

**TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH  
CHAPTER 515. COMMUNICABLE DISEASE AND INJURY REPORTING  
EFFECTIVE 9/12/2014**

**310:515-1-1. Purpose**

The rules in this Chapter implement the Communicable Diseases Reporting Regulations, 63 O.S. 1981, § 1-503.

**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:

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

"**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.

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

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

"**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.

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

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

"**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 be an emerging or re-emerging disease, and/or represent diseases 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.

"**VISA**" means vancomycin intermediate *Staphylococcus aureus*.

"**VRSA**" means vancomycin resistant *Staphylococcus aureus*.

**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. The current "Oklahoma Disease Reporting Manual" shall serve as the standard for disease-specific diagnostic test results to be reported. Ancillary laboratory test results, signs, and symptoms must be reported upon request. The current edition of the "Oklahoma Disease Reporting Manual" may be accessed from the Acute Disease Service disease reporting and alerts web page of the OSDH web site at <http://IDReportingAndAlerts.health.ok.gov>. Laboratories having greater than 400 positive tests performed on-site per year for reportable 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 begin reporting no later than August 30, 2010 using secure electronic data transmission.

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

The following diseases must be reported by any health practitioner or laboratory personnel to the OSDH electronically via the secure web-based Public Health Investigation and Disease Detection of Oklahoma system or by telephone (405-271-4060 or 800-234-5963) immediately upon suspicion, diagnosis, or testing as specified in the "Oklahoma Disease Reporting Manual".

- (1) Anthrax (*Bacillus anthracis*).
- (2) Bioterrorism – suspected disease.
- (3) Botulism (*Clostridium botulinum*).
- (4) Diphtheria (*Corynebacterium diphtheriae*).
- (5) *Haemophilus influenzae* invasive disease.
- (6) Hepatitis A (Anti-HAV-IgM+).
- (7) Hepatitis B during pregnancy (HBsAg+).
- (8) Measles (Rubeola).
- (9) Meningococcal invasive disease (*Neisseria meningitidis*).
- (10) Novel coronavirus.
- (11) Novel influenza A.
- (12) Outbreaks of apparent infectious disease.
- (13) Plague (*Yersinia pestis*).
- (14) Poliomyelitis.
- (15) Rabies.
- (16) Smallpox.
- (17) Tularemia (*Francisella tularensis*).
- (18) Typhoid fever (*Salmonella Typhi*).
- (19) 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 the PHIDDO system, telephoned or submitted via secure electronic data transmission to the OSDH within one (1) working day (Monday through Friday, state holidays excepted) of diagnosis or positive test as specified in the "Oklahoma Disease Reporting Manual".

- (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 (Acquired Immunodeficiency Syndrome).
- (C) Arboviral infections (West Nile virus, St. Louis encephalitis virus, Eastern equine encephalitis virus, Western equine encephalitis virus, Powassan virus, California serogroup virus).
- (D) Brucellosis (*Brucella* spp.).
- (E) Campylobacteriosis (*Campylobacter* spp.).
- (F) Congenital rubella syndrome.
- (G) Cryptosporidiosis (*Cryptosporidium* spp.).
- (H) Dengue Fever.
- (I) *E. coli* O157, O157:H7, or a Shiga toxin producing *E. coli*.
- (J) Ehrlichiosis (*Ehrlichia* or *Anaplasma* spp.).
- (K) Hantavirus pulmonary syndrome.
- (L) Hemolytic uremic syndrome, postdiarrheal.
- (M) Hepatitis B. If HBsAg+, anti-HBc-IgM+, HBeAg+, or HBV DNA+ then report results of the entire hepatitis panel.
- (N) Hepatitis C in persons < or = 40 years or in persons having jaundice or ALT > or = 400 regardless of age with laboratory confirmation. If hepatitis C EIA is confirmed by NAT for HCV RNA, or signal-to-cut-off (s/co) ratio or index is predictive of a true positive then report results of the entire hepatitis panel.

- (O) Human Immunodeficiency Virus (HIV) infection.
- (P) Influenza associated hospitalization or death.
- (Q) Legionellosis (*Legionella* spp.).
- (R) Leptospirosis (*Leptospira interrogans*).
- (S) Listeriosis (*Listeria monocytogenes*).
- (T) Lyme disease (*Borrelia burgdorferi*).
- (U) Malaria (*Plasmodium* spp.).
- (V) Mumps.
- (W) Pertussis (*Bordetella pertussis*).
- (X) Psittacosis (*Chlamydophila psittaci*).
- (Y) Q Fever (*Coxiella burnetii*).
- (Z) Rocky Mountain Spotted Fever (*Rickettsia rickettsii*).
- (AA) Rubella.
- (BB) Salmonellosis (*Salmonella* spp.).
- (CC) Shigellosis (*Shigella* spp.).
- (DD) *Staphylococcus aureus* with reduced susceptibility to vancomycin (VISA or VRSA).
- (EE) *Streptococcus pneumoniae* invasive disease, in persons less than 5 years of age.
- (FF) Syphilis (*Treponema pallidum*).
- (GG) Tetanus (*Clostridium tetani*).
- (HH) Trichinellosis (*Trichinella spiralis*).
- (II) Tuberculosis (*Mycobacterium tuberculosis*).
- (JJ) Unusual disease or syndrome.
- (KK) Vibriosis (*Vibrionaceae* family: *Vibrio* spp. (including cholera), *Grimontia* spp., *Photobacterium* spp., and other genera in the family).
- (LL) Yellow Fever.

(2) **Infectious diseases.** Reports of infectious diseases and conditions listed in this subsection must be reported to the OSDH within one (1) month of diagnosis or test result as specified in the OSDH Disease Reporting Manual.

- (A) CD4 cell count with corresponding CD4 cell count percentage of total (by laboratories only).
- (B) Chlamydia infections (*Chlamydia trachomatis*).
- (C) Creutzfeldt-Jakob disease.
- (D) Gonorrhea (*Neisseria gonorrhoeae*).
- (E) HIV viral load (by laboratories only).

(3) **Occupational or Environmental diseases.** Laboratories must report blood lead level results greater than 10 ug/dL within one (1) week and results less than 10 ug/dL within one (1) month. Health care providers must report blood lead level results 20 ug/dL or greater within twenty-four (24) hours and results 10-19 ug/dL within one (1) week.

(4) **Injuries (hospitalized and fatal cases only).**

- (A) Burns.
- (B) Drownings and Near Drownings.
- (C) Traumatic Brain Injuries.
- (D) Traumatic Spinal Cord Injuries.

**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 special investigation.

**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. In order to determine the most recently published edition of the "Control of Communicable Diseases Manual," access the American Public Health Association web site at <https://secure.apha.org/source/orders/index.cfm>.

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

(a) Isolates or appropriate specimens of the following organisms shall be sent to the OSDH Public Health Laboratory for typing.

- (1) *Bacillus anthracis*.
- (2) *Brucella* spp.
- (3) *E. coli* O157, O157:H7, or a Shiga toxin producing *E. coli*.
- (4) *Francisella tularensis*.
- (5) *Haemophilus influenzae* (sterile site).
- (6) *Listeria monocytogenes* (sterile site).
- (7) *Mycobacterium tuberculosis*.
- (8) *Neisseria meningitidis* (sterile site).
- (9) *Plasmodium* spp.
- (10) *Salmonella* spp.
- (11) *Staphylococcus aureus* that are VISA or VRSA
- (12) *Vibrionaceae* family (*Vibrio* spp., *Grimontia* spp., *Photobacterium* spp. and other genera in the family).
- (13) *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.

### **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.

#### **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.

#### **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.

#### **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.