered, regardless of test result, must be reported.~~ *Streptococcus pneumoniae* invasive disease, in persons less than 5 years of age.
- (LL) ~~Tetanus (*Clostridium tetani*).~~ Syphilis (*Treponema pallidum*). Nontreponemal and treponemal tests are reportable. If any syphilis test is positive, then all syphilis test results on the panel must be reported. For infants < or = 18 months, all syphilis tests ordered, regardless of test result, must be reported.
- (MM) ~~Trichinellosis (*Trichinella spiralis*).~~ Tetanus (*Clostridium tetani*).
- (NN) ~~Tuberculosis (*Mycobacterium tuberculosis*).~~ Trichinellosis (*Trichinella spiralis*).
- (OO) ~~Tularemia (*Francisella tularensis*).~~ Tuberculosis (*Mycobacterium tuberculosis*).
- (PP) ~~Unusual disease or syndrome.~~ Tularemia (*Francisella tularensis*).

(QQ) ~~Vibriosis (*Vibrionaceae* family: *Vibrio* spp. (including cholera), *Grimontia* spp., *Photobacterium* spp., and other genera in the family).~~ Unusual disease or syndrome.

(RR) ~~Yellow Fever.~~ Vibriosis (*Vibrionaceae* family: *Vibrio* spp. (including cholera), *Grimontia* spp., *Photobacterium* spp., and other genera in the family).

(SS) Yellow Fever.

(2) Infectious diseases. Reports of infectious diseases and conditions listed in this subsection must be reported to the OSDH via secure electronic data submission within one (1) month of diagnosis or test result.

(A) CD4 cell count with corresponding CD4 cell count percentage of total (by laboratories only).

(B) Chlamydia (*Chlamydia trachomatis*).

(C) Creutzfeldt-Jakob disease.

(D) Gonorrhea (*Neisseria gonorrhoeae*).

(E) HIV viral load (by laboratories only).

(F) LGV. *Lymphogranuloma Venereum* is reportable as Chlamydia and designated as LGV.

(3) Occupational or environmental diseases. Laboratories and healthcare providers must report blood lead level results pursuant to the requirements established in Title 310, Chapter 512, childhood Lead Poisoning Prevention Rules.

(4) Injuries.

(A) Burns.

(B) Drownings and near drownings.

(C) Traumatic brain injuries.

(D) Traumatic spinal cord injuries.

(E) Poisonings, including toxic and adverse effects.