



Recommendations and Reports  
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Disease Reporting Regulations  
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## Disease Reporting Regulations - Summary of Changes Effective February 10, 1999

### Reporting by health care providers

Added to list:

- Human Immunodeficiency Virus (HIV) Infection
- *Cyclospora*
- *E. coli* O157:H7
- invasive disease caused by *Haemophilus influenzae* or *Neisseria meningitidis*

Dropped from list:

- smallpox
- encephalitis

### Reporting by laboratories

Added to list:

- invasive disease caused by *Haemophilus influenzae* or *Neisseria meningitidis*
- *Borrelia burgdorferi*
- Human Immunodeficiency Virus (HIV) Infection
- *Cyclospora*
- viral causes of meningitis
- *Yersinia pseudotuberculosis*

Dropped from list:

- meningitis
- smallpox
- typhus

A new requirement that laboratories report on results of specimens obtained in Alaska

- For both health care providers and laboratories, telephonic and electronic transmission are now acceptable methods for reporting.
- Reports are required to be made within 5 working days except for public health emergencies that must be reported by telephone immediately.
- Cancer reporting requirements were changed slightly to delete in-situ carcinoma of the cervix uteri, and to include reporting requirements from cancer screening.
- Birth defects reporting requirements were changed to require reporting for patients up to 1 year of age instead of 6 years of age except for fetal alcohol syndrome and alcohol effects on the fetus that will continue to be reportable up to 6 years of age.
- Firearm reporting requirements were changed by adding geographic location of occurrence and ethnicity, deleting place of

birth, and extending the time period for reporting to 5 working days.

- Ethnicity was added as a variable required to be reported for all reportable conditions.
- Tuberculosis skin testing requirements for school children were changed to require use of intradermal purified protein derivative (PPD) tests. Multiple-puncture testing materials will no longer be supplied by the state. The number of grades required to be tested was reduced for some districts.
- Several additional changes were made to regulations governing rabies control and other provisions. The revised regulations will be posted on the Section of Epidemiology website and the state's handbook, *Conditions Reportable to Public Health*, will be mailed to everyone on the *Epidemiology Bulletin* mailing list.

Website (<http://www.epi.alaska.gov>)

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## Disease Reporting Regulations - Health Care Providers

Revised disease control regulations will become effective in Alaska on February 10, 1999. This section describes routine reporting requirements for Alaska health care providers.

**1. Infectious disease reporting:** The Alaska Administrative Code (7 AAC 27.005) establishes the following as reportable infectious diseases. Health care providers (physicians, physician assistants, nurses, and advanced nurse practitioners) are required to report when the disease is *suspected or diagnosed*. **Public health emergencies, shown below in bold, must be reported immediately when first suspected or diagnosed – call 1-800-478-0084.** All other reports must be made within 5 working days. Sections 2 and 3, below, describe how and what information to report.

Acquired immunodeficiency syndrome (AIDS)	<i>Haemophilus influenzae</i> invasive disease	Psittacosis
Amebiasis	Hepatitis A, B, or C	<b>Rabies</b>
<b>Anthrax</b>	Human immunodeficiency virus (HIV)	Reye syndrome
<b>Botulism</b>	Legionellosis	Rheumatic fever
Brucellosis	Leprosy	<b>Rubella</b>
Campylobacteriosis	Lyme disease	<b>Rubeola (measles)</b>
Chlamydia	Malaria	Salmonellosis
Cholera	<b>Meningococcal invasive disease</b>	Shigellosis
Cryptosporidium	Mumps	Syphilis
Cyclospora	<b>Paralytic shellfish poisoning</b>	<b>Tetanus</b>
<b>Diphtheria</b>	Pertussis	Trichinosis
Echinococcus	Poliomyelitis	Tuberculosis
<i>Escherichia coli</i> O157:H7	Plague	Tularemia
Giardiasis		Typhoid fever
Gonorrhea		Yellow fever
		Yersiniosis

**2. How to report:** Routine reports should be made using the Section of Epidemiology *confidential* answering machine--call 561-4234 from the Anchorage area or 1-800-478-1700 from outside Anchorage. Alternatively, reports may be sent to the Section's *confidential* fax machine, (907) 561-4239. Both the answering machine and fax machine are located in a locked room with controlled and restricted access. Reports may also be made by calling the Section directly at (907) 269-8000 and asking to speak to one of the epidemiologists. Public health emergencies should be reported immediately to 1-800-478-0084.

**3. Information to report:** Each report should include the patient's name, diagnosis, address, age, sex, race, and ethnicity, as well as the name and address of the health care provider.

**4. Reporting of other conditions:** Health care providers must also report:

- Epidemics or outbreaks of *any* infectious disease
- Severe reactions to a vaccine
- Disease known or suspected to be related to an environmental exposure or toxic chemical
- Disease possibly caused by a person's occupation
- Birth defects
- Firearm injuries
- Cancer
- Blood lead  $\geq 10$   $\mu\text{g/dL}$

Detailed information for reporting birth defects, firearm injuries, cancer, and blood lead can be found in the handbook, *Conditions Reportable to Public Health*. The handbook is currently being updated; the revised version will be available within a few weeks, either in hardcopy from the Section of Epidemiology or on the Section of Epidemiology website at:

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## Disease Reporting Regulations - Laboratories

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Revised disease control regulations will become effective in Alaska on February 10, 1999. This section covers routine reporting requirements for laboratories in Alaska.

**1. Reportable diseases:** The Alaska Administrative Code (7 AAC 27.007) establishes the following as reportable pathogens. Laboratories (public, private, military, hospital, or other) must report when there is *evidence of human infection* caused by a pathogen listed below. Reports are required both for testing conducted in Alaska and for specimens collected in Alaska but tested out-of-state. **Public health emergencies, shown below in bold, must be reported immediately when first suspected or identified – call 1-800-478-0084.** All other reports must be made within 5 working days. Sections 3 and 4, below, describe how and what information to report.

<i>Bacillus anthracis</i>	<i>Legionella pneumophila</i>
<i>Bordetella pertussis</i>	<b>Measles virus</b>
<i>Borrelia burgdorferi</i>	Meningitis, any viral cause
<i>Brucella abortus</i>	Mumps virus
<i>Campylobacter</i> species	<i>Mycobacterium leprae</i>
<i>Chlamydia psittaci</i> or <i>C. trachomatis</i>	<i>Mycobacterium tuberculosis</i>
<b><i>Clostridium botulinum</i></b>	<i>Neisseria gonorrhoeae</i>
<i>Clostridium tetani</i>	<b><i>Neisseria meningitidis</i></b>
<b><i>Corynebacterium diphtheriae</i></b>	<i>Plasmodium</i> species
<i>Cryptosporidium</i> species	<b>Poliovirus</b>
<i>Cyclospora</i>	<b>Rabies virus</b>
<i>Escherichia coli</i> O157:H7	Rubella virus
<i>Echinococcus</i> species	<i>Salmonella</i> species
<i>Entamoeba histolytica</i>	<i>Shigella</i> species
<i>Francisella tularensis</i>	<i>Treponema pallidum</i>
<i>Giardia lamblia</i>	<i>Trichinella</i> species
<i>Haemophilus influenzae</i> invasive disease	<i>Vibrio cholera</i>
Hepatitis A, B, or C virus	Yellow fever virus
Human immunodeficiency virus (HIV)	<i>Yersinia enterocolitica</i> or <i>Y. pseudotuberculosis</i>
Influenza virus	<i>Yersinia pestis</i>

**2. Reporting of other conditions:** Laboratories are also required to report blood lead  $\geq 10$   $\mu\text{g/dL}$ . Detailed information can be found in the handbook, *Conditions Reportable to Public Health*. The handbook is currently being updated; the revised version will be available within a few weeks either in hardcopy from the Section of Epidemiology or on the Section of Epidemiology website at: <http://www.epi.hss.state.ak.us>.

**3. How to report:** Routine reports should be made using the Section of Epidemiology *confidential* answering machine--call 561-4234 from the Anchorage area or 1-800-478-1700 from outside Anchorage. Alternatively, reports may be sent to the Section's *confidential* fax machine, (907) 561-4239. Both the answering machine and the fax machine are located in a locked room with controlled and restricted access. Reports may also be made by calling the Section directly at (907) 269-8000 and asking to speak to one of the epidemiologists. Public health emergencies should be reported immediately to 1-800-478-0084.

**4. Information to report:** Each report should include the patient's name (or, if not available, the identification code sufficient to identify the patient to the health care provider), the date and result of the test performed, the name and address of the health care provider for whom the test was performed, and when available, the address, age, sex, race, and ethnicity of the patient.

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## Disease Reporting Regulations - HIV Reporting to Begin

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In February 1998, the Alaska Division of Public Health proposed adding HIV infection to the list of conditions that health care providers and laboratories are required to report to the Section of Epidemiology. Draft regulations were widely shared, both oral and written comments were solicited, and after careful consideration, a final regulation package was drafted. Effective February 10, 1999, HIV infection will be a reportable condition in Alaska.

**Why make HIV infection reportable?**

The Division of Public Health develops and implements HIV prevention programs statewide. These programs are based on the epidemiology of HIV infection in Alaska, behavioral science, and fundamental public health practices. In order to best guide prevention efforts, the State must be able to accurately follow the epidemic.

AIDS was made reportable in Alaska in 1985. From 1981 until recently, AIDS case surveillance served as an effective indicator for state and national efforts to monitor the spread of HIV infection and subsequently target HIV prevention programs. Recent advances in treatment for HIV disease are extending the period between infection and progression to AIDS. This has caused a dramatic decline in the number of new AIDS cases, both locally and nationally, and this treatment effect is expected to continue. Expanding surveillance to include both HIV infection and AIDS will more reliably reflect HIV transmission patterns and assist the Division of Public Health in guiding prevention efforts.

Support for HIV case reporting has come from many national professional organizations and advocacy groups. The Centers for Disease Control and Prevention (CDC), the Council of State and Territorial Epidemiologists (CSTE), the Association of State and Territorial Health Officers (ASTHO), and the National Alliance of State and Territorial AIDS Directors (NASTAD) have all taken positions supporting name-based HIV surveillance. National advocacy groups such as AIDS Action Council (Washington, DC), the National Association of People with AIDS (Washington, DC), and Gay Men's Health Crisis (New York) all support HIV reporting, although these groups do not necessarily support reporting by name.

**Who is to report?**

Health care providers and laboratories are required to report diagnosed or suspected cases of HIV infection. A health care provider is defined as a licensed physician, physician assistant, advanced nurse practitioner or nurse. All laboratories are required to report test results on specimens obtained in Alaska.

**How are cases reported?**

The Section of Epidemiology currently uses a Rapid Telephonic Reporting (RTR) system for all reportable infectious diseases and is extending this service to include HIV and AIDS. The RTR system enables health care providers and laboratories to report to a secure site 24 hours a day. To report using the RTR system, please call (907) 561-4234 in Anchorage, or 1-800-478-1700 in other areas of the state. Upon calling the RTR system, a detailed recorded message will explain what information is to be reported, followed by a tone. Case information is to be recorded after the tone. Providers may also fax case reports to (907) 561-4239 at any time.

Health care providers and laboratories interested in reporting directly, or in reporting by electronic means, may contact the Section of Epidemiology during normal business hours for assistance.

**What information is to be reported?**

Along with clinical and laboratory information, a standard set of data is collected for each case. Each report should include the patient's name, diagnosis, address, age, sex, race, and ethnicity as well as the name and address of the health care provider. Appropriate public health personnel review all case reports and follow up with providers, as necessary.

**When should reports be made?**

As with other reportable infectious diseases, reports should be made to the Section of Epidemiology within 5 working days. Cases diagnosed prior to the revised regulations may be reported shortly after February 10, 1999 or as individual patients present for care. Health care providers needing assistance are encouraged to call the Section of Epidemiology.

The Section of Epidemiology is currently updating its handbook, *Conditions Reportable to Public Health*, which details instructions on how to use the RTR system and provides the text of the relevant regulations.

Security and confidentiality are of the utmost importance. All reports that identify cases, or establish characteristics of the status of an identifiable patient with a reportable condition, are confidential and may not be disclosed to the public. There have been no reported breaches of name-based HIV surveillance by state health departments.

**Partner Notification Assistance:**

Infected individuals should be offered assistance in notifying their sexual or injecting partners of their exposure to HIV. Exposed partners may need assistance with counseling or HIV testing services. Providers wishing information about, or assistance with, these activities may contact the Section of Epidemiology, AIDS/STD Program at (907) 269-8000.

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## Disease Reporting Regulations - Tuberculosis Skin Testing Requirements

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Effective February 10, 1999, three changes will occur in the regulations pertaining to tuberculosis skin testing for school children (7 AAC 27.213):

1) **The only acceptable TB skin test is an intradermal purified protein derivative (PPD) test**, also called a Mantoux test. Multiple-puncture tests such as MonoVacc® will no longer be accepted. The Division of Public Health will continue to provide PPD solution (Tubersol®) to health care providers. **MonoVacc® will not be supplied.**

The PPD skin test is the only standardized method available for detection of infection with *Mycobacterium tuberculosis* in asymptomatic persons. Multiple-puncture tests such as MonoVacc® are not standardized and have variable sensitivity and specificity (false positive and negative results) when compared to PPD test results.

2) **The mandatory requirement for annual school skin testing is reduced.**

- Every child who enrolls in kindergarten and seventh grade must have a PPD within 90 days of enrollment.
- Any child in the school district for the first time, in grades kindergarten or higher, must be tested within 90 days of enrollment.

Although the rate of tuberculosis in Alaska remains higher than the national average, it has declined more than 30-fold over the past 50 years. Recent studies found that few cases of TB have been discovered by school skin testing in urban Alaska.<sup>1,2</sup> TB testing twice during each student's career will allow identification of children with asymptomatic *M. tuberculosis* infection who may benefit from prophylaxis.

TB skin testing is no longer required for children in preschool and grades 1, 3, and 11.

3) **School districts and non-public schools may be required to administer PPD skin tests to children in addition to those listed above under section 2.** The Division of Public Health will make such a determination based on increased risk of spread of TB in the community where the district is located.

Cases of TB continue to be identified through school TB skin testing in some parts of rural Alaska.<sup>2</sup> School-based TB testing will continue to be important to control TB in some Alaska communities. Districts will be notified on a case-by-case basis if any additional grade levels must be tested.

References:

1. Section of Epidemiology. Investigations of Schoolchildren with Newly Positive Tuberculosis Skin Test, Anchorage, 1997. *Epidemiology Bulletin* July 9, 1997;No.29.
2. Section of Epidemiology. Alaska School Tuberculosis Screening, 1994-1995. *Epidemiology Bulletin* May 27, 1997;No.25.

### School TB Skin Testing Requirements: 1998-1999 Academic Year

**School TB skin testing will not be required for the 1998-99 school year.** In the fall of 1998, a two-dose measles vaccination requirement became a public health priority for all school children in Alaska.<sup>1</sup> The timing of mass immunization programs coincided with school TB skin test screening, placing a huge burden on school districts. As a result, school TB skin testing requirements were suspended.

TB skin test results may be falsely negative for up to 4 to 6 weeks after measles vaccination. As a result, there were unavoidable delays for TB skin test programs at many schools. In spite of these challenges, 33% of schools have reported TB skin test results to the Division of Public Health, to date.

January 4, 1999 was the statewide deadline for students to receive a second measles immunization. Therefore, in many school districts, TB testing could not resume until late in the 1998-1999 academic year. Resources may be better used to plan for school TB skin testing regulatory changes for the upcoming 1999-2000 school year (see above).

Reference:

1. Section of Epidemiology. Measles Outbreak Update. *Epidemiology Bulletin* October 13, 1998;No. 12.

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## Disease Reporting Regulations - Alaska Statutes

### AS 09.65.161. Immunity for disclosure of required health care data.

A person who reports health care data required to be reported under AS 18.05 and regulations adopted under that chapter for conditions or diseases of public health significance may not be held liable for the disclosure to the Department of Health and Social Services or for the use of the data by the department.

### AS 18.05.010. Administration of laws by department.

The Department of Health and Social Services shall administer the laws and regulations relating to the promotion and protection of the public health, control of communicable diseases, programs for the improvement of maternal and child health, care of crippled children, and hospitalization of the tuberculous and shall discharge other duties provided by law.

### AS 18.05.040. Regulations.

- (a) The commissioner shall adopt regulations consistent with existing law for
- (1) the definition, reporting, and control of diseases of public health significance;
  - (2) cooperation with local boards of health and health officers;
  - (3) protection and promotion of the public health and prevention of disability and mortality;
  - (4) the transportation of dead bodies;
  - (5) carrying out the purposes of this chapter;
  - (6) the conduct of its business and for carrying out the provisions of laws of the United States and the state relating to public health;
  - (7) establishing the divisions and local offices and advisory groups necessary or considered expedient to carry out or assist in carrying out a duty or power assigned to it;



(8) the voluntary certification of laboratories to perform diagnostic, quality control, or enforcement analyses or examinations based on recognized or tentative standards of performance relating to analysis and examination of food to include seafood, milk, water, and specimens from human beings submitted by licensed physicians and nurses for analysis;

(9) the regulation of quality and purity of commercially compressed oxygen sold for human respiration;

(10) the registration of midwifery birth centers, except that the commissioner may not require the presence of a physician or nurse midwife at a birth resulting from a low risk pregnancy attended by a direct-entry midwife certified in this state.

(b) A regulation may not be adopted under (a) of this section that duplicates, conflicts with, or is inconsistent with AS 18.60.705 - 18.60.740.

#### **AS 18.05.042. Access to health care records.**

(a) The department may, during reasonable business hours, inspect health care records maintained by physicians and other health care professionals, hospitals, out-patient clinics, nursing homes, and other facilities or agencies providing healthcare services to patients that would identify patients or establish characteristics of an identified patient with cancer required to be reported under 42 U.S.C. 280e - 280e-4, or a birth defect or infectious disease required to be reported to protect the public health under this chapter and regulations adopted under this chapter. Disclosure of these health care records to the department does not constitute a breach of patient confidentiality.

(b) The department may conduct research using health care data reported under (a) of this section. The department may provide data obtained under (a) of this section to other persons for clinical, epidemiological, or other public health research.

(c) Data obtained or a record inspected under this section that identifies a particular individual

(1) is confidential;

(2) may not be further disclosed to other persons except by the department under (b) of this section; and

(3) is not subject to inspection or copying under AS 09.25.110 - 09.25.125.

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**ALASKA ADMINISTRATIVE CODE**  
**CHAPTER 27. PREVENTIVE MEDICAL SERVICES.**  
**ARTICLE 1. CONTROL OF INFECTIONS OR DISEASES OF PUBLIC HEALTH SIGNIFICANCE**

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#### **7 AAC 27.005 REPORTING BY HEALTH CARE PROVIDERS.**

(a) A health care provider who prescribes for or attends a person with one or more of the following infections or diseases must report any of the following infections or diseases of public health significance, if diagnosed or suspected by the health care provider:

- (1) acquired immune deficiency syndrome (AIDS);
- (2) amebiasis;
- (3) anthrax;
- (4) botulism;
- (5) brucellosis;
- (6) campylobacteriosis;
- (7) chlamydia;
- (8) cholera;
- (9) cryptosporidium;
- (10) cyclospora;
- (11) diphtheria;
- (12) echinococcus;
- (13) *E. coli* O157:H7;
- (14) giardiasis;
- (15) gonorrhea;
- (16) *Haemophilus influenzae* invasive disease;
- (17) hepatitis (type A, B, C);
- (18) human immunodeficiency virus (HIV);
- (19) legionellosis;
- (20) leprosy;
- (21) Lyme disease;
- (22) malaria;
- (23) meningococcal invasive disease;
- (24) mumps;
- (25) paralytic shellfish poisoning;
- (26) pertussis;
- (27) poliomyelitis;
- (28) plague;
- (29) psittacosis;
- (30) rabies;
- (31) Reye syndrome;
- (32) rheumatic fever;
- (33) rubella;
- (34) rubeola;
- (35) salmonellosis;
- (36) shigellosis;
- (37) syphilis;
- (38) tetanus;
- (39) trichinosis;
- (40) tuberculosis;
- (41) tularemia;
- (42) typhoid fever;
- (43) yellow fever;
- (44) yersiniosis;
- (45) severe reactions to a vaccination;
- (46) epidemic outbreaks;
- (47) any unusual incidences of infectious disease.

(b) The following infections or diseases are public health emergencies that must be immediately reported by the telephone directly to a public health official in the division of public health in the department when first diagnosed or suspected by the health care provider:

- (1) anthrax;
- (2) botulism;
- (3) diphtheria;
- (4) meningococcal invasive disease;
- (5) paralytic shellfish poisoning;
- (6) poliomyelitis;
- (7) rabies;
- (8) rubella;
- (9) rubeola;
- (10) tetanus

(c) Except for an infection or disease listed in (b) of this section, the health care provider must submit a report to the division orally, electronically, or on a form provided by the division within five working days after first discovering or suspecting the existence of the infectious disease or disease outbreak. Each report must give the name, address, age, sex, ethnicity, and race of the person diagnosed as having the reported infection or disease and the name and address of the health care provider reporting the infection or disease.

(d) Outbreaks or unusual incidences of diseases that are known or suspected to be related to exposure to environmental toxic or hazardous material must be reported by the physician, nurse, or other health care professional who prescribes for or attends those affected.

Authority: AS 18.05.010, AS 18.05.040

#### **7 AAC 27.007. REPORTING BY LABORATORIES.**

(a) Public, private, military, hospital, or other laboratories performing serologic, immunologic, microscopic, biochemical, or cultural tests in this state or on samples obtained within this state must report evidence of human infection caused by the following agents at the time of identification or suspected identification:

- (1) *Bacillus anthracis*;
- (2) *Bordetella pertussis*;
- (3) *Borrelia burgdorferi*;
- (4) *Brucella abortus*;
- (5) *Campylobacter* species;
- (6) *Chlamydia psittaci*;
- (7) *Chlamydia trachomatis*;
- (8) *Clostridium botulinum*;
- (9) *Clostridium tetani*;
- (10) *Corynebacterium diphtheriae*;
- (11) *Cryptosporidium* species;
- (12) *Cyclospora*;

- (13) *E. coli* 0157:H7;
- (14) *Echinococcus* species;
- (15) *Entamoeba histolytica*;
- (16) *Francisella tularensis*;
- (17) *Giardia lamblia*;
- (18) invasive disease due to *Haemophilus influenzae*;
- (19) hepatitis (A, B, or C virus);
- (20) human immunodeficiency virus (HIV);
- (21) influenza virus;
- (22) *Legionella pneumophila*;
- (23) measles virus;
- (24) viral causes of meningitis;
- (25) mumps virus;
- (26) *Mycobacterium leprae*;
- (27) *Mycobacterium tuberculosis*;
- (28) *Neisseria gonorrhoeae*;
- (29) *Neisseria meningitidis*;
- (30) *Plasmodium* species;
- (31) poliovirus;
- (32) rabies virus;
- (33) rubella virus;
- (34) *Salmonella* species;
- (35) *Shigella* species;
- (36) *Treponema pallidum*;
- (37) *Trichinella* species;
- (38) *Vibrio cholerae*;
- (39) yellow fever virus;
- (40) *Yersinia enterocolitica* or *Y. pseudotuberculosis*;
- (41) *Yersinia pestis*.

(b) Reports must be submitted to the division orally, electronically, or on a form provided by the division or on a legible copy of the original laboratory report form within five working days after the examination or test is performed. Each notification must give the date and result of the test performed, the name or identification code sufficient to identify the patient to the health care provider, and, when available, the age, sex, race, and ethnicity of the person from whom the specimen was obtained and the name and address of the health care provider for whom the examination or test was performed.

(c) When acting on the basis of information received from laboratory notification, the division will not, except in instances of overriding public health considerations, contact the patient without first requesting the permission of the physician or other health care provider.

(d) Repealed 1/19/96.

(e) The following infectious agents are public health emergencies that must be reported immediately by telephone directly to a public health official in the division of public health when identified or suspected by the laboratory:

- (1) *Bacillus anthracis*;
- (2) *Corynebacterium diphtheriae*;
- (3) measles virus;
- (4) *Neisseria meningitidis*;
- (5) poliovirus;
- (6) rabies virus.

Authority: AS 18.05.040

#### 7 AAC 27.010. CONTROL OF COMMUNICABLE DISEASES MANUAL.

(a) The provision on methods of control of communicable diseases outlined in the *Control of Communicable Diseases Manual*, Sixteenth Edition 1995, American Public Health Association, as revised from time to time are adopted by reference as the regulations governing "Preventive measures," "Control of patients, contacts and the immediate environment," and "Epidemic measures."

(b) The provisions of (a) of this section are not applicable to the control of rabies in animals or to the reporting of diseases of public health significance.

Authority: AS 18.05.040, AS 44.62.245, AS 47.05.012

Editor's notes: *Control of Communicable Diseases Manual, Sixteenth Edition, 1995*, is on file in the Office of the Lieutenant Governor and is available from the American Public Health Association, 1015 15th Street, NW, Washington, DC 20005; phone: (202) 789-5600.

#### 7 AAC 27.011. CANCER REGISTRY.

(a) A hospital, physician, surgeon, or other health care facility or health care provider diagnosing, screening, or providing treatment for a cancer patient in this state shall report the information specified in (b) of this section to the division, within six months of the date of diagnosis, screening or treatment.

(b) The following must be provided for each form of in-situ and invasive cancer, with the exception of basal cell and squamous cell carcinoma of the skin and in-situ carcinoma of the cervix uteri:

(1) information about the patient, including as a minimum, name, date of birth, sex, race, ethnicity, community of residence, date of diagnosis, primary site, and name of attending or admitting health care provider;

(2) pathological data characterizing the cancer, including the cancer site, stage of disease, and type of treatment.

Authority: AS 18.05.030, AS 18.05.040, AS 18.05.044

#### 7 AAC 27.012. BIRTH DEFECTS REGISTRY.

(a) A hospital, physician, surgeon, or other health care facility or health care provider diagnosing, screening or providing treatment to a patient shall report to the division, within three months of the date of diagnosis, screening, or treatment, information about the patient, including name, date of birth, place of birth, sex, race, ethnicity, community of residence, date of diagnosis, and specific type of each birth defect diagnosed or treated for the following patients:

- (1) a child less than one year old with a birth defect listed in (b) of this section;
- (2) a child one year old or more, but less than six years old with a birth defect identified in the following International Classification of Diseases – 9th Revision (ICD-9) Codes:
  - (A) Code 760 (fetus or newborn affected by maternal conditions which may be unrelated to present pregnancy);
  - (B) Code 760.71 (Alcohol-fetal alcohol syndrome).

(b) The following birth defects identified in the International Classification of Diseases — 9th Revision (ICD-9) must be reported under (a) of this section:

- 237.7 - Neurofibromatosis
- 243 - Congenital hypothyroidism
- 255.2 - Adrenogenital disorders
- 277 - Other and unspecified disorders of metabolism
- 279 - Disorders involving the immune mechanism
- 282 - Hereditary hemolytic anemias
- 284.0 - Constitutional aplastic anemia
- 331 - Other cerebral degenerations
- 334 - Spinocerebellar disease
- 335 - Anterior horn cell disease
- 343 - Infantile cerebral palsy
- 359 - Muscular dystrophies and other myopathies
- 362.74 - Pigmentary retinal dystrophy
- 740 - Anencephalus and similar anomalies
- 741 - Spina bifida
- 742 - Other congenital anomalies of nervous system
- 743 - Congenital anomalies of eye
- 744 - Congenital anomalies of ear, face, and neck
- 745 - Bulbus cordis anomalies and anomalies of cardiac septal closure
- 746 - Other congenital anomalies of heart
- 747 - Other congenital anomalies of circulatory system
- 748 - Congenital anomalies of respiratory system
- 749 - Cleft palate and cleft lip
- 750 - Other congenital anomalies of upper alimentary tract
- 751 - Other congenital anomalies of digestive system
- 752 - Congenital anomalies of genital organs
- 753 - Congenital anomalies of urinary system
- 754 - Certain congenital musculoskeletal deformities
- 755 - Other congenital anomalies of limbs
- 756 - Other congenital musculoskeletal anomalies
- 757 - Congenital anomalies of the integument
- 758 - Chromosomal anomalies
- 759 - Other and unspecified congenital anomalies
- 760 - Fetus or newborn affected by maternal conditions which may be unrelated to present pregnancy
- 760.71 - Alcohol - Fetal alcohol syndrome

Authority - AS 18.05.030, AS 18.05.040, AS 18.05.044

#### 7 AAC 27.013. REPORTING FIREARM INJURIES.

A hospital, physician, surgeon, or other health care provider diagnosing or providing treatment for a patient with an injury caused by a firearm shall report to the division, within five working days of the date of diagnosis or treatment, information about the patient, including name, date of birth, geographic location of occurrence, sex, race, ethnicity, community of residence, and date of diagnosis.

Authority: AS 18.05.030, AS 18.05.040, AS 18.05.044

#### 7 AAC 27.014. REPORTING OF BLOOD LEAD TEST RESULTS.

(a) A physician, surgeon, or other health care provider shall report to the division, within four weeks of receiving the results of the test, information about a person for whom a blood lead test was performed where the reported blood lead test result is greater, or equal to, 10 micrograms per deciliter ( $\mu$  g/dl). This information must include the name, date of birth, sex, race, ethnicity, community of residence of the person tested, the actual test result, and the name and the address of the health care provider for whom the test was performed.

(b) A public, private, military, hospital, or other laboratory performing blood lead analyses in this state or on samples obtained in this state shall report, within four weeks of performing the test, information about a person for whom a blood lead test was performed where the reported blood lead test result is greater, or equal to, 10 micrograms per deciliter ( $\mu$  g/dl). This information must include the name, date of birth, sex, race, ethnicity, community of residence of the person tested, the actual test result, and the name and the address of the health care provider for whom the test was performed.

Authority: AS 18.05.030, AS 18.05.040, AS 18.05.044

#### 7 AAC 27.015. OCCUPATIONAL HEALTH DUTIES.

The division of public health may investigate places of employment and study conditions which might be responsible for ill health of industrial workers or their families.

Authority - AS 18.05.040

#### 7 AAC 27.016. RIGHT OF INSPECTION.

The division of public health may have access to any establishment and records of any establishment in the discharge of its official duties in accordance with law.  
Authority - AS 18.05.040

#### 7 AAC 27.017 REPORTING OF DISEASE.

Diseases which are known or suspected to be a result of a worker's occupation must be reported to the division of public health by the physician, nurse, or other health care professional who prescribes for or attends the person with the disease.  
Authority - AS 18.05.040

#### 7 AAC 27.020. CONTROL OF ANIMAL DISEASES TRANSMISSIBLE TO HUMANS.

(a) **Quarantine.** The standards for quarantine are

(1) whenever any case of rabies or other animal disease dangerous to the health of human beings is reported as existing in any area, the Department of Health and Social Services will make an investigation as to whether the disease exists and as to the probable area of the state in which man or animal is endangered by it; if the Department of Health and Social Services finds that any such disease exists, a quarantine will be declared against all of those animals that are designated in the quarantine order within the area specified in the order; if the quarantine is for the purpose of preventing the spread of rabies, the order will contain a warning to the owners of animals within the quarantined area to confine on the owner's premises or tie down all animals so as to prevent biting; after such an order is issued, any animal found running at large in the quarantined area or known to have been removed from or to have escaped from the area may be destroyed by a peace officer or by a person designated by the Department of Health and Social Services;

(2) following the order of quarantine, the Department of Health and Social Services will make a thorough investigation as to the extent of the disease, the probable number of persons and animals exposed, and the area found to be involved;

(3) during the period for which any quarantine order is in force, all peace officers are empowered to kill, or, in their discretion, to capture and hold for further action by the Department of Health and Social Services all animals in a quarantined area not held in restraint on private premises;

(4) for the purposes of (1) and (3) of this subsection, "quarantine" is the strict confinement upon the private premises of the owners, in a veterinarian's office or hospital, in an animal shelter or pound, or at other locations approved by the department, under restraint by leash, chain, closed cage, or paddock of all animals specified by the order.

(b) **Rabies Vaccination.** The standards for animal rabies vaccination are the following:

(1) the Centers for Disease Control and Prevention, Compendium of Animal Rabies Control, 1998, MMWR 1998; 47 (No. RR-9) as amended from time to time is adopted by reference to govern the use of animal rabies vaccines;

(2) the Rabies Vaccination Certificate developed by the National Association of State Public Health Veterinarians, Inc. is adopted as the only valid rabies vaccination certificate; these certificates are available from the division; computer generated certificates may be used if they contain all of the information required in the certificate developed by the National Association of State Public Health Veterinarians, Inc. and the certificate is signed by a licensed veterinarian or department approved lay vaccinator;

(3) rabies vaccination of dogs and cats is required in accordance with schedules in the Compendium of Animal Rabies Control, 1998, as adopted in (1) of this subsection; evidence of such a vaccination is to be recorded on the Standard Vaccination Certificate specified in (2) of this subsection; at the time of vaccination, the owner or keeper of a dog vaccinated must be given a metal tag bearing the Standard Vaccination Certificate number and the expiration date of the period of immunity; the tag must be affixed by the owner or keeper to a collar or harness and must be worn by the dog for which the certificate is issued except that the dog need not wear the tag while harnessed in a dog team or while participating in organized training or competition;

(4) a rabies vaccination is valid only when performed by or under the direct supervision of a licensed veterinarian or by a lay vaccinator approved by the department as qualified to administer the vaccine and for whom the department determines, in its discretion, that approval is in the best interests of the state in carrying out the purposes of this section and 7 AAC 27.030; the availability of a licensed veterinarian will not of itself preclude this approval;

(5) sale of rabies vaccine to any person or entity other than a licensed veterinarian, veterinary biologic supply firm, or public agency is prohibited;

(6) any dog or cat not vaccinated in compliance with this subsection may be confiscated and either vaccinated or euthanized; owners of confiscated animals are subject to payment of costs of confiscation, boarding, and vaccination, as well as any other penalties established by a municipality under AS 29.35.

(c) **Impoundment or Euthanization of Animals.** The standards for impounding or euthanizing animals that may be rabid are the following:

(1) a dog or cat vaccinated in accordance with (b)(3) of this section that bites a person must be placed under observation for 10 days, except that a clinically ill or stray animal that does so may be euthanized immediately and submitted to the department or to a laboratory designated by it for rabies testing;

(2) a dog or cat not vaccinated in accordance with (b)(3) of this section that bites a person may be euthanized immediately and submitted to the department or to a laboratory designated by it for rabies testing;

(3) a bat or a free-ranging carnivorous wild animal that bites a person must be euthanized immediately and submitted to the department or to a laboratory designated by it for rabies testing;

(4) an unvaccinated dog or cat bitten by a known or suspected rabid animal may be euthanized immediately; if the bitten animal has a current rabies vaccination, as defined in the Compendium of Animal Rabies Control, 1998, adopted by reference in (b)(1) of this section, the animal must be immediately revaccinated and confined a minimum of 30 days;

(5) a prior rabies vaccination of an animal does not preclude the necessity for euthanasia and testing if the period of virus shedding is unknown for that species.

Authority - AS 18.05.040, AS 44.62.245, AS 47.05.012

Editor's note: The Compendium of Animal Rabies Control, 1998, is on file in the Lieutenant Governor's Office and is available from the section of epidemiology, division of public health, Department of Health and Social Services, State of Alaska, 3601 C Street, Suite 540, Anchorage, Alaska 99503-5932.

#### 7 AAC 27.030. EXPORT AND INTRASTATE TRANSPORTATION OF ANIMALS.

(a) **Areas of Infection.** Whenever the commissioner of health and social services finds that animals of any kind in a specific area are afflicted with a disease contagious to man and are liable to spread that disease from that area so as to endanger the public health he will, in his discretion, declare it an area of infection. No person may, after the date of that declaration, transport or offer for transportation into or within the State of Alaska any such animal from the area described in the declaration, except with the permission of and in accordance with precautions against the spread of the disease specified by, the Department of Health and Social Services.

(b) **Rabies Vaccination for Intrastate Travel.** No dog or cat may be transported by public intrastate transportation unless the owner or custodian of the animal shows that the animal has an unexpired rabies vaccination. Proof of an unexpired rabies vaccination is the date on the metal tag worn by the animal bearing the Standard Vaccination Certificate number, as required by 7 AAC 27.020 (b)(3), or the date on the Standard Vaccination Certificate required by 7 AAC 27.020 (b)(2), or an affidavit from a person authorized to administer the vaccine stating that the animal has a current rabies vaccination.  
Authority - AS 18.05.040 (1)

#### 7 AAC 27.040. IMPORTATION OF DOGS.

(a) Every dog imported into the state shall be accompanied by a health certificate issued within 30 days of importation by a licensed veterinarian in the state of origin, and a copy of the certificate shall be forwarded immediately to the state veterinarian of Alaska. The certificate must show that the dog is free from rabies or any communicable disease and has not recently been exposed to any such disease; also, it must give the breed, sex and age, point of origin and destination and the names and post office addresses of the consignee and consignor. If the dog has been vaccinated, the health certificate must include the date of vaccination.

(b) Dogs shall have been properly vaccinated with rabies vaccine within six months prior to the date of importation into the state and may, at the discretion of the commissioner of natural resources, be subject to quarantine at destination for a period of not less than 60 days following arrival within the state.

(c) This section does not apply to any dog passing through the state nor to any dog within the state for a temporary stay for exhibition or breeding purposes when the dog is kept properly under control of the owner or custodian.  
Authority - AS 18.05.040 (1)

#### 7 AAC 27.060 GENERAL RIGHT OF VISITATION.

All peace officers and representatives of the departments of health and social services and natural resources are authorized to examine and enter upon any private premises, during reasonable hours, for the enforcement of this chapter.  
Authority - AS 18.05.040 (1)

#### 7 AAC 27.080. QUARANTINE OF AVIARIES OR PET SHOPS. Repealed.

#### 7 AAC 27.213. TUBERCULOSIS SKIN TEST.

(a) Each public school district and non-public school offering pre-elementary education through the 12th grade, or a combination of these grades, shall administer an intradermal purified protein derivative (PPD) skin test for tuberculosis within 90 days of enrollment to every child who enrolls in

(1) grades kindergarten and seven; or

(2) the district in grades kindergarten or higher for the first time.

(b) The division may require a district or a non-public school to administer PPD skin tests to enrolled children in addition to those tests required under (a) of this section. The division shall issue a notice to a district or a non-public school requiring enrolled children in additional grade levels, including potentially all grade levels, to be PPD skin tested if the division makes a determination that there is evidence of increased risk of spread of tuberculosis in the community or communities where the district or the non-public school is located. The division shall use the following criteria to determine the need for additional required testing required under this subsection:

(1) evidence that the results of prior PPD skin testing of school children in the local community or communities demonstrate tuberculosis transmission;

(2) evidence that tuberculosis disease is recognized to be occurring in the local community or communities;

(3) evidence that the local community or communities have a history of high rates of tuberculosis when compared to rates of tuberculosis for the nation or this state's; or

(4) evidence that children from populations having a high risk of tuberculosis are enrolled in the district or the non-public school; in this paragraph, "populations having a high risk" include groups that historically have been medically underserved, homeless persons, foreign-born persons from countries with high rates of tuberculosis, and persons with immune deficiency conditions.

(c) If the result of a PPD skin test is positive, including a test result provided under (f)(1) of this section, the district or non-public school shall refer the child to a health care provider and notify the division at its office in Anchorage.

(d) The district or non-public school shall record the result of a PPD skin test administered under this section in the permanent health record of the child.

(e) The district or school shall suspend a child under AS 14.30.045(4) if

(1) the child fails to submit to a PPD skin test required under this section; or

(2) the child or a person acting on behalf of the child fails to provide the district or non-public school, within 30 days after referral under (c) of this section, a written and signed statement of a health care provider stating that the child is not infectious from tuberculosis to others.

(f) Notwithstanding (a)-(e) of this section, a PPD skin test is not required under this section if the child or a person acting on behalf of the child provides the district or non-public school with

(1) documentation showing

(A) negative results of PPD skin test administered within the preceding six months; or

(B) positive results at any time on the PPD skin test; or

(2) the affidavit of a physician lawfully entitled to practice medicine or osteopathy in this state stating the opinion that the PPD skin test to be administered would be injurious to the health and welfare of the child or members of the family or household.

(g) A student whose PPD skin test obtained under (a) or (b) of this subsection has a positive result shall have a health evaluation, including a chest x-ray, by a health care provider. The health care provider shall report the case to the section of epidemiology in the division.  
Authority - AS 14.30.045, AS 14.30.065, AS 18.05.040, AS 44.29.020

#### 7 AAC 27.215. TUBERCULOSIS SCREENING OF SCHOOL EMPLOYEES.

Each employee of each public school district, and of each non-public school, offering pre-elementary education through 12th grade education, or any combination of these grades, shall be evaluated annually, except as provided otherwise in this subsection, to detect active cases of pulmonary tuberculosis, as follows:

(1) an employee who has never had a positive tuberculin skin test result shall obtain a tuberculin skin test;

(2) an employee who has previously had a positive tuberculin skin test result, or an employee whose tuberculin skin test obtained under (1) of this subsection has a positive result,

(A) shall have a health evaluation by a health care provider to identify symptoms suggesting that tuberculosis disease is present; the health evaluation must also include evaluation for the presence of any of the following risk factors: evidence of inadequately treated past tuberculosis disease, history of close exposure to a case of communicable pulmonary tuberculosis within the previous two years, history of a negative tuberculin test within the previous two years, diabetes mellitus (severe or poorly controlled), diseases associated with severe immunologic deficiencies, immunosuppressive therapy, silicosis, gastrectomy, excessive alcohol intake, or human immunodeficiency virus infection; if symptoms suggesting tuberculosis disease are present, or if any of the risk factors is present, a chest x-ray shall be obtained as part of the health evaluation and the health care provider shall report the case to the section of epidemiology, division of public health; and

(B) if the employee has previously received appropriate antituberculosis chemotherapy and has no symptoms suggesting that tuberculosis is present, the employee need not have further annual tuberculosis evaluation under this subsection.  
Authority - AS 18.05.040, AS 18.15.145 (d)

#### 7 AAC 27.890. CONFIDENTIALITY OF REQUIRED REPORTS AND MEDICAL RECORDS.

(a) A report to the division required under this chapter is a confidential public health record and is not open to public inspection.

(b) A medical record provided to the division by a physician, surgeon, hospital, laboratory, out-patient clinic, nursing home, or other facility, individual, or agency providing services to patients that identifies cases or establishes characteristics of the status of an identifiable patient with a condition reportable under this chapter is confidential and may not be disclosed to the public.



**7 AAC 27.900. DEFINITIONS.**

In this chapter, unless the context requires otherwise,

- (1) "department" means the Department of Health and Social Services;
- (2) "division" means the division of public health in the Department of Health and Social Services;
- (3) "known rabid animal" means an animal with a positive laboratory test for rabies virus.
- (4) "health care provider" means the following medical professionals who are lawfully entitled to practice in this state:
  - (A) a physician who practices medicine or an osteopath;
  - (B) a physician assistant;
  - (C) a nurse or an advanced nurse practitioner;
- (5) "PPD skin test" means an intradermal purified protein derivative skin test for tuberculosis. Authority - AS 18.05.040

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