TITLE 173 COMMUNICABLE DISEASES

CHAPTER 1 REPORTING AND CONTROL OF COMMUNICABLE DISEASES

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TITLE 173 COMMUNICABLE DISEASES

CHAPTER 1 REPORTING AND CONTROL OF COMMUNICABLE DISEASES

1-001 SCOPE AND AUTHORITY: These regulations apply to the content, control, and reporting of communicable diseases, poisonings, and organisms pursuant to the provisions of Neb. Rev. Stat. §§ 71-501 to 71-514.05, 71-531 to 71-532, and 71-1626.

1-002 DEFINITIONS: When terms are used in 173 NAC 1, the following definitions apply:

Adult HIV Confidential Case Report Form means a CDC form for reporting HIV in adult patients to the Department. The form is available for download on the Department Website at http://dhhs.ne.gov/publichealth/epi/Pages/ReportableDiseases.aspx or by email request at dhhs.epi@nebraska.gov.

Advanced practice registered nurse (APRN) means a registered nurse who holds a current APRN license as a Certified Nurse Midwife, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist, or Nurse Practitioner.

Antibiotic susceptibility registry is the secured online database of susceptibilities of bacterial isolates to antimicrobial drugs reported to the state electronically by laboratories and stored in NEDSS (see NEDSS definition below).

Case means an instance of a suspected or confirmed disease or condition in a person or animal.

CDC means the Centers for Disease Control and Prevention.

CMS means Centers for Medicare and Medicaid

Communicable disease, illness, or poisoning means an illness due to an infectious or malignant agent, which is capable of being transmitted directly or indirectly to a person from an infected person or animal through the agency of an intermediate animal, host, or vector, or through the inanimate environment.

Confirmed case means a case of reportable disease that meets the case definitions specified and published by the Council of State and Territorial Epidemiologists (CSTE) for each disease, and available at ~~http://www.cdc.gov/ncphi/disss/nndss/casedef/case definitions.htm~~ http://wwwn.cdc.gov/nndss/script/casedefDefault.aspx. Confirmed cases generally require a positive laboratory test for the given disease, together with some clinical or epidemiologic data consistent with the clinical signs and symptoms of that disease.

Contact means a person or animal that has been in close proximity/association with a communicable disease, illness, or poison for such a period that they have had an opportunity to become affected.

Department means the Department of Health and Human Services (DHHS).

Epidemic or outbreak means the occurrence of one or more than one case of an illness of similar nature in persons of a community, institution, region, or other geographically defined area which is clearly in excess of normal expectancy.

Healthcare Associated Infection (HAI) means an infection that occurs as a result of a medical treatment or residence in a healthcare facility. Nebraska DHHS accepts the definitions of specific HAIs as published by the CDC for NHSN (see NHSN definition below).

Healthcare Facility means any facility licensed under the Health Care Facility Licensure Act, and such additional clinics or facilities not licensed under that act as may be identified in specific orders issued pursuant to 173 NAC.

Laboratory means any facility that receives, forwards, or analyzes specimens from the human body, or referred cultures of specimens from the human body, and reports the results to physicians and public health authorities.

Local public health department means a county, district, or city-county health department approved by the Department of Health and Human Services as a local full-time public health service.

NEDSS means the Nebraska Electronic Disease Surveillance System for electronic and manual online reporting.

~~ORNAO means the Online Reporting of Nebraska-reportable Antimicrobial-resistant Organisms system for electronic reporting.~~

NHSN means the National Healthcare Safety Network.

Pediatric HIV Confidential Case Report Form means a CDC form for reporting HIV in pediatric patients to the Department. The form is available for download on the Department Website at http://dhhs.ne.gov/publichealth/epi/Pages/ReportableDiseases.aspx or by email request at dhhs.epi@nebraska.gov.

Suspected case means a person or deceased person having a condition or illness in which the signs and symptoms resemble those of a recognizable disease.

1-003 WHO MUST REPORT

1-003.01 ~~Health Care~~Healthcare Providers: Physicians and hospitals must make reports of communicable diseases and poisonings as described in 173 NAC 1-003, 1-004, and 1-005, unless a report is made under 173 NAC 1-003.01A or 1-003.01B.

1-003.01A Reporting by Physician Assistants and Advanced Practice Registered Nurses: A physician assistant or advanced practice registered nurse who in lieu of a physician attends to any patient suspected of having a reportable disease or poisoning must make the report as required by 173 NAC 1.

1-003.01B Reporting ~~Lead Analysis~~by Laboratories in lieu of Physicians: If a laboratory ~~performing lead analysis~~ provides a report containing the required information to the ~~Department~~department, the physician is not required to make the report to the ~~Department.~~department. Physicians remain obligated to report when such reports are not made by laboratories.

1-003.01C Reporting by Healthcare Facilities in lieu of Physicians for HAIs: HAIs reported by healthcare facilities to CDC's NHSN are reportable. If a healthcare facility provides access to NSHN HAI data to the department and its local public health department and HAIs are reported to NHSN on a quarterly basis aligning with the CSM Reporting Schedule, the physician is not required to make the HAI report. Physicians remain obligated to report HAIs when access to NHSN data is not provided to the department. In the event of an outbreak, the department has the authority to require HAI data reports from facilities not currently reporting NHSN.

1-003.02 Laboratories: Laboratories must make reports as described in 173 NAC 1-004, 1-005.02, and 1-006.

~~1-003.01C~~1-003.02A Electronic Ordering of Laboratory Tests: For all laboratory tests which may identify a reportable disease (e.g., microbiology tests, hepatitis tests, etc.) and which are ordered through submission of an electronic requisition or other automated electronic mechanism, healthcare providers must include the following information at the time the test order is placed to the laboratory so that the laboratory may fulfill reporting requirements:

1. Patient first and last name;
2. Patient address including street, city, and zip;
3. Patient date of birth;
4. Patient gender;
5. Date of specimen collection;
6. Specimen source;
7. Ordered test;
8. Submitting provider's name;
9. Submitting provider's address and telephone number;
10. Pregnancy status, if available and if applicable;
11. Race, if available; and
12. Ethnicity (Hispanic / non-Hispanic), if available.

1-004 REPORTABLE DISEASES, POISONINGS, AND ORGANISMS: LISTS AND FREQUENCY OF REPORTS: The following diseases, poisonings, and organisms are declared to be communicable or dangerous or both to the public. Incidents of diseases, poisonings, and organisms must be reported as described in 173 NAC 1-004.01 through 1-004.03, 1-005, and 1-006.

1-004.01 Immediate Reports

1-004.01A The following diseases, poisonings, and organisms must be reported immediately:

Anthrax (*Bacillus anthracis*^)* ǂ)* ^
Botulism (*Clostridium botulinum*^)*) *^
Brucellosis (*Brucella abortus* ^, *B. melitensis* ^, *and B. suis* ^* ǂ ^*)
Carbapenamase-Resistant Enterobacteriaceae (suspected or confirmed) **^ (not to include *Proteus* or *Providencia* species or *Morganella morganii)*
Cholera *(Vibrio cholerae*^) ǂ) ^
Coccidiodomycosis (*Coccidioides immitis/posodasil*^)*)
Diphtheria (*Corynebacterium diphtheriae*) ǂ
Eastern equine encephalitis (EEE virus ^)*) *^
Food poisoning, outbreak-associated
Glanders *[Burkholderia (Pseudomonas) mallei*^]* ǂ *^
Haemophilus influenzae infection (invasive disease only)^ ǂ)) ^
Hantavirus pulmonary syndrome (Sin Nombre virus)
Hemolytic uremic syndrome (post-diarrheal illness)
Hepatitis A (IgM antibody-positive or clinically diagnosed during an outbreak)
Hepatitis B infection (positive surface antigen tests, e antigen tests, and all IgM core antibody tests, both positive and negative)
Hepatitis E
Influenza due to novel or pandemic strains (includes highly pathogenic avian influenza virus^)*) *^
Measles (Rubeola)
Melioidosis [*Burkholderia (Pseudomonas) pseudomallei*]* ǂ] *
Meningitis (*Haemophilus influenza*^ *or Neisseria meningitidis*^)) ^
Meningococcal disease, invasive (*Neisseria meningitidis*^)) ^
Monkeypox virus infection *
Middle East Respiratory Syndrome - suspected or confirmed cases ^
Pertussis [whooping cough] (*Bordetella pertussis*^)ǂ) ^
Plague (*Yersinia pestis*^)*ǂ) *^
Poliomyelitis, paralytic
Q *fever (Coxiella burnetii*^)*ǂ) ^*
Rabies (human and animal cases and suspects)
Ricin poisoning *
Rift Valley fever*
Rocky Mountain Spotted Fever (*Ricksettsia rickettsia*^)*
Rubella and congenital rubella syndrome
Severe Acute Respiratory Syndrome [SARS] (SARS-associated coronavirus)
Smallpox *
Staphylococcal enterotoxin B intoxication*ǂ *
Staphylococcus aureus, vancomycin-intermediate/resistant (MIC > 4 ?g/mL) ǂas defined by the CDC
Tick-borne encephalitis, virus complexes (Central European Tick-borne encephalitis virus, Far Eastern Tick-borne encephalitis virus, Kyasanur Forest disease virus, Omsk Hemorrhagic Fever virus, Russian Spring and Summer encephalitis virus)*)
Tularemia (*Francisella tularensis*^)*ǂ) *^
Typhus Fever, louse-borne *(Rickettsia prowazekii*^)*)*^ and flea-borne / endemic murine (*Rickettsia typhi)*

Venezuelan equine encephalitis *
Viral hemorrhagic fever (including but not limited to Ebola virus, Marburg virus, and Lassa fever virus)*, Congo Crimean Fever) - suspected or confirmed cases *
Yellow Fever

* Potential agents of bioterrorism (designated as select agents by CDC)
^ Laboratories must submit the isolate and/or specimen to the Nebraska Public Health Laboratory as specified in 173 NAC 1-007.03
‡ Laboratories performing electronic lab reporting as specified in 173 NAC 1-005.02C must report any antibiotic susceptibility test results

** Resistance to imipenem, doripenem, ertapenem or meropenem as defined by the CDC.

1-004.01B Clusters, Outbreaks, or Unusual Events, Including Possible Bioterroristic Attacks*: Clusters, outbreaks, or epidemics of any health problem, infectious or other, both in the community and in healthcare settings, including food poisoning, healthcare-associated outbreaks or clusters, influenza, or possible bioterroristic attack; increased disease incidence beyond expectations; unexplained deaths possibly due to unidentified infectious causes; and any unusual disease or manifestations of illness must be reported immediately.

1-004.02 Reports Within Seven Days: The following diseases, poisonings, and organisms must be reported within seven days of detection or diagnosis:

Acinetobacter spp., all isolates (applies only to laboratories performing electronic lab reporting as described in 173 NAC 1-005.02C) ‡
Acquired Immunodeficiency Syndrome (AIDS), as described in 173 NAC 1-005.01C2
Adenovirus (applies only to laboratories performing electronic lab reporting as specified in 173 NAC 1-005.02C) infection
Aeromonas (applies only to laboratories performing electronic lab reporting as specified in 173 NAC 1-005.02C) (conjunctivitis, respiratory)
Amebae-associated infection (*Acanthamoeba* spp., *Entamoeba histolytica*, and *Naegleria fowleri)*
Arboviral infections (including, but not limited to, West Nile virus, St. Louis encephalitis virus, Western Equine Encephalitis virus, Chikunguyna, Rift Valley fever, and Dengue virus) ^
Astrovirus (applies only to laboratories performing electronic lab reporting as specified in 173 NAC 1-005.02C)
Babesiosis (*Babesia* species)
Campylobacteriosis (Campylobacter^ spp.ecies) ‡ ^
Carbon monoxide poisoning (use breakpoint for non-smokers)
Chancroid (*Haemophilus ducreyi) ‡±*
Citrobacter spp.
Chlamydia pneumoniae (applies only to laboratories performing electronic lab reporting as specified in 173 NAC 1-005.02C)

Chlamydia trachomatis infections (nonspecific urethritis, cervicitis, salpingitis, neonatal conjunctivitis, pneumonia) ǂ±

Clostridium difficile (antibiotic-associated colitis and pseudomembranous colitis)

Coronavirus (applies only to laboratories performing electronic lab reporting as specified in 173 NAC 1-005.02C)

Creutzfeldt-Jakob Disease (subacute spongiform encephalopathy [14-3-3 and Tau protein from CSF or any laboratory analysis of brain tissue suggestive of CJD])

Cryptosporidiosis (*Cryptosporidium parvum*)

Cyclosporiasis (*Cyclospora cayetanensis*)

Ehrlichiosis, human monocytic (*Ehrlichia chaffeenis)* ǂ

Ehrlichiosis, human granulocytic (*Ehrlichia phagocytophila*)

Encephalitis (caused by viral agents)

~~Enterococcus spp., all isolates (applies only to laboratories performing electronic lab reporting as described in 173 NAC 1-005.02C) ǂ~~

Entamoeba histolytica

Enterobacter spp.

Enterococcus spp.

Enterovirus (applies only to laboratories performing electronic lab reporting as specified in 173 NAC 1-005.02C)

Escherichia coli gastroenteritis (to include *E. coli* O157-H7^ and other Shigatoxin-positive *E. coli* from gastrointestinal infection, Enteroaggregative *E. Coli*, Enteropathogenic *E. coli*, Enterotoxigenic *E. coli*, Shigella/Enteroinvasive *E. coli*^~~)~~) ^

Escherichia coli

Giardiasis (*Giardia lamblia*)

Gonorrhea (Neisseria gonorrhoeae~~): venereal infection and ophthalmia neonatorum ǂ±~~)

Hansen's Disease (Leprosy [*Mycobacterium leprae]*) ǂ

~~Hepatitis B infection (positive surface antigen tests and all IgM core antibody tests, both positive and negative)±~~

Hepatitis C infection (all positive screening tests [e.g. EIA, CIA, ELISA, etc.] to include signal-to-cutoff ratio [S:CO] are reportable; all confirmatory tests [e.g. RIBA~~, NAT tests such as~~ and PCR for qualitative, quantitative, and genotype testing] are reportable regardless of result [i.e., both positive and negative tests])

Hepatitis D ~~and E infection~~

Herpes simplex, primary genital infection ±

Histoplasmosis (*Histoplasma capsulatum)*

Human immunodeficiency virus infection, as described in 173 NAC 1-005.01C2, Type 1 and suspected cases of HIV Type 2 ±

Human Metapneumovirus (applies only to laboratories performing electronic lab reporting as specified in 173 NAC 1-005.02C)

Human Rhinovirus (applies only to laboratories performing electronic lab reporting as specified in 173 NAC 1-005.02C)

Influenza deaths, pediatric (< ~~18~~20 years of age)

~~Influenza (Antigen or PCR positive or culture confirmed)~~

Influenza, all tests positive and negative (applies only to laboratories performing electronic lab reporting as specified in 173 NAC 1-005.02C)

Influenza, rapid tests summary report only (laboratories only)

Kawasaki disease (mucocutaneous lymph node syndrome)
Klebsiella ~~sp., all isolates (applies only to laboratories performing electronic lab reporting as described in 173 NAC 1-005.02C) ǂ~~spp.,
Lead poisoning (all analytical values for blood lead analysis must be reported ~~by the laboratory~~)
Legionellosis (*Legionella* species) ~~ǂ~~
Leptospirosis (*Leptospira interrogans*)
Listeriosis (*Listeria monocytogenes*~~^) ǂ)~~ ^
Lyme disease (*Borrelia burgdorferi*)
Lymphocytic choriomeningitis virus infection
Lymphogranuloma venereum (LGV [*Chlamydia trachomatis*]) ~~±~~
Malaria (*Plasmodium* species)
Meningitis, including viral, bacterial, and fungal (all such cases must be reported within seven days except those caused by *Haemophilus influenzae and Neisseria meningitidis*, which must be reported immediately)
Methemoglobinemia / nitrate poisoning (methemoglobin greater than 5% of total hemoglobin)
Mumps
Mycobacteria spp. (including *M. tuberculosis* complex organisms^ [for genotyping] and all "atypical" species, to include culture, nucleic acid tests, or positive histological evidence indicative of tuberculosis infection or disease) ~~ǂ~~ ^
Mycoplasma pneumoniae (applies only to laboratories performing electronic lab reporting as specified in 173 NAC 1-005.02C)
Necrotizing fasciitis
Norovirus infection (laboratories only)
Parainfluenza (applies only to laboratories performing electronic lab reporting as specified in 173 NAC 1-005.02C)
Plesiomonas shigelloides (applies only to laboratories performing electronic lab reporting as specified in 173 NAC 1-005.02C)
Poisoning or illness due to exposure to agricultural chemicals (herbicides, pesticides, and fertilizers), industrial chemicals, ~~mercury~~heavy metals, or radiologic exposures
Psittacosis (~~*Chlamydophilia psiittaci*~~*Chlamydia psiittaci*)
Pseudomonas aeruginosa
Respiratory syncytial virus infection, ~~(~~all tests positive and negative (applies only to laboratories performing electronic lab reporting as specified in 173 NAC 1-005.02C)~~[all tests positive and negative] applies only to laboratories onlyperforming electronic lab reporting as specified in 173 NAC 1-005.02C)~~
Retrovirus infections (other than HIV)
Rheumatic fever, acute (cases meeting the Jones criteria only)
Rocky Mountain Spotted Fever (*Rickettsia rickettsii*) ^
Rotavirus (applies only to laboratories performing electronic lab reporting as specified in 173 NAC 1-005.02C) ~~infection ([all positive and negative tests] applies only to laboratories performing electronic lab reporting as described in 173 NAC 1-005.02C)~~
~~*Salmonellosis,*~~*Salmonella* spp., including typhoid fever (*Salmonella serogroup*~~^) ǂ)~~ ^
Sapovirus

Shiga toxin-positive gastroenteritis (enterhemorrhagic E-.coli and other shiga toxin-producing bacteria~~^)~~) ^

~~*Shigellosis*~~*Shigella* spp. *(Shigella species~~^)~~ ~~‡~~)* ^

Staphylococcus aureus ~~*(applies only to laboratories performing electronic lab reporting as specified in 1-005.02C)*~~

Streptococcal disease (all invasive disease caused by Groups A and B streptococci) ~~‡~~

Streptococcus pneumonia~~, all isolates (applies only to laboratories performing electronic lab reporting as specified in 173 NAC 1-005.02C) ‡~~

~~—~~Syphilis (*Treponema pallidum*) RPR reactive and any FTA or other confirmatory test result whether positive or negative~~reactive ±~~; if an EIA is performed first then the follow-up RPR results either positive or negative must be reported.

Syphilis, congenital

Tetanus (*Clostridium tetani*)~~ ‡~~

Toxic shock syndrome

Toxoplasmosis, acute (*Toxoplasma gondii)*

Transmissible spongiform encephalopathies

Trichinosis (*Trichinella spiralis*)

Tuberculosis (see *Mycobacteria*)

Varicella zoster primary infections (chicken pox)

Varicella zoster death (all ages)

~~—~~Vibrio spp. (applies only to laboratories performing electronic lab reporting as specified in 173 NAC 1-005.02C)

Yersiniosis (*Yersinia* species not *Y. pestis*)~~ ‡~~

^ Laboratories must submit the isolate and/or specimen to the Nebraska Public Health Laboratory as specified in 173 NAC 1-007.03

~~‡ Laboratories performing electronic lab reporting as specified in 173 NAC 1-005.02C must report any antibiotic susceptibility test results~~

~~± STD in accordance with Neb. Rev. Stat. § 71-502.01~~

~~1-004.03 Reports Once a Month: Laboratories unable to submit individual antibiotic susceptibility date via automated electronic laboratory reporting (ELR) must submit monthly tabular summaries of antibiotic-resistant organisms. Reports must be submitted no later than one week after the end of the reporting month. Reports must be submitted electronically to the ORNAO system. If Internet access is not available, reports may be submitted via postal service, telephone, facsimile, or other secure electronic mail system. Reports must be submitted on or include the same information as Attachment E, incorporated in these regulations by this reference. See 173 NAC 1-006, Where to Report. The following antibiotic-resistant organisms must be reported:~~

~~Enterococcus spp., vancomycin-resistant (MIC > 32 □g/mL and/or resistant by disk diffusion) and intermediate (MIC = 8-16 □g/mL)~~

~~Staphylococcus aureus, methicillin-resistant (MIC > 4 □g/mL to oxacillin, > 8 □g/mL to cefoxitin, and/or resistant by disk diffusion);~~

~~Staphylococcus aureus, vancomycin-intermediate/resistant (MIC > 4 □g/mL);~~

~~Streptococcus pneumonia~~

~~Non-CSF~~
~~Penicillin-intermediate (MIC = 4 □g/mL) and~~
~~Penicillin-resistant (MIC > 8 □g/mL)~~
~~CSF~~
~~Penicillin-resistant (MIC > 0.12 □g/mL)~~

1-004.~~0~~403 Reporting of ~~Antibiotic~~ Antimicrobial Susceptibility: All laboratories reporting via automated electronic laboratory reporting (ELR) must report all antimicrobial susceptibility results, including the minimal inhibitory concentration, if performed for bacterial, viral, and fungal isolates listed in 173 NAC 1-004.01 and 1-004.02 ~~(indicated by a ‡). Laboratories not reporting via automated ELR are exempt from this requirement.~~.

1-004.~~05~~04 New or Emerging Diseases and Other Syndromes and Exposures; Reporting and Submissions

1-004.~~05A~~04A Criteria: The Director of the Division of Public Health or the Chief Medical Officer may require reporting, or a change in method or frequency of reporting, of newly recognized or emerging diseases, syndromes suspected to be of infectious origin, or exposures of large numbers or specific groups of persons to known or suspected public health hazards if:

1. The disease, syndrome, or exposure can cause or is suspected to cause serious morbidity or mortality; and
2. Reporting of the disease, syndrome, or exposure is necessary to monitor, prevent, or control the disease, syndrome, or exposure and to protect public health.

1-004.~~05B~~04B Surveillance Mechanism: The Director of the Division of Public Health or the Chief Medical Officer may describe a specific mechanism for surveillance of the disease, syndrome, or exposure including persons and entities required to report, a time frame for reporting, and protocols for the submission of clinical specimens collected from cases, suspected cases, or exposed persons to referral laboratories designated by the DHHS Division of Public Health.

1-004.~~06~~05 Sexually Transmitted Diseases: For the purpose of implementing Neb. Rev. Stat. § 71-502.01, sexually transmitted diseases include, but are not limited to, the following diseases:

1. Bacterial vaginosis;
2. Candidiasis;
3. Chancroid;
4. *Chlamydia trachomatis* infection;
5. Genital herpes infection;
6. Gonorrhea;
7. Granuloma ~~inquinale~~ inguinale;
8. Hepatitis B infection;
9. Human immunodeficiency virus (HIV) infection;
10. Human papilloma virus (HPV) infection;

11. Lymphogranuloma venereum;
12. Syphilis; and
13. Trichomoniasis.

1-004.06 Healthcare Associated Infections: HAIs reported by healthcare facilities to CDC's NHSN are reportable. If a healthcare facility provides access to NSHN HAI data to the department and its local public health department and HAIs are reported to NHSN on a quarterly basis aligning with the CSM Reporting Schedule, the physician is not required to make the HAI report. Physicians remain obligated to report HAIs when access to NHSN data is not provided to the department. In the event of an outbreak, the department has the authority to require HAI data reports from facilities not currently reporting NHSN.

1-005 METHODS OF REPORTING

1-005.01 ~~Health Care~~Healthcare Providers

1-005.01A Immediate Reports of Diseases, Poisonings and Organisms: ~~Health care~~Healthcare providers must report diseases, poisonings and organisms, listed in 173 NAC 1-004.01A, by telephone, facsimile or other secure electronic mail system within 24 hours of diagnosis or detection. Reports must ~~be submitted on or~~ include the ~~same~~ information as specified in 1-005.01D. ~~Attachment A, incorporated in these regulations by this reference.~~ See 173 NAC 1-006, Where to Report.

1-005.01B Immediate Reports of Clusters, Outbreaks, or Unusual Events, Including Possible Bioterroristic Attacks: ~~Health Care~~Healthcare providers must report by telephone, facsimile, or other secure electronic mail system, information relating to confirmed, diagnosed, detected, or suspected clusters, outbreaks, or epidemics of any health problem, infectious or other, both in the community and in healthcare settings, including food poisoning, influenza or possible bioterroristic attack; increased disease incidence beyond expectations; unexplained deaths possibly due to infectious causes; any unusual disease or manifestations of illness. Reports must include the information as specified in 1-005.01D. ~~patient's first and last name, date of birth, address, and telephone number; time of onset of symptoms, date of diagnosis, and mode of transmission, name, address, and telephone number of physician; and name and location of hospital or clinic.~~ See 173 NAC 1-006, Where to Report.

1-005.01C Reports Within Seven Days: ~~Health Care~~Healthcare providers must make reports of diseases, poisonings and organisms listed in 173 NAC 1-004.02, within seven days of diagnosis or detection.

1-005.01C1 ~~Except for lead analysis and~~Reports may be made by postal service, telephone, facsimile, electronic laboratory report, or other secure electronic mail system~~, submitted on or including~~and must include the ~~same~~ information as ~~Attachment A~~specified in 1-005.01D.

1-005.01C2 AIDS and HIV disease reports may be made by postal service, telephone, facsimile, electronic laboratory report, or other secure electronic mail

system, submitted on or including the same information as Attachment A. ~~Health care providers must report AIDS and HIV as described in 173 NAC 1-005.01C2 and report lead analysis as described in 1-005.01C3. See 173 NAC 1-006, Where to Report.~~

~~1-005.01C2 Reporting HIV Disease and AIDS: Health care providers must make HIV disease and AIDS reports by postal service or telephone.~~ Adult cases of AIDS and HIV disease (patients ≥ 13 years of age at time of diagnosis) must be submitted on or include the same information ~~as~~ in the Adult HIV Confidential Case Report Form ~~C, incorporated in these regulations by this reference~~as described in 173 NAC 1-002. Pediatric cases of AIDS and HIV disease (patients < 13 years of age at time of diagnosis) and perinatally exposed HIV cases must be submitted on or include the same information ~~as~~in the Pediatric HIV Confidential Case Report Form~~Attachment D,~~ , described in 173 NAC 1-002.~~incorporated in these regulations by this reference.~~ AIDS and HIV case reports are required from ~~health care~~healthcare providers responsible for:

1. Treating or diagnosing a person with HIV-1 or HIV-2 disease, based on the laboratory tests listed in 173 NAC 1-005.02B3a1 as being definitive for HIV infection, or based on clinical criteria, as outlined in the ~~National Centers for Disease Control's (CDC)~~CDC's most recent case definition for HIV;

2. Treating or diagnosing a person with AIDS as outlined in CDC's most recent case definition for AIDS;

3. Providing medical care to a pregnant woman with HIV disease;

4. Providing medical care to a baby under 19 months of age born to a woman with HIV disease (perinatally HIV exposed). The diagnosis of HIV infection or determination of no infection is determined by CDC's most recent case definition for HIV; and

5. Treating or diagnosing potential cases of public health importance related to HIV infection including:

    a. Unusual strains of HIV (HIV-2 or non-B subtype of HIV-1); and
    b. Unusual modes of transmission (such as, but not limited to transplant or artificial insemination; transfusion of blood or blood components, child sexual abuse, occupational, household, or other unusual exposure).

~~1-005.01C3 Reporting Lead Analysis: Health care providers must report the following information to the Department~~department~~:~~

~~1. The date of sample collection and analysis;~~
~~2. Whether the sample is a capillary or venous blood sample;~~

~~3. The date of birth, address, and sex of the patient;~~
~~4. The name and address of the physician; and~~
~~5. The race and ethnicity of the patient, if known.~~

1-005.01C3~~4~~ Reporting of Tuberculosis: ~~Health care~~Healthcare providers must report positive ~~TB~~tuberculosis diagnostic tests (culture and nucleic acid amplification) or positive histological evidence indicative of tuberculosis infection or disease.

1-005.01D Report Information: Reports made under 1-005.01 must contain the following information:

1. Patient first and last name;
2. Patient address including street, city, and zip;
3. Patient date of birth;
4. Patient gender;
5. Patient race and ethnicity (if available);
6. Patient occupation (if available);
7. Patient pregnancy status (if available);
8. Date of report;
9. Physician name;
10. Physician address and telephone number;
11. Name of hospital or clinic (if any)
12. Date and time of onset (if available);
13. Date of diagnosis (if available);
14. Mode of transmission (if available);
15. Date of specimen collection;
16. Specimen source;
17 If lead test, whether sample is a capillary or venous blood sample;
18. Ordered tests;
19. Laboratory findings or result;
20. Other information pertinent to the case as requested.

1-005.01E~~D~~ Reporting to Laboratories: For all laboratory tests which may identify a reportable disease (e.g. microbiology tests, hepatitis tests, etc.) and which are ordered through submission of an electronic requisition or other automated electronic mechanism, providers must include the information as specified in 173 NAC 1-005.02B4 (except laboratory findings or result) ~~the following information~~ at the time the test order is placed to the laboratory so that the laboratory may fulfill reporting requirements~~:~~.

~~1. Patient first and last name;~~
~~2. Patient address including street, city, and zip;~~
~~3. Patient date of birth;~~
~~4. Patient gender;~~
~~5. Date of specimen collection;~~
~~6. Specimen source;~~
~~7. Ordered test;~~

~~8. Submitting provider's name;~~
~~9. Submitting provder'sprovider's address and telephone number;~~
~~10. Pregnancy status, if available and if applicable;~~
~~11. Race, if available; and~~
~~12. Ethnicity (Hispanic / non-Hispanic), if available.~~

1-005.02 Laboratories

1-005.02A Electronic Reporting: ~~Beginning no later than three months after the effective date of these regulations, all~~All laboratories performing clinical testing on Nebraska residents must electronically report laboratory test results for the diseases specified in 173 NAC 1-004 and the tests specified in 1-005.02. This may be accomplished either through manual online data entry into Nebraska's electronic disease reporting system, or through automated electronic laboratory reporting. Paper reports will be accepted only when established electronic transmission methods are inoperable.

1-005.02B Laboratories Using NEDSS Manual Online Reporting

1-005.02B1 Immediate Reports of Diseases, Poisonings, and Organisms: Laboratories must make immediate reports of diseases, poisonings, and organisms listed in 173 NAC 1-004.01A, both by telephone to a live public health surveillance official within 24 hours of diagnosis or detection and by electronic reporting to NEDSS. Reports must include the information as specified in 1-005.02B4.~~on Attachment B, incorporated in these regulations by this reference.~~ See 173 NAC 1-006, Where to Report.

1-005.02B2 Immediate Reports of Clusters, Outbreaks, or Unusual Events, Including Possible Bioterroristic Attacks: Laboratories must make immediate reports by telephone to a live public health surveillance official within 24 hours of diagnosis or detection, information relating to diagnosed, detected, or suspected clusters, outbreaks, or epidemics of any health problem, infectious or other, both in the community and in healthcare settings, including food poisoning, influenza, or possible bioterroristic attack; increased disease incidence beyond expectations; unexplained deaths possibly due to infectious causes; and any unusual disease or manifestations of illness. Reports must include the ~~same~~ information as specified in 1-005.02B4.~~as Attachment B.~~

1-005.02B3 Reports Within Seven Days: Laboratories must make reports of diseases, poisonings, and organisms diagnosed or detected, listed in 173 NAC 1-004.02, collected during one calendar week. Reports must be submitted no later than the following Tuesday and must include the ~~same~~ information as specified in 1-005.02B4. ~~as Attachment B. Laboratories must make reports by manual online reporting to the NEDSS.~~
1-005.02B3a For the purposes of reporting AIDS and HIV, the laboratory reporting requirement applies as follows:

1. Any FDA approved test or combination of tests indicative of HIV-1 or HIV-2 that has acceptable specificity and sensitivity to reliably detect HIV infection is reportable. ~~(At the time of promulgation of these rules, there are no FDA-approved lab tests for HIV-2. Please contact the DHHS Division of Public Health, HIV Surveillance, for further instructions regarding HIV-2 testing.)~~

2. A laboratory analyzing samples for any of the tests as listed below must report all of the following results:

   a. Any ~~positive~~ result (positive, negative or indeterminate) on a confirmatory test for HIV antibody, (e.g. Western blot or immunofluorescence antibody test~~,~~), usually preceded by a positive screening test for HIV antibody, (e.g. repeatedly reactive enzyme immunoassay);

   ~~b. An indeterminate result on a confirmatory test for HIV antibody (e.g. Western blot or immunoflurescence antibody test, usually preceded by a positive screening test for HIV antibody, e.g. repeatedly reactive enzyme immunoassay);~~

   b~~c~~. All quantitative HIV RNA PCR tests regardless of the result. Include the detailed name of the test, detection limits of test, and/or interpretation of results. (This applies only to laboratories performing ELR.);

   c~~d~~. All positive results on any of the following:

      (1) Qualitative HIV nucleic acid (DNA or RNA) detection [e.g. DNA polymerase chain reaction ~~(PCR)];~~];
      (2) HIV p24 antigen test, including neutralization assay;
      (3) HIV isolation (viral culture); and

   d~~e~~. All CD4 counts per microliter and all CD4 percentages.

~~1-005.02B3b Reporting Lead Analysis: Laboratories must report the following information to the Departmentdepartment:~~

~~1. The date of sample collection and analysis;~~
~~2. Whether the sample is a capillary or venous blood sample;~~
~~3. The date of birth, address, and sex of the patient;~~
~~4. The name and address of the physician; and~~
~~5. The race and ethnicity of the patient, if known.~~

1-005.02B4 Report Information: Reports made under 1-005.02B must contain the following information:

1. Patient first and last name;
2. Patient address including street, city, and zip;
3. Patient date of birth;
4. Patient gender;
5. Patient race and ethnicity (if available);
6. Patient pregnancy status (if available);
7. Date of specimen collection;
8. Specimen source;
9 If lead test, whether sample is a capillary or venous blood sample;
10. Ordered test;
11. Laboratory findings or result;
12. Physician name;
13. Physician address and telephone number.

~~Reports Once a Month: Laboratories unable to submit individual antibiotic susceptibility date via automated ELR must submit monthly tabular summaries of antibiotic resistant organisms listed in 173 NAC 1-004.03. Reports must be submitted no later than one week after the end of the reporting month. Reports must be submitted by postal service, telephone, facsimile or other secure electronic mail system. Reports must be submitted on or include the same information as Attachment E. See 173 NAC 1-006, Where to Report.~~

1-005.02C Laboratories Using Automated Electronic Laboratory Reporting (ELR)

1-005.02C1 ~~Beginning no later than 12 months after the effective date of these regulations, clinical reference laboratories in communities with a population greater than 10,000 as determined by the July 1, 2005 U.S. Census Bureau Projections (Beatrice, Bellevue, Columbus, Fremont, Grand Island, Hastings, Kearney, LaVista, Lexington, Lincoln, Norfolk, North Platte, Omaha, Papillion, Scottsbluff, and South Sioux City) must report laboratory test results for the diseases specified in 173 NAC 1-004 and the tests specified in 1-005.02 via automated electronic laboratory reporting. Such lab tests must be identified by a computer algorithm, and forwarded to public health computer systems in a secure fashion according to the data format and specifications stipulated by the Department.~~ Required data fields include:

1. Patient first and last name;
2. Patient address including street, city, state, and zip;
3. Patient date of birth;
4. Patient sex;
5. Patient ID number;
6. Performing laboratory's name, address, and phone number;
7. Date and time of specimen collection;
8. Date and time the test was performed;
9. Specimen source;
10. Type of test performed;
11. Test result;
12. Result units;

13. Date and time the test was verified;
14. Accession number;
15. Date of report; and
16. Submitting provider's name, address, phone number, and office name; and, if available,
17. Pregnancy status;
18. Race/Ethnicity (Hispanic / ~~non~~Non-Hispanic);
19. Code for ordered test;
20. Code for test result;
21. Result flag;
22. High and low result reference range;
23. Provider ID number;
24. Provider office ID number;
25. ELR report date; and
26. The following data elements stored in the PV1 segment of HL7:

Element Name	Sequence	~~Item Number~~
Patient Class	2	~~132~~
Assigned Patient Location	3	~~133~~
Admission Type	4	~~134~~
Prior Patient Location	6	~~136~~
~~Readmission~~ ~~Indicator~~Attending Doctor	~~13~~7	~~143~~
Admit Source	14	~~144~~
Admitting Doctor	17	
Patient Type	18	~~148~~
Discharge Disposition	36	~~166~~
Discharged to Location	37	~~167~~
Admit Date and Time	44	~~174~~
Discharge Date and Time	45	~~175~~

A laboratory's test results must be screened via an automated computer algorithm no less than once every 24 hours, and a file or files meeting this reporting requirement must be forwarded electronically to the ~~Department~~department no less than once every 24 hours. Automated computer screening algorithms must be validated initially and once each year to ensure the screening process will capture all reportable disease test results that may be generated by the reporting laboratory. Results of this validation must be documented and maintained on file for two years at the laboratory for review by the ~~Department~~department.

~~Beginning no later than 24 months after the effective date of these regulations, clinical reference laboratories in communities with a population greater than 5,000 as determined by the July 1, 2005 U.S. Census Bureau Projections (Alliance, Blair, Chadron, Crete, Elkhorn, Gering, Holdrege, McCook, Nebraska City, Plattsmouth, Ralston, Schuyler, Seward, Sidney, Wayne, and York) must~~

~~report laboratory test results for the diseases specified in 173 NAC 1-004 and the tests specified in 1-005.02 via automated electronic laboratory reporting.~~

Electronic reporting does not exempt the laboratory from reporting by telephone those diseases that must be reported immediately.

1-005.02C2 Reporting of Antibiotic Susceptibility Results: Laboratories with automated electronic reporting capability which perform antibiotic susceptibility testing (AST) for bacterial diseases listed under 173 NAC 1-004 must report antibiotic susceptibility results, including minimal inhibitory concentration, for these tests. This requirement includes traditional broth, agar, and newer automated methods of AST, as well as molecular-based methods that assay for the molecular determinants of antibiotic resistance. Reports must include the method used for AST. Clinical laboratories must report AST results to the DHHS Division of Public Health via automated ELR. When necessary for the protection of the public health, the DHHS Division of Public Health may request additional reporting of AST results on other infectious agents that have increased in either incidence or severity.

1-005.03 Healthcare Associated Infections: HAI reports made to NHSN need not be reported separately to state and local public health departments provided access to NHSN HAI data has been given to state and local public health departments.

1-006 WHERE TO REPORT

1-006.01 Cases Reported by ~~Health Care~~Healthcare Providers and Laboratories: Except as stated for AIDS and HIV reporting in 173 NAC 1-006.01A and except for reports made through NEDSS, reports must be made to the local public health department if the area is served by a local public health department as defined in Neb. Rev. Stat. § 71-1626, and where the health director of the local public health department has specified this method of reporting. In all other areas, the reports are to be made directly to the DHHS Division of Public Health.

1-006.01A HIV/AIDS Cases Reported by ~~Health Care~~Healthcare Providers and Laboratories: To report an AIDS or HIV case in Douglas or Lancaster County, ~~mail the report form (~~ submit ~~Attachment C or D)~~ the appropriate case report form ~~to~~ or contact the local ~~agency~~public health department listed below, based upon the county in which the ~~health care provider or laboratory is located.~~patient resides. In all other areas, the reports must be made to ~~the infectious disease surveillance staff at the~~ DHHS Division of Public Health.

Douglas County
~~Epidemiologist~~
Epidemiology
Douglas County Health Department
~~1819 Farnam Street, Room 401~~
1111 South 41st St.
Omaha, NE ~~68183-0401~~68105
402~~/~~-444-7214

Lancaster County
Communicable Disease Coordinator
Lincoln-Lancaster County Health Department
3140 "N" Street
Lincoln, NE 68510-1514
402~~/~~-441-8053

~~**Nebraska Department of Health and Human Services, Division of Public Health**~~
DHHS Division of Public Health
~~Infectious Disease~~
Office of Epidemiology
P.O. Box 95026
Lincoln, NE 68509-5026
402~~/~~-471-0360

1-006.02 Duties of Local Public Health Departments to Report to DHHS: It is the duty of the local public health department to report all cases of reportable diseases, poisonings, and organisms ~~that occurred within the most recent reporting period in the jurisdictional area of the respective public health department when the local director has specified that such diseases be reported to the local public health department.~~in the time frames described below

1-006.02A Immediate Reports: The local public health department must make immediate reports of diseases, poisonings, and organisms listed in 173 NAC 1-004.01 to the DHHS Division of Public Health. Reports must be made by the health director or authorized representative of the respective local public health department by telephone to a live state public health surveillance official within 24 hours of diagnosis or detection. Reports must include the ~~same~~ information as specified in~~as~~ 173 NAC 1-005.01D and 1-005.02B4.~~Attachments A and B.~~

1-006.02B Reports Within Seven Days: The local public health department must make reports of diseases, poisonings, and organisms listed in 173 NAC 1-004.02 to the DHHS Division of Public Health. Reports must be made via NEDSS, or in the event NEDSS is not operational, by postal service, telephone, facsimile, or other secure electronic mail system within seven days of diagnosis or detection. Reports must be made by the health director or authorized representative of the respective local public health department, no later than Friday of each week. Reports must ~~be submitted on or~~ include the ~~same~~ information as specified in 173 NAC 1-005.01D and 1-005.02B4.~~Attachments A, B, C and D.~~

~~1-006.02C Reports Once a Month: The local public health department must make tabular reports of antibiotic-resistant organisms listed in 173 NAC 1-004.03 to the DHHS Division of Public Health. Reports must be made via ORNAO or by postal service, telephone, facsimile, or other secure electronic mail system. Reports must be made by the health director or authorized representative of the respective public health department, no later than the fifteenth day of the month following the reporting period. Reports must be submitted on or include the same information as Attachment E.~~

1-007 CONTROL MEASURES FOR COMMUNICABLE DISEASES: For the information of the public, the latest editions of these publications are used as a reference by the DHHS Division of Public Health, local public health departments, and ~~health care~~healthcare providers in the control of communicable diseases: "Control of Communicable Diseases Manual", published by the American Public Health Association, 800 I Street NW, Washington, D.C. 20001-3710 and disease-specific recommendations of the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, as published in the "Morbidity and Mortality Weekly Report."

1-007.01 Public Health Interventions, Noncompliance, and Directed Health Measures

1-007.01A Public Health Interventions: The ~~health care~~healthcare provider attending a case or suspected case of a disease requiring isolation, quarantine, or other public health interventions, must make reasonable efforts to prevent the spread of the disease to others and must report the case to the local public health department or the DHHS Division of Public Health.

1-007.01B Noncompliance: ~~Health care~~Healthcare providers must report immediately to the local public health department or the DHHS Division of Public Health, the name, address, and other pertinent information for all individuals with diseases requiring isolation, quarantine, or other public health interventions who refuse to comply with prescribed public health interventions.

1-007.01C Directed Health Measures: The DHHS Division of Public Health may order a directed health measure as provided in 173 NAC 6, or in the case of tuberculosis, advise the local county attorney for proceedings under the Tuberculosis Detection and Prevention Act.

1-007.02 Contact Notification in Reportable Communicable Disease and Poisoning Investigations

1-007.02A Notification of Possible Contacts: In order to protect the public's health and to control the spread of disease, in cases of reportable communicable disease or poisonings other than those covered by 173 NAC 1-007.02B, the DHHS Division of Public Health may notify individuals who are determined to be possible contacts of the source of the disease or poisoning by any means reasonably necessary.

1-007.02B Partner Identification and Notification in STD Cases:

1-007.02B1 In order to protect the public's health, when an individual is tested and found to have an STD as defined in 173 NAC 1-004.05, the DHHS Division of Public Health or local public health department will conduct partner notification and referral activities in cases of HIV disease and early syphilis, and may conduct these activities as appropriate for other STD's. Other local health related agencies may conduct these activities if staff have received appropriate training as determined by DHHS.

1-007.02B2 "Partner" is defined as any individual, including a spouse, who has shared needles, syringes, or drug paraphernalia or who has had sexual contact with an individual infected with an STD as defined in 173 NAC 1-004.05. In the case of HIV disease, in accordance with the Ryan White HIV/AIDS Treatment Modernization Act, "spouse" is defined as any individual who is the marriage partner of that person at any time within the ten-year period prior to the diagnosis of HIV disease.

1-007.03 Responsibilities of Laboratories: All laboratories performing clinical testing on Nebraska residents:

1. Must forward to the Nebraska Public Health Laboratory isolates of special public health interest indicated in 173 NAC 1-004.01A and 1-004.02; contact a state or local public health department before shipping any isolates or specimens suspected of containing: *Yersinia*, *Francisella*, *Brucella*, *Bordetella*, *Coxiella*, or *Bacillus* species. Contact the receiving laboratory prior to shipping the isolate or specimen.

2. Which diagnose reportable diseases with non-culture diagnostic methods (e.g. *E.coli* gastroenteritis with a shiga toxin assay) and which do not isolate the ~~shiga toxin producing~~actual organism must, if ordered by the department (pursuant to NEB.REV.STAT § 71-502 or 173 NAC), forward the ~~stool~~clinical sample testing positive to the Nebraska Public Health Laboratory; and

3. Must forward ~~at the direction of~~if ordered by the ~~State Epidemiologist or person acting in that capacity~~department (pursuant to NEB.REV.STAT § 71-502 or 173 NAC) isolates or specimens to the Nebraska Public Health Laboratory or the ~~Centers for Disease Control and Prevention~~CDC laboratories.

1-007.04 Responsibilities of Schools: School nurses or those acting in the capacity of a school nurse must, in accordance with state and federal statutes:

1. Notify the local public health department or the DHHS Division of Public Health of cases or suspected cases of reportable diseases as indicated in 173 NAC 1-004.01 and 1-004.02, or outbreaks and suspected outbreaks of diseases as indicated in 173 NAC 1-004.01B affecting students and/or other school-affiliated personnel and which present a reasonable threat to the safety or health of a student and/or other school-affiliated personnel; and

2. Cooperate with public health authorities in obtaining information needed to facilitate the investigation of cases and suspected cases, or outbreaks and

suspected outbreaks of diseases affecting students and/or other school-affiliated personnel.

All information disclosed to a public health authority is confidential and not to be released to outside parties as stipulated by Neb. Rev. Stat. § 71-503.01.

1-007.05 Significant Exposure of Emergency Medical Services personnel and Healthcare Workers to Infectious ~~Disease~~Diseases or ~~Condition~~Conditions: Neb. Rev. Stat. §§ 71-507 to 71-513 address the risk of significant exposure of emergency services providers to infectious diseases or conditions, and Neb. Rev. Stat. §§ 71-514.01 to 71-514.05 address the risk of significant exposure of ~~health care~~healthcare providers to infectious diseases or conditions.

1-007.05A For the purpose of implementing these statutes, infectious disease or condition means:

1. Hepatitis B;
2. Hepatitis C;
3. Meningococcal meningitis;
4. Active pulmonary tuberculosis;
5. Human immunodeficiency virus infection;
6. Diphtheria;
7. Plague;
8. Hemorrhagic fevers; ~~and~~
9. Rabies;
10. Severe acute respiratory syndrome;
11. Middle East respiratory syndrome.

1-007.05B Significant Exposure Report Form for Emergency Services Providers: For the purpose of implementing Neb. Rev. Stat. § 71-508, the form to be used by the emergency services provider to document information necessary for notification of significant exposure to an infectious disease or condition is Attachment ~~F~~E, incorporated in these regulations by this reference. Emergency services providers are responsible for reproduction of the form for use in the notification procedure.

1-008 RABIES: Cases of human and animal rabies are reportable under 173 NAC 1-004.01. Rabies control is governed by Neb. Rev. Stat. §§ 71-4401 to 71-4412 and 173 NAC 5, Rabies Control Program. Copies of these rules and regulations are available from the DHHS Division of Public Health, Rabies Surveillance, and online at ~~http://www.dhhs.ne.gov/reg/t173.htm.~~http://dhhs.ne.gov/Pages/reg_t173.aspx.

ATTACHMENTS

~~Certain attachments to 173 NAC 1 are also available online at http://public.dhhs.ne.gov/FORMS/Home.aspx~~http://public-dhhs.ne.gov/FORMS/Home.aspx ~~by searching for the form number (in parentheses following the name of the form below).~~

ATTACHMENT A ~~Reportable Diseases, Poisonings, and Organisms – Health care~~Healthcare ~~Provider Confidential Communication (HHS-9)~~

~~ATTACHMENT B Laboratory Summary of Reportable Diseases, Poisonings, and Organisms (HHS-10)~~

~~ATTACHMENT C Adult HIV/AIDS Confidential Case Report~~

~~ATTACHMENT D Pediatric HIV/AIDS Confidential Case Report~~

~~ATTACHMENT E Antimicrobial Resistance Surveillance (Laboratory-Based) (HHS-17)~~

~~ATTACHMENT F~~ Significant Exposure Report Form for Emergency Services Provider or Public Safety Official (PHA-14)