

Synopsis of Rule Revisions

420-4-1-.01 Purpose – No changes

420-4-1-.02 Definitions, pages 2 through 4 and Appendix I

- Added “of presumptive diagnosis” to Immediate, Extremely Urgent and Immediate, Urgent definitions. Clarification provided for diseases and conditions in these two categories, reporters are not to wait until confirmatory diagnosis before reporting.
- Added “of diagnosis” to Standard definition.
- Standard timeframe reduced from 7 days to 5 days. The national median, mean, and mode are 3, 3.3, and 1, respectively
- Added to Isolation, “or other diseases as determined by the State Board of Health” to cover emerging diseases that may not be on the Notifiable Disease List.
- “Perinatal HIV Exposure” added as the birth of an infant(s) to a woman with HIV infection.
- Sexual offender and sexual offense changed to “sex offender” and “sex offense” to reflect how they are referenced in the Code of Alabama, 1975. Also, each updated to include reference to the appropriate section of the Code of Alabama, 1975.
- Removed because no longer referred to in Rule:
 - Deviate Sexual Intercourse
 - Funeral Home Director
 - Hepatitis B Virus Infection
 - HIV Infection
 - Sexual Intercourse
 - Spouse

420-4-1-.03 Enumeration, pages 4 through 5

- Disease categories updated as stated above in the Definitions.
- Under Sexually Transmitted Diseases, removed reference to an incorrect section of the Code of Alabama, 1975.

420-4-1-.04 Reporting, pages 6 through 9

- “Day” care center directors changed to “child” care center directors to accommodate night care centers.
- Head Start directors added since they are separate from “child care.”
- Clarified that required reporters cannot substitute reporting by laboratories.
- “Any antiretroviral (ARV) medication to an infant <18 months of age” added to the required reporting by Pharmacists.
- A separate requirement for Laboratories added to support electronic laboratory reporting (ELR) and requires method and reference range be reported (required for interpretation). This item also provides clarification that all HIV viral loads and CD4 counts are to be reported regardless of the result.
- Disease categories updated as stated above in the Definitions. Additionally:

- “In person” option removed for 4-hour and 24-hour disease reporting.
- Reporting electronically is now “by electronic means as specified by the Department.”
- Telephone added as a reporting option for Standard diseases.
- Standard diseases timeframe reduced from 7 to 5 days, unless otherwise specified.
- Patient’s race, ethnicity, payor source, and the facility the reporter is affiliated with has been added to the minimum information to be reported.
- Instructions for how to report suspected presence of *Bacillus anthracis* or other BT agents removed because the 4-hour disease category (added in 2011) addresses the immediate, urgent nature of these agents.
- Manner of notification to the laboratory removed because specimen submission guidance is modified periodically and maintained on the BCL Web site.
- In the Epidemiologic Study Information section, “or entity” was added to the part which refers to release of test results to accommodate environmental testing performed by the Department, in addition to clinical results provided to the individual tested.

420-4-1-.05 Control Procedures, pages 9 through 10

- Detailed, and outdated, prophylactic solutions for the prevention of infantile blindness or ophthalmia neonatorum were removed in favor of “as designated by the State Board of Health.”

420-4-1-.06 HIV Testing Procedures, pages 11 through 12

- ADPH refers to federal organizations for testing guidance.
- Retained item that prevents HIV testing unless patient is notified of their positive result.

420-4-1-.07 Notification Of Pre-Hospital/Emergency Medical Service Personnel – No Changes

420-4-1-.08 Notification Of Funeral Home Personnel – REMOVED

- Funeral Home Personnel are expected to take the same precautions with every body, and consider the individual may have had an infectious disease.

420-4-1-.09 Investigation Of HIV/Hepatitis B Virus Infected Health Care Workers – REMOVED

- Addressed in its own part of Title 22, Chapter 11A, Article 3 of the Code of Alabama, 1975 and Chapter 420-4-3 of the Alabama Administrative Code.

420-4-1-.10 Victims Of Sexual Offense To Request And Receive HIV Test Results Of Convicted Offender, page 15

- All references to “sexual” changed to “sex” to match the Code of Alabama, 1975.
- “Department” replaces “Director” of HIV as the recipient of the request.

420-4-1-.11 Spousal Notification Of A Known HIV-Infected Patient – REMOVED

- Spousal and partner notification covered by Epidemiologic Study Information,

Section 420-4-1-.04 (9) which covers investigating exposure to notifiable diseases.

420-4-1-.12 Notification Of Law Enforcement, National Security Or Federal Public Health Authorities – No Changes

420-4-1-.13 Notification OF Public Health And Regulatory Authorities Of The Presence Of Lead, page 18

- Changed the capitalization of the word “OF” in the title to “Of.”

420-4-1-.14 Testing Of Pregnant Women For Sexually Transmitted Diseases, pages 18-19

- Replace detailed guidance with the sentence: “Practitioners of pregnant women shall follow guidelines set forth by the American College of Obstetricians and Gynecologists (ACOG) for testing pregnant women for sexually transmitted diseases.”
- The associated Appendix II has been removed.

420-4-1-.15 Dispensing Of Legend Drugs By Alabama Department Of Public Health Registered Nurses – No Changes

Rules above renumbered, accounting for removed sections.

Appendix I

- Add “presumptive” to Immediate, Extremely Urgent and Immediate, Urgent headings.
- Move *E. coli*, shiga toxin-producing (STEC); legionellosis; and hemolytic uremic syndrome to 24-hour notification category.
- Reword “*E. coli*, shiga toxin-producing (STEC), including O157:H7” to be “*E. coli*, shiga toxin-producing (STEC)” because we only kept the distinction temporarily when we changed in 2011 from only O157:H7 to all STEC.
- Modify “Hepatitis B, C, and other viral” to “Hepatitis B, C, and other viral (acute only)” because we do not investigate chronic (or likely chronic) cases, only new/incident cases.
- Add “with ALT” to the acute Hepatitis reporting to alleviate hesitation of hospitals and labs to provide ALTs (a liver enzyme) which are needed for case classification.
- Clarification added to Novel influenza A virus to define it as a potential new strain.
- Broaden “Arboviral disease” to “Arboviral disease (any resulted test)” because we need positive and negative results for case classification.
- Remove histoplasmosis. Not nationally reportable or a public health threat.
- Split “Ehrlichiosis/Anaplasmosis” so each appear alphabetically.
- Remove Encephalitis, viral. Not nationally reportable since 1994. Arboviral-related encephalitis is reportable under Arbovirals.
- Perinatal HIV Exposure for infants <18 months of age added as a reportable condition. Although the rule currently allows for investigating exposed individuals, this addition clarifies this category of patients should actively be reported to the Department.

- VISA and VRSA are combined under *Staphylococcus aureus*.
- Toxic shock syndrome removed.
- In the footnote 3, Asthma reporting refers to the minimum data elements specified in 420-4-1.04-(7), adds ICD-10 codes, removes end date of 8/31/2014.