

Communicable Disease Reporting

In North Dakota, more than 60 diseases are reportable by law to the North Dakota Department of Health (NDDoH). An updated list of reportable conditions may be viewed on page 2 of this issue.

Disease surveillance depends upon timely and accurate reporting of communicable diseases. Surveillance data is used to monitor variations and outbreaks, identify disease risk factors, and recommend and assess disease intervention and prevention strategies. Delay or failure to report may prevent control measures from being implemented in time and may contribute to secondary transmission of disease.

The NDDoH relies upon local public health units, clinicians and private/public laboratories to identify disease and provide appropriate information about the cases. Through prompt initiation of intervention activities based on results of epidemiological investigation, additional illnesses can be prevented.

Disease surveillance is a core public health function that is vital to the health of North Dakotans. New and emerging conditions – such as the threat of bioterrorism, SARS, antibiotic-resistant organisms, West Nile virus and the introduction of other arboviral encephalitis – illustrate the importance of public health surveillance.

Advances in technology create the potential to significantly improve and increase timely disease reporting and surveillance. Electronic laboratory and disease reporting made capable by the new Disease Reporting, Epidemiological Assessment and Monitoring System (DREAMS) offers the potential to greatly enhance surveillance efforts. DREAMS will be made available to North Dakota laboratories and reporting facilities in the near future.

This issue of the Epidemiology Report provides information about mandatory reportable conditions and guidelines for reporting communicable diseases to the NDDoH.

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North Dakota Department of Health

Mandatory Reportable Conditions -Report within seven days unless otherwise specified-

- AIDS
- ☠ Anthrax ☎
- ☠ Arboviral infection (specify etiology)
- ☠ Botulism ☎
- ☠ Brucellosis ☎
 - Campylobacteriosis
 - Cancer (invasive and in-situ carcinomas)
 - CD4 Counts
 - Chickenpox (varicella)
 - Chlamydial infection
- ☠ Cholera ☎
- ☠ Clostridium perfringens intoxication ☎
 - Creutzfeldt-Jakob disease
- ☠ Cryptosporidiosis
 - Diphtheria ☎
- ☠ Enteric *E. coli* infection ☎
 - *E. coli* O157:H7
 - Enterohemorrhagic *E. coli*
 - Enteropathogenic *E. coli*
 - Enteroinvasive *E. coli*
- Enterococcus, Vancomycin-resistant (VRE)
- ☠ Foodborne/waterborne outbreaks ☎
 - Giardiasis
- ☠ Glanders ☎
 - Gonorrhea
 - *Haemophilus influenzae* (invasive)
- ☠ Hantavirus
 - Hemolytic uremic syndrome ☎
 - Hepatitis A ☎
 - Hepatitis B
 - Hepatitis C
 - HIV infection (any HIV test confirmed by IFA, Western blot or any HIV detection or isolation)
 - Influenza
 - Lead level $\geq 10\mu\text{g/dL}$
 - Legionellosis
 - Listeriosis ☎
 - Lyme disease
 - Malaria
 - Measles (rubeola) ☎
- ☠ Melioidosis ☎
 - Meningitis (bacterial – specify etiology)
- Meningococcal disease (invasive) ☎
- Mumps
- ☠ Nipah virus infections ☎
- Nosocomial outbreaks in institutions
- Pertussis ☎
- ☠ Plague ☎
 - Poliomyelitis ☎
- ☠ Psittacosis
- ☠ Q fever
- Rabies
 - Animal
 - Human ☎
- Rocky Mountain spotted fever
- Rubella ☎
- ☠ Salmonellosis
 - Scabies outbreaks in institutions
 - Severe Acute Respiratory Syndrome (SARS) ☎
- ☠ Shigellosis
- ☠ Smallpox ☎
 - *Staphylococcus aureus*:
 - Methicillin-resistant (MRSA) - any site (send MRSA isolates from invasive sites only)
 - Vancomycin-resistant (VRSA) - any site
- ☠ Staphylococcus enterotoxin B intoxication ☎
- Streptococcal infection (invasive)
- Syphilis
- Tetanus
- ☠ Tickborne encephalitis viruses ☎
- ☠ Tickborne hemorrhagic fevers ☎
 - Toxic Shock Syndrome
 - Trichinosis
 - Tuberculosis ☎
- ☠ Tularemia
 - Tumors of the central nervous system
 - Typhoid fever ☎
 - Unexplained critical illness/death in otherwise healthy person ☎
 - Unusual disease clusters ☎
- ☠ Viral hemorrhagic fevers ☎
- ☠ Weapons of Mass Destruction suspected event ☎
 - Yellow fever ☎

☎ Report Immediately: 800.472.2180 or 701.328.2378

◆ Send isolate or sample to North Dakota Public Health Laboratory

☠ Possible Bioterrorism Agents (CDC classified A, B or C Agent)

North Dakota Administrative Code 33-06-01 ♦ Statutory authority NDCC 23-07-01

HIPAA Regulations Permit Disease Reporting

Since the Health Insurance Portability and Accountability Act of 1996 (HIPAA) was adopted by the United States congress, many health-care professionals remain unsure of what health information is protected by HIPAA and what is permitted for disease reporting to public health agencies. Specifically, the legality of communicable disease reporting without obtaining prior authorization from the patient often is questioned.

HIPAA regulations expressly permit protected health information to be shared for specified public health purposes without prior individual authorization. Examples of public health activities that do not require previous individual authorization are activities to prevent or control disease, injury or disability, including, but not limited to the reporting of disease, injury, vital events such as birth or death and the conduct of public health surveillance, public health investigations and public health interventions.

The HIPAA regulations and public health reporting exceptions are available at www.hhs.gov/ocr/hipaa or on the NDDoH website at www.health.state.nd.us/ndhd/admin/hipaa/.

Changes in Reportable Conditions

North Dakota Century Code 23-07-01 empowers the NDDoH to designate the diseases or conditions that must be reported. According to the Century Code, “such diseases may include contagious, infectious, sexually transmitted, or chronic diseases or any illness or injury which may have a significant impact on public health.” As the NDDoH Division of Disease Control conducts surveillance, evidence of changing public health conditions and priorities may arise. Therefore, changes to the list of reportable conditions may be made contingent upon approval by the North Dakota State Health Council.

The Division of Disease Control identifies changes that should be made to the list of reportable conditions. These changes are brought to the State Health Council for approval to proceed with a public hearing followed by a 30-day public comment period. Following the comment period, all comments received, the Department’s response to those comments, the public notice, affidavit of publication, and the amended rules are submitted to the Attorney General for a legality opinion. After receiving the opinion, the rules are brought back to the State Health Council for final adoption.

During the past 10 years, several significant changes have been made to the reportable conditions list. Some of these changes are discussed below.

In 1994, hantavirus was made a reportable condition in North Dakota. Infantile group B streptococcal infection

was added in 1995. In 1996 brucellosis, psittocosis and tularemia were among the conditions that were removed from the reportable conditions list, and unusual disease cluster or outbreak was added. In 2000, brucellosis again became a reportable condition, as did all *E.coli* infections, *Staphylococcus aureus*, methicillin resistant (MRSA) infections from sterile sites, *Staphylococcus aureus*, vancomycin resistant (VRSA) from any site and weapons of mass destruction suspected event. In 2002, MRSA reporting was changed to include infections from all sites. Creutzfeldt-Jakob disease, glanders, Nipah viral infections, psittacosis, smallpox and tickborne encephalitis viruses were among those that became reportable in 2003. In 2004, severe acute respiratory syndrome (SARS) became reportable.

Disease Reporting

North Dakota Century Code 23-07-02 requires physicians and “all other persons treating, nursing, lodging, caring for, or having knowledge of the existence of any reportable disease” to notify the NDDoH.

Historically, reporting has primarily been done via the completion of a North Dakota Morbidity Report Card. (Figure 1) The completed report card is sent to the North Dakota Department of Health. Although this method is still an acceptable method of receiving disease reports, it is time consuming and results in delayed reporting.

The Division of Disease Control has been working towards developing reporting methods that decrease both the time and effort that is necessary on the part of the reporter and the amount of time until the NDDoH receives the report. One method that has been utilized is web-based reporting. The NDDoH currently has an online report card that can be used to report conditions. It is found at www.health.state.nd.us/disease/Disease%20Reporting/DiseaseCard.htm. In addition, Disease Control is in the final stages of implementing a web-based communicable disease repository known as DREAMS. DREAMS is also capable of receiving electronic laboratory reports. Reports are also accepted via telephone, fax and condition-specific forms.

Figure 1. North Dakota Morbidity Report Card.

The form is titled "NORTH DAKOTA MORBIDITY REPORT" and includes the following sections:

- Header:** North Dakota Department of Health, Division of Disease Control, SFN 7630 (Rev 6-2003). Confidentiality Protected by North Dakota Century Codes 23-07-02.1 and 23-07-02.2.
- Form Fields:**
 - County, Report Date (M/D/Y)
 - Disease or Condition, Last Name, First Name, Date of Onset (M/D/Y)
 - Street Address, Telephone No., Date of Birth (M/D/Y), Race, Gender (M/F), Marital Status (M/S)
 - City, State, Name of Employer, Business Telephone No.
 - Has Diagnosis Been Confirmed by Laboratory Test? (Yes/No), Specimen Source, Date Specimen Collected (M/D/Y)
 - Reason Test Conducted: Infection/Screen/Other, Is Isolate Resistant to Any Antimicrobial Agent? (Yes/No)
 - Was Patient Hospitalized? (Yes/No), Date Admitted (M/D/Y), Outcome (Survived/Expired)
 - Person Reporting, Address/Facility, Telephone Number
 - Specimen Submitted Is: Original Material/Serum/Pure Isolate, Health Care Provider
 - Cancer Site, Date Cancer Diagnosed (M/D/Y), Cancer Histology
 - Comments

Reporting Cases of Vaccine-Preventable Diseases

The NDDoH Immunization Program supplies all recommended childhood vaccines for free to enrolled public and private providers throughout the state. In addition, the Immunization Program coordinates investigations of vaccine-preventable diseases, educates providers and the public about immunizations and vaccine-preventable diseases, monitors North Dakota immunization rates and maintains and updates the North Dakota Immunization Information System (NDIIS). For more information about the NDDoH Immunization Program, visit the website at www.health.state.nd.us/disease/Immunization.

Vaccine-preventable diseases that must be reported are:

- | | |
|--|--|
|  Chickenpox* |  <i>Neisseria meningitidis</i> (invasive)* |
|  Diphtheria* |  Pertussis (whooping cough)* |
|  <i>Haemophilus influenzae</i> type B (invasive)* |  Poliomyelitis* |
|  Hepatitis A |  Rubella* |
|  Hepatitis B |  Smallpox |
|  Influenza |  <i>Streptococcus pneumoniae</i> (invasive) |
|  Measles* |  Tetanus* |
|  Mumps* | |

*Report suspect cases as well as laboratory-confirmed cases.

Chickenpox Reporting

Chickenpox is usually a mild disease, but it can be associated with complications such as secondary bacterial infections, dehydration, pneumonia and central nervous system involvement. The risk of complications increases with age. As varicella vaccination rates increase, fewer unvaccinated children will contract chickenpox at a younger age due to herd immunity and, therefore, will be more likely to contract chickenpox at an older age. In North Dakota in 2004, three hospitalizations occurred due to complications from chickenpox.

Chickenpox (varicella) is a mandatory reportable condition in North Dakota. Chickenpox reporting is necessary in order to:

- Determine the impact of the varicella vaccine on the incidence and severity of disease.
- Determine areas at highest risk of disease so prevention efforts can be implemented.
- Prevent outbreaks from occurring.
- Track and minimize the occurrence of complications from chickenpox infections.

Chickenpox may be reported by private and public health professionals, laboratories, schools, day cares, and parents or by self-reporting. A laboratory confirmation is not required for reporting.

Reporting Hepatitis B Surface Antigen-Positive Pregnant Women

Prenatal hepatitis B surveillance and reporting are vital to the health of North Dakota infants. Screening all pregnant women for the presence of hepatitis B surface antigen (HBsAg) is a crucial step in controlling and preventing the spread of hepatitis B from mother to infant. However, documented HBsAg-positive mothers often are not screened, especially during later pregnancies, and are therefore not reported to the NDDoH. As a result, many at-risk infants may be missed. Prior to birth, the NDDoH ensures that the delivery hospital has both vaccine and Hepatitis B immune globulin (HBIG) on hand, as both should be administered within 12 hours of birth. Infants born to HBsAg-positive mothers are provided both vaccine and HBIG at no charge.

Follow-up of HBsAg-positive mothers, infants and other susceptible sexual or household contacts is done to ensure that the infant and contacts receive three doses of the vaccine, the vaccine is administered appropriately and that the infant receives follow-up testing for anti-HBs. Susceptible contacts are screened and offered vaccine at no charge.

To report cases of vaccine-preventable disease call 701.328.2378 or toll-free at 800.472.2180. Online reporting is also available at www.health.state.nd.us/disease/Disease%20Reporting/DiseaseCard.htm.

Reporting HIV/AIDS Diagnoses

North Dakota health-care and service providers are required to report to the NDDoH anyone with HIV for whom they are providing care or services.

The following indicators of HIV infection are mandated as reportable to the NDDoH: a confirmed positive HIV antibody screen, detectable and non-detectable viral load test results and any CD4 T-lymphocyte test result.

NDDoH HIV/AIDS Program
 600 E. Boulevard Ave., Dept. 301
 Bismarck, ND 58505-0200
 Phone: 701.328.2378
 Toll Free: 800.472.2180 (in-state callers only)
 ND HIV/AIDS Toll-Free Hot Line: 800.70.ndhiv (800.706.3448)
 Fax: 701.328.0356

Accurately counting newly diagnosed HIV and AIDS cases impacts federal resources allocated to North Dakota for HIV/AIDS prevention, care and supportive services and surveillance activities.

For more information about HIV prevention, test sites, current events and disease fact sheets, visit the NDDoH HIV/AIDS website at www.ndhiv.com/.

Tuberculosis Elimination and Prevention Program

- Health-care providers are required by law to report all tuberculosis (TB) cases to the NDDoH. Individuals who are required to report include those who make a diagnosis of or provide medical services to a person with active TB. Examples include M.D.s, D.O.s, physician assistants, nurses, pharmacists, nursing home administrators, radiology technicians, respiratory therapists, medical examiners, medical technologists and infection control officers.

Report active tuberculosis cases to the NDDoH directly at 800.472.2180 or contact a TB controller at your local public health unit. Visit the NDDoH Tuberculosis Program website at www.health.state.nd.us/disease/tb/ for contact information for TB controllers at each public health unit.

- To report latent TB cases, please complete and mail in all Tuberculin Test Registration Cards to the NDDoH TB Program, 600 E. Boulevard Ave., Dept. 301, Bismarck, N.D. 58505-0200. Cases also can be reported online at www.health.state.nd.us/disease/Disease%20Reporting/DiseaseCard.htm.

TUBERCULIN TEST REGISTRATION NORTH DAKOTA DEPARTMENT OF HEALTH DIVISION OF DISEASE CONTROL SFN 7722 (Rev. 12-02)						Person Completing Card	
<small>Report positive results only. Complete entire card. Indicate not applicable or unknown where appropriate.</small>						Facility	
						Phone #	
Name (Last, First, MI)			Phone (H)			Date of Birth	
Address			Date of Birth			<input type="checkbox"/> Male <input type="checkbox"/> Female	
City, State, Zip			Race/Ethnicity			Marital Status	
Reason for Test (employment, refugees, etc.)			Former TB Client?		Previous Reactor?		Date of Previous Test
			<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes		
Date of Test 1	Date Read	Results	X-ray Date (within 3 mos. of positive test, if possible)	X-ray Results	Treatment		
		MM			<input type="checkbox"/> No <input type="checkbox"/> Yes		
Date of Test 2 (if any)	Date Read	Results	Treatment Start Date	Facility/Unit Monitoring Treatment			
		MM					
Medication Prescribed			Length of Treatment		If No Treatment, Reason for Not Treating		
Name of Physician			Phone Number		Address		
Send original to N.D. Dept. of Health, Division of Disease Control, 600 E. Boulevard Ave., Bismarck, N.D. 58505-0200. If you have questions, call 1.800.472.2180.							

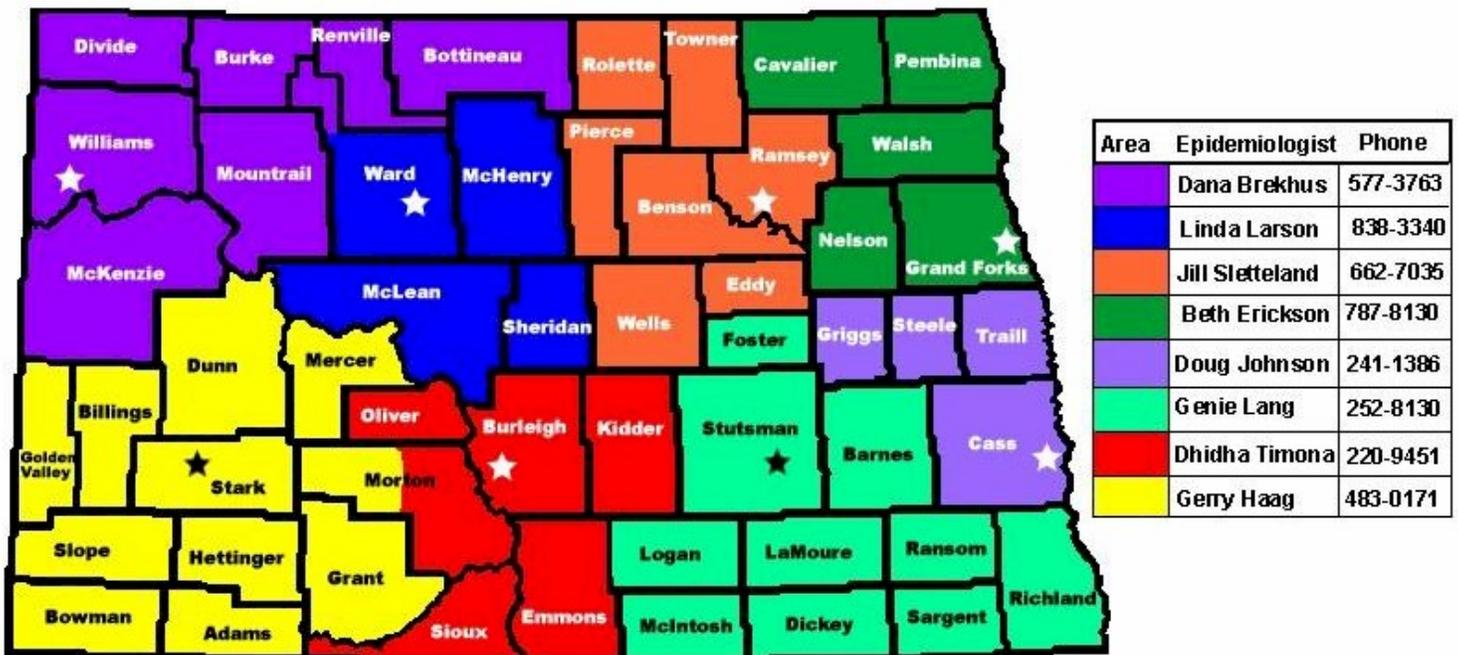
- Updated American Thoracic Society (ATS)/Center for Disease Control and Prevention recommendations for treatment of latent tuberculosis infection recommend nine months of isoniazid as the preferred treatment and suggest that four months of rifampin is a reasonable alternative.



North Dakota Department of Health Program and Contact Information

Program Area	Contact	Title	Phone	What can be reported?
Epidemiology & Surveillance	Tracy Miller	Program Manager	701.328.2387	Reporting of animal bites, rabies, dead birds for disease surveillance (e.g., West Nile virus), influenza, foodborne illness, all communicable diseases
	Erin Fox	Epidemiologist	701.328.3341	
	Julie Goplin	Epidemiologist	701.328.2375	
Immunization	Heather Weaver	Program Manager	701.328.2035	Information regarding immunizations and vaccine-preventable diseases
	Molly Sander	Surveillance Coordinator	701.328.4556	
HIV / AIDS / TB / Ryan White	Melissa Casteel	Program Manager	701.328.2377	HIV/AIDS cases and HIV confirmed test results, tuberculosis cases and suspected cases, tuberculin test registration
	Denise Steinbach	HIV Surveillance Coordinator	701.328.4555	
	Paula Kuntz	HIV Prevention Program Coordinator/TB Consultant	701.328.1059	
	Renae Jansen	TB Support	701.328.2376	
Sexually Transmitted Disease and General Communicable Disease	Kim Weis	Program Manager	701.328.4549	STD, Hepatitis, communicable diseases
General Information			800.472.2180	

Field Epidemiologist Areas and Contact Information



Summary of Selected Reportable Conditions

North Dakota, 2004-2005

Reportable Condition	May-June 2005*	January- June 2005*	May- June 2004	January- June 2004
Campylobacteriosis	33	53	39	64
Chlamydia	274	809	324	947
Cryptosporidiosis	0	0	8	8
<i>E. coli</i> , shiga toxin positive (non-O157)	1	1	2	5
<i>E. coli</i> O157:H7	0	3	2	4
Enterococcus, Vancomycin-resistant (VRE)	0	8	2	6
Giardiasis	4	7	4	16
Gonorrhea	11	35	16	64
Haemophilus influenzae (invasive)	1	2	1	3
Hepatitis A	0	0	0	1
Hepatitis B	4	5	2	3
HIV/AIDS	3	8	4	9
Legionellosis	1	3	0	1
Lyme Disease	0	0	0	0
Malaria	0	0	0	2
Meningitis, bacterial ¹ (non meningococcal)	0	3	2	6
Meningococcal disease	0	1	1	1
Mumps	1	2	1	1
Pertussis	14	89	100	109
Q fever	0	0	0	0
Rabies (animal)	7	17	16	38
Salmonellosis	27	47	7	20
Shigellosis	1	3	1	2
<i>Staphylococcus aureus</i> , Methicillin-resistant (MRSA)	194	626	239	731
Streptococcal disease, Group A ² (invasive)	3	10	3	9
Streptococcal disease, Group B ² (infant < 3 months of age)	0	0	1	1
Streptococcal disease, Group B ² (invasive ³)	3	18	10	24
Streptococcal disease, other ² (invasive)	2	9	3	4
Streptococcal pneumoniae ² , (invasive, children < 5 years of age)	1	4	2	2
Streptococcal pneumoniae ² (invasive ⁴)	8	30	9	33
Streptococcus pneumoniae ² , drug-resistant	0	0	0	0
Tuberculosis	1	4	0	3
West Nile Virus Infection	0	0	0	0

*Provisional data

¹ Meningitis caused by *Staphylococcus aureus* and *Streptococcus pneumoniae*.

² Includes invasive infections caused by streptococcal disease not including those classified as meningitis.

³ Includes invasive infections of streptococcal, Group B, disease in persons \geq 3 months of age.

⁴ Includes invasive infections caused by *Streptococcus pneumoniae* in persons \geq 5 years of age.