

APA-1
11/96

TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control 420 Alabama Department of Public Health

Rule Number 420-4-1 Appendix I
Rule Title Alabama Notifiable Diseases/Conditions

 New XXXX Amend Repeal Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare or safety? Yes

Is there a reasonable relationship between the state's police power and the protection of the public health, safety or welfare? Yes

Is there another, less restrictive method of regulation available that could adequately protect the public? No

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? No

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? n/a

Are all facts of the rulemaking process designed solely for the purpose of and so they have as their primary effect, the protection of the public? Yes

Does the proposed rule have an economic impact? No

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of §41-22-23, Code of Alabama, 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama, 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of Certifying Officer Patricia Zivi Date 9/19/2014

FORM APA2
11/96

STATE BOARD OF HEALTH
NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Department of Public Health

RULE NUMBER AND TITLE: 420-4-1- Appendix I, Alabama Notifiable Diseases/Conditions

INTENDED ACTION: Amend Rule 420-4-1- Appendix I

SUBSTANCE OF PROPOSED ACTION: To amend the list of notifiable disease and conditions that are referenced in the Notifiable Diseases Chapter 420-4-1 of the Alabama Administrative Code.

TIME, PLACE, AND MANNER OF PRESENTING VIEWS: A public hearing will be held at 9:00 a.m. October 28, 2014, at the Alabama Department of Public Health, RSA Tower, Suite 1540, 201 Monroe Street, Montgomery, AL 36104.

FINAL DATE FOR COMMENTS AND COMPLETION OF NOTICE: Written or oral comments will be received until the close of the record at 5:00 p.m. on November 4, 2014. All comments and requests for copies of the proposed amendments should be addressed to the contact person listed below.

CONTACT PERSON AT AGENCY: Sherri Davidson, Analysis and Reporting Branch Manager, Epidemiology Division of the Bureau of Communicable Disease, Department of Public Health, 201 Monroe Street, Suite 1460, Montgomery, Alabama 36104. Telephone number (334) 206-2050.



Patricia E. Ivie, Agency Secretary

**APPENDIX I
ALABAMA NOTIFIABLE DISEASES/CONDITIONS**

Immediate, Extremely Urgent Disease/Condition - Report to the County or State Health Department by telephone ~~or in-person~~ within 4 hours of presumptive diagnosis

Anthrax, human	Smallpox
Botulism	Tularemia
Plague	Viral hemorrhagic fever
Poliomyelitis, paralytic	Cases related to nuclear, biological, or
Severe Acute Respiratory Syndrome- associated Coronavirus (SARS-CoV) disease	chemical terroristic agents

Immediate, Urgent Disease/Condition - Report to the County or State Health Department by electronic means as specified by the Department, ~~electronically,~~ or by telephone, facsimile, or in person within 24 hours of presumptive diagnosis

Brucellosis	<u>Legionellosis</u>	Rabies, human and animal
Cholera	Measles (rubeola)	Rubella
Diphtheria	Meningococcal Disease	Tuberculosis
<u>E. coli, shiga toxin-</u> <u>producing (STEC) 7</u>	(<i>Neisseria meningitidis</i>) ¹	Typhoid fever
including O157:H7	Novel influenza A virus	Yellow fever
<i>Haemophilus influenzae</i> , invasive disease ¹	<u>infection (i.e., potential new strain)</u>	Outbreaks of any kind
Hepatitis A, including ALT	Pertussis	Cases of potential public health importance ²
<u>Hemolytic uremic syndrome</u> <u>(HUS), post-diarrheal</u>	Poliovirus infection, nonparalytic	

Standard Notification Disease/Condition - Report ~~electronically~~ by electronic means as specified by the Department, or in writing, or by telephone to the County or State Health Department within 75 days of diagnosis, unless otherwise noted

<u>Anaplasmosis</u>	Hepatitis, B, C, and other viral <u>(acute only), including ALT</u>	Shigellosis
Asthma ³	Histoplasmosis	Spotted Fever
Arboviral disease <u>(all resulted tests)</u>	HIV infection* (including asymptomatic infection, AIDS, CD4 counts, and viral loads)	Rickettsiosis
Babesiosis	Influenza-associated	<i>Staphylococcus aureus</i> , Vancomycin-intermediate (VISA) and Vancomycin- resistant (VRSA)
Campylobacteriosis	pediatric mortality	<i>Staphylococcus aureus</i>, Vancomycin-resistant (VRSA)
Chancroid*	Lead, exposure -screening test results	<i>Streptococcus pneumoniae</i> , invasive disease ¹
<i>Chlamydia trachomatis</i> *	Legionellosis	Syphilis*
Cryptosporidiosis	Leptospirosis	Tetanus
Dengue	Listeriosis	Toxic shock syndrome
<i>E. coli</i>, shiga toxin- producing (STEC) 7	Lyme disease	Trichinellosis (Trichinosis)
including O157:H7	Malaria	Varicella
Ehrlichiosis/ Anaplasmosis	Mumps	Vibriosis
Encephalitis, viral	<u>Perinatal HIV Exposure (<18 months of age)</u>	
Giardiasis	Psittacosis	
Gonorrhea*	Q Fever	
Hansen's disease (Leprosy)	Salmonellosis	
Hemolytic uremic syndrome (HUS), post-diarrheal		

*Designated Sexually Transmitted Diseases by the State Board of Health

¹ detection of organism from a normally sterile body site (e.g., blood, cerebrospinal fluid, or, less commonly, joint, pleural or pericardial fluid)

² as determined by the reporting healthcare provider

³ Asthma discharge data reporting is limited to hospitals and is to be reported quarterly to the Asthma Program within the Division of Chronic Disease Prevention~~for the duration of the Program's Cooperative Agreement with the CDC (5 years ending 8/31/2014)~~. In addition to the elements specified in 420-4-1.04- (7) Data elements to be reported for all patients with a Primary, Secondary, or Tertiary ICD-9 Diagnosis Code of 493.XX or ICD-10 of J45-J46 (Asthma), reporters must also report are: Patient Age; Patient Date of Birth (DOB); Patient Gender; Patient Race and/or Ethnicity; City, County, State of Patient Residence; Admit Date and Discharge Date (or Length of Stay); Patient Payer Source; and Primary, Secondary, and Tertiary ICD-9 Diagnosis Codes. ~~For the Reporting of Asthma, the data elements listed in Rule 420-4-1-.04 (5) may be replaced with those listed above.~~

State Health Department Telephone Numbers:

Bureau of Clinical Laboratories (334)-260-3400 (24-hour coverage)

Division of Chronic Disease Prevention's Asthma Program (334)-206-3028

Division of Epidemiology (334)-206-53475971 or 1-800-338-8374 (24-hour coverage), FAX: (334)-206-3734

Division of HIV/AIDS Prevention & Control (334)-206-5364 or 1-800-344-1153

Division of Immunization (334)-206-5023 or 1-800-469-4599

Division of Sexually Transmitted Diseases (334)-206-5350

Division of Tuberculosis Control (334)-206-5330