

**TITLE 64**  
**LEGISLATIVE RULE**  
**BUREAU FOR PUBLIC HEALTH**  
**DEPARTMENT OF HEALTH AND HUMAN RESOURCES**

**SERIES 7**  
**REPORTABLE DISEASES, EVENTS AND CONDITIONS**

**§64-7-1. General.**

1.1. Scope -- This legislative rule establishes procedures governing the reporting of certain diseases and conditions, unusual health events, and clusters or outbreaks of diseases to the ~~division of~~ bureau for public health. It also establishes the responsibility of various individuals and facilities in controlling communicable diseases. The WV Code is available in public libraries and on the Legislature's web page, <http://www.legis.state.wv.us/>.

1.2. Authority. -- WV Code §§16-3-1 and 16-1-4; related 16-3C-1 et seq. and 16-4-1 et seq.

1.3. Filing Date. --

1.4. Effective Date. --

1.5. Applicability. -- This rule applies to physicians and other licensed health practitioners; local health officers; other public health providers; private or public laboratories; all health care facilities; the bureau; health care professional licensing boards and agencies; any individual administering immunizations; administrators of schools, camps, and vessels; administrators of health care facilities operated by the department; the State registrar of vital statistics; county humane officers, dog wardens, sheriffs, pathologists, coroners, veterinarians and other animal health care providers, and medical examiners; and any other person investigating or treating disease, health conditions, exposure or alleged exposure to infectious agents, or cause of death.

1.6. Enforcement. -- This rule is enforced by the commissioner of the West Virginia bureau for public health or his or her lawful designee.

**§64-7-2. Definitions.**

2.1. Animal health care providers - Veterinarians or veterinary technicians or other individuals providing health care to animals.

2.2 Biological toxin - Toxin produced by microorganisms, including botulinum toxin or toxins of Staphylococcus aureus or Clostridium perfringens; or toxic products or byproducts of higher plants or animals, such as ricin.

2.3. Bioterrorism Agent - Infectious agent or biological toxin deliberately introduced into the food, air, water or other part of the environment; or directly into an animal or human with the criminal intent of causing disease in animals or humans.

2.4. Bioterrorist event - The occurrence of a case of disease or a disease outbreak due to a bioterrorism agent; or attempted exposure of one or more individuals to a bioterrorism agent.

~~2.1.~~ 2.5. Bureau - The bureau for public health of the West Virginia department of health and human resources.

2.6. Case - An occurrence of disease in a human or animal which meets a specific case definition listed in the West Virginia Reportable Diseases Protocol Manual or a case definition approved by the commissioner. (Manual is available online at <http://www.wvdhhr.org/idep>)

2.7. Cluster - An aggregation of cases of disease in time and place with or without exceeding the expected number of cases; frequently the expected number of cases is not known.

~~2.2.~~ 2.8. Commissioner - The commissioner of the bureau for public health of the West Virginia department of health and human resources or his or her designee.

~~2.3.~~ 2.9. Communicable Disease - A disease caused by an infectious agent or its toxic products, which is transmitted, directly or indirectly, to a susceptible host from an infected person, animal, arthropod, environmental exposure or other source.

~~2.4.~~ 2.10. Department - The West Virginia department of health and human resources.

2.11. Epidemic - The occurrence of more cases of disease than expected in a given area among a specific group of people over a particular period of time.

~~2.5.~~ 2.12. Epidemiologic Information - Medical data or other information, interviews, investigative reports, other records and notes collected during the course of an epidemiologic investigation of a disease, condition, or outbreak.

2.13. Epidemiologic Investigation - An investigation to determine the distribution, determinants and risk factors for disease in a specified population, for the purpose of prevention or control of the disease in the population; or to evaluate prevention and control efforts; or for increased understanding of the effects of the disease on the population.

~~2.6.~~ 2.14. Health care provider - Any physician, dentist, nurse, or other individual who provides medical, dental, nursing, or other health care services of any kind to individuals.

~~2.7.~~ 2.15. Health care facility - Any hospital, nursing home, clinic, cancer treatment center, laboratory, or other facility which provides health care or diagnostic services to individuals, whether public or privately owned.

~~2.8.~~ 2.16. Hospital - A facility licensed as a hospital under WV Division of Health Legislative Rule, Hospital Licensure, 64 CSR 12.

2.17. Infectious Agent - A biological organism

such as a bacteria, parasite or virus; or a bacterial toxin; or a prion capable of causing disease in animals or man when introduced into the individual through water, air, food, the environment or by the percutaneous or other route.

2.18. Intentional Exposure - The deliberate introduction of a harmful agent into the air, water, food or environment of an individual or group of individuals with the intent of causing disease.

~~2.9.~~ 2.19 Isolation - The separation of infected persons or animals from other persons or animals, under the necessary time frame and conditions to prevent the direct or indirect transmission of the infectious agent from the infected persons or animals to other persons or animals who are susceptible or who may spread the disease to others.

~~2.10.~~ 2.20. Laboratory - Any licensed facility or place, however named, for the biologic, microbiologic, serologic, virologic, chemical, hematologic, immuno-hematologic, biophysical, cytologic, pathologic, genetic, molecular or other examination of materials for the purpose of providing medical or epidemiologic information for the diagnosis, prevention or treatment of any disease, ~~or the impairment of~~, or the assessment of the health of human beings. The term "laboratory" includes both public and private laboratories, free-standing laboratories, and hospital laboratories.

2.21. Law Enforcement Personnel - Any person who is employed by a local, county, state or federal agency with law enforcement responsibilities.

~~2.11.~~ 2.22. Local Board of Health - A board of health serving one or more counties, one or more municipalities, or a combination thereof.

~~2.12.~~ 2.23. Local Health Department - The staff of the local board of health.

~~2.13.~~ 2.24. Local Health Officer - The individual who fulfills the duties and responsibilities of the health officer for a local board of health, or his or her designee.

~~2.14.~~ 2.25. Medical Information - Data or other information regarding the history, examination, radiological or lab laboratory findings, diagnosis, treatment, or other clinical care for a person examined or treated for a suspected or actual disease.

~~2.15.~~ 2.26. Nursing Home - Any facility licensed as a nursing home under WV Legislative Rule, Nursing Home Licensure, 64 CSR 13, or any extended care facility operated in conjunction with a hospital.

2.27. Outbreak - see Epidemic.

2.28. OLS - The office of laboratory services in the bureau.

~~2.16.~~ 2.29. Physician - An individual licensed to practice medicine by either the board of medicine or the board of osteopathy.

~~2.17.~~ 2.30. Placarding - The posting on a home, building or other structure of a sign or notice warning of the presence of a communicable disease or other health hazard and the danger of the disease or hazard within or beyond the placarded home, building or structure.

~~2.18.~~ 2.31. Quarantine - The limitation of freedom of movement of persons or animals in a time frame and manner to prevent contacts that could lead to spread of disease.

~~2.19.~~ 2.32. Reportable Disease or Condition - Any disease or condition required to be reported by this rule.

~~2.20.~~ 2.33. STD - Sexually transmitted disease.

2.34. Surveillance - The systematic collection, analysis, interpretation and dissemination of health data on an ongoing basis, to gain knowledge of the pattern of disease occurrence and potential in a community; or to understand the disease patterns in the community in order to control and prevent disease in the community, or to evaluate prevention and control efforts.

2.35. WVEDSS - West Virginia Electronic

Disease Surveillance System - An electronic data system for reporting and tracking cases and outbreaks of infectious diseases with simultaneous reporting of the disease to the state and local health departments.

### **§64-7-3. Selection, Categorization, and Required Reporting.**

#### **3.1. Selection and Categorization of Required Reportable Diseases and Conditions.**

3.1.a. The commissioner may, by order filed with the Secretary of State, add or delete a disease or condition in any category. The commissioner shall select and categorize diseases and conditions for inclusion in this rule based on whether the disease or condition constitutes or has the potential to constitute a public health emergency, whether it requires public health follow up, or whether the collection of data or other information on the disease or condition can assist in either determining the need for or effectively implementing public health programs or other projects to protect and promote the health of the people of West Virginia.

3.1.b. In emergency situations, such as potential epidemics, the commissioner may require same day reporting for diseases and conditions in any of the categories listed in this rule.

#### **3.2. Reporting of Diseases and Conditions.**

3.2.a. The commissioner shall establish specific protocols for reporting diseases and conditions that may be found in the West Virginia Reportable Diseases Protocol Manual (available online at <http://www.wvdhhr.org/idep>). The protocols shall include any information to be reported beyond that listed in this rule and any additional information necessary regarding reporting or appropriate public health management.

3.2.b. The reports required by this rule may shall be made reported electronically to WVEDSS in a manner approved by the commissioner or on forms supplied by the commissioner.

### 3.3. Category I Reportable Diseases and Conditions.

3.3.a. Health care providers, health care facilities and laboratories shall report cases of Category I diseases or conditions listed in ~~subdivisions 3.3.b and 3.3.c of this section by telephone to the local health department in serving the patient's county of residence within twenty-four (24) hours of diagnosis; immediately; and also shall immediately file an electronic report with WVEDSS. All local health departments shall report the case to the bureau immediately upon receipt of the report (toll free at 1 800 423 1271). When WVEDSS is certified as operational by the commissioner, the local health department shall use WVEDSS to file the report.~~ The reports shall include the patient's name, address, telephone number, date of birth, sex, and the physician's name, office address, office phone and fax numbers, and any other information requested by the commissioner relevant to the purposes of this rule.

3.3.b. Category I.A diseases and conditions reportable by health care providers and health care facilities are:

3.3.b.1. Anthrax;

3.3.b.2. Bioterrorist event, suspect or confirmed;

~~3.3.b.2.~~ 3.3.b.3. Botulism;

3.3.b.3 Brucellosis;

3.3.b.4. Cholera;

3.3.b.5. Dengue Fever;

3.3.b.6. Diphtheria;

~~3.3.b.7. Enterohemorrhagic Escherichia coli (EHEC) including but not limited to E. coli O157:H7;~~

3.3.b.8. 3.3.b.4. Foodborne Disease disease, suspect or confirmed;

~~3.3.b.9. Haemophilus influenzae; Invasive Disease;~~

~~3.3.b.10. Hemolytic Uremic Syndrome, postdiarrheal;~~

~~3.3.b.11. Hepatitis A, acute;~~

~~3.3.b.12. Hepatitis B, acute or perinatal;~~

~~3.3.b.13. Hepatitis D;~~

3.3.b.5. Intentional exposure to an infectious agent or biological toxin, suspect or confirmed;

~~3.3.b.14. Meningococcal Disease, invasive;~~

3.3.b.6. Orthopox infection, including smallpox and monkeypox;

~~3.3.b.15. 3.3.b.7.~~ An outbreak or cluster of any illness or condition - suspect or confirmed;

~~3.3.b.16. Pertussis (Whooping Cough);~~

~~3.3.b.17. 3.3.b.8.~~ Plague;

3.3.b.18. Poliomyelitis;

~~3.3.b.19. Rabies in animals or in humans;~~

3.3.b.20. Rubella (German Measles);

~~3.3.b.21. 3.3.b.9.~~ Rubeola (Measles);

3.3.b.10. SARS coronavirus infection, suspect or confirmed;

3.3.b.22. Smallpox;

~~3.3.b.23. Staphylococcus aureus with glycopeptide-intermediate (GISA/VISA) or glycopeptide-resistant susceptibilities (GRSA/VRSA);~~

~~3.3.b.24. Tuberculosis (all forms, including antibiotic susceptibility patterns)\*;~~

~~3.3.b.25. Tularemia;~~

~~3.3.b.26. Typhoid Fever;~~

3.3.b.11. Viral hemorrhagic fevers, including filoviruses such as ebola and Marburg and arenaviruses such as lassa fever; and

~~3.3.b.27. 3.3.b.12. Waterborne disease, suspect or confirmed.~~

~~3.3.b.28. Yellow Fever;~~

~~3.3.c. Reports of Category I.A diseases and conditions marked with one(1) asterisk (\*) shall be made on the tuberculosis report form. Others should be submitted on standard reporting cards and supplemental forms.~~

3.3.c. Reports of Category I.A diseases and conditions should be submitted on standard reporting cards and supplemental forms or preferably by filing an electronic report with WVEDSS, in accordance with the West Virginia Reportable Diseases Protocol Manual (available online at <http://www.wvdhhr.org/idep>).

3.3.d. Category I.B diseases and conditions reportable by laboratories are:

3.3.d.1. Bacillus anthracis;

~~3.3.d.2. Bordatella pertussis, microbiologic evidence;~~

3.3.d.2. Bioterrorist event, suspect or confirmed;

~~3.3.d.3. Brucellosis, microbiologic or serologic evidence;~~

~~3.3.d.4. 3.3.d.3. Clostridium botulinum, microbiologic or toxicologic evidence;~~

~~3.3.d.5. Corynebacterium diphtheriae, microbiologic or histopathologic evidence;~~

~~3.3.d.6. Dengue Fever, serologic~~

~~evidence;~~

~~3.3.d.7. Enterohemorrhagic Escherichia coli (EHEC) including but not limited to E. coli O157:H7 and Shiga-like toxin-producing E. Coli O157:NM, from any clinical specimen;~~

~~3.3.d.8. Haemophilus influenzae from any normally sterile body site;~~

~~3.3.d.9. Hepatitis A, positive IgM;~~

~~3.3.d.10. Hepatitis B, positive anti-HBc IgM or HBsAg;~~

~~3.3.d.11. Hepatitis D, positive serology;~~

~~3.3.d.12. Neisseria meningitidis from a normally sterile site;~~

3.3.d.4. Orthopox infection, virologic, electron microscopic or molecular evidence;

~~3.3.d.13. 3.3.d.5. Outbreak or cluster of any illness or condition - suspect or confirmed;~~

~~3.3.d.14. Poliomyelitis, virologic or serologic evidence;~~

~~3.3.d.15. Rabies, animal or human;~~

~~3.3.d.16. Rubella, virologic or serologic evidence;~~

~~3.3.d.17. 3.3.d.6 Rubeola, virologic or serologic evidence;~~

~~3.3.d.18. Salmonella typhi from any site;~~

~~3.3.d.19. Smallpox, virologic or serologic evidence;~~

~~3.3.d.20. Staphylococcus aureus with glycopeptide-intermediate (GISA/VISA) or glycopeptide-resistant (GRSA/VRSA) susceptibilities;~~

~~3.3.d.21. Tularemia, culture, antigen~~

or serologic evidence;

~~3.3.d.22. Vibrio cholerae,  
microbiologic or serologic evidence;~~

~~3.3.d.23. Yellow Fever, virologic or  
serologic evidence;~~

3.3.d.7. SARS coronavirus infection,  
serologic evidence or PCR;

~~3.3.d.24. 3.3.d.8. Yersinia pestis,  
microbiologic or serologic evidence; and~~

~~3.3.d.25. 3.3.d.9. Any other  
laboratory evidence suggestive of current  
infection with any of the diseases or conditions  
listed in Category I.A.~~

#### 3.4. Category II Reportable Diseases and Conditions.

3.4.a. Health care providers, health care facilities and laboratories shall report cases of Category II diseases or conditions listed in this section by telephone to the local health department in serving the patient's county of residence within one (1) week twenty-four hours of diagnosis, preferably by filing an electronic report with WVEDSS. When WVEDSS is certified as operational by the commissioner, the local health department shall use WVEDSS to file the report. The reports shall include the patient's name, address, telephone number, date of birth, sex, physician's name, office address and office phone and fax numbers, and any other information requested by the commissioner relevant to the purposes of this rule.

3.4.b. Category II.A diseases and conditions reportable by health care providers and health care facilities are:

~~3.4.b.1. Amebiasis;~~

3.4.b.1. Animal bites;

3.4.b.2. Brucellosis;

3.4.b.2. Campylobacteriosis;

~~3.4.b.3. Chickenpox (numerical  
totals only);~~

3.4.b.3. Cholera;

~~3.4.b.4. Cryptosporidiosis;~~

~~3.4.b.5. Cyclospora;~~

3.4.b.4. Dengue Fever;

3.4.b.5. Diphtheria;

~~3.4.b.6. Ehrlichiosis;~~

~~3.4.b.7. Encephalitis, Arboviral;~~

~~3.4.b.8. Encephalitis, other  
primary and unspecified;~~

~~3.4.b.6. Enterohemorrhagic  
Escherichia coli (EHEC) including but not limited  
to E. coli O157:H7;~~

~~3.4.b.9. Giardiasis;~~

3.4.b.7. Haemophilus influenzae,  
Invasive Disease;

~~3.4.b.10. Hantavirus Disease;~~

3.4.b.8. Hemolytic Uremic  
Syndrome, postdiarrheal;

3.4.b.9. Hepatitis A, acute;

3.4.b.10. Hepatitis B, acute,  
chronic or perinatal;

3.4.b.11. Hepatitis D;

~~3.4.b.11. Influenza-like illness  
(numerical totals only);~~

~~3.4.b.12. Legionellosis;~~

~~3.4.b.13. Leptospirosis;~~

~~3.4.b.14. Listeria;~~

3.4.b.15. Lyme Disease;

<del>3.4.b.16. Malaria;</del>	<del>pneumoniae, invasive disease, (include antibiotic susceptibility patterns);</del>
<del>3.4.b.17. Meningitis, Other Bacterial (cases not reported as other specific disease types);</del>	<del>3.4.b.30. Tetanus;</del>
<del>3.4.b.12. Meningococcal Disease, invasive;</del>	<del>3.4.b.31. Toxic Shock Syndrome</del>
<del>3.4.b.18. Meningitis, Viral or Aseptic;</del>	<del>3.4.b.32. Trichinosis;</del>
<del>3.4.b.19. Mumps;</del>	<del>3.4.b.19. <i>Staphylococcus aureus</i> with glycopeptide - intermediate (GISA/VISA) or glycopeptide resistant (GRSA/VRSA) susceptibilities;</del>
<del>3.4.b.13. Pertussis (whooping cough);</del>	<del>3.4.b.33. 3.4.b.20. Tuberculosis; latent infection (limited to individuals with a positive Mantoux tuberculin skin test conversion in the last 2 years or any positive Mantoux tuberculin skin test in a child less than 5 years of age); and all forms, including antibiotic susceptibility patterns;</del>
<del>3.4.b.14. Poliomyelitis;</del>	<del>3.4.b.21. Tularemia;</del>
<del>3.4.b.15. Q-fever;</del>	<del>3.4.b.22. Typhoid fever (<i>salmonella typhi</i>); and</del>
<del>3.4.b.16. Rabies; human or animal;</del>	<del>3.4.b.34. Any unexplained or ill-defined illness, condition, or health occurrence of potential public health significance;</del>
<del>3.4.b.20. Psittacosis;</del>	<del>3.4.b.23. Other unusual condition or emerging infectious disease of potential public health importance;</del>
<del>3.4.b.21. Rheumatic Fever;</del>	
<del>3.4.b.22. Rocky Mountain Spotted Fever;</del>	
<del>3.4.b.17. Rubella;</del>	
<del>3.4.b.23. 3.4.b.18. Rubella, Congenital Syndrome;</del>	
<del>3.4.b.24. Salmonellosis (except Typhoid Fever);</del>	
<del>3.4.b.25. Shigellosis;</del>	
<del>3.4.b.26. Streptococcal Disease, invasive Group A, (<i>Streptococcus pyogenes</i>);</del>	
<del>3.4.b.27. Streptococcal Disease, invasive Group B;</del>	
<del>3.4.b.28. Streptococcal Toxic Shock Syndrome;</del>	
<del>3.4.b.29. Streptococcus</del>	
	3.4.c. Reports of Category II.A diseases and conditions are reported on standard reporting cards shall be submitted on reporting cards and supplemental forms as listed in the West Virginia Reportable Diseases Protocol Manual (available online at <a href="http://www.wvdhhr.org/idep">http://www.wvdhhr.org/idep</a> ) or preferably by filing an electronic report with WVEDSS.
	3.4.d. Category II.B diseases and conditions reportable by laboratories are:
	3.4.d.1. <i>Borrelia burgdorferi</i> from culture, or diagnostic levels of IgG or IgM, (preferably followed by a Western blot);

3.4.d.1. Bordatella pertussis, microbiologic evidence;

3.4.d.2. Brucellosis, microbiologic or serologic evidence;

~~3.4.d.2. Campylobacter;~~

~~3.4.d.3. Cryptosporidium;~~

~~3.4.d.4. Cyclospora;~~

3.4.d.3. *Corynebacterium diphtheriae*, microbiologic or histopathologic evidence;

3.4.d.4. *Coxiella burnetii*;

3.4.d.5. Dengue Fever, serologic evidence;

~~3.4.d.5. Ehrlichiosis, serologic, microbiologic or other evidence;~~

~~3.4.d.6. Encephalitis, virologic, serologic, or other evidence of arboviral or other encephalitides;~~

~~3.4.d.7. Entamoeba histolytica;~~

3.4.d.6. Enterohemorrhagic *Escherichia coli* (EHEC) including but not limited to *E. coli* O157:H7 and Shiga-like toxin-producing *E. coli* O157:NM, from any clinical specimen;

3.4.d.7. *Fransicella tularensis*, culture, antigen or serologic evidence;

~~3.4.d.8. *Giardia lamblia*, microscopic or immunodiagnostic evidence;~~

3.4.d.8. *Haemophilus influenzae* from any normally sterile body site;

~~3.4.d.9. Hantavirus infection, serologic, PCR, immunohistochemistry, or other evidence;~~

3.4.d.9. Hepatitis A, positive IgM;

3.4.d.10. Hepatitis B, positive anti-

HBc IgM or HbsAg;

3.4.d.11. Hepatitis D, positive serology;

~~3.4.d.10. Influenza, culture confirmed, (numerical totals only, by type and subtype as available);~~

~~3.4.d.11. Legionella, bacteriologic or serologic evidence;~~

~~3.4.d.12. Leptospirosis, virologic or serologic evidence;~~

~~3.4.d.13. Listeria monocytogenes;~~

~~3.4.d.14. Malaria organisms on smear of blood;~~

~~3.4.d.15. Meningitis, as indicated by bacterium in spinal fluid;~~

~~3.4.d.16. Meningitis, Viral, virologic or serologic evidence;~~

~~3.4.d.17. Mumps, virologic or serologic evidence;~~

3.4.d.12. *Neisseria meningitidis* from a normally sterile site;

~~3.4.d.18. Psittacosis, microbiologic or serologic evidence;~~

~~3.4.d.19. Rocky Mountain Spotted Fever, serologic evidence;~~

~~3.4.d.20. Salmonella (any species, excluding *Salmonella typhi*);~~

~~3.4.d.21. Shigella (any species);~~

~~3.4.d.22. Streptococcus pyogenes (Group A Streptococcus) from a normally sterile site;~~

~~3.4.d.23. Streptococcus, Group B, from a normally sterile site;~~

~~3.4.d.24. Streptococcus pneumoniae;~~



~~from a normally sterile site (include antibiotic susceptibility patterns on all isolates);~~

~~3.4.d.25. Trichinosis, demonstration of cysts or serologic evidence;~~

~~3.4.d.26. Unexplained or ill-defined illness, condition, or health occurrence of potential public health significance; and~~

~~3.4.d.27. Any other laboratory evidence suggestive of current infection with any of the diseases or conditions listed in Category H.A.~~

3.4.d.13. Poliomyelitis, virologic or serologic evidence;

3.4.d.14. Rabies, animal or human;

3.4.d.15. Rubella, virologic or serologic evidence;

3.4.d.16. *Salmonella typhi* from any site;

3.4.d.17. *Staphylococcus aureus* with glycopeptide-intermediate (GISA/VISA) or glycopeptide-resistant (GRSA/VRSA) susceptibilities;

3.4.d.18. *Vibrio cholerae*, microbiologic or serologic evidence;

3.4.d.19. Yellow Fever, virologic or serologic evidence; and

~~3.4.d.27. 3.4.d.20. Any other laboratory evidence suggestive of current infection with any of the diseases or conditions listed in Category IIA.~~

3.5. Category III Reportable Diseases and Conditions.

3.5.a. Health care providers, health care facilities and laboratories shall report cases of Category III diseases and conditions to the division within one (1) week of diagnosis unless otherwise indicated; the local health department serving the patient's county of residence within

seventy-two hours of diagnosis, preferably by filing an electronic record in WVEDSS. The local health department shall report the case to the bureau within seventy-two hours of receiving the report. When WVEDSS is certified as operational by the commissioner, the local health department shall use WVEDSS to file the report. Reports shall include the patient's name, address, telephone number, date of birth, sex, physician's name, office address, and office phone and fax numbers, and any other information requested by the commissioner relevant to the purposes of this rule.

3.5.b. Category III.A diseases and conditions reportable by health care providers and health care facilities are:

~~3.5.b.1. AIDS diagnosed from the presence of AIDS defining diseases or conditions (including previously reported HIV positive individuals), according to the time frame in, the Bureau for Public Health rule, "AIDS-Related Medical Testing and Confidentiality," 64CSR64.~~

3.5.b.1. Amebiasis;

~~3.5.b.2. Autism Spectrum Disorder; not reported to the Bureau according to the protocol in the West Virginia Reportable Diseases Protocol Manual.~~

~~3.5.b.3. Birth Defects, including Down's Syndrome;~~

3.5.b.2. Campylobacteriosis;

~~3.5.b.4. Cancer, including non-malignant intra-cranial and central nervous system tumors, in time frame noted in Bureau for Public Health rule, "Cancer Registry," 64CSR68;~~

~~3.5.b.5. Chancroid\*\*;~~

~~3.5.b.6. Chlamydia trachomatis\*\*;~~

3.5.b.3. Cryptosporidiosis;

3.5.b.4. Cyclospora;

3.5.b.5. Giardiasis;

~~3.5.b.7. Gonococcal Disease\*\*-- conjunctivitis in the newborn, drug-resistant disease, or pelvic inflammatory disease (within 24 hours);~~

~~3.5.b.8. Gonorrhea (all other)\*\*;~~~~3.5.b.9. Hemophilia;~~

~~3.5.b.10. Hepatitis C / Other non-A or non-B, acute or chronic;~~

~~3.5.b.11. Herpes, genital\*\*;~~

~~3.5.b.12. HIV (Human Immunodeficiency Virus) according to the time frame in the Bureau for Public Health rule, "AIDS Related Medical Testing and Confidentiality," 64CSR64;~~

~~3.5.b.13. Lead, all blood lead test results;~~

3.5.b.6. Listeria;~~3.5.b.14. Occupational illnesses;~~

3.5.b.7. Salmonellosis (except Typhoid Fever);

3.5.b.8. Shigellosis;

~~3.5.b.15. Syphilis (late latent, late symptomatic, or neurosyphilis)\*\*;~~

~~3.5.b.16. Syphilis\*\*-- primary, secondary, early latent (less than one (1) year), or congenital (all within 24 hours); and~~

~~3.5.b.17. Traumatic Brain Injury; not reported to the Bureau according to the protocol in the West Virginia Reportable Diseases Protocol Manual.~~

3.5.b.9. Trichinosis; and3.5.b.10. Yersiniosis.

3.5.c. Reports of Category III.A diseases and conditions marked with two asterisks (\*\*) are

~~made on the sexually transmitted disease report card (VD-91); are reported on reporting cards and supplemental forms as listed in the West Virginia Reportable Diseases Protocol Manual (available online at <http://www.wvdhhr.org/idep>). When WVEDSS is certified as operational by the commissioner, all reporters shall use WVEDSS to file their reports.~~

3.5.d. Category III.B diseases and conditions reportable by laboratories are:

~~3.5.d.1. CD4+ T-lymphocyte counts of two hundred or less per cubic millimeter (200/mm<sup>3</sup>) or a percentage less than fourteen (14) percent according to the time frame in the Bureau for Public Health rule, "AIDS Related Medical Testing and Confidentiality," 64CSR64.~~

3.5.d.1. Campylobacteriosis;

~~3.5.d.2. Chlamydia trachomatis by culture, antigen, DNA probe methods, or other procedures declared reportable by the commissioner\*\*;~~

3.5.d.2. Cryptosporidium;3.5.d.3. Cyclospora;

~~3.5.d.3. Down's Syndrome chromosomal anomaly;~~

~~3.5.d.4. Haemophilus ducreyi\*\*;~~

~~3.5.d.5. Hepatitis C / Other non-A or non-B, virologic or serologic evidence;~~

3.5.d.4. Entamoeba histolytica;

3.5.d.5. Giardia lamblia, microscopic or immunodiagnostic evidence;

~~3.5.d.6. Herpes simplex virus\*\*, isolation of herpes simplex virus from cervix, urethra or anogenital lesion, or demonstration of virus by antigen detection technique in clinical specimens from cervix, urethra or anogenital lesion, or demonstration of multinucleated giant cells on a Tzanck smear of scrapings from an anogenital lesion;~~

~~3.5.d.7. HIV (Human Immunodeficiency Virus) Type 1 or 2, confirmed antibody or virus detection test (serology, culture, antigen, PCR, DNA, RNA probe, etc.), according to the time frame in the Bureau for Public Health rule, "AIDS-Related Medical Testing and Confidentiality," 64CSR64.~~

~~3.5.d.8. Lead, all blood lead test results;~~

3.5.d.6. *Listeria monocytogenes*;

~~3.5.d.9. *Mycobacterium tuberculosis* from any site (include drug susceptibility patterns) (within 24 hours);~~

~~3.5.d.10. *Neisseria gonorrhoeae* (drug resistant) from any site\*\* (within 24 hours);~~

~~3.5.d.11. *Neisseria gonorrhoeae* from female upper genital tract\*\* (within 24 hours);~~

~~3.5.d.12. *Neisseria gonorrhoeae* from the eye of a newborn\*\* (within 24 hours);~~

~~3.5.d.13. *Neisseria gonorrhoeae*\*\*, culture or other positive laboratory evidence, (all other);~~

3.5.d.7. *Salmonella* (any species, excluding *Salmonella typhi*);

3.5.d.8. *Shigella* (any species);

~~3.5.d.14. Syphilis\*\*, serologic evidence;~~

~~3.5.d.15. *Treponema pallidum*, positive dark-field examination\*\* (within 24 hours); and~~

3.5.d.9. Trichinosis, demonstration of cysts or serologic evidence; and

3.5.d.10. *Yersinia enterocolitica*, microbiologic evidence;

~~3.5.d.16.~~ 3.5.d.11. Any other laboratory evidence suggestive of current infection with any of the diseases or conditions

listed in Category III.A.

~~3.5.e. Reports of Category III.B diseases and conditions marked with two asterisks (\*\*) are made on the appropriate sexually transmitted disease report forms provided by the division.~~

### 3.6. Category IV Reportable Diseases and Conditions.

3.6.a. Health care providers, health care facilities and laboratories shall report cases of Category IV diseases or conditions to the local health department serving the patient's county of residence within one week of diagnosis, preferably by filing an electronic report with WVEDSS. The local health department shall report the case to the bureau within one week of report. When WVEDSS is certified as operational by the commissioner, the local health department shall use WVEDSS to file the report. The reports shall include the patient's name, address, telephone number, date of birth, sex, physician's name, office address and office phone and fax, and any other information requested by the commissioner relevant to the purposes of this rule.

3.6.b. Category IV.A diseases reportable by health care providers and health care facilities are:

3.6.b.1. Aboviral infection;

3.6.b.2. Chickenpox (numerical totals only);

3.6.b.3. Erlichiosis;

3.6.b.4. Hantavirus Disease;

3.6.b.5. Influenza-like illness (numerical totals only);

3.6.b.6. Legionellosis;

3.6.b.7. Leptospirosis;

3.6.b.8. Lyme Disease;

3.6.b.9. Malaria;

3.6.b.10. Mumps;

3.6.b.11. Psittacosis;

3.6.b.12. Rocky Mountain Spotted  
Fever;

3.6.b.13. Streptococcal Disease,  
invasive Group A, (Streptococcus pyogenes);

3.6.b.14. Streptococcal Disease,  
invasive Group B;

3.6.b.15. Streptococcal Toxic  
Shock Syndrome;

3.6.b.16. Streptococcus  
pneumoniae, invasive disease, (include antibiotic  
susceptibility patterns);

3.6.b.17. Tetanus;

3.6.b.18. Toxic Shock Syndrome;  
and

3.6.b.19. Tuberculosis, latent  
infection (limited to individuals with a positive  
Mantoux tuberculin skin test conversion in the last  
two years or any positive Mantoux tuberculin skin  
test in a child less than five years of age).

3.6.c. Reports of Category IV.A  
diseases and conditions are reported on reporting  
cards and supplemental forms as listed in the West  
Virginia Reportable Diseases Protocol Manual  
(available online at <http://www.wvdhhr.org/idep>).  
When WVEDSS is certified as operational by the  
commissioner, all reporters shall use WVEDSS to  
file their reports.

3.6.d. Category IV.B conditions  
reportable by laboratories are:

3.6.d.1. Arboviral infection,  
virologic, serologic, or other evidence;

3.6.d.2. Borrelia burgdorferi from  
culture, or diagnostic levels of IgG or IgM,  
(preferably followed by a Western blot);

3.6.d.3. Ehrlichiosis, serologic,  
microbiologic or other evidence;

3.6.d.4. Enterovirus (non-polio),  
culture confirmed, (numerical totals only, by  
serotype as available, and including echovirus,  
coxsackievirus, and parechovirus), reportable  
weekly to the bureau;

3.6.d.5. Hantavirus infection,  
serologic, PCR, immunohistochemistry, or other  
evidence;

3.6.d.6. Legionella, bacteriologic  
or serologic evidence;

3.6.d.7. Leptospirosis, virologic  
or serologic evidence;

3.6.d.8. Malaria organisms on  
smear of blood;

3.6.d.9. Mumps, virologic or  
serologic evidence;

3.6.d.10. Psittacosis,  
microbiologic or serologic evidence;

3.6.d.11. Rocky Mountain Spotted  
Fever, serologic evidence;

3.6.d.12. Streptococcus pyogenes  
(Group A Streptococcus) from a normally sterile  
site;

3.6.d.13. Streptococcus, Group  
B, from a normally sterile site;

3.6.d.14. Streptococcus  
pneumoniae, from a normally sterile site (include  
antibiotic susceptibility patterns on all isolates);  
and

3.6.d.15. Any other laboratory  
evidence suggestive of current infection with any  
of the diseases or conditions listed in Category  
IV.A.

3.7. Category V Reportable Diseases and  
Conditions.

3.7.a. Health care providers, health  
care facilities and laboratories shall report  
Category V diseases and conditions, preferably by

WVEDSS to the bureau within one week of diagnosis unless otherwise indicated. Reports shall include the patient's name, address, telephone number, date of birth, sex, physician's name, office address, and office phone and fax, and any other information requested by the commissioner relevant to the purposes of this rule.

3.7.b. Category V.A diseases and conditions reportable by health care providers and health care facilities are:

3.7.b.1. AIDS diagnosed from the presence of AIDS defining diseases or conditions (including previously reported HIV positive individuals), according to the time frame in the bureau rule, "AIDS Related Medical Testing and Confidentiality", 64CSR64 \*\*.

3.7.b.2. Autism Spectrum Disorder; not reported to the bureau according to the protocol in the West Virginia Reportable Diseases Protocol Manual (available online at <http://www.wvdhhr.org/idep>).

3.7.b.3. Birth Defects, including Down's Syndrome;

3.7.b.4. Cancer, including non-malignant intra cranial and central nervous system tumors, in time frame noted in bureau rule, "Cancer Registry," 64CSR68;

3.7.b.5. Chancroid;\*\*

3.7.b.6. Chlamydia;\*\*

3.7.b.7. Gonococcal Disease\*\* -- conjunctivitis in the newborn or drug-resistant disease (within 24 hours);

3.7.b.8. Gonorrhea (all other sites);\*\*

3.7.b.9. Hemophilia;

3.7.b.10. Hepatitis C / Other non-A or non-B, acute or chronic;

3.7.b.11. HIV (Human Immunodeficiency Virus) according to the time

frame in the bureau rule, "AIDS Related Medical Testing and Confidentiality", 64CSR64;\*\*

3.7.b.12. Lead, all blood lead test results;

3.7.b.13. Occupational illnesses;

3.7.b.14. Pelvic inflammatory disease;\*\*

3.7.b.15. Syphilis (late latent, late symptomatic, or neurosyphilis);\*\*

3.7.b.16. Syphilis\*\* -- primary, secondary, early latent (less than one (1) year), or congenital (all within 24 hours); and

3.7.b.17. Traumatic Brain Injury, not reported to the bureau according to the protocol in the West Virginia Reportable Diseases Protocol Manual (available online at <http://www.wvdhhr.org/idep>).

3.7.c. Reports of Category V.A. diseases and conditions are submitted on forms as specified in the West Virginia Reportable Diseases Protocol Manual (available online at <http://www.wvdhhr.org/idep>).

3.7.d. Category V.B. diseases and conditions reportable by laboratories are:

3.7.d.1. All CD4+ T-lymphocyte or percentages according to the time frame in the bureau rule, "AIDS Related Medical Testing and Confidentiality", 64CSR64.

3.7.d.2. *Chlamydia trachomatis* by culture, antigen, DNA probe methods, or other positive laboratory evidence;\*

3.7.d.3. Down's Syndrome chromosomal anomaly;

3.7.d.4. *Haemophilus ducreyi*;\*\*

3.7.d.5. Hepatitis C / Other non-A or non-B, virologic or serologic evidence;

3.7.d.6. HIV (Human

Immunodeficiency Virus) Type 1 or 2, confirmed antibody or virus detection test (serology, culture, antigen, PCR, DNA, RNA probe, etc.), according to the time frame in the bureau rule, "AIDS Related Medical Testing and Confidentiality", 64CSR64;\*\*

3.7.d.7. Influenza, culture confirmed, (numerical totals only, by type and subtype as available);

3.7.d.8. Lead, all blood lead test results;

3.7.d.9. *Mycobacterium tuberculosis* from any site\*\* (include drug susceptibility patterns) (within 24 hours);

3.7.d.10. *Neisseria gonorrheae* (drug resistant) from any site\*\* (within 24 hours);

3.7.d.11. *Neisseria gonorrheae* from female upper genital tract\*\* (within 24 hours);

3.7.d.12. *Neisseria gonorrheae* from the eye of a newborn\*\* (within 24 hours);

3.7.d.13. *Neisseria gonorrheae*\*\*, culture or other positive laboratory evidence, (all other);

3.7.d.14. Syphilis\*\*, serologic evidence;

3.7.d.15. *Treponema pallidum*, positive dark-field examination\*\* (within 24 hours); and

3.7.d.16. Any other laboratory evidence suggestive of current infection with any of the diseases or conditions listed in Category V.A.

3.7.e. Reports of Category V diseases and conditions marked with two (2) asterisks (\*\*) shall be made on the appropriate STD/HIV/AIDS and TB report forms provided by the bureau, until such time as these diseases can be reported electronically using the WVEDSS.

#### **§64-7-4. Other Reportable Events: Birth Defects.**

4.1. The commissioner shall arrange for the reporting of birth defects as soon as detected by pediatric health care providers or human genetic services providers. Birth defects are also identified from birth certificates and health care facility medical records. After case review, evaluation and referrals, reports are consolidated in the Maternal and Child Health database. The ~~division~~ bureau shall provide appropriate report forms for this reporting.

#### **§64-7-5. Other Reportable Events: Potentially Rabid Animal Bites, Rabid Animals.**

5.1. If a person is bitten, scratched, or otherwise exposed (gets saliva, neural tissue, or other potentially infectious fluid into an open cut, wound, or mucous membrane) to an animal which has or is suspected of having rabies, then the incident, including the person's full name, date of birth, and address, shall be reported to the local health officer within twenty-four hours, by phone, or preferably by WVEDSS, by the following individuals:

5.1.a. The physician or other health care provider caring for or observing the person;

5.1.b. The veterinarian or animal health care provider;

~~5.1.b:~~ 5.1.c. The person bitten, scratched, or otherwise exposed, if no physician or other health care provider is in attendance and the person bitten, scratched or otherwise exposed is an adult;

~~5.1.c:~~ 5.1.d. Whoever is caring for the person, if no physician or other health care provider is in attendance and the person bitten, scratched, or otherwise exposed is incapacitated; or

~~5.1.d:~~ 5.1.e. The parent or guardian, if no physician or other health care provider is in attendance and the person bitten, scratched or otherwise exposed is a child.

5.2. The local health officer shall report within twenty-four hours to the commissioner the name, date of birth, address, circumstances of the exposure, and action taken for every person bitten, scratched, or otherwise exposed to an animal which has or is suspected of having rabies.

5.3. If the animal is a domestic dog, ~~or cat~~ or ferret, the local health officer shall make a reasonable attempt to determine the animal's owner, and, if successful, shall direct the owner to confine the animal for a period of ten days. The owner of the dog, ~~or cat~~ or ferret, county humane officer, dog warden or sheriff shall notify the local health officer immediately if the animal shows symptoms compatible with rabies or dies, and the local health officer, county humane officer, dog warden or sheriff shall arrange for appropriate examination of the animal's brain at the Office of Laboratory Services.

5.4. If the local health officer cannot determine the owner of the domestic dog, ~~or cat~~ or ferret, he or she shall direct the county humane officer, dog warden or sheriff to pick up the suspect dog, ~~or cat~~ or ferret, that has bitten a person and confine it in isolation for a period of ten days. If the animal shows symptoms compatible with rabies, the local health officer shall direct the county humane officer, dog warden, sheriff, or other designee to humanely destroy the animal and arrange for appropriate examination of the animal's brain. If the animal dies, the local health officer shall arrange for appropriate examination of the animal's brain at the Office of Laboratory Services.

5.5. If a person is reported bitten by any animal having or suspected of having rabies other than a domestic dog, ~~or cat~~ or ferret, the local health officer, if necessary, shall direct the county humane officer, dog warden, sheriff, or other designee to have the animal humanely destroyed immediately and to arrange for appropriate examination of the animal's brain at the Office of Laboratory Services.

5.6. Any person who becomes aware of the existence of an animal apparently afflicted with rabies shall report the existence of the animal, the place where it was last seen, the owner's name, if known, and the symptoms suggesting rabies to the

local health officer immediately.

#### **§64-7-6. Other Reportable Events: Administration of Immunizations.**

6.1. The commissioner shall establish and maintain a centralized registry for tracking compliance with nationally recommended immunization schedules and for monitoring vaccine use.

6.2. Health care providers, health care facilities, local health officers, and any other provider or facility administering immunizations shall report immunizations administered to the centralized immunization registry as required by this rule. Administration of immunization against the following diseases are reportable: diphtheria, whooping cough, tetanus, polio, measles, mumps, rubella, hepatitis-B, Haemophilus influenzae type b disease, chicken pox, and any additional immunizations required by the commissioner for public health purposes as published by order filed with the secretary of state.

6.3. All immunizations administered to ~~children of ages six (6)~~ persons eighteen years of age and under shall be reported to the immunization registry within two weeks of the administration of the immunization. Immunizations of adults may also be reported and such reports are encouraged to maintain an accurate and useful database of all immunization information.

6.4. Immunization reports shall contain the name of the ~~child~~ person receiving the immunization, his or her address, date of birth, mother's maiden name, information on the immunization administered, and any other information required by the commissioner for development, maintenance, and use of the immunization registry and vaccine tracking system.

6.5. Immunization data that must be reported to the department is confidential, except it may be shared with other health care providers, or other entities with a legally defined access to the data, who are enrolled in the system, without the specific consent of the parent or patient. The data

shall only be used for the ongoing care of the patient to assess immunization status, to determine immunization coverage rates, to assist in outbreak investigations or for other purposes determined by the commissioner.

6.6 Local health officers and other health care providers identified by the state health officer as smallpox vaccination clinics and charged with the responsibility of providing and administering smallpox vaccinations shall report smallpox vaccine administrations to the state health officer through the first responder immunization tracking system within twenty-four hours of the administration of the vaccine.

6.7 In the event of an influenza or other pandemic or a bioterrorist event or intentional exposure to an infectious agent, local health departments or other providers charged with administering prophylactic medication or vaccinations shall report administration to the commissioner via an electronic database within 24 hours of the administration of the prophylactic medication or vaccination.

#### **§64-7-7. Other Reportable Events: Disease Outbreaks.**

7.1. When a facility, health care provider or laboratory becomes aware of an outbreak, they shall report the outbreak to the local health officer immediately.

7.2. When the local health officer becomes aware of an outbreak in his or her jurisdiction, he or she shall notify the bureau immediately.

7.3. As appropriate, the local health officer shall collaborate in investigation of the outbreak with:

7.3.a. Other local health officers if cases from other local health jurisdictions are identified;

7.3.b. Public health officials from other states if cases from those states are identified;

7.3.c. The department; and

7.3.d. Federal public health officials.

7.4. An appropriate investigation generally includes:

7.4.a. Establishment of the existence of the outbreak;

7.4.b. Confirmation of the diagnosis, including obtaining appropriate laboratory examinations of cases;

7.4.c. Formulation of an appropriate case definition;

7.4.d. Notification of laboratories and providers in the jurisdiction to identify and report additional cases;

7.4.e. Systematic collection of demographic and epidemiological information on the cases;

7.4.f. Formulation and implementation of control measures to stem the spread of the outbreak;

7.4.g. Formulation and implementation of special studies to determine the source of the outbreak; and

7.4.h. Summarization of the findings of the outbreak investigation in written form.

7.5. In the process of outbreak investigation, the commissioner may perform epidemiological studies, including case-control, cross-sectional and cohort studies which involve interviews and evaluations of ill persons and well persons. Interviews and evaluations of ill and well persons are confidential and not discoverable under state freedom of information act, WV Code §29B-1-1, et seq. Information may only be released in aggregate for the purpose of informing the public of the conclusions of the investigation.

7.6. In the process of outbreak investigation, the commissioner may request laboratory studies on ill persons and/or well persons. Laboratory results obtained on ill and well persons are confidential and not discoverable under state freedom of information act, WV Code 29B-1-1 et seq. Information may only be released in



aggregate for the purposes of informing the public of the conclusions of the investigation.

**§64-7-8. Other Reportable Events: Surveillance program evaluation and special studies.**

8.1. As necessary, the commissioner may conduct special studies to evaluate completeness, timeliness and accuracy of the surveillance and epidemiological information reported under this rule. In the process of conducting program evaluation, the commissioner may request any of the following information from providers, facilities, laboratories, or other individuals named in this rule:

8.1.a. Computerized or paper reports of cases diagnosed during a limited timeframe, usually during a one year interval, but not more than five years;

8.1.b. Specified laboratory results collected over a limited timeframe, usually during a one year interval, but not more than five years;

8.1.c. Access to records to perform audits for completeness, accuracy and timeliness of reporting, or

8.1.d. Other information required to verify completeness and accuracy of reporting.

8.2. In addition, the commissioner may conduct special studies on the health of the population for the purposes of quantifying the risk to the population or access to appropriate prevention and control services or validating information collected through surveillance data. Studies may include cross-sectional studies, case-control studies, cohort studies or other similar study designs where ill and well persons are evaluated or interviewed or information is collected on these individuals. All information collected in these studies, whether on ill or well persons is confidential and not discoverable under state freedom of information act, WV Code 29B-1-1, et seq. Information may be released in aggregate for the purposes of informing the public about the health risk or the quality of the surveillance system.

**§64-7-9. Other Reportable Events: Bioterrorism response.**

9.1. All health care providers, facilities, animal health care providers, laboratories and law enforcement personnel are required to report suspected or confirmed disease due to a bioterrorism agent immediately by telephone, or preferably by WVEDSS to the local health department in the jurisdiction where the bioterrorist event is identified.

9.2. Suspect disease due to bioterrorism agents may be identified by the following epidemiological findings:

9.2.a. Unusual temporal or geographic clustering of illness, such as persons who attended the same public event or gathering, or patients presenting with clinical signs and symptoms that suggest an infectious disease outbreak, such as more than two persons presenting with an unexplained febrile illness associated with sepsis, pneumonia, respiratory failure, rash or a botulism-like syndrome with flaccid paralysis, especially if occurring in otherwise healthy persons;

9.2.b. An unusual age distribution for common diseases, such as an increase in what appears to be a chickenpox like illness among adult patients, but which might be smallpox;

9.2.c. A large number of cases of acute flaccid paralysis with prominent bulbar palsies, suggestive of a release of botulinum toxin;

9.2.d. A laboratory finding characteristic of one of the known bioterrorism agents;

9.2.e. An unusually high number of laboratory samples, particularly from the same biologic medium, such as blood or stool cultures;

9.2.f. Unusual requests for testing or culturing; or

9.2.g. Other unusual medical, laboratory or epidemiological findings not consistent with known patterns of transmission of naturally-occurring infectious agents.

9.3. Bioterrorism agents may include, but are not limited to:

- 9.3.a. Anthrax (Bacillus anthracis);
- 9.3.b. Botulism (Clostridium botulinum toxin);
- 9.3.c. Plague (Yersinia pestis);
- 9.3.d. Smallpox (variola major);
- 9.3.e. Tularemia (Francisella tularensis);
- 9.3.f. Viral hemorrhagic fevers (filoviruses [e.g., Ebola, Marburg] and arenaviruses [e.g., Lassa, Machupo]);
- 9.3.g. Brucellosis (Brucella species);
- 9.3.h. Epsilon toxin of Clostridium perfringens;
- 9.3.i. Food safety threats (e.g., Salmonella species, Escherichia coli O157:H7, Shigella);
- 9.3.j. Glanders (Burkholderia mallei);
- 9.3.k. Melioidosis (Burkholderia pseudomallei);
- 9.3.l. Psittacosis (Chlamydia psittaci);
- 9.3.m. Q fever (Coxiella burnetii);
- 9.3.n. Ricin toxin from Ricinus communis (castor beans);
- 9.3.o. Staphylococcal enterotoxin B;
- 9.3.p. Typhus fever (Rickettsia prowazekii);
- 9.3.q. Viral encephalitis (alphaviruses [e.g., Venezuelan equine encephalitis, eastern equine encephalitis, western equine encephalitis]); and
- 9.3.r. Water safety threats, such as Vibrio cholerae, Cryptosporidium parvum.

9.4. In the event of a suspected or confirmed bioterrorist event, the commissioner may designate a disease or condition as immediately reportable by direct notification of local health departments and/or providers by any rapid means available. In that situation, the commissioner may request reporting of cases by phone or by filing an electronic report with WVEDSS.

9.5. The local health officer, on notification of a suspected or confirmed bioterrorist event shall immediately notify the bureau by phone 1-800-423-1271 or (304) 558-5358. When WVEDSS is certified as operational by the commissioner, reports shall also be filed with WVEDSS.

9.6. As appropriate, the local health officer shall collaborate in an investigation of the bioterrorist event with:

- 9.6.a. Other local health officers if cases from other local health jurisdictions are identified;
- 9.6.b. Public health officials from other states if cases from those states are identified;
- 9.6.c. The department;
- 9.6.d. Federal public health officials; and
- 9.6.e. Law enforcement personnel.

9.7. The local health officer shall collaborate in an epidemiological investigation of the bioterrorist event, usually to include a complete outbreak investigation as described in section seven (7) of this rule.

**~~§64-7-7~~ §64-7-10. Deaths from Reportable Diseases and Conditions; Reportable Diseases and Conditions Diagnosed After Death.**

~~7-1. 10.1. Upon receipt of any death certificate showing a reportable disease or condition, except a Category III disease or condition, the State registrar of vital statistics shall send a copy of the death certificate to WVEDSS, to the local health officer for the county in which the death occurred and to the county in which the decedent resided. The State registrar shall report Category III all deaths due to diseases listed in this rule to the~~

~~division bureau.~~

~~7.2.~~ 10.2. If a pathologist, coroner, medical examiner, physician, other health care provider, or other individual investigating the cause of death determines from the examination of a corpse or from a history of the events leading to death, that at the time of death, the decedent had a disease or condition required to be reported by this rule, he or she shall report the case promptly as required by this rule as if the diagnosis had been established prior to death.

**~~§64-7-8~~ §64-7-11. Persons, Facilities, and Laboratories Required to Report; Other Related Responsibilities.**

~~8.1.~~ 11.1 Health Care Providers;

~~8.1.a.~~ 11.1.a. Any health care provider or health care facility who suspects, diagnoses, or cares for a patient with a disease or condition listed in Subdivisions 3.3.b., 3.4.b., 3.5.b., or elsewhere in this rule shall:

~~8.1.a.1.~~ 11.1.a.1. Report the disease or condition as required by this rule;

~~8.1.a.2.~~ 11.1.a.2. Assist public health officials in appropriate case and outbreak investigation and management and in any necessary contact investigation and management;

~~8.1.a.3.~~ 11.1.a.3. Make every effort to submit the specimens identified in protocols specified by the commissioner to establish an accurate diagnosis of the disease or condition to a laboratory approved by the commissioner;

~~8.1.a.4.~~ 11.1.a.4. If the disease or condition is communicable, advise, in consultation with State and local public health officials, the patient, and as necessary, members of the patient's household and other patient contacts regarding the precautions to be taken to prevent further spread of the disease. In cases of sexually transmitted diseases, HIV, and tuberculosis, the ~~division bureau~~ recommends that health care providers and health care facilities refer contact notification activities to the ~~division for STD and HIV~~ STD/HIV/AIDS program and local health

departments for tuberculosis rather than attempt to accomplish the notification themselves;

~~8.1.a.5.~~ 11.1.a.5. Follow a method of control specified by the commissioner in established protocols in the West Virginia Reportable Diseases Protocol Manual (available online at <http://www.wvdhhr.org/idep>), or by methods developed in consultation with the commissioner; ~~and~~

~~8.1.a.6.~~ 11.1.a.6. Assist the local health officer by promoting implementation of the control method for the disease or condition specified in the protocol with the patient, and, as applicable, members of the patient's household, facility staff, and other involved individuals; ~~and~~

11.1.a.7. Assist the commissioner or local health officer in ruling out reported suspect cases of infectious diseases by submitting copies of negative laboratory tests or medical evaluations.

~~8.2.~~ 11.2. Laboratories.

~~8.2.a.~~ 11.2.a. All laboratories, whether public, private or hospital-based, shall report evidence of current infection with the diseases or conditions listed in ~~Subdivisions 3.3.d., 3.4.d., and 3.5.d.~~ of this rule and shall otherwise comply with the requirements of this rule.

~~8.2.b.~~ 11.2.b. A laboratory which receives a specimen yielding *Mycobacterium tuberculosis* shall submit the first isolate to the office of laboratory services, bureau for public health. Additionally, any isolate of *M. tuberculosis* from a patient collected ninety or more days after the initial specimen shall also be forwarded to the office of laboratory services. The laboratory shall perform or arrange for drug susceptibility testing on the initial isolate from each patient from whom *M. tuberculosis* was isolated and report the results of that drug susceptibility testing to the local health department in the county where the patient resides, within one working day from the time the person or agency who submitted the specimen is notified. If any subsequent culture of *M. tuberculosis* is found to have developed new patterns of resistance, an additional culture or

subculture of the resistant isolate shall be submitted to the Office of Laboratory Services. Clinical laboratories that identify acid fast bacillus (AFB) on a smear from a patient shall culture and identify the AFB, or refer these to another laboratory for those purposes.

~~8.2.b.1.~~ 11.2.b.1. Clinical laboratories that isolate Bacillus anthracis, Clostridium botulinum, Community-acquired Staphylococcus aureus, Corynebacterium diphtheriae, Tularemia, Salmonella, Shigella, Campylobacter, Listeria monocytogenes, or suspect or confirmed E. coli O157:H7 or Yersinia pestis from any patient specimen or Neisseria meningitidis, Streptococcus pneumoniae, or Haemophilus influenzae from a sterile site should submit the first isolate or a subculture of that isolate to the Office of Laboratory Services. In addition, the commissioner may request routine submission of other bacterial isolates by inclusion in the West Virginia Reportable Diseases Protocol Manual (available online at <http://www.wvdhhr.org/idep>) and by written notification of laboratories of the specific requirement. During outbreak or other special investigations, the commissioner may request submission of isolates from persons with disease during a timeframe specified by the commissioner.

~~8.2.b.2.~~ 11.2.b.2. Information that shall be included in any of the specimens listed in this section includes:

~~8.2.b.2.A.~~ 11.2.b.2.A. The name, address, and date of birth of the patient;

~~8.2.b.2.B.~~ 11.2.b.2.B. The specimen accession number or other unique identifier;

~~8.2.b.2.C.~~ 11.2.b.2.C. The date the specimen was obtained from the patient;

~~8.2.b.2.D.~~ 11.2.b.2.D. The source of the specimen;

~~8.2.b.2.E.~~ 11.2.b.2.E. The type of test performed;

~~8.2.b.2.F.~~ 11.2.b.2.F. The name,

address, ~~and~~ telephone and fax number of the submitting laboratory; and

~~8.2.b.2.G.~~ 11.2.b.2.G. The name, office address, ~~and~~ office telephone and fax number of the physician or health care provider for whom the examination or test was performed.

11.2.b.3. Clinical laboratories that identify virological, serological, electron microscopic or molecular evidence of acute infection with LaCrosse, West Nile, Eastern Equine or St Louis encephalitis; orthopox virus (including smallpox and monkeypox); poliomyelitis; rabies; rubella; rubeola; or SARS coronavirus shall submit an acute specimen to the Office of Laboratory Services for confirmation. In addition, the commissioner may request routine submission of laboratory specimens for confirmation of other diseases by documentation of the request in the West Virginia Reportable Diseases Protocol Manual (available online at <http://www.wvdhhr.org/idep>) and by written notification of laboratory directors. During outbreak or other special investigations, the commissioner may request submission of isolates from persons with disease during a timeframe specified by the commissioner.

11.2.b.4. In addition, the laboratory shall assist the commissioner or local health officer in ruling out reported suspect cases of infectious diseases by submitting copies of negative laboratory tests for the condition under evaluation.

~~8.3.~~ 11.3. Administrators of schools, camps, vessels, and department-operated health care facilities.

~~8.3.a.~~ 11.3.a. When no physician or other responsible health care provider is in attendance, the administrator of any school, camp, vessel or department-operated health care facility shall:

~~8.3.a.1.~~ 11.3.a.1. Report any reportable disease or condition occurring in the school, camp, vessel or department-operated health care facility as required by this rule;

~~8.3.a.2.~~ 11.3.a.2. Assist public health

officials in appropriate case and outbreak investigation or management and in any necessary contact investigation and management;

~~8.3.a.3.~~ 11.3.a.3. Follow a method of control specified by the commissioner in established protocols in the West Virginia Reportable Diseases Protocol Manual (available online at <http://www.wvdhhr.org/idep>) or by recommendations developed in consultation with the commissioner;

~~8.3.a.4.~~ 11.3.a.4. If the disease or condition is communicable, advise, in consultation with state and local public health officials, the patient, and as necessary, members of the patient's household and other patient contacts regarding the precautions to be taken to prevent further spread of the disease. In cases of sexually transmitted diseases, HIV, and tuberculosis the ~~division~~ bureau recommends that health care providers and health care facilities refer contact notification activities to the ~~division for STD and HIV~~ STD/HIV/AIDS program and local health departments for tuberculosis rather than attempt to accomplish the notification themselves; and

~~8.3.a.5.~~ 11.3.a.5. Assist the local health officer by promoting implementation of the control method for the disease or condition specified in the protocol with the patient, and, as applicable, members of the patient's household, facility staff, and other involved individuals.

#### **~~§64-7-9~~ §64-7-12. Distribution of Rule.**

~~9.1.~~ The ~~division~~ bureau and health care professional licensing boards and agencies may distribute this rule to licensed health care professionals who have a duty under this rule. Local health departments may copy and distribute this rule to local health care providers at no cost. The rule is also available online from the Secretary of State's office at [www.wvsos.com](http://www.wvsos.com).

#### **~~§64-7-10~~ §64-7-13. Responsibilities of Local Health Officers.**

~~10.1.~~ 13.1. Local health officers shall comply with the requirements of this rule.

~~10.2.~~ 13.2. Local health officers shall maintain a record of the information they collect and the reports they make pursuant to this rule according to the record retention schedule for the local health department. They shall give the information and reports to their successor.

~~10.3.~~ 13.3. Upon receipt of a reportable disease or condition report, a local health officer shall:

~~10.3.a.~~ 13.3.a. As circumstances require, investigate the source of the disease or condition, identify contacts, look for undetected and unreported cases, and implement the prevention and control methods specified by the protocols in the West Virginia Reportable Diseases Protocol Manual (available online at <http://www.wvdhhr.org/idep>), or developed in consultation with the commissioner;

~~10.3.b.~~ 13.3.b. Act in accordance with the protocols established by the commissioner in the West Virginia Reportable Diseases Protocol Manual (available online at <http://www.wvdhhr.org/idep>), or recommendations developed in consultation with the commissioner;

~~10.3.c.~~ 13.3.c. Determine if required specimens have been collected and submitted; and if not, arrange for collection and submission of necessary specimens to investigate the case, determine the source of the infection, and identify infection of contacts, as necessary. Local health officers shall submit specimens to the bureau laboratory or other laboratory approved by the commissioner;

~~10.3.d.~~ 13.3.d. Give the patient, those persons caring for the patient, household members, and other contacts instructions and advice necessary to prevent the spread of the disease or condition; and

~~10.3.e.~~ 13.3.e. Report any disease or condition listed in ~~Subsections 3.3, 3.4, 3.5, or elsewhere~~ in this rule to the ~~division~~ bureau within the time frame specified in each category.

~~10.4.~~ 13.4. If the report received is a death

certificate listing a reportable disease or condition, the local health officer shall ascertain whether the disease or condition was reported according to the requirements of this rule prior to the individual's death. As with any other report, the local health officer shall investigate the source of the disease or condition, identify contacts, and look for undetected and unreported cases and implement prevention and control measures as circumstances require.

~~10.5.~~ 13.5. Whenever a local health officer knows of or suspects the existence of any reportable disease or condition, and either no health care provider is in attendance, or the health care provider has failed or refused to comply with this rule, the local health officer shall investigate the alleged reportable disease or condition. If the investigation establishes the existence of a reportable disease or condition, the local health officer shall further investigate, manage, and report the disease or condition as required by this rule.

~~10.6.~~ 13.6. If the local health officer determines that a health care provider, health care facility, laboratory, or other individual named in this rule as responsible for reporting failed to report a reportable disease or condition, the local health officer shall notify the responsible individual or facility and shall request an explanation for the failure to report the disease as required by this rule.

~~10.7.~~ 13.7. The local health officer shall report to the commissioner the name and address of the health care provider, health care facility, laboratory, or other responsible individual named in this rule and his or her reason for failure to comply with the requirements of this rule.

~~§64-7-11.~~ **§64-7-14. Management of Undiagnosed Diseases or Conditions Suggesting a Reportable Disease or Condition.**

~~11.1.~~ When presenting symptoms of an undiagnosed disease or condition suggest a reportable disease or condition, the local health officer may initiate and enforce control methods appropriate for the reportable suggested disease or condition until a definitive diagnosis is established. If the disease diagnosed does not require the control measures initiated, then these measures

shall be terminated at once.

~~§64-7-12.~~ **§64-7-15. Disputed Diagnoses of Reportable Diseases or Conditions.**

~~12.1.~~ When doubt exists as to the diagnosis of a submitted reportable disease or condition, the local health officer may enforce the protocol and methods of control established by the commissioner for the suspected disease or condition and shall simultaneously notify the commissioner of the case. If the commissioner judges it necessary, he or she shall consult or assist with any investigation needed to make a final decision.

~~§64-7-13.~~ **§64-7-16. Designation of Diseases as Sexually Transmittable.**

~~13.1.~~ As allowed under WV Code §16-4-1 and for the purposes of treatment under WV Code §16-4-10, the following diseases are designated as potentially sexually transmittable: chlamydia ~~trachomatis~~, gonorrhea, herpes simplex virus type 2, syphilis (all stages), chancroid, lymphogranuloma venereum, human immunodeficiency virus, hepatitis B virus, and any other diseases the commissioner determines sexually transmittable, by order filed with the Secretary of State. The commissioner may, by order filed with the Secretary of State, also remove the designation of diseases he or she has, by order, previously designated.

~~§64-7-14.~~ **§64-7-17. Confidentiality.**

~~14.1.~~ 17.1. Any epidemiologic information collected and maintained pursuant to this rule by local health officers or the commissioner which identifies an individual or facility as having or suspected for having a reportable disease or condition, or as having been identified in an epidemiologic investigation is confidential and exempt from disclosure as provided in WV Code §29B-1-1 et seq., the Freedom of Information Act.

~~14.2.~~ 17.2. In the case of an individual, the commissioner or a local health officer may release confidential information identified in Subsection ~~14.1.~~ 17.1. of this rule to the following:

~~14.2.a.~~ 17.2.a. The patient;

~~14.2.b.~~ 17.2.b. The patient's legal representative whose authority encompasses the authority to access the patient's confidential information;

~~14.2.c.~~ 17.2.c. Individuals who maintain and operate the data and medical record systems used for the purposes of this rule, if the systems are protected from access by persons not otherwise authorized to receive the information;

~~14.2.d.~~ 17.2.d. The patient's physician or other medical care provider when the request is for information concerning the patient's medical records and is, in the determination of the commissioner or the local health officer, to be used solely for the purpose of medical evaluation or treatment of the patient;

~~14.2.e.~~ 17.2.e. Any individual with the written consent of the patient and of all other individuals identified, if applicable, in the information requested;

~~14.2.f.~~ 17.2.f. Staff of a federal, State, or local health department or other local agency with the responsibility for the control and treatment of disease, to the extent necessary for the agency to enforce specific relevant provisions of federal, State and local law, rules and regulations concerning the control and treatment of disease;

~~14.2.g.~~ 17.2.g. Medical personnel caring for a potentially exposed individual to the extent necessary to protect the health or life of the exposed individual;

~~14.2.h.~~ 17.2.h. The manager of a licensed facility employing the case or suspected case if determined absolutely necessary by the commissioner for protection of the public's health under the following provisions:

~~14.2.h.1.~~ 17.2.h.1. Disclosed information is limited to the name of the individual, the name of the disease, laboratory test results associated with the reportable disease and steps the manager shall take to assure protection of the health of the public; and

~~14.2.h.2.~~ 17.2.h.2. The personal identity of the employee shall be kept confidential by the manager of the licensed facility to whom a disclosure was made; and

~~14.2.i.~~ 17.2.i. The persons to whom reports are required to be filed under WV Code §49-6A-1 et seq. regarding children suspected to be abused or neglected, subject to the confidentiality protections of WV Code §§16-4-10, 16-29-1, 16-3C-3, or any other applicable confidentiality code section.

~~14.3.~~ 17.3. In the case of a licensed facility, the commissioner or a local health officer may release confidential information to the public when there is a clear and convincing need to protect the public's health as determined necessary by the commissioner.

#### **~~§64-7-15.~~ §64-7-18. Isolation, Quarantine and Placarding.**

~~15.1.~~ 18.1. The authority to implement and terminate quarantine or placarding to prevent spread of a communicable disease or to protect the public from other health hazards rests with the commissioner. This authority extends to local health officers when they are following protocols established by the commissioner for management of reportable diseases and conditions, or established following consultation with the commissioner for these or other health risks.

~~15.2.~~ 18.2. When an individual or a group of individuals is suffering from a communicable disease for which isolation is required for the control of the disease, the local health officer may initiate and terminate the necessary isolation, unless the person is in a hospital, nursing home, or other institution. In these cases, the attending physician or other responsible health care provider within the institution shall assume responsibility for isolation and its termination.

~~15.3.~~ 18.3. No person shall interfere with or obstruct any local health officer in the posting of any placard used to prevent transmission of a communicable disease or exposure to another health hazard. In addition, no person shall conceal, mutilate or remove any placard, except

by permission of the local health officer.

~~15.4.~~ 18.4. In the event a placard is concealed, mutilated or torn down, the occupant or, if there is no occupant, the owner of the premises where the placard was posted shall notify the local health officer of the fact immediately upon discovery.

**~~§64-7-16.~~ §64-7-19. Exclusion from School Due to a Communicable Disease; Readmission.**

~~16.1.~~ 19.1. When a pupil or school personnel member suffers from a communicable disease potentially placing other students or school personnel at risk of disease, the individual may be excluded from school by the local health officer, the individual's physician, or the school administrator acting in accordance with jointly developed the Department of Education rule, "Communicable Disease Control Policy", 126 CSR 51. and Department rules and communicable disease policies.

~~16.2.~~ 19.2. When a pupil or school personnel member has been excluded from school due to a communicable disease, the individual may return upon presentation of a certificate of health to school officials from a physician, local health officer or his or her authorized representative stating that the individual is no longer liable to transmit the disease to others. The return is subject to compliance with jointly developed the Department and Department of Education rule, "Communicable Disease Control Policy", 126 CSR 51 rules and policies governing those cases.

**~~§64-7-17.~~ §64-7-20. Examination and Training of Food Service Workers.**

~~17.1.~~ 20.1. Food service management training or workers' training may be provided by the local health departments at the discretion of the local health officer.

~~17.2.~~ 20.2. Food service management training courses shall satisfy the local health officer that the training of management personnel will result in suitable training for the other food service workers within that particular food service establishment.

~~17.3.~~ 20.3. For the protection of the public, the

local health officer may advise a medical examination of a food service worker by a physician approved by the local health officer. In addition, the local health officer may exclude the individual from specific work activities until the exam is completed and the individual no longer presents a threat to public health.

~~17.4.~~ 20.4. The local health officer may require any laboratory examinations necessary to detect any condition in the food service worker or in the food service facility in which the worker is working, whether or not for compensation, which might constitute a hazard to the public's health.

**~~§64-7-18.~~ §64-7-21. Penalties.**

~~18.1.~~ 21.1. Any person ~~listed in Subsection 1.6. of this rule~~ who is subject to the provisions of this rule who fails to report a disease or condition as required by this rule or otherwise fails to act in accordance with this rule is guilty of a misdemeanor, and, upon conviction thereof, shall be fined not more than five hundred dollars (\$500), as provided under WV Code §16-1-18. Each violation is considered a separate offense.

~~18.2.~~ 21.2. Any local health officer who fails or neglects to appropriately investigate cases or suspected cases of reportable diseases or other public health threats reported to him or her by any physician or other person, within a reasonable period of time after the receipt of the report, is guilty of neglect of duty and may, at the discretion of the commissioner, be removed from office in accordance with WV Code §§16-2-4 or 16-2A-8.

~~18.3.~~ 21.3. A local health officer who fails to make the immediate or weekly reports required by this rule in the manner specified by the commissioner is guilty of neglect of duty and may at the discretion of the commissioner, be removed from his or her office according to the provisions of ~~W. Va. Code §§16-2-4 or 16-2A-8.~~ WV Code §16-2-12.

**~~§64-7-19.~~ §64-7-22. Administrative Due Process.**

Those persons adversely affected by the enforcement of this rule desiring a contested case



hearing to determine any rights, duties, interests or privileges shall do so in a manner prescribed in the bureau for Public Health procedural rule, Rules of Procedure for Contested Case Hearings and Declaratory Rulings, 64 CSR 1.