CHAPTER 27
COMMUNICABLE AND NON-COMMUNICABLE DISEASES

Dr. Rachel Levine
Physician General
What is Chapter 27?

- PADOH regulations regarding:
  - Disease reporting obligations
    - What is required to be reported
    - What method(s) should be used
    - What are the time frames for submitting reports
    - Who needs to report (practitioners, veterinarians, labs)
  - Specimens that must be submitted to the public health laboratory
  - Disease and outbreak investigation measures and methods
  - Disease control measures
    - Exclusion periods
    - Groups to be excluded
Chapter 27 – Background

- Current regulations published in 2002
  - Content developed pre-9/11 and anthrax attacks
  - Previous revision was enacted 12 years earlier

- Goal is to avoid further complex revisions
  - Re-examine annually
  - Make incremental changes
  - Recognizes:
    - Emerging diseases
    - Evolving lab and information technology
    - Changing science regarding control measures
    - Changes to CDC nationally notifiable conditions list
• Post-911 bioterrorism initiatives

• Electronic disease surveillance system (PA-NEDSS)

• Initiated in 2003

• Emerging diseases (Ebola, MERS-CoV, SARS, monkeypox, novel influenza)

• Revision process initiated in 2004
Chapter 27 – Background

• Involves multiple parts of PADOH
  o Bureau of Epidemiology
  o Bureau of Communicable Diseases
  o Bureau of Community Health Systems
  o Bureau of Family Health
  o Bureau of Health Statistics and Registries
  o Bureau of Laboratories
  o Bureau of Public Health Preparedness
• In spite of the 13-year period since last revision, most changes are technical in nature
  o Clarifications
  o Repositioning sections within the chapter
  o Codification or clarification of activities already in-place
    ▪ Syndromic surveillance
    ▪ Electronic disease reporting
  o Changing public health and clinical practice
    ▪ Lab technology (e.g. point of use blood lead testing)
    ▪ Clinician scope of practice
    ▪ Changing federal recommendations
      ✷ Exclusion periods
      ✷ Disease definitions
      ✷ Addition of benign brain tumors to cancer registry
Chapter 27 – Notable Changes

27.1 Definitions

- “Public health emergency” defined
- Physician” changed to “health care practitioner acting within the health care practitioner’s scope of practice”
- “Household contact” changed to “close contact”
- More inclusive definition of “school”
  - Public school
  - Licensed private academic school
  - Non-public, non-licensed school – registered with DOE
Chapter 27 – Notable Changes

• 27.2 Inclusion of reporting of “public health emergencies” in addition to specific diseases, infections, and conditions

• 27.3 Requirement to report “unusual occurrence or manifestation of illness, infection or condition not specifically listed as reportable” in addition to outbreaks
• 27.3a Makes syndromic surveillance from PA hospital emergency departments reportable
  o Syndromic surveillance uses near real-time data from EDs to detect unusual activity for further public health investigation
  o Routine component of public health surveillance in the U.S.
  o Syndromic surveillance has been conducted in PA since 2002
  o 87% of EDs in PA already participate
  o Regulation not effective until notice published in PA Bulletin because of current funding constraints
• 27.4 Requires reporting through state electronic disease surveillance system (PA-NEDSS)
  o Exceptions:
    ▪ Animal bites
    ▪ Cancer and benign brain tumors
    ▪ Reporting of newborn screening moved to other legislation

• 27.5a Extends confidentiality protections currently in place for infectious disease outbreak investigations to environmental investigations and reports of unusual illness clusters
  o Provision extends to LMROs
Chapter 27 – Content

- 27.21 Conditions to be reported by health care providers

- 27.22 Conditions to be reported by laboratories; also list of specimens required to be submitted to public health lab

- 27.24a Conditions to be reported by veterinarians
Chapter 27 – Notable Changes in Conditions to Report

• Specific hemorrhagic fever viruses (Filoviruses and arenaviruses such as Ebola and Lassa fever)
• Coronaviruses (MERS-CoV and SARS)
• Burkholderia infections (potential bioterrorism agents)
• Smallpox-vaccine related adverse events
• Alignment with national notifiable disease list:
  o Babesiosis (emerging tick-borne disease)
  o Coccidioidomycosis
  o Invasive pneumococcal disease
  o Pediatric influenza deaths
  o Cyclosporiasis, vibriosis, yersiniosis (food-borne)
• Negative hepatitis C tests (not in the revision, but requesting to add so recent seroconverters can be identified and investigated)
Chapter 27 – Reporting Timeframes

• Immediate reporting category added
  o For health care practitioners and facilities only
  o Includes:
    ▪ Possible bioterrorism agents
    ▪ Conditions that require immediate investigation and prophylaxis or other control measures
    ▪ Anthrax, hemorrhagic fever such as Ebola, measles, food-borne botulism, plague, MERS-CoV, etc.

• 1 and 5-day reporting windows for other conditions as before
Chapter 27 – Isolate/Specimen Submission to BOL

• Current:
  o Salmonella, Enterohemorrhagic E. coli, Shigella, Haemophilus influenzae, Neisseria meningitidis

• Added:
  o Anthrax, Brucella, Burkholderia, botulism, diphtheria, tularemia, Listeria, MERS-CoV, tuberculosis, polio, SARS, vaccinia, smallpox, cholera, Yersinia

• Confirmation and subtyping/molecular testing of organisms important for public health response
27.32a  AIDS and HIV reporting
   o Changed to require reporting of all CD4 tests and viral load test results
     ▪ Currently report only CD4 <200 cells/microliter and detectable viral loads
   o Recommended by CDC in 2009
   o Reportable in 42 states
   o Required for measuring progress towards goals of the National HIV/AIDS Strategy
Chapter 27 – Notable Changes

• 27.31 Addition of benign brain tumors to cancer reporting

• 27.34 Reporting lead test results
  o All non-negative blood lead tests on persons >16 years of age now reportable, as adverse health effects are now recognized at lower levels

• 27.36 Reporting select agents and toxins
  o Potential bioterrorism agents as defined by DHHS
  o Restricts possession; registration required
  o Theft, loss or release must be reported to BOL
Chapter 27 – Notable Changes – Disease Control Measures

- **27.60a-c** Department of Health or other public health authority with approval from the department may investigate cases, outbreaks, etc., without interference
  - Explicit references to school settings and contact tracing

- **27.60d** Use of the term “partner services” for STD, HIV, and AIDS

- **27.60f** Closure of public buildings, entertainment facilities, and modes of transportation when a threat to public health exists
Chapter 27 – Notable Changes – Disease Control Measures

- **27.71 Exclusion and re-admission criteria for specified conditions**
  - Criteria for MRSA and cough in person exposed to pertussis added

- **27.165-167 Special requirements**
  - Isolation and quarantine requirements for mumps, rubella and varicella updated

- **27.191 Restriction of movement of animals, animal products, and animal-related materials updated**
Questions & Discussion