

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

RULEMAKING ACTION:

PERMANENT final adoption

RULES:

Subchapter 1. Disease and Injury Reporting

310:515-1-1[AMENDED]

310:515-1-2 [AMENDED]

310:515-1-3 [AMENDED]

310:515-1-4 [AMENDED]

AUTHORITY:

Commissioner of the Oklahoma State Department of Health; 63 O.S. § 1-104

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Subchapter 1. Disease and Injury
Reporting 310:515-1-1 [AMENDED]

310:515-1-2 [AMENDED]

310:515-1-3 [AMENDED]

310:515-1-4 [AMENDED]

310:515-1-8 [AMENDED]

310:515-1-10 [NEW]

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n/a

GIST/ANALYSIS:

OAC 515-1-1 states the statutory authority for the rules. OAC 515-1-2, OAC 515-1-3 and OAC 515-1-4 update the basis for reporting communicable diseases and require that every practicing physician and clinical laboratory submit reports to the State Department of Health in the manner, format and frequency prescribed by the Commissioner of Health. The Rules require the submission of

electronic records. OAC 310:515-1-2, OAC 310:515-1-3 and OAC 310:515-1-4 clarify the requirements for submitting reports electronically. OAC 310:515-1-4 requires reporting of positive HIV test results, including HIV nucleotide sequences. All negative HIV test results, negative HCV RNA test results, and HIV nucleotide sequences are only reportable by laboratories. Reporting requirements for LGV were clarified to state that LGV is reported as chlamydia and designated as LGV.

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PURSUANT TO THE ACTIONS DESCRIBED HEREIN, THE FOLLOWING RULES ARE CONSIDERED FINALLY ADOPTED AS SET FORTH IN 75 O.S., SECTIONS 250.3 (5) AND 308 (E), WITH AN EFFECTIVE DATE OF SEPTEMBER 11, 2022:

SUBCHAPTER 1. DISEASE AND INJURY REPORTING

310:515-1-1. Purpose

The rules in this Chapter implement the Communicable Diseases Reporting Regulations, 63 O.S. 1981, §§1-104, 1-106, 1-502, and 1-503.

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

The diseases listed in this Chapter must be reported, along with patient identifiers, demographics, and contact information, to the Department upon discovery as dictated in sections OAC 310:515-1-3 and OAC 310:515-1-4. Laboratories ~~having greater than 400 positive tests performed on site per year for reportable~~ reporting diseases described in 310:515-1-3, 310:515-1-4(1) and 310:515-1-4(2), or as may be otherwise required to be reported by OSDH, shall ~~begin electronic laboratory reporting~~ be reported electronically using meaningful use standards the manner and format prescribed by the State Commissioner of Health.

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

The following diseases/conditions associated with humans must be reported by any health practitioner or laboratory personnel to the OSDH electronically via secure electronic data transmission and by telephone (405 426-8710) ~~via the secure, web-based PHIDDO system or by telephone (405-271-4060 or 800-234-5963)~~ immediately upon suspicion, diagnosis, or testing.

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

- (16) Typhoid fever (*Salmonella Typhi*).
- (17) Viral hemorrhagic fever.

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.

(A) Acid Fast Bacillus (AFB) positive smear. Report only if no additional testing is performed or subsequent testing is indicative of *Mycobacterium tuberculosis* Complex.

(B) AIDS.

(C) *Anaplasma phagocytophilum* infection.

(D) Arboviral infections (West Nile virus, St. Louis encephalitis virus, Eastern equine encephalitis virus, Western equine encephalitis virus, Powassan virus, California serogroup virus, chikungunya virus, Zika virus).

(E) Brucellosis (*Brucella* spp.).

(F) Campylobacteriosis (*Campylobacter* spp.).

(G) Congenital rubella syndrome.

(H) Cryptosporidiosis (*Cryptosporidium* spp.).

(I) Cyclosporiasis (*Cyclospora cayetanensis*).

(J) Dengue Fever.

(K) *E. coli* O157, O157:H7, or a Shiga toxin producing *E. coli*. (STEC)

(L) Ehrlichiosis (*Ehrlichia* spp.).

(M) *Haemophilus influenzae* invasive disease.

(N) Hantavirus infection, without pulmonary syndrome.

(O) Hantavirus pulmonary syndrome.

(P) Hemolytic uremic syndrome, postdiarrheal.

(Q) Hepatitis A infection (Anti-HAV-IgM+).

(R) Hepatitis B infection. If any of the following are positive, then all test results on the hepatitis panel must be reported: HBsAg+, anti-HBc-IgM+, HBeAg+, or HBV DNA+.

(S) Hepatitis C infection in persons having jaundice or ALT > or = 200 with laboratory confirmation. If hepatitis C EIA is confirmed by NAT for HCV RNA, or s/co ratio or index is predictive of a true positive then report results of the entire hepatitis panel. Positive HCV RNA are reportable by both laboratories and providers. Negative test results for HCV RNA tests are reportable by laboratories only.

(T) HIV.

(i) All tests indicative of HIV infection are reportable by laboratories and providers. If any HIV test is positive, then all HIV test results on the panel must be reported by laboratories. For infants < or = 18 months, all HIV tests ordered, regardless of test result must be reported by laboratories.

(ii) All HIV nucleotide sequences and negative HIV test results are only reportable by laboratories.

(U) Influenza-associated hospitalization or death.

(V) Legionellosis (*Legionella* spp.)

(W) Leptospirosis (*Leptospira interrogans*).

(X) Listeriosis (*Listeria monocytogenes*).

(Y) Lyme disease (*Borrelia burgdorferi*).

(Z) Malaria (*Plasmodium* spp.).

- (AA) Mumps.
- (BB) Pertussis (*Bordetella pertussis*).
- (CC) Psittacosis (*Chlamydophila psittaci*).
- (DD) Q fever (*Coxiella burnetii*).
- (EE) Rubella.
- (FF) Salmonellosis (*Salmonella* spp.).
- (GG) Shigellosis (*Shigella* spp.).
- (HH) Spotted Fever Rickettsiosis (*Rickettsia* spp.) hospitalization or death.
- (II) Streptococcal disease, invasive, Group A (GAS) (*Streptococcus pyogenes*).
- (JJ) *Streptococcus pneumoniae* invasive disease, in persons less than 5 years of age.
- (KK) Syphilis (*Treponema pallidum*). Nontreponemal and treponemal tests are reportable. If any syphilis test is positive, then all syphilis test results on the panel must be reported. For infants < or = 18 months, all syphilis tests ordered, regardless of test result, must be reported.
- (LL) Tetanus (*Clostridium tetani*).
- (MM) Trichinellosis (*Trichinella spiralis*).
- (NN) Tuberculosis (*Mycobacterium tuberculosis*).
- (OO) Tularemia (*Francisella tularensis*).
- (PP) Unusual disease or syndrome.
- (QQ) Vibriosis (*Vibrionaceae* family: *Vibrio* spp. (including cholera), *Grimontia* spp., *Photobacterium* spp., and other genera in the family).
- (RR) Yellow Fever.

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

- (A) CD4 cell count with corresponding CD4 cell count percentage of total (by laboratories only).
- (B) Chlamydia (*Chlamydia trachomatis*).
- (C) Creutzfeldt-Jakob disease.
- (D) Gonorrhea (*Neisseria gonorrhoeae*).
- (E) HIV viral load (by laboratories only).
- (F) LGV. *Lymphogranuloma Venereum* is reportable as Chlamydia and designated as LGV.

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

(4) **Injuries.**

- (A) Burns.
- (B) Drownings and near drownings.
- (C) Traumatic brain injuries.
- (D) Traumatic spinal cord injuries.
- (E) Poisonings, including toxic and adverse effects.