

CHAPTER 515. COMMUNICABLE DISEASE AND INJURY REPORTING

[Authority: 63 O.S., §§ 1-103a.1, 1-104, 1-502, 1-502.1, and 1-503]

[Source: Codified 12-31-91]

SUBCHAPTER 1. DISEASE AND INJURY REPORTING

310:515-1-1. Purpose

The rules in this Chapter implement the Communicable Diseases Reporting Regulations, 63 O.S. §§1-104, 1-106, 1-502, and 1-503.

[Source: Amended at 39 Ok Reg 1332, eff 9-11-22]

310:515-1-1.1. Definitions

When used in this Chapter, the following words or terms shall have the following meaning unless the context of the sentence requires another meaning:

"**AFB**" means Acid Fast Bacillus.

"**AIDS**" means Acquired Immunodeficiency Syndrome.

"**ALT**" means alanine aminotransferase.

"**Anti-HAV-IgM+**" means a positive test result for the hepatitis A virus immunoglobulin M antibody.

"**Anti-HBc-IgM+**" means a positive test result for the hepatitis B core immunoglobulin M antibody.

"**CD4**" means cluster of differentiation 4 glycoprotein that serves as a receptor for HIV on T helper cells.

"**CIDT**" means culture independent diagnostic test system/panel used to detect multiple pathogens.

"**Department**" or "**OSDH**" means the Oklahoma State Department of Health.

"**E. coli**" means *Escherichia coli*.

"**EDTA**" means Ethylenediaminetetraacetic acid.

"**EIA**" means enzyme immunoassay.

"**HbeAg+**" means a positive test result for the hepatitis B "e" antigen.

"**HbsAg+**" means a positive test result for the hepatitis B surface antigen.

"**HBV DNA+**" means a positive test result for deoxyribonucleic acid of the hepatitis B virus.

"**HIV**" means Human Immunodeficiency Virus.

"**LGV**" means lymphogranuloma venereum.

"**PHIDDO**" or "**PHIDDO system**" means Public Health Investigation and Disease Detection of Oklahoma system.

"**NAT for HCV RNA+**" means a positive nucleic acid amplification test result for hepatitis C virus ribonucleic acid.

"**Novel Influenza A**" means an influenza A virus not endemic, not routinely circulating, or for which there is little to no pre-existing immunity, e.g., influenza A H3N2 variant, H5N1, H5N2, H7N3, or H7N9.

"**Outbreak of disease**" means two or more cases residing in different households that have a similar clinical syndrome of a potentially infectious disease, toxin, or agent of known or unknown etiology.

"**RIBA**" means recombinant immunoblot assay.

"**S/co**" means the signal-to-cut-off-ratio.

"**Spp.**" is an abbreviation referring to the term "species," and is used to broaden the antecedent term in order to include all organisms that may be found or described within a given genus.

"**Unusual disease or syndrome**" means a case of an uncommon, possibly infectious disease of known or unknown etiology, even if laboratory testing may be pending or inconclusive, or if testing for common etiologies is negative. Such cases of disease may not normally be endemic to Oklahoma, may represent emerging or re-emerging disease, and/or disease for which a public health intervention may be needed. Examples of such unusual diseases or syndromes include but are not limited to, unexplained adult respiratory distress syndrome, rash illness with atypical presentation, or an illness occurring along with an unusual pattern of illness or death among animals.

[Source: Amended at 37 Ok Reg 1408, eff 9-11-20]

310:515-1-2. Diseases to be reported

The diseases listed in this Chapter must be reported, along with patient identifiers, demographics, and

contact information, to the Department upon discovery as dictated in sections OAC 310:515-1-3 and OAC 310:515-1-4. Laboratories reporting diseases described in 310:515-1-3, 310:515-1-4(1) and 310:515-1-4(2), or as may be otherwise required to be reported by OSDH, shall be reported electronically using the manner and format prescribed by the State Commissioner of Health.

[Source: Amended at 39 Ok Reg 1332, eff 9-11-22]

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*).
- (13) Poliomyelitis.
- (14) Rabies.
- (15) Smallpox.
- (16) Typhoid fever (*Salmonella Typhi*).
- (17) Viral hemorrhagic fever.

[Source: Amended at 39 Ok Reg 1332, eff 9-11-22]

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+.
- (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. 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 (*Chlamydia psittaci*).
- (DD) Q fever (*Coxiella burnetii*).
- (EE) Rubella.
- (FF) Salmonellosis (*Salmonella* spp.).
- (GG) Shigellosis (*Shigella* spp.).
- (HH) Spotted Fever Rickettsiosis (*Rickettsia* spp.) hospitalization or death.
- (II) Streptococcal disease, invasive, Group A (GAS) (*Streptococcus pyogenes*).
- (JJ) *Streptococcus pneumoniae* invasive disease, in persons less than 5 years of age.
- (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.
- (LL) Tetanus (*Clostridium tetani*).
- (MM) Trichinellosis (*Trichinella spiralis*).
- (NN) Tuberculosis (*Mycobacterium tuberculosis*).
- (OO) Tularemia (*Francisella tularensis*).
- (PP) Unusual disease or syndrome.
- (QQ) Vibriosis (*Vibrionaceae* family: *Vibrio* spp. (including cholera), *Grimontia* spp., *Photobacterium* spp., and other genera in the family).
- (RR) 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.

[Source: Amended at 39 Ok Reg 1332, eff 9-11-22]

310:515-1-5. Diseases to be reported by physicians and infection control practitioners [REVOKED]

[Source: Revoked at 9 Ok Reg 1429, eff 5-1-92]

310:515-1-6. Additional diseases may be designated

The Commissioner of Health may designate any disease or condition as reportable for a designated period of time for the purpose of enhanced public health surveillance or special investigation.

[Source: Amended at 34 Ok Reg 1287, eff 10-1-17]

310:515-1-7. Control of Communicable Diseases Manual

The OSDH adopts the most recently published edition of the publication, "Control of Communicable Diseases Manual", published by the American Public Health Association, as a guideline for the prevention and control of communicable diseases.

[Source: Amended at 36 Ok Reg 1685, eff 9-13-19]

310:515-1-8. Organisms/specimens to be sent to the Public Health Laboratory

(a) Pure bacterial isolates of the following organisms shall be sent to the OSDH Public Health Laboratory for additional characterization, typing or confirmation within two (2) working days (Monday through Friday, state holidays excepted) of final identification or diagnosis.

- (1) *Bacillus anthracis*.
- (2) *Brucella* spp.
- (3) Carbapenem-resistant *Enterobacteriaceae*.
- (4) Carbapenem-resistant *Pseudomonas aeruginosa*.
- (5) Carbapenem-resistant *Acinetobacter* spp.
- (6) *E. coli* 0157, 0157:H7, or a Shiga toxin producing *E. coli*.
- (7) *Francisella tularensis*.
- (8) *Haemophilus influenza* (sterile site).
- (9) *Listeria monocytogenes* (sterile site).
- (10) *Mycobacterium tuberculosis*.
- (11) *Neisseria meningitidis* (sterile site).
- (12) *Salmonella* spp.
- (13) *Vibrionaceae* family (*Vibrio* spp. *Grimontia* spp., *Photobacterium* spp. And other genera in the family).
- (14) *Yersinia* spp.

(b) Following consultation with an OSDH epidemiologist, clinical specimens from suspected cases of Botulism must be sent to the OSDH Public Health Laboratory for testing.

(c) When *Plasmodium* spp. Is suspected by a healthcare provider, a Giemsa-stained (or other suitable stain) thin and thick, peripheral blood smear prepared from the EDTA should be submitted in addition to the EDTA purple top blood tube.

(d) Laboratories unable to perform reflex culture to isolate/recover the following bacterial pathogens detected by

CIDT assays shall submit positive CIDT stool samples in Cary Blair or modified Cary Blair transport media to the OSDH Public Health Laboratory within two (2) working days (Monday through Friday, state holidays excepted) of final CIDT result.

- (1) *E. coli* 0157, 0157:H7, or a Shiga toxin-producing *E. coli*.
- (2) *Salmonella spp.*
- (3) *Vibrio spp.*
- (4) *Yersinia spp.*

[Source: Amended at 36 Ok Reg 1685, eff 9-13-19]

310:515-1-9. Medical professional assault data collection

In accordance with 63 O.S. Section 1-114.3(B), assaults on medical care providers shall be reported by hospitals, health clinics, and ambulance services to the State Department of Health.

[Source: Added at 38 Ok Reg 2032, eff 9-11-21]

SUBCHAPTER 3. DISCLOSURES AND USES OF DISEASE PREVENTION AND CONTROL INFORMATION

310:515-3-1. General provisions

Information received, created and/or maintained by the Department pursuant to the provisions of the Public Health Code relating to Disease Prevention and Control is confidential and shall be protected from disclosure unless release or disclosure is sought in accordance with this subchapter or is otherwise authorized by law.

[Source: Added at 24 Ok Reg 1978, eff 6-25-07]

310:515-3-2. Disclosures upon written consent

Information received, created and/or maintained by the Department pursuant to the provisions of the Public Health Code relating to Disease Prevention and Control may be disclosed to a requesting person upon the presentation of a valid written consent executed by the person whose information is being kept confidential or the legal guardian or legal custodian of such person, under the following conditions:

- (1) If the written consent is delivered to the Department by a person other than the person whose information is being kept confidential or the legal guardian or legal custodian of such person, the written consent must either be verified under oath or contain some form of attestation certifying or confirming the authenticity of the signature of the person whose information is being kept confidential or the legal guardian or legal custodian of such person.
- (2) The written consent must advise the person whose information is being kept confidential or the legal guardian or legal custodian of such person the identity of all persons and/or entities who are likely or intended to receive or view the information sought to be released or disclosed. The identity must include the full name, address and title or office of such person or entity identified in the written consent. The written consent must state that the information will not be released or disclosed to any person or entity not so identified.
- (3) The written consent must include a notice thereon, in bold typeface, that the information authorized for release may include records that may indicate the presence of a communicable or venereal disease, which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS).
- (4) The written consent must advise the person whose information is being kept confidential or the legal guardian or legal custodian of such person of the provisions of 63 O.S.Supp.2005, § 1-502.2.

[Source: Added at 24 Ok Reg 1978, eff 6-25-07]

310:515-3-3. Grounds for denial

A person whose information is being kept confidential or the legal guardian or legal custodian of such person may be denied access to information if the information was obtained from someone other than a health

care provider under a promise of confidentiality, the access requested would be reasonably likely to reveal the confidential source of the information and the requested information cannot be presented in a manner that preserves the confidentiality of the source. The Department incorporates HIPAA, 42 C.F.R. § 164.524(a)(2)(v) (2006) only as guidance in applying this section.

[Source: Added at 24 Ok Reg 1978, eff 6-25-07]

310:515-3-4. Disclosures permitted without a written consent

Information received, created and/or maintained by the Department pursuant to the provisions of the Public Health Code relating to Disease Prevention and Control may, without first obtaining a written consent in accordance with this subchapter, be disclosed, shared and/or disseminated with health professionals engaged in activities described or identified in the provisions of the Public Health Code relating to Disease Prevention and Control.

[Source: Added at 24 Ok Reg 1978, eff 6-25-07]