



# **CHAPTER 27**

# **COMMUNICABLE AND NON- COMMUNICABLE DISEASES**

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# 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

## Chapter 27 – Changing Landscape Since 2002

- 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
  - Bureau of Epidemiology
  - Bureau of Communicable Diseases
  - Bureau of Community Health Systems
  - Bureau of Family Health
  - Bureau of Health Statistics and Registries
  - Bureau of Laboratories
  - Bureau of Public Health Preparedness

## Chapter 27 – Revisions

- In spite of the 13-year period since last revision, most changes are technical in nature
  - Clarifications
  - Repositioning sections within the chapter
  - Codification or clarification of activities already in-place
    - Syndromic surveillance
    - Electronic disease reporting
  - 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

## Chapter 27 – Notable Changes

- 27.3a Makes syndromic surveillance from PA hospital emergency departments reportable
  - Syndromic surveillance uses near real-time data from EDs to detect unusual activity for further public health investigation
  - Routine component of public health surveillance in the U.S.
  - Syndromic surveillance has been conducted in PA since 2002
  - 87% of EDs in PA already participate
  - Regulation not effective until notice published in PA Bulletin because of current funding constraints

## Chapter 27 – Notable Changes

- 27.4 Requires reporting through state electronic disease surveillance system (PA-NEDSS)
  - 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
  - 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:
  - Babesiosis (emerging tick-borne disease)
  - Coccidioidomycosis
  - Invasive pneumococcal disease
  - Pediatric influenza deaths
  - 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
  - For health care practitioners and facilities only
  - 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:
  - Salmonella, Enterohemorrhagic E. coli, Shigella, Haemophilus influenzae, Neisseria meningitidis
- Added:
  - 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

## Chapter 27 – Notable Changes

- 27.32a AIDS and HIV reporting
  - Changed to require reporting of all CD4 tests and viral load test results
    - Currently report only CD4 <200 cells/microliter and detectable viral loads
  - Recommended by CDC in 2009
  - Reportable in 42 states
  - 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
  - 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
  - Potential bioterrorism agents as defined by DHHS
  - Restricts possession; registration required
  - 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